UINTAH School District

"We inspire students to reach their full individual potential."

Employee Benefits

Everything you need to know about your employee benefits for the 2023 plan year

2023

Benefits at Uintah School District

2023-24 Contacts

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Medical
PEHP
(800) 765-7347
(801) 366-7555
www.pehp.org

Health Savings Account
Flexible Spending Account
AxisPlus
(877) 872-2125
www.portal.myaxisplus.com

Dental
TDA Dental
(800) 880-3536
(801) 268-9740
www.tdadental.com

Vision
Opticare Vision Services
(800) 363-0950
(801) 869-2020
www.opticarevisionservices.com

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

Employee Assistance Program (EAP)
Lincoln Financial - *EmployeeConnect*
(888) 682-4824
www.guidanceresources.com
Username: LFGsupport
Password: LFGsupport1

Voluntary Benefits
Accident, Critical Illness, & Hospital Indemnity
Voya
(855) 663-8692
www.voya.com

ID Theft Protection
Allstate
(800) 789-2720
www.allstateidentityprotection.com

For escalated claims and product questions relating to accident or critical illness:
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Open Enrollment & Claims Support
Tierney Turner, GBS Account Manager
(801) 819-7733
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The benefits in this guide are effective September 1, 2023 - August 31, 2024. 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. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major 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.

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Important Information

Uintah School District

Benefits Overview

Welcome
We are committed to providing our employees with quality benefit 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?

If you are hired as a full-time employee working 30 or more hours per week, coverage will begin on the first day of the month following the date of qualified employment. 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.

Stretching Your Rx Dollar

GoodRx Comparison Tool

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

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.

Online Benefits Enrollment

Employee Navigator

Step 1: Getting Started:

- In your web browser type https://gbsbenefits.employeenavigator.com in the address bar.
- Username - If you have misplaced your credentials, reach out to your Benefit Specialist.
- Reset Password - Employees can reset passwords on login screen.
- Click "**New User Registration**" (first time user)
- Create Your Account:
    a) First Name
    b) Last Name
    c) Company Identifier: **Uintah School District**
    d) Last 4 Digits of SSN
    e) Birth Date
- On the home screen (once logged in) look for "**Start Enrollment**".

Step 2: Verify Your Personal and Dependent Information:

- Personal Information - Validate all information is accurate.
- Dependent Information:
    a) To update information click "**Edit"**, upon completion click "**Save**".
    b) Select **"Add Dependent"** if you currently do not see them listed.
- Once all your dependents have been added/updated, click "**Save & Continue**".

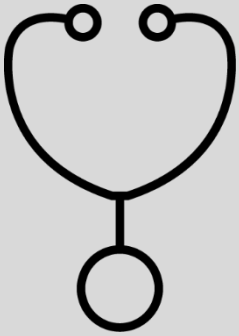
Please Note: If your company offers supplemental life insurance, you need to add your spouse and children as dependents on this screen.

Step 3: Making Your Open Enrollment Elections:

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

Step 4: Confirm Your Elections:

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



Medical

PEHP

Summit

Steward Health, **MountainStar**, and **University of Utah Health Care** providers and facilities. You can also see Advantage providers on the Summit network, but your benefits will pay less.

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital
- Brigham City Community Hospital

Cache County
- Cache Valley Hospital

Carbon County
- Castleview Hospital

Davis County
- Holy Cross Hospital - Davis
- Lakeview Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Uintah County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Holy Cross Hospital - Jordan Valley
- Holy Cross Hospital - Jordan Valley West
- Holy Cross Hospital - Salt Lake

Salt Lake County (cont.)
- Huntsman Cancer Hospital
- Lone Peak Hospital
- Primary Children's Medical Center
- Riverton Children's Unit
- St. Marks Hospital
- University of Utah Hospital
- University Orthopaedic Center

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Hospital

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Regional Medical Center

Utah County
- Holy Cross Hospital - Mountain Point
- Mountain View Hospital
- Timpanogos Regional Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- St. George Regional Medical Center

Weber County
- Ogden Regional Medical Center

Non-Contracted Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. Find participating providers and see a list of Non-Contracted Providers at www.pehp.org.

Advantage

Intermountain Healthcare (IHC) providers and facilities. You can also see Summit providers on the Advantage network, but your benefits will pay less.

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- Holy Cross Hospital - Davis
- Intermountain Layton Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Uintah County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Alta View Hospital
- Intermountain Medical Center
- The Orthopedic Specialty Hospital (TOSH)
- LDS Hospital

Salt Lake County (cont.)
- Primary Children's Medical Center
- Riverton Hospital

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Hospital

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Regional Medical Center

Utah County
- American Fork Hospital
- Orem Community Hospital
- Spanish Fork Hospital
- Utah Valley Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- St. George Regional Medical Center

Weber County
- McKay-Dee Hospital

Preferred

Consists of all providers and facilities in both the Summit and Advantage networks.

Core HSA

Summit, Advantage & Preferred

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible *Applies to Out-of-Pocket Maximum*	Single plans: $2,100 Double/family plans: $4,200 *One person or a combination can meet the $4,200 double/family deductible*	
Plan year Out-of-Pocket Maximum	Single plans: $6,550 Double/family plans: $6,550 per person, $13,100 per family *One person cannot apply more than $6,550 toward the double/family maximum*	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act *Annual physical exam, immunizations.* *See full list at www.pehp.org/members/preventive*	No charge	Not covered
Routine Vision Exams | *1 visit per year*	Applicable office co-pay per visit	Not covered
Routine Hearing Exams	Not covered	Not covered
PEHP VALUE PROVIDERS		
PEHP Value Providers *Cash Back opportunities available. Visit www.pehp.org/valueproviders*	50% after deductible	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits *Includes office surgeries, inpatient visits and Autism services*	50% after deductible	50% after deductible
Specialist Visits *Includes office surgeries, inpatient visits and Autism services*	50% after deductible	50% after deductible
Inpatient Physician Visits	50% after deductible	50% after deductible
Surgery and Anesthesia	50% after deductible	50% after deductible
Emergency Room Specialist Visits	50% after deductible	50% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	50% after deductible	50% after deductible
PRESCRIPTION DRUGS | ***All pharmacy benefits for HSA plans are subject to the deductible.***		
30-day Pharmacy *Retail only*	**Tier 1:** 50% of discounted cost **Tier 2:** 50% of discounted cost **Tier 3:** 60% of discounted cost	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
90-day Pharmacy *Maintenance only*	**Tier 1:** 50% of discounted cost **Tier 2:** 50% of discounted cost **Tier 3:** 60% of discounted cost	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*Out-of-Network providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

