



2024

EMPLOYEE BENEFITS
ENROLLMENT
GUIDE

TABLE OF CONTENTS

	DEFINITIONS	1
	ELIGIBILITY	2
	BENEFITS ENROLLMENT	3
	MEDICAL INSURANCE	4
	SELECTHEALTH	8
	PRE-TAX SAVINGS ACCOUNTS	18
	DENTAL	21
	VISION	22
	LIFE, DISABILITY, CRITICAL ILLNESS & ACCIDENT INSURANCE	23
	RETIREMENT	27
	VACATION & SICK LEAVE	28
	WELLNESS	29
	EMPLOYEE ASSISTANCE PROGRAM	33
	MENTAL HEALTH RESOURCES	34
	CONTACTS	35

TABLE OF CONTENTS

This is a summary of benefits drafted in plain language to assist you in understanding what benefits are offered and does not constitute a policy. Detailed provisions are contained in each provider's plan document. If there is a discrepancy between what is presented here and the official plan documents, the plan documents will govern.

IMPORTANT TERMS

DEFINITIONS

Before we dive into the details, let's first review some important terms that we'll be using to discuss your benefit options.

Deductible: Your deductible is the amount you must pay for covered health care services before your insurance plan starts to pay. For example, if a plan has a \$1000 deductible, you will pay the first \$1000 for covered services. Please note that depending on the plan you enroll in, you may still receive benefits before your deductible takes effect. Our insurance carrier negotiates discounted rates with in-network providers so even though you pay out-of-pocket for services to meet your deductible, you will still be saving money by being insured.

Co-payment: Co-payments are a predetermined amount you pay for visiting a provider as defined by your health plan. Co-payments usually do not count towards your deductible or co-insurance.

Co-insurance: After you pay your deductible, you will pay co-insurance for covered services. This is the percentage of costs you are responsible for paying as defined by your health plan. This percentage depends on the type of plan you enroll in. For example, if your employer pays 80% of covered services, your co-insurance would be 20%. Payments toward deductibles and co-insurance accumulate to your annual out-of-pocket maximum.

Out-of-pocket maximum: Out-of-pocket maximum is the most you have to pay for covered services in a plan year. This includes the amounts you pay for deductibles, co-pays, and co-insurance. Once you meet your out-of-pocket maximum, your health plan will pay for 100% of the costs.

Preventive care: Even if you have not satisfied a deductible or out-of-pocket maximum, you still have care available to you at no cost. Annual checkups, physicals, standard age child checkups, cancer screenings and other services are no cost to you. When scheduling these services, be sure to communicate to your physician that these are preventive care visits so that they can bill the insurance accordingly.

In-network: Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network providers than those who are out-of-network. Before you visit the doctor or a facility, check to make sure both are covered in-network.

Premium: The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. For Weber County, premiums are paid by the employee 24 of 26 pay periods.

ELIGIBILITY AND ENROLLMENT TIMELINE

ELIGIBILITY

WHO'S ELIGIBLE?

Benefits are available to full-time employees and elected officials. If you are eligible for benefits, you can cover your legal spouse, your children up to age 26, regardless of student or marital status, with the exception of life insurance which would end if your dependent child gets married. Dependents of any age with who are disabled can also be covered.

WHEN CAN I ENROLL OR CHANGE MY BENEFIT ELECTIONS?

AT OPEN ENROLLMENT

During open enrollment you are choosing your plans for the upcoming calendar year (January 1 - December 31). Open enrollment is typically in October or November each year. For open enrollment, log into the Oracle system to view plans and submit your elections under the *Benefits* tile.

AS A NEW HIRE OR REHIRE

When newly hired or rehired into a benefits eligible position, your effective date of insurance will be the 1st of the month following your date of hire. For example, if you are hired January 20th, your effective date of insurance will be February 1st. You will have 30 days from your effective date of insurance to choose your plans for the remainder of the calendar year in which you are hired.

WHEN YOUR LIFE CHANGES

During the calendar year, you may experience a qualified life event. You will have 30 days from the event date to submit your plan changes in the Oracle system. For qualified life events such as marriage/divorce, gain/loss of other coverage, etc. you will need to click the *Benefits* tile in the Oracle system, and then click on the *Report a Life Event* tile to make changes to your enrollments. Support documentation of the event will be required prior to approval of changes.

All of your benefit plan elections/changes are processed through the Oracle system during each of these enrollment windows.

BENEFITS ENROLLMENT

BENEFITS ENROLLMENT AND LIFE CHANGES

If you experience a life event such as marriage, death, employment change, birth, adoption, or a divorce, you can make a change to your coverage within 30 days from the date of the event. Documentation should be submitted by logging into Oracle, click the *Benefits* tile, and then the *Report a Life Event* tile.

DOCUMENTATION NEEDED:

Marriage: Marriage Certificate

Divorce: Signed or stamped copy of divorce decree

Birth: Hospital release paperwork, or birth certificate and Social Security number

Death: Death Certificate

Adoption: Signed or stamped copy of adoption paperwork

Loss of other coverage: Proof of loss of other insurance coverage from the employer or insurance company

HOW TO ENROLL/MAKE CHANGES TO YOUR BENEFITS

You can evaluate your options and enroll through your Oracle employee portal. When you first login, click the *Benefits* tile under the *Me* tab. You can click *Make Changes* to add your dependents and complete your enrollments. Life events, open enrollment, and any HSA or retirement contribution changes will all be managed from the *Benefits* tile as well. For questions on benefits, call Weber County HR at 801-399-8623 or by email at humanresources@co.weber.ut.us

Good morning, LIONEL MESSI!

Me Tools My Reports Others

QUICK ACTIONS

- Personal Details
- Document Records
- Identification Info
- Contact Info
- Family and Emergency Contacts
- My Organization Chart
- My Public Info
- Change Photo

APPS

- Directory
- Journeys
- Pay
- Personal Information
- Learning
- Benefits
- Personal Brand
- Volunteering
- Web Clock

LIONEL MESSI

Review your benefits and enrollment options before you enroll.

Make Changes

- Pending Actions**
Address your open items to complete enrollment
- Your Benefits**
See your current, past, and future enrollments
- Report a Life Event**
Record a life event for enrollment opportunities
- Before You Enroll**
Add family and others before you enroll
- Primary Care Physicians**
Provide physician details for yourself and others
- Document Records**
Upload documents to support your enrollments
- Review Employee Resources**
Review enrollment guidelines before you enroll
- Need Help? Contact Us**
Contact your representative for help
- HSA Calculator**
Estimate future value, earnings, and tax savings for your savings account
- Dependent Care FSA Calculator**
See how much you can save by enrolling in a flexible spending account
- Health Care FSA Calculator**
Estimate your annual health care costs and see how you can save money with a flexible spending account
- Wellness**
Participate in corporate wellness goals and competitions, finish tasks, and engage in other activities.
- Benefits Medical Plans Comparison**
Benefits Medical Plans Comparison

WHICH PLAN IS RIGHT FOR ME?

MEDICAL INSURANCE

Weber County offers multiple medical plan options for you to choose from, both Traditional and High Deductible Health Plans, as well as two different provider networks to choose from.

HIGH-DEDUCTIBLE HEALTH PLAN	VS	TRADITIONAL PPO PLAN
<ul style="list-style-type: none"> ▪ Lower cost per paycheck ▪ Higher deductible ▪ After annual deductible is reached, you have 100% coverage for the remainder of the year. ▪ Lower out of pocket maximum ▪ You can participate in a health savings account (HSA) through Health Equity. This allows you to set aside money from your paycheck tax free that can also be used tax free to pay for covered out of pocket expenses. Unused funds roll over to future years. ▪ Weber County will make a contribution to your HSA account monthly, even if you choose not to. ▪ Preventive care covered at 100% 		<ul style="list-style-type: none"> ▪ Higher cost per paycheck ▪ Lower deductible ▪ Convenient upfront co-payments for office visits, some prescriptions, urgent care. ▪ Higher out of pocket maximum ▪ You can elect to take part in the Flexible Spending Account (FSA) which allows you to set money aside from your paycheck pre-tax and also pay for out of pocket expenses with pre-tax funds. No long term roll-over of funds. ▪ Preventive care covered at 100%

DEDUCTIBLE			
HDHP In- Network Deductible		Traditional Plan In- Network Deductible	
Individual Deductible	\$3,500	Individual Deductible	\$1,500
2-Party/Family Deductible	\$7,000	2-Party/Family Deductible	\$3,000
OUT OF POCKET MAXIMUM			
HDHP Individual	\$3,500	Traditional Individual	\$5,000
HDHP 2-Party/Family	\$7,000	Traditional 2-Party/Family	\$10,000
COINSURANCE			
HDHP 100% After Deductible		Traditional 80% After Deductible	
CONTRIBUTION LIMITS			
HSA		FSA/Limited FSA	
Individual \$4,150		Up to \$3,200 annually	
2-Party/Family \$8,300		Dependent Care FSA	
(Includes County + Employee contributions)		\$5,000	

MEDICAL
INSURANCE

MEDICAL PLAN COMPARISON CHART

Weber County offers two types of plans (Traditional PPO or High Deductible). The county also pays a significant portion of the premium.