	In-Network Provider	Out-of-Network Provider*
SPECIALTY DRUGS | ***All pharmacy benefits for HSA plans are subject to the deductible.***		
Specialty Medications, retail pharmacy *Up to 30-day supply*	**Tier A:** 50%. No maximum co-pay **Tier B:** 50%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
Specialty Medications, office/outpatient *Up to 30-day supply*	**Tier A:** 50%. No maximum co-pay **Tier B:** 50%. No maximum co-pay	**Tier A:** 70%. No maximum co-pay **Tier B:** 70%. No maximum co-pay
Specialty Medications, through specialty vendor Accredo *Up to 30-day supply*	**Tier A:** 50%. $150 maximum co-pay **Tier B:** 50%. $225 maximum co-pay **Tier C:** 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	50% after deductible	70% after deductible
Urgent Care Facility	50% after deductible	50% after deductible
Emergency Room *Emergencies only, as determined by PEHP.* *If admitted, inpatient facility benefit will be applied*	50% after deductible	50% after deductible plus any balance billing
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	50% after deductible	50% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	50% after deductible	50% after deductible
Chemotherapy, Radiation, and Dialysis *Dialysis from out-of-network provider requires Preauthorization.*	50% after deductible	50% after deductible
Physical and Occupational Therapy *Outpatient – Up to 20 combined visits per plan year. No Preauthorization required.*	50% after deductible	50% after deductible
Mental Health & Substance Abuse	50% after deductible	50% after deductible
INPATIENT FACILITY SERVICES		
Hospital Services ***Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation*** *All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization*	50% after deductible	50% after deductible
Skilled Nursing Facility and Residential Treatment *Non-custodial. Up to 60 days per plan year. Requires preauthorization*	50% after deductible	Not covered

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption | *See Master Policy for benefit limits*	50% after deductible, up to $4,000 per adoption	
Allergy Serum	50% after deductible	50% after deductible
Chiropractic care | *Up to 20 visits per plan year*	50% after deductible	Not covered
Durable Medical Equipment *Some DME requires preauthorization. Visit www.pehp.org for complete list.* *See Master Policy for benefit limits*	50% after deductible	50% after deductible
Medical Supplies *See the Master Policy for benefit limits*	50% after deductible	50% after deductible
Hearing Aids | *Requires Preauthorization.* *Up to one pair of hearing aids every three years*	20% after deductible	Not covered
Home Health/Skilled Nursing *Up to 60 visits per plan year. Requires Preauthorization*	50% after deductible	50% after deductible
Hospice	50% after deductible	50% after deductible
Injections *Includes allergy injections. See above for allergy serum*	50% after deductible	50% after deductible
Infertility Services |** *Select services only. See Master Policy for details.* *Up to $1,500 per plan year. $5,000 Lifetime Maximum*	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction | *Non-surgical*	Not covered	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization.* *Dental benefits may apply*	50% after deductible	50% after deductible plus any balance billing

PEHP Health & Benefits

Copper HSA

Advantage & Preferred

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible *Applies to Out-of-Pocket Maximum*	Single plans: $1,750 Double/family plans: $3,500 *One person or a combination can meet the $3,500 double/family deductible*	
Plan year Out-of-Pocket Maximum	Single plans: $3,500 Double/family plans: $7,000 *One person or a combination can meet the $7,000 double/family maximum*	
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act *Annual physical exam, immunizations.* *See full list at www.pehp.org/members/preventive*	No charge	Not covered
Routine Vision Exams | *1 visit per year*	No charge	Not covered
Routine Hearing Exams	Not covered	Not covered
PEHP VALUE PROVIDERS		
PEHP Value Providers *Cash Back opportunities available. Visit www.pehp.org/valueproviders*	25% after deductible	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits *Includes office surgeries, inpatient visits and Autism services*	25% after deductible	50% after deductible
Specialist Visits *Includes office surgeries, inpatient visits and Autism services*	25% after deductible	50% after deductible
Inpatient Physician Visits	25% after deductible	50% after deductible
Surgery and Anesthesia	25% after deductible	50% after deductible
Emergency Room Specialist Visits	25% after deductible	25% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	25% after deductible	50% after deductible
PRESCRIPTION DRUGS		
30-day Pharmacy *Retail only*	**Tier 1:** 25% of discounted cost **Tier 2:** 25% of discounted cost **Tier 3:** 35% of discounted cost	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
90-day Pharmacy *Maintenance only*	**Tier 1:** 25% of discounted cost **Tier 2:** 25% of discounted cost **Tier 3:** 35% of discounted cost	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*Out-of-Network providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