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	TRADITIONAL PPO PLAN
Provider Choice Receive the highest level of coverage when using providers who are part of your plan's network.	Select Health Med Select Health Value	Select Health Med Select Health Value
Connect Care Virtual Visit	\$69 Fee- prior to deductible	Free
What do I pay when I access care? You're responsible for a deductible and a copay or coinsurance. <i>The deductible is the amount you pay out-of-pocket for medical and prescription drug costs before plan begins to pay.</i>	First, you pay your annual deductible: <ul style="list-style-type: none"> Employee only – \$3,500 2-Party/Family – \$7,000 Once you meet your deductible, you pay: <ul style="list-style-type: none"> \$0 co-pay per primary care visit \$0 co-pay per specialist visit \$0 per emergency room visit 0% coinsurance for in-patient services 0% coinsurance for out-patient services 	First, you pay your annual deductible: <ul style="list-style-type: none"> Employee only – \$1,500 2-Party/Family – \$3,000 Your Copay and Coinsurance <ul style="list-style-type: none"> \$40 co-pay per primary care visit \$50-\$60 co-pay per specialist visit \$500 per emergency room visit (after deductible) 20% coinsurance for in-patient services 20% coinsurance for out-patient services
You're protected by the out-of-pocket maximum This is the maximum annual amount you pay for in-network care.	<ul style="list-style-type: none"> Employee only – \$3,500 2- Party/Family – \$7,000 The plan pays 100% of eligible remaining in-network costs.	<ul style="list-style-type: none"> Employee only – \$5,000 2- Party/Family – \$10,000 The plan pays 100% of eligible remaining in-network costs.

MEDICAL PLAN COMPARISON CHART

MEDICAL
INSURANCE

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	TRADITIONAL PPO PLAN
<p>What do I pay when I need a prescription?</p> <p>Your prescription drug costs count towards your medical plan deductible and out-of-pocket maximum.</p>	<p>First, you pay the total discounted cost of the prescription drug until you've met your deductible, then you pay:</p> <p>\$0</p>	<p>Deductible: \$200</p> <ul style="list-style-type: none"> • Tier 1: \$20 • Tier 2: \$45 • Tier 3: \$65 • Tier 4: \$100 <p>Specialty and injectable medications</p>
<p>What are my pre-tax options to help pay health care expenses?</p> <p>(such as deductibles, coinsurance, and co-pays)?</p>	<p>Health Savings Account (HSA)</p> <p>Unused dollars roll-over from year to year and go with you when you change plans, leave Weber County, or retire.</p> <p>Annual 2024 contribution limits are:</p> <ul style="list-style-type: none"> ▪ Employee only – \$4,150 ▪ 2-Party/Family – \$8,300 ▪ Age 55+ can contribute an additional \$1,000 	<p>Flexible Spending Account (FSA)</p> <p>Unused dollars do not roll over each year.</p> <p>Annual 2024 contribution limits are:</p> <ul style="list-style-type: none"> • \$3,200

MEDICAL PLAN COST

MEDICAL INSURANCE

The table below provides a breakdown of premium costs for High Deductible Health Plans and Traditional Health Plans for both employees and Weber County. A premium is the amount you pay for your health insurance coverage each month.

HIGH DEDUCTIBLE PLANS	EMPLOYEE PER PAY PERIOD COST	EMPLOYEE PER MONTH COST	ANNUAL EMPLOYEE COST	ANNUAL COUNTY COST
Select Med				
Employee only	\$34.05	\$68.10	\$817.20	\$7,977.60
2 - Party	\$80.12	\$160.24	\$1,922.88	\$18,256.32
Family	\$97.03	\$194.06	\$2,328.72	\$22,082.48
Select Value				
Employee only	\$31.36	\$62.72	\$752.64	\$7,396.56
2 - Party	\$73.79	\$147.58	\$1,770.96	\$16,812.64
Family	\$89.41	\$178.82	\$2,145.84	\$20,436.56
TRADITIONAL HEALTH PLANS	EMPLOYEE PER PAY PERIOD COST	EMPLOYEE PER MONTH COST	ANNUAL EMPLOYEE COST	ANNUAL COUNTY COST
Select Med				
Employee only	\$80.80	\$161.60	\$1,939.20	\$7,756.80
2 - Party	\$190.17	\$380.34	\$4,564.08	\$18,256.32
Family	\$230.33	\$460.66	\$5,527.92	\$22,111.68
Select Value				
Employee only	\$74.83	\$149.66	\$1,795.92	\$7,183.68
2 - Party	\$176.21	\$352.42	\$4,229.04	\$16,916.16
Family	\$213.49	\$426.98	\$5,123.76	\$20,495.04

INSURANCE BENEFITS

SELECT HEALTH
2024

WEBER COUNTY

OPTION 2 01/01/2024



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 calendar Year		
Deductible	\$1,500	\$4,000
Out-of-Pocket Maximum	\$5,000	\$10,000
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible - per person/family	\$1500/\$3000	\$4000/\$8000
Out-of-Pocket Maximum - per person/family	\$5000/\$10000	\$10000/\$20000
(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 calendar Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per calendar 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	\$60	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	\$60	40% after Deductible

OUTPATIENT SERVICES⁴

	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	\$500 after Deductible	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	\$60	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	\$60 after Deductible	40% after Deductible



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 Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	Not Covered

OPTIONAL BENEFITS

	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency 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 <i>(up to 20 visits per calendar Year)</i>	\$40	Not Covered
Injectable Drugs, Chemotherapy, and Specialty Medications ⁴	20% after Deductible	40% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> ⁴	See Professional, Inpatient or Outpatient	Not Covered

PRESCRIPTION DRUGS

Pharmacy Deductible - Per Person per calendar Year	\$200
Prescription Drug List (formulary)	RxSelect [®]
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> ⁴	
Tier 1	\$20
Tier 2	\$45 after pharmacy Deductible
Tier 3	\$65 after pharmacy Deductible
Tier 4	\$100 after pharmacy Deductible
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90[®])-selected drugs</i> ⁴	
Tier 1	\$20
Tier 2	\$90 after pharmacy Deductible
Tier 3	\$195 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/findadoctor 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 SelectHealth 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.

Insulin for the treatment of diabetes is subject to a maximum copay of \$28 for short-acting and \$92 for long-acting, per 30-day prescription.
 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. SM (domiciled in Utah).



MED 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 calendar Year		
Deductible	\$3,500	\$3,750
Out-of-Pocket Maximum	\$3,500	\$5,000
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible	\$7,000	\$7,500
Out-of-Pocket Maximum	\$7,000	\$10,000
(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 calendar Year	Covered 100% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per calendar Year for all therapy types combined	Covered 100% after Deductible	40% after Deductible
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) - <i>Emergencies Only</i>	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



MED 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 Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	Covered 100% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	Not Covered

OPTIONAL BENEFITS

IN-NETWORK

OUT-OF-NETWORK

Mental Health and Chemical Dependency 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
Injectable Drugs, Chemotherapy, and Specialty Medications ⁴	Covered 100% after Deductible	40% after Deductible
Bariatric Surgery (<i>Up to one surgery/lifetime</i>) ⁴	See Professional, Inpatient or Outpatient	Not Covered

PRESCRIPTION DRUGS

Prescription Drug List (formulary)	RxSelect [®]	
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> 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- <i>90 Day Supply (Mail-Order, Retail)⁹⁰®</i> -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/findadoctor 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 SelectHealth 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.

Insulin for the treatment of diabetes is subject to a maximum copay of \$28 for short-acting and \$92 for long-acting, per 30-day prescription.

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. SM (domiciled in Utah).



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 calendar Year	
Deductible	\$1,500
Out-of-Pocket Maximum	\$5,000
Family Coverage, 2 or more enrolled - per calendar Year	
Deductible - per person/family	\$1500/\$3000
Out-of-Pocket Maximum - per person/family (Medical and Pharmacy Included in the Out-of-Pocket Maximum)	\$5000/\$10000
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 calendar Year	20% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per calendar Year for all therapy types combined	20% after Deductible
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 SERVICES⁴	IN-NETWORK
Outpatient Facility	20% after Deductible
Ambulatory Surgical Center	10% after Deductible
Imaging Center	10% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible
Emergency Room	\$500 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



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 Chemical Dependency Services
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient
Cochlear Implants or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient
Infertility - <i>Select Services</i>	50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient
OPTIONAL BENEFITS	IN-NETWORK
Mental Health and Chemical Dependency ⁴	
Office Visits	\$40
Virtual Visits	Covered 100%
Inpatient	20% after Deductible
Outpatient	20%
Residential Treatment ²	20% after Deductible
Chiropractic <i>(up to 20 visits per calendar Year)</i>	\$40
Injectable Drugs, Chemotherapy, and Specialty Medications ⁴	20% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> ⁴	See Professional, Inpatient or Outpatient
PRESCRIPTION DRUGS	
Pharmacy Deductible - Per Person per calendar Year	\$200
Prescription Drug List (formulary)	RxSelect [®]
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> ⁴	
Tier 1	\$20
Tier 2	\$45 after pharmacy Deductible
Tier 3	\$65 after pharmacy Deductible
Tier 4	\$100 after pharmacy Deductible
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90[®])-selected drugs</i> ⁴	
Tier 1	\$20
Tier 2	\$90 after pharmacy Deductible
Tier 3	\$195 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/findadoctor 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 SelectHealth 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.
 Insulin for the treatment of diabetes is subject to a maximum copay of \$28 for short-acting and \$92 for long-acting, per 30-day prescription.
 * 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.SM (domiciled in Utah).