	In-Network Provider	Out-of-Network Provider*
SPECIALTY DRUGS | ***All pharmacy benefits for HSA plans are subject to the deductible.***		
Specialty Medications, retail pharmacy *Up to 30-day supply*	**Tier A:** 25%. No maximum co-pay **Tier B:** 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
Specialty Medications, office/outpatient *Up to 30-day supply*	**Tier A:** 25%. No maximum co-pay **Tier B:** 30%. No maximum co-pay	**Tier A:** 70%. No maximum co-pay **Tier B:** 70%. No maximum co-pay
Specialty Medications, through specialty vendor Accredo *Up to 30-day supply*	**Tier A:** 25%. $150 maximum co-pay **Tier B:** 30%. $225 maximum co-pay **Tier C:** 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	25% after deductible	50% after deductible
Urgent Care Facility	25% after deductible	50% after deductible
Emergency Room *Emergencies only, as determined by PEHP.* *If admitted, inpatient facility benefit will be applied*	25% after deductible	25% after deductible plus any balance billing
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	25% after deductible	25% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	25% after deductible	50% after deductible
Chemotherapy, Radiation, and Dialysis *Dialysis from out-of-network provider requires Preauthorization.*	25% after deductible	50% after deductible
Physical and Occupational Therapy *Outpatient – Up to 20 combined visits per plan year.* *No Preauthorization required.*	25% after deductible	50% after deductible
Mental Health & Substance Abuse	25% after deductible	50% after deductible
INPATIENT FACILITY SERVICES		
Hospital Services ***Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation*** *All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization*	25% after deductible	50% after deductible
Skilled Nursing Facility and Residential Treatment *Non-custodial. Up to 60 days per plan year. Requires preauthorization*	25% after deductible	Not covered

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption | *See Master Policy for benefit limits*	25% after deductible, up to $4,000 per adoption	
Allergy Serum	25% after deductible	50% after deductible
Chiropractic care | *Up to 20 visits per plan year*	25% after deductible	Not covered
Durable Medical Equipment *Some DME requires preauthorization. Visit www.pehp.org for complete list.* *See Master Policy for benefit limits*	25% after deductible	50% after deductible
Medical Supplies *See the Master Policy for benefit limits*	25% after deductible	50% after deductible
Hearing Aids | *Requires Preauthorization.* *Up to one pair of hearing aids every three years*	20% after deductible	Not covered
Home Health/Skilled Nursing *Up to 60 visits per plan year. Requires Preauthorization*	25% after deductible	50% after deductible
Hospice	25% after deductible	50% after deductible
Injections *Includes allergy injections. See above for allergy serum*	25% after deductible	50% after deductible
Infertility Services |** *Select services only. See Master Policy for details.* *Up to $1,500 per plan year. $5,000 Lifetime Maximum*	25% after deductible	50% after deductible
Temporomandibular Joint Dysfunction | *Non-surgical*	Not covered	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization.* *Dental benefits may apply*	25% after deductible	25% after deductible plus any balance billing

Silver Plan

Summit, Advantage & Preferred

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

Percentages indicate your share of PEHP's In-Network Rate.

	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible *Applies to Out-of-Pocket Maximum*	Single plans: $200 Double/family plans: $200 per person, $600 per family *One person cannot meet more than $200*	Single plans: $500 Double/family plans: $500 per person, $1,000 per family *One person cannot meet more than $500*
Plan year Out-of-Pocket Maximum *Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum*	Single plans: $4,500 Double/family plans: $4,500 per person, $9,200 per family *One person cannot meet more than $4,500*	Single plans: $8,500 Double/family plans: $8,500 per person, $17,000 per family *One person cannot meet more than $8,500*
ANNUAL PREVENTIVE CARE		
Preventive services allowed by Affordable Care Act *Annual physical exam, immunizations.* *See full list at www.pehp.org/members/preventive*	No charge	Not covered
Routine Vision Exams | *1 visit per year*	No charge	No charge plus any balance billing
Routine Hearing Exams | *1 visit per year*	Applicable office co-pay per visit	Not covered
PEHP VALUE PROVIDERS		
PEHP Value Providers *Cash Back opportunities available. Visit www.pehp.org/valueproviders*	Starting at $10 co-pay per visit	Not applicable
PROFESSIONAL SERVICES		
Primary Care Visits *Includes office surgeries, inpatient visits and Autism services*	20% after deductible	40% after deductible
Specialist Visits *Includes office surgeries, inpatient visits and Autism services*	20% after deductible	40% after deductible
Inpatient Physician Visits	20% after deductible	40% after deductible
Surgery and Anesthesia	20% after deductible	40% after deductible
Emergency Room Specialist Visits	20% after deductible	20% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
PRESCRIPTION DRUGS		
30-day Pharmacy *Retail only*	**Tier 1:** $15 co-pay **Tier 2:** 25% of discounted cost. $30 minimum, $90 maximum co-pay **Tier 3:** 50% of discounted cost. $55 minimum, $200 maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
90-day Pharmacy *Maintenance only*	**Tier 1:** $25 co-pay **Tier 2:** 25% of discounted cost. $50 minimum, $150 maximum co-pay **Tier 3:** 50% of discounted cost. $100 minimum, $200 maximum co-pay	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

*Out-of-Network providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

	In-Network Provider	Out-of-Network Provider*
SPECIALTY DRUGS		
Specialty Medications, retail pharmacy *Up to 30-day supply*	**Tier A:** 20%. No maximum co-pay **Tier B:** 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. Member pays any balance
Specialty Medications, office/outpatient *Up to 30-day supply*	**Tier A:** 20% of In-Network Rate AD. No maximum co-pay **Tier B:** 30% of In-Network Rate AD. No maximum co-pay	**Tier A:** 40% after deductible. No maximum co-pay **Tier B:** 50% after deductible. No maximum co-pay
Specialty Medications, through specialty vendor Accredo *Up to 30-day supply*	**Tier A:** 20%. $150 maximum co-pay **Tier B:** 30%. $225 maximum co-pay **Tier C:** 20%. No maximum co-pay	Not covered
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgical Center	20% after deductible and $250 co-pay per visit	40% after deductible and $250 co-pay per visit
Urgent Care Facility	20% after deductible	40% after deductible
Emergency Room *Emergencies only, as determined by PEHP.* *If admitted, inpatient facility benefit will be applied*	20% after deductible and $150 co-pay	20% after deductible and $150 co-pay plus any balance billing
Ambulance (ground or air) *Medical emergencies only, as determined by PEHP*	20% after deductible	20% after deductible plus any balance billing
Diagnostic Tests, Labs, X-rays	20% after deductible	40% after deductible
Chemotherapy, Radiation, and Dialysis *Dialysis from out-of-network provider requires Preauthorization.*	20% after deductible	40% after deductible
Physical and Occupational Therapy *Outpatient – Up to 20 combined visits per plan year. No Preauthorization required.*	20% after deductible	40% after deductible
Mental Health & Substance Abuse	20% after deductible	40% after deductible
INPATIENT FACILITY SERVICES		
Hospital Services ***Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation*** *All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization*	20% after deductible and $500 co-pay	40% after deductible and $500 co-pay
Skilled Nursing Facility and Residential Treatment *Non-custodial. Up to 60 days per plan year. Requires preauthorization*	20% after deductible and $500 co-pay	Not covered