VALUE 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 calendar Year	
Deductible	\$3,500
Out-of-Pocket Maximum	\$3,500
Family Coverage, 2 or more enrolled - per calendar Year	
Deductible	\$7,000
Out-of-Pocket Maximum	\$7,000
(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 calendar Year	Covered 100% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴	Covered 100% after Deductible
Up to 40 days per calendar 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



MEMBER PAYMENT SUMMARY

IN-NETWORK

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

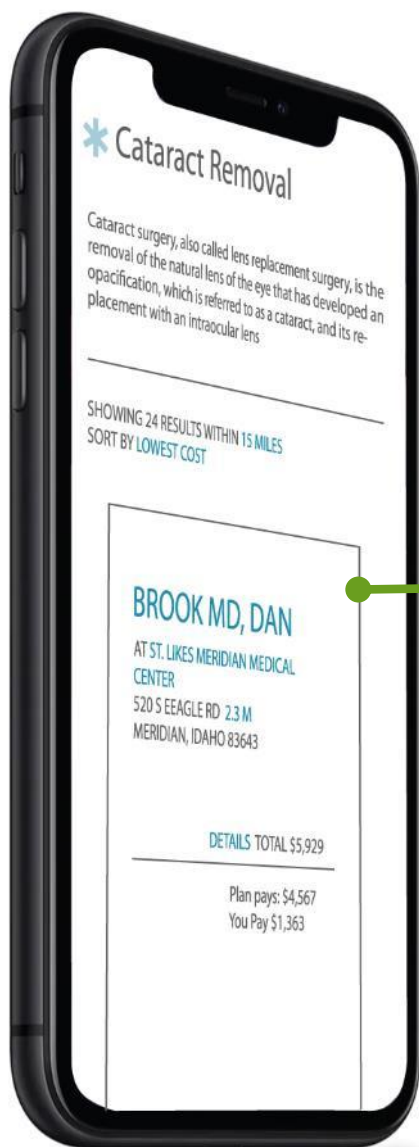
1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.
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 4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with 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.
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 Insulin for the treatment of diabetes is subject to a maximum copay of \$28 for short-acting and \$92 for long-acting, per 30-day prescription.
 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. SM (domiciled in Utah).

SELECT HEALTH

SELECT HEALTH ONLINE TOOLS

The Select Health member account provides important health and benefits information 24 hours a day 7 days a week. The new Intermountain Mobile App makes managing your health easier. It offers many features designed to simplify the healthcare experience, including the ability to view lab results, get in line at an InstaCare and view member ID Cards.

Find out more at www.selecthealth.org



MEDICAL COST ESTIMATOR

We can use your benefits to estimate the cost of many healthcare services. For example, we can estimate the cost of cataract removal, including the charges for the facility, provider, and anesthesiologist. Bundling these numbers together, we estimate how much your plan will cover and what you will pay.

ID CARDS

Lost your ID card, no worries, you can view and print copies of your card on the Select Health member portal.

REQUEST A CALL

Use your call request feature to schedule a call back from our Member Services team at a set time that is convenient for you.

CHAT WITH US

Not time for a phone call? Use our secure chat feature to talk with Member Services online. If you need to know whether your medication will be covered or how much a doctor's bill was, chat can help.

HEALTH CARE INFORMATION

View your benefits, claims and deductible levels.



Many contracted providers and facilities receive secure messages and will upload lab results, imaging reports, and other health information on your Intermountain Healthcare My Health account. To access information from your providers, click the blue My Health button in the right corner of your Select Health dashboard.

INTERMOUNTAIN CONNECT CARE

SELECT HEALTH

HALF THE COST OF A DOCTOR'S OFFICE VISIT

When you feel sick or injured, you don't need to leave the house to get the care you need. Grab your smartphone or computer and talk with a doctor in minutes. Join in the savings by downloading the Connect Care app and creating an account. You can also visit www.intermountainconnectcare.org to get started. Set up an account now so you'll be all set when you or your family needs care for commonly treated conditions. See a full list of conditions at www.intermountainconnectcare.org

GET AN HOUR OF YOUR LIFE BACK WITH CONNECT CARE

TRIP TO URGENT CARE:

- Commute back and forth: **28 minutes**
- Average wait time: **39 minutes**
- Total time: **67 minutes**

USING INTERMOUNTAIN CONNECT CARE:

- Stay at home and see a doctor:

6 minutes

Save time and money. Set up an account now so you'll be all set when you or your family needs care



PRE-TAX SAVINGS ACCOUNTS

KNOW THE DIFFERENCE

A pre-tax savings account can be used to cover eligible expenses such as deductibles, coinsurance, and co-pays. Your medical plan choice determines the health account(s) that can be paired with it.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)	Limited FSA
What medical plan do I need to enroll in to be eligible?	High Deductible Health Plan	Traditional PPO Plan	High Deductible Plan
Who can contribute to the account?	You and Weber County can contribute to your HSA account Weber County will contribute: \$600 annually - paid per month for employee only coverage \$850 annually – paid per month for 2-Party coverage \$1100 annually – paid per month for family coverage	You can elect to contribute to an FSA with pre-tax dollars, which Weber County will deduct from your paycheck, up to the annual maximum FSA contribution limit each year.	You can elect to contribute a Limited FSA with pre-tax dollars, which Weber County will deduct from your paycheck, up to the annual maximum contribution limit each year.
Annual Maximum	Employee only: \$4,150 2-Party/Family: \$8,300 Age 55 and older are eligible to contribute an additional \$1000	\$3,200	\$3,200
Eligible Expenses	Eligible out of pocket medical, dental, vision and prescription costs, such as deductibles and coinsurance that are not covered by your insurance, or reimbursed through another source.	Eligible out of pocket medical, dental, vision and prescription cost, such as deductibles and coinsurance that are not covered by your insurance, or reimbursed through another source.	Eligible out of pocket dental and vision expenses.
Do unused funds roll over from year to year?	Yes- unused funds stay in your account.	No	No

HEALTH EQUITY HEALTH SAVINGS ACCOUNT

PRE-TAX
SAVINGS
ACCOUNTS

Think of an HSA as a savings plan for health care you'll need today, tomorrow and into the future. It works like a regular bank account, but you don't pay federal income tax on the money you deposit. When you use your HSA money to pay for qualified medical expenses, you won't pay income taxes on the money, either. You even build your savings into a nest egg for retirement.

THINGS TO REMEMBER WHEN USING AN HSA

YOU'RE ON A PLAN WITH TWO PARTS

1. **The High Deductible Health Plan** – the medical coverage through Select Health
2. **The Savings Plan** – county contributions and your own pre-taxed contributions deducted through payroll, are deposited directly into your HSA through Health Equity.

YOU GET IN NETWORK DISCOUNTS

When you use your medical benefits, present your medical plan ID card. It's often best to pay a portion of the bill instead of the full amount because the network discount is applied when the claim is processed. Prescriptions need to be paid at the point of service, but providers (doctors, dentists, specialists, facilities) often let you pay a copay, then the remainder when you get your Explanation of Benefits (EOB).

SAVE FOR YOUR FUTURE EXPENSES

Unlike a Flexible Spending Account (FSA), the funds in your HSA are yours to keep and go with you from year to year. Save now for your future expenses. Find out more at www.healthequity.com

PRE-TAX SAVINGS ACCOUNTS

FLEXIBLE SPENDING ACCOUNT

Flexible Spending (FSA) and Limited Purpose FSA accounts that can be used to cover eligible expenses such as deductibles, coinsurance, and co-pays. Your medical plan choice determines the health account(s) that can be paired with it. How the accounts work and the advantages of each vary, so it's important you understand the features.

WHAT ARE THE BENEFITS OF A MEDICAL FSA?

IT SAVES YOU MONEY

Allows you to put aside money tax-free that can be used for qualified medical expenses.

IT'S A TAX-SAVER

Since your taxable income is decreased by your contributions, you will pay less in taxes.

IT IS FLEXIBLE

You can use your FSA funds at any time, even if it's the beginning of the year. You cannot stockpile money in your FSA. If you do not use it, you lose it. You should only contribute the amount of money you expect to pay out of pocket that year.

OTHER FSA's:

WHAT IS A DEPENDENT CARE FSA?

A Dependent Care FSA allows you to contribute pre-tax dollars to qualified dependent care, such as daycare. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

WHAT IS A LIMITED FSA?