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption | *See Master Policy for benefit limits*	20% after deductible up to $4,000 per adoption	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care | *Up to 20 visits per plan year*	20% after deductible	Not covered
Durable Medical Equipment *Some DME requires preauthorization. Visit www.pehp.org for complete list.* *See Master Policy for benefit limits*	20% after deductible	40% after deductible
Medical Supplies *See the Master Policy for benefit limits*	20% after deductible	40% after deductible
Hearing Aids | *Requires Preauthorization.* *Up to one pair of hearing aids every three years*	20% after deductible	Not covered
Home Health/Skilled Nursing *Up to 60 visits per plan year. Requires Preauthorization*	20% after deductible	40% after deductible
Hospice	20% after deductible	40% after deductible
Injections *Includes allergy injections. See above for allergy serum*	20% after deductible	40% after deductible
Infertility Services |** *Select services only. See Master Policy for details.* *Up to $1,500 per plan year. $5,000 Lifetime Maximum*	50% after deductible	50% after deductible
Temporomandibular Joint Dysfunction | *Non-surgical*	Not covered	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions *Three or more missing teeth at a time, and per lifetime. Requires preauthorization.* *Dental benefits may apply*	20% after deductible	20% after deductible plus any balance billing

**Does not apply to the out-of-pocket maximum.

myWellness Tracker

myWellness Tracker is a wellness tracking program for you and your PEHP-insured spouse. The goal of the program is to help you create or sustain healthy habits – and get rewarded for it!

How does it work?

myWellness Tracker, based on the WellRight digital platform, is used to create fun and engaging health and wellness challenges. It helps you stay motivated and improve your overall wellbeing. Sync your wearable device or manually track challenges within myWellness Tracker. Access the program portal either on your desktop or through the app.

Most challenges are 30 days, designed to create and track habits – such as your nutrition, exercise, or finances – over an entire month.

myWellness Tracker is offered in addition to Healthy Utah, giving you an opportunity to "earn more."

PEHP Wellness rebates are still available outside of myWellness Tracker:

- **Know & Plan**
- **Diabetes Management**
- **Next Steps**
- **Tobacco Cessation**
- **Wee Care**

TO REGISTER VISIT:
USBA.wellright.com

Rewards

Earn Points – Get Cash

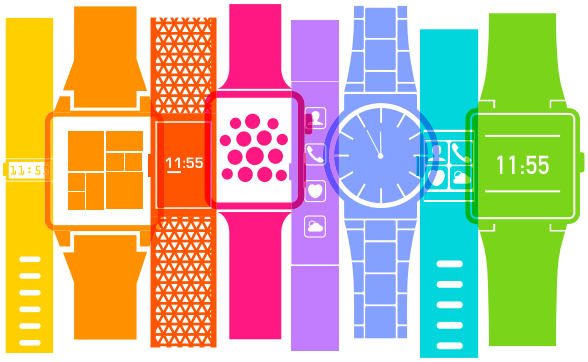
Points are awarded for completing challenges, helping you work towards three achievement levels. You earn $50 for each level you reach – that's up to $150 each plan year! PEHP sends you (the insured employee) a check at the end of the plan year for your accomplishments. FICA tax is withheld from all payments.

You have earned **1050** points!

Program Features

Device Integration

myWellness Tracker integrates easily with wearable tracking devices and apps, such as Apple Watch, FitBit, Garmin, and more. Don't have a wearable device? Download one of the compatible, FREE apps listed in the program portal. You can also manually track your progress within the myWellness Tracker portal.



Other Features

» **Biometric Data –** find your biometric data from Healthy Utah testing sessions in your Health Profile

» **Message Board –** communicate with other users within a challenge

» **Personal Calendar –** see your progress, challenge trackers, and more!

» **Quick Links –** access PEHP products, services, and web pages easily with one menu

How do I access myWellness Tracker?

PEHP will send you a registration link to myWellness Tracker via email and the Message Center. Follow the link to myWellness Tracker and get started!

Text Tracking

Don't like the idea of manually tracking with your device? Text tracking is your solution! Each challenge has daily text reminders to help you form healthy habits. You can also track your results for a specific challenge by replying to the same reminder message.

Download the App

Don't rely on a browser for all your tracking – download the WellRight app! The app has an easy-to-use interface and quick access to your challenges and progress.

GET IT ON Google Play

Download on the App Store

Health Savings Account

AxisPlus

Health Savings Account

AxisPlus

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

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 they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

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

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

How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2023 & 2024. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

IRS HSA Limits

	2023	2024
Single	$3,850	$4,150
Family	$7,750	$8,300

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

Health Savings Account

AxisPlus

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. 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.

Some examples of qualified expenses:

- Acupuncture
- Ambulance
- Artificial limbs
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses & eyeglasses
- Crutches, wheelchairs, DME
- Dental treatments
- Hearing aids
- Long-term care expenses
- Prescribed medications
- Lasik surgery
- Orthodontia
- Oxygen
- Smoking cessation programs
- Surgery, excluding elective cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants

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.