A Limited FSA is a Flexible Spending Account that is compatible with a Health Savings Account. It is referred to as a Limited FSA because it is used to pay for eligible dental and vision care expenses only.

DENTAL PLAN OVERVIEW & PREMIUMS

DENTAL

PDP Plus

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as Periodontitis (gum disease), can affect other areas of your body including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. MetLife offers competitive discounts and a national network of providers. Your costs will be lowest if you select a MetLife provider. You can download the MetLife app to search for providers and access an electronic dental ID card. You can also find that information on their website at www.metlife.com

The following chart outlines the dental benefits we offer.

BENEFIT	IN- NETWORK (PDP Plus)	OUT OF NETWORK
Annual Maximum benefit	\$3,000	\$3,000
Preventive	100%	80% MAC
Annual Deductible (applies to basic & major services)	\$50 per person \$150 per family	\$50 per person \$150 per family
Basic	80%	80% MAC
Major	50%	50% MAC
Orthodontia Lifetime Maximum	\$1000	\$1000

** MAC= Maximum allowable charge

DENTAL PLAN PREMIUM COSTS (PER PAY PERIOD)

Employee only	\$1.59
2 - Party	\$2.68
Family	\$4.02

CUSTOMER SERVICE

1-800-438-6388

www.metlife.com

VISION
Superior

VISION INSURANCE

Weber County's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams, and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider Directory, your benefits include:

VISION SUMMARY – EYEMED ACCESS NETWORK		
Type of Service	In-Network (Superior -Member Cost)	Out-of-Network (Reimbursement)
Exam	\$10	Up to \$45
Contact Lens Options		
Standard fit & follow-up	Up to \$55	Not covered
Premium fit & follow-up	10% off retail price	
Frames		
Any frame at provider location	\$0 copay, \$140 allowance; 20% off balance over \$140	Up to \$70
Standard Plastic Lenses		
Single Vision	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$65
Standard progressive	\$75	Up to \$40
Contact Lenses		
Conventional	\$0 copay; \$155 allowance; 15% off balance over \$155	Up to \$124
Disposables	\$0 copay; \$155 allowance; member responsible for balance over \$155	Up to \$124
Medically Necessary	\$0 copay; paid in full	Up to \$200
Laser Correction		
Lasik or PRK	15% off retail price -or- 5% off promotional price	Not Covered
Frequency		
Examination	Once every 12 months	Once every 12 months
Frames		
Lenses or Contact Lenses		
VISION PLAN PERIUM COSTS (PER PAY PERIOD)		
Employee only	\$3.31	
2-Party	\$6.23	
Family	\$9.20	

CUSTOMER
SERVICE

1-800-438-6388
www.metlife.com

TERM LIFE INSURANCE

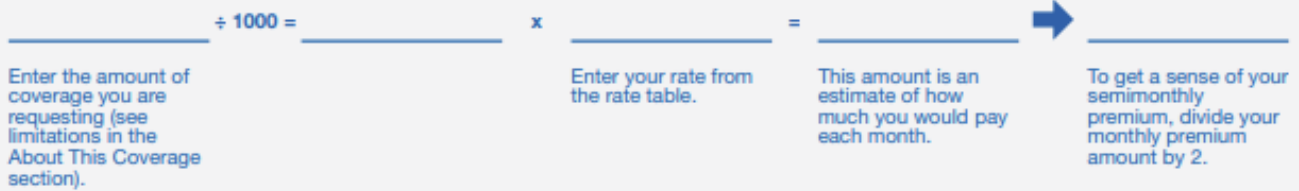
THE STANDARD

LIFE, DISABILITY,
CRITICAL ILLNESS, &
ACCIDENT
INSURANCE

TERM LIFE INSURANCE COVERAGE

Rates for life insurance coverage are in the below table. As a new hire, you can enroll in self coverage up to \$300,000 with guaranteed issue (meaning you are not required to complete the evidence of insurability questionnaire) within 30 days from your effective date of insurance. You may also add coverage for your spouse and children during this time. Your spouse is eligible for up to \$50,000 guaranteed issue, and children are eligible for \$10,000. After your new hire period, you can enroll during open enrollment, but must provide evidence of insurability. Rate tables on this coverage is below.

Use this formula to calculate your premium payment:



If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Life coverage for your child(ren), your monthly rate is \$0.25 per \$1,000, no matter how many children you're covering.