Supplemental Benefits

Voya

Accident Insurance

Voya

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

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

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

Plan Features	Low Plan	High Plan
Accident Physician Treatment	$75	$90
X-ray	$60	$75
Ambulance	$300 ground $1,250 air	$360 ground $1,500 air
ER/Urgent Care Service	$200	$225
Dislocation/Fracture Benefit	Up to $6,400	Up to $7,700
Child Organized Sports Rider	Pays additional 25% up to $1,000	
Hospital Confinement/Daily Benefit	$1,125 admission $250 daily	$1,250 admission $275 daily
Accident Follow-Up Visits	$75	$90
Lacerations	Up to $400	Up to $480
Eye Injury	Up to $275	Up to $350
Wellness Benefit	$100 per insured	

Download the Full Plan Summary

Critical Illness Insurance

Voya

Group Critical Illness Insurance

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

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

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

Childhood Conditions: Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down Syndrome, Gaucher Disease Type 2 or 3, Infantile Tay Sachs, Niemann-Pick Disease, Pompe Disease, Sickle Cell Anemia, Type 1 Diabetes, Type IV Glycogen Storage Disease, Zellweger Syndrome

All conditions covered at 100% of the benefit amount, unless noted above with a separate % amount.

Plan Features	Employee	Spouse	Dependent
Coverage	$10,000 or $20,000	50% Employee Benefit	50% Employee Benefit
Guarantee Issue	$20,000	$10,000	$10,000
Pre-Existing	No Pre-Existing Condition Clause		
Wellness Benefit *Must complete a health screening*	$50	$50	$50

Download the Plan Summary & Costs

Hospital Indemnity Plan

Voya

Group Hospital Indemnity Insurance

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

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

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

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

Benefits Include:

Guarantee Issue	Yes
Pre-Existing	No Pre-Existing Condition Clause
Maternity Waiting Period	No Separate Waiting Period
First Day Hospital Confinement	$1,000/ 2 per insured per year
Daily Hospital Benefit *Up to 31 Days*	$100 per day
Intensive Care *Up to 31 days*	$200 per day
Rehabilitation Unit *Up to 31 days*	$100 per day
Observation Unit *must be seen for 4 consecutive hours*	$100

Download the Full Plan Summary

Dental

TDA Dental

Uintah School District

TDA-PPO LOW

The following is a brief outline of dental benefits offered through your employer which is intended to help you understand your benefits and does not guarantee coverage. For a complete list of covered benefits please refer to your employee booklet/certificate you will receive after enrollment or contact TDA.

		In-Network	Out-of-Network
Provider Network		PPO	MPR*
Class 1	-Preventative Services -Oral Examinations (2 every 12 months) -Cleanings (1 every 6 months) -X-Rays (bitewing 1 every 6 months) -Pallitave Emergency Treatment	100%	100%
Class 2	-Basic Services -Restorations (Composite fillings) -Extractions -Oral Surgery	80%	80%
Class 3	-Major Dentistry -Crowns -Dentures -Bridges -Endodontics (root canal therapy) -Periodontics (treatment of gum tissue) -Implants -Other Prosthetic Services	50%	50%
Class 4	-Orthodontic Services	50%	50%
Deductible		$50.00/$150.00 Annual Deductible waived for Class 1 and Class 4	
Annual Maximum		$1,200.00 Per Person per Calendar Year Annual Maximum applies to Class 1, Class 2 and Class 3	
Lifetime Orthodontic Maximum		$1,000.00 per Child under the age of 19	

Class 3 Waiting Period: None
Class 4 Waiting Period: None
(waiting period applies only to new applicants)

*Maximum Plan Reimbursement

Total Dental Administrators, Inc.
5101 Commerce Dr
Murray, Utah 84107
Toll Free: (800) 880-3536 - Local: (801)268-9740
Fax: (801) 268-9873
Web: www.TDAdental.com
Email: customerservice@TDAdental.com

Explanation of Benefits (EOB's) are available online and accessible 24 hours a day, 7 days a week by visiting
www.TDAdental.com/tdaonline

Uintah School District

TDA-PPO HIGH

The following is a brief outline of dental benefits offered through your employer which is intended to help you understand your benefits and does not guarantee coverage. For a complete list of covered benefits please refer to your employee booklet/certificate you will receive after enrollment or contact TDA.

		In-Network	Out-of-Network
Provider Network		PPO	MPR*
Class 1	-Preventative Services -Oral Examinations (2 every 12 months) -Cleanings (1 every 6 months) -X-Rays (bitewing 1 every 6 months) -Pallitave Emergency Treatment	100%	100%
Class 2	-Basic Services -Restorations (Composite fillings) -Extractions -Oral Surgery	100%	100%
Class 3	-Major Dentistry -Crowns -Dentures -Bridges -Endodontics (root canal therapy) -Periodontics (treatment of gum tissue) - Implant -Other Prosthetic Services	50%	50%
Class 4	-Orthodontic Services	50%	50%
Deductible		$100.00 lifetime Deductible waived for Class 4	
Annual Maximum		$1,200.00 Per Person per Calendar Year Annual Maximum applies to Class 1, Class 2 and Class 3	
Lifetime Orthodontic Maximum		$1,000.00 per Child under the age of 19	

Class 3 Waiting Period: None
Class 4 Waiting Period: None
(waiting period applies only to new applicants)

*Maximum Plan Reimbursement

Total Dental Administrators, Inc.
5101 Commerce Dr
Murray, Utah 84107
Toll Free: (800) 880-3536 - Local: (801)268-9740
Fax: (801) 268-9873
Web: www.TDAdental.com
Email: customerservice@TDAdental.com

Explanation of Benefits (EOB's) are available online and accessible 24 hours a day, 7 days a week by visiting
www.TDAdental.com/tdaonline

Vision

Opticare Vision Services

OPTICARE PLAN:

10-120B Uintah School District

Products/Services	In Network	Out-Of-Network
Eye Exam		
Eyeglass exam	$10 Co-pay	$40 Allowance
Contact exam	$10 Co-pay	$40 Allowance
Routine Dilation	100% Covered	Included above
Contact Fitting	Retail	Included above
Standard Plastic Lenses		
Single Vision	$10 Co-pay	$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	$10 Co-pay	$85 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	$10 Co-pay	$85 Allowance for lenses, options, and coatings
Lens Options		
Progressive (Standard plastic no-line)	$50 Co-pay	
Premium Progressive Options	$100 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
Coatings		
Scratch Resistant Coating	$10 Co-pay	
Ultra Violet protection	$10 Co-pay	
Other Options	Up to 25% Discount	
A/R, edge polish, tints, mirrors, etc.		
Frames		
Allowance Based on Retail Pricing	$120 Allowance	$80 Allowance
Additional Eyewear		
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
Contacts		
Contact benefits is in lieu of lens and frame benefit.	$120 Allowance	$80 Allowance
Additional contact purchases:		
***Conventional	Retail	
***Disposables	Retail	
Frequency		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months
Refractive Surgery		
****LASIK	$250 Off Per Eye	Not Covered

Flexible Spending Account

AxisPlus

AXISPLUS BENEFITS Cafeteria Plan At A Glance

Uintah School District

One of the many benefits of being employed with Uintah School District is that you have access to a Cafeteria Plan established by the Uintah School District. A Cafeteria Plan allows you to pay for out-of-pocket medical expenses. The major advantage of Uintah 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.

Uintah School District's Plan Information

Plan Name:	Uintah School District Cafeteria Plan
Address:	826 South 1500 East Naples, UT 84078
Telephone:	(435) 781-3100
Tax I.D. Number:	N/A
Plan Number:	125
Plan Year Begin:	Sept. 1
Amended:	Sept. 1, 2022
Plan Year End:	Aug. 31
Maximum Health FSA Limit:	$3050
Maximum Dependent Care Limit	$5,000
Annual Carryover Maximum:	$610
Grace Period:	N/A
Run-out Period:	91 days for active employees and 60 days for terminated employees
Plan Administrator:	Uintah 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 Uintah 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 Uintah 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 $2850. 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 $5000 (married filing jointly or head of household) or $2500 (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 91 days after the end of the Plan Year. Any funds above $610 left over after the 91 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 Uintah 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 $610 of their Health FSA from one Plan year to the next. 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 $610 that are not carried over after the 91 day run-out period will be forfeited.

Carryover Example: John Doe elects $2500 for the 2022-2023 Plan Year. At the end of the Plan Year, John has $710 unused funds in his FSA account. John would then forfeit $100 but could roll $610 into the new 2023-2024 Plan Year. John could also elect for that new Plan Year another $2500 giving him $3110. However, the $610 that carried forward would need to be used first because it cannot be carried forward more than 1 year. Can John carryover $610 at the end of the following plan year? Yes, as long as the funds were elected for the 2023-24 Plan Year.

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Life and AD&D

Lincoln Financial

Life and AD&D

Lincoln Financial

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

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

Uintah School District provides all eligible employees, their legal spouse, and their dependents with a basic group life insurance and AD&D policy at no cost to you.

Voluntary Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself and your family. If you elect over the guaranteed issue amount, or if you are outside of your new hire period, you will need to complete Evidence of Insurability (EOI). Lincoln may need to approve your EOI before your coverage is in force.

Beneficiary Designation

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

Benefit Reductions

Benefits reduce by 35% at age 65, and an additional 25% at age 70, and an additional 15% when your reach 75.

	Basic Life, AD&D	Voluntary Life, AD&D		
		Employee	Spouse	Child
Life Benefit Amount	Self: $50,000 Spouse: $2,000 Child(ren): $2,000	Up to $500,000 in $10,000 increments	Up to $250,000 in $5,000 increments	Options of $5,000 or $10,000
AD&D Benefit Amount	Self: $50,000	Equal to Life Benefit	N/A	N/A
Maximum Life / AD&D Benefit	N/A	$500,000	$250,000 *Not to exceed employee amount*	$10,000 *Not to exceed employee amount*
Guaranteed Issue	N/A	$250,000	$50,000	Options of $5,000 or $10,000

Disability

Lincoln Financial

Long-term Disability

Lincoln Financial

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

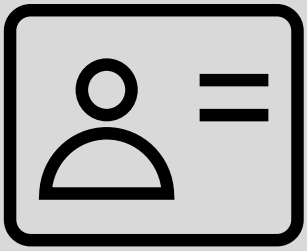
Employer Paid Long-term Disability

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

Definition of Disability

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

Plan Features	Benefit
Benefit Amount	60% of monthly salary
Maximum Benefit	$6,000 monthly
Benefit Waiting Period	120 days
Maximum Benefit Duration	Social Security Normal Retirement Age



Identity Theft Protection

Allstate ID Protection (AIP)

ID Theft Protection

Allstate ID

Protect your privacy, identity, and finances. Allstate ID Protection Includes:

- **Comprehensive Identity Monitoring:** Our proprietary monitoring platform detects high-risk activity to alert you at the first sign of fraud. We scour the dark web for comprised credentials and monitor financial transactions, all while keeping tabs on your credit reports.
- **Fraud Remediation and Restoration:** Should identity theft or fraud occur; you have a dedicated Privacy Advocate to fully manage your recovery and restore your identity. And since fraud doesn't take a holiday, our Privacy Advocates are available 24/7.
- Identity Theft Reimbursement: You never have to worry about covering the costs of ID theft. PrivacyArmors $1 million identity theft insurance policy covers any out-of-pocket expenses, lost wages, or legal fees. Plus, we'll reimburse funds stolen from your bank, HSA and 401(k) accounts.

Plan Features	PrivacyArmor Plus
ID & Credit Monitoring	✓
Dark Web Monitoring	✓
$1 Million Identity Theft Insurance Policy	✓
Tri-Bureau Credit Alerts	✓
401 (k) & HSA Stolen Fund Reimbursement	✓

Download the Full Plan Summary

Employee Assistance Program

EmployeeConnect through Lincoln Financial

The resources you need to meet life's challenges

EmployeeConnect℠ offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*℠, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings

Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

Online resources

EmployeeConnect℠ offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow℠ mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

EmployeeConnect℠

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

We partner with your employer to offer this service at no additional cost to you!

*EmployeeConnect*SM counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.

Take advantage of *EmployeeConnect*SM

For more information about the program, visit GuidanceResources.com, download the GuidanceNowSM mobile app or call 888-628-4824.

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*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
  username: LFGSupport password: LFGSupport1
- Download the GuidanceNowSM mobile app
- Call 888-628-4824

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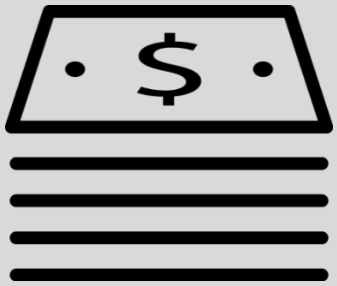

Premiums

Cost of Coverage

September 1, 2023 - August 31, 2024

Medical | PEHP

Uintah School District to fund all plans based on amount to fund the Summit Silver Plan and the wellness % of the employee.

Core HSA | Summit or Advantage Network

	Wellness Participant			Non-Wellness Participant		
40 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$508	$508	$0	$508	$508	$0
Couple	$1,103	$1,103	$0	$1,103	$1,103	$0
Family	$1,618	$1,618	$0	$1,618	$1,618	$0

	Wellness Participant			Non-Wellness Participant		
35 Hour Employee*	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$508	$508	$0	$508	$508	$0
Couple	$1,103	$1,103	$0	$1,103	$1,103	$0
Family	$1,618	$1,618	$0	$1,618	$1,618	$0

	Wellness Participant			Non-Wellness Participant		
30 Hour Employee*	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$508	$508	$0	$508	$508	$0
Couple	$1,103	$1,103	$0	$1,103	$1,103	$0
Family	$1,618	$1,618	$0	$1,618	$1,551	$67

Employees below must have been grandfathered by policy prior to October 15, 2005.

	Wellness Participant			Non-Wellness Participant		
25 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$508	$371	$137	$508	$329	$179
Couple	$1,103	$801	$302	$1,103	$711	$392
Family	$1,618	$1,175	$443	$1,618	$1,042	$576

Cost of Coverage

September 1, 2023 - August 31, 2024

Medical | PEHP

Uintah School District to fund all plans based on amount to fund the Summit Silver Plan and the wellness % of the employee.

Copper HSA | Summit or Advantage Network

	Wellness Participant			Non-Wellness Participant		
40 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$596	$594	$2	$596	$527	$69
Couple	$1,287	$1,282	$5	$1,287	$1,138	$149
Family	$1,888	$1,880	$8	$1,888	$1,668	$220

	Wellness Participant			Non-Wellness Participant		
35 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$596	$520	$76	$596	$461	$135
Couple	$1,287	$1,122	$165	$1,287	$995	$292
Family	$1,888	$1,645	$243	$1,888	$1,459	$429

	Wellness Participant			Non-Wellness Participant		
30 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$596	$446	$150	$596	$395	$201
Couple	$1,287	$962	$325	$1,287	$853	$434
Family	$1,888	$1,410	$478	$1,888	$1,251	$637

Employees below must have been grandfathered by policy prior to October 15, 2005.

	Wellness Participant			Non-Wellness Participant		
25 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$596	$371	$225	$596	$329	$267
Couple	$1,287	$801	$486	$1,287	$711	$576
Family	$1,888	$1,175	$713	$1,888	$1,042	$846

Cost of Coverage

September 1, 2023 - August 31, 2024

Medical | PEHP

Uintah School District to fund all plans based on amount to fund the Summit Silver Plan and the wellness % of the employee.

Silver Plan | Summit or Advantage Network

	Wellness Participant			Non-Wellness Participant		
40 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$671	$594	$77	$671	$527	$144
Couple	$1,448	$1,282	$166	$1,448	$1,138	$310
Family	$2,123	$1,880	$243	$2,123	$1,668	$455

	Wellness Participant			Non-Wellness Participant		
35 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$671	$520	$151	$671	$461	$210
Couple	$1,448	$1,122	$326	$1,448	$995	$453
Family	$2,123	$1,645	$478	$2,123	$1,459	$664

	Wellness Participant			Non-Wellness Participant		
30 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$671	$446	$225	$671	$395	$276
Couple	$1,448	$962	$486	$1,448	$853	$595
Family	$2,123	$1,410	$713	$2,123	$1,251	$872

Employees below must have been grandfathered by policy prior to October 15, 2005.

	Wellness Participant			Non-Wellness Participant		
25 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$671	$371	$300	$671	$329	$342
Couple	$1,448	$801	$647	$1,448	$711	$737
Family	$2,123	$1,175	$948	$2,123	$1,042	$1,081

Cost of Coverage

September 1, 2023 - August 31, 2024

Medical | PEHP

Uintah School District to fund all plans based on amount to fund the Summit Silver Plan and the wellness % of the employee.

Core HSA | Preferred Network

	Wellness Participant			Non-Wellness Participant		
40 Hour Employee	Total Premium	District Portion	Employee Portion	Total Premium	District Portion	Employee Portion
Single	$550	$550	$0	$550	$527	$23
Couple	$1,186	$1,186	$0	$1,186	$1,138	$48
Family	$1,743	$1,743	$0	$1,743	$1,668	$75

	Wellness Participant			Non-Wellness Participant		
35 Hour Employee*	Total Premium	District Portion	Employee Portion	Total Premium	District Portion	Employee Portion
Single	$550	$550	$0	$550	$550	$0
Couple	$1,186	$1,186	$0	$1,186	$1,186	$0
Family	$1,743	$1,743	$0	$1,743	$1,743	$0

	Wellness Participant			Non-Wellness Participant		
30 Hour Employee*	Total Premium	District Portion	Employee Portion	Total Premium	District Portion	Employee Portion
Single	$550	$550	$0	$550	$528	$22
Couple	$1,186	$1,186	$0	$1,186	$1,153	$33
Family	$1,743	$1,719	$24	$1,743	$1,551	$192

Employees below must have been grandfathered by policy prior to October 15, 2005.

	Wellness Participant			Non-Wellness Participant		
25 Hour Employee	Total Premium	District Portion	Employee Portion	Total Premium	District Portion	Employee Portion
Single	$550	$371	$179	$550	$329	$221
Couple	$1,186	$801	$385	$1,186	$711	$475
Family	$1,743	$1,175	$568	$1,743	$1,042	$701

Cost of Coverage

September 1, 2023 - August 31, 2024

Medical | PEHP

Uintah School District to fund all plans based on amount to fund the Summit Silver Plan and the wellness % of the employee.

Copper HSA | Preferred Network

	Wellness Participant			Non-Wellness Participant		
40 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$643	$594	$49	$643	$527	$116
Couple	$1,385	$1,282	$103	$1,385	$1,138	$247
Family	$2,034	$1,880	$154	$2,034	$1,668	$366

	Wellness Participant			Non-Wellness Participant		
35 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$643	$520	$123	$643	$461	$182
Couple	$1,385	$1,122	$263	$1,385	$995	$390
Family	$2,034	$1,645	$389	$2,034	$1,459	$575

	Wellness Participant			Non-Wellness Participant		
30 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$643	$446	$197	$643	$395	$248
Couple	$1,385	$962	$423	$1,385	$853	$532
Family	$2,034	$1,410	$624	$2,034	$1,251	$783

Employees below must have been grandfathered by policy prior to October 15, 2005.

	Wellness Participant			Non-Wellness Participant		
25 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$643	$371	$272	$643	$329	$314
Couple	$1,385	$801	$584	$1,385	$711	$674
Family	$2,034	$1,175	$859	$2,034	$1,042	$992

Cost of Coverage

September 1, 2023 - August 31, 2024

Medical | PEHP

Uintah School District to fund all plans based on amount to fund the Summit Silver Plan and the wellness % of the employee.

Silver Plan | Preferred Network

	Wellness Participant			Non-Wellness Participant		
40 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$714	$594	$120	$714	$527	$187
Couple	$1,545	$1,282	$263	$1,545	$1,138	$407
Family	$2,267	$1,880	$387	$2,267	$1,668	$599

	Wellness Participant			Non-Wellness Participant		
35 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$714	$520	$194	$714	$461	$253
Couple	$1,545	$1,122	$423	$1,545	$995	$550
Family	$2,267	$1,645	$622	$2,267	$1,459	$808

	Wellness Participant			Non-Wellness Participant		
30 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$714	$446	$268	$714	$395	$319
Couple	$1,545	$962	$583	$1,545	$853	$692
Family	$2,267	$1,410	$857	$2,267	$1,251	$1,016

Employees below must have been grandfathered by policy prior to October 15, 2005.

	Wellness Participant			Non-Wellness Participant		
25 Hour Employee	**Total Premium**	**District Portion**	**Employee Portion**	**Total Premium**	**District Portion**	**Employee Portion**
Single	$714	$371	$343	$714	$329	$385
Couple	$1,545	$801	$744	$1,545	$711	$834
Family	$2,267	$1,175	$1,092	$2,267	$1,042	$1,225

HSA Contributions

September 1, 2023 - August 31, 2024

Health Savings Account | AxisPlus

The district contributes the below amounts into employees' health savings accounts.

Core HSA | Summit or Advantage Network

40 Hour Employee	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$1,600	$1,600
Couple	$3,600	$3,600
Family	$3,600	$3,600

35 Hour Employee*	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$1,600	$1,036
Couple	$3,600	$2,304
Family	$3,600	$1,692

30 Hour Employee*	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$856	$244
Couple	$1,908	$600
Family	$1,104	$0

Copper HSA | Summit or Advantage Network

40-, 35- and 30-Hour Employee	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$800	$800
Couple or Family	$1,800	$1,800

**Core Plan - In an attempt to offer a health insurance coverage option with little to no out of pocket premiums, administration and associations have agreed to reduce the HSA contributions on the "Core" health insurance plans and reduce the premiums by the same amount for 30- and 35-hour contract employees.*

HSA Contributions

September 1, 2023 - August 31, 2024

Health Savings Account | AxisPlus

The district contributes the below amounts into employees' health savings accounts.

Core HSA | Preferred Network

40 Hour Employee	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$1,600	$1,600
Couple	$3,600	$3,600
Family	$3,600	$3,600

35 Hour Employee*	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$1,240	$532
Couple	$2,856	$1,308
Family	$2,460	$192

30 Hour Employee*	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$376	$0
Couple	$984	$0
Family	$0	$0

Copper HSA | Preferred Network

40-, 35- and 30-Hour Employee	Wellness Participant District Contributes	Non-Wellness Participant District Contributes
Single	$800	$800
Couple or Family	$1,800	$1,800

**Core Plan - In an attempt to offer a health insurance coverage option with little to no out of pocket premiums, administration and associations have agreed to reduce the HSA contributions on the "Core" health insurance plans and reduce the premiums by the same amount for 30- and 35-hour contract employees.*

Cost of Coverage

September 1, 2023 - August 31, 2024

Accident | Voya

Tier	Low Plan	High Plan
Employee Only	$8.32	$11.06
Employee & Spouse	$12.18	$16.19
Employee & Child(ren)	$16.80	$22.33
Family	$20.66	$27.46

Hospital Indemnity | Voya

Employee Only	$15.33
Employee & Spouse	$29.11
Employee & Child(ren)	$25.54
Family	$39.32

Dental | TDA Dental

Tier	Low Plan Yearly $50 Deductible	High Plan Lifetime $100 Deductible
Employee Only	$41.36	$49.49
Employee & Spouse	$87.91	$105.18
Employee & Child(ren)	$100.80	$120.61
Family	$131.99	$157.91

Vision | Opticare Vision

Employee Only	$5.08
Employee & Spouse	$9.32
Employee & Child(ren)	$9.82
Family	$17.96

ID Theft Protection | Allstate

Employee Only	$9.95
Family	$17.95

Notes

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