Your Age (as of January 1)	Your Rate (Per \$1,000 of Total Coverage)
<30	\$0.049
30-34	\$0.057
35-39	\$0.072
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.370
60-64	\$0.433
65-69	\$0.623
70-74	\$1.054
75+	\$3.364

Spouse's Age (as of January 1)	Spouse's Rate (Per \$1,000 of Total Coverage)
<30	\$0.049
30-34	\$0.057
35-39	\$0.072
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.370
60-64	\$0.433
65-69	\$0.623
70-74	\$1.054
75+	\$3.364

THE STANDARD

LIFE, DISABILITY,
CRITICAL ILLNESS, &
ACCIDENT
INSURANCE

SHORT-TERM DISABILITY

Your medical insurance pays medical bills but doesn't help with the other expenses you have in your life. Short-Term Disability provides partial wage replacement if you qualify and require a leave of absence. It can provide an income during expected events like a scheduled surgery or pregnancy, and unexpected events like non-work-related accidents or illness.

🔗 About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

66 2/3% of your eligible earnings, up to a maximum benefit of **\$1,700** per week. Plan minimum **\$15** per week.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

6 days for accidental injury
6 days for physical disease, pregnancy or mental disorder

Late Enrollment Penalty

The late enrollment penalty applies if you do not apply for this coverage within 31 days of becoming eligible.

If you do not apply for coverage within 31 days of becoming eligible, your benefit waiting period for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage will be 60 days.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

90 days

🇺🇸 How Much Your Coverage Costs

Because this insurance is offered through Weber County Corporation, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:

$$\text{_____} \times 0.6667 \times \text{_____} \div 10 = \text{_____}$$

Enter your weekly earnings (cannot be more than \$2,550). Enter your rate from the rate table. This amount is an estimate of how much you'd pay each month. To get a sense of your semimonthly premium, divide your monthly premium amount by 2.

Your Age (as of January 1)	Rate per \$10 of weekly benefit
<25	\$0.546
25-29	\$0.621
30-34	\$0.676
35-39	\$0.469
40-44	\$0.406
45-49	\$0.452
50-54	\$0.531
55-59	\$0.703
60-64	\$0.848
65+	\$0.923

Not being able to work also means not being able to earn a paycheck.

As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at www.standard.com/disability/needs.

THE STANDARD

LIFE, DISABILITY,
CRITICAL ILLNESS, &
ACCIDENT
INSURANCE

CRITICAL ILLNESS & ACCIDENT INSURANCE

THE STANDARD OFFERS AFFORDABLE SOLUTIONS TO COMPLEMENT YOUR EXISTING HEALTHCARE PLAN.

For an added layer of financial protection to help cover expenses such as deductibles and co-pays, consider Critical Illness Insurance, and Accident Insurance.

Critical Illness Insurance: Critical illnesses insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered critical illness. Your premium payments are deducted directly from your paycheck. Critical Illness insurance can make a big difference in your ability to pay out of pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness regardless of your treatment cost or what is covered by your medical insurance. Elect coverage in \$10,000 increments between \$10,000 and \$30,000.

Accident Insurance: Accidents happen frequently and can be very costly. Accident Insurance can help pay expenses not covered by your medical insurance. There are over 150 covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, medical services, and treatments.

Here's how it works:

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover.

Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.



You'd get an additional 25% if your child is injured while participating in an organized athletic activity — whether it's football practice, a soccer game or dance class.

BENEFITS PAID TO YOU

Urgent Care Visit.....	\$50
X-ray.....	\$50
Dislocated Elbow.....	\$800
Arm Fracture.....	\$550
Wrist Fracture.....	\$550
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment (2 visits)	\$100
SUBTOTAL.....	\$2,150
Youth Organized Sports Benefit (25% of subtotal).....	\$538
Total paid directly to you.....	\$2,688

RETIREMENT

UTAH RETIREMENT SYSTEMS

Saving for retirement may be the most important financial decision you make. Weber County offers retirement plans through the Utah Retirement Systems (URS).

Depending on your hire date, you will either be placed in a Tier 1 or Tier 2 plan.

- If you entered into the URS system prior to July 1, 2011, you are part of Tier 1.
- If you entered into the URS system on or after July 1, 2011, you are part of Tier 2.
 - If you are in Tier 2, you have two plan options to choose from: Hybrid or Defined Contribution (401K only) Plan. You have 1 year from your hire date to make your election. If you do not choose, it will default to the Hybrid Plan.
- All plans have a 4 year vesting period.

Both Tiers provide a Pension plan option as well as the option to invest in these other tax-deferred options:

- 401(k)
- 457
- Roth IRA
- Traditional IRA

Weber County also offers a 2% match on 401k.

Individual counseling is available, call to schedule an appointment.



CONTACT INFORMATION

For More information contact
URS at:

801-366-7700

www.urs.org

VACATION AND SICK LEAVE

VACATION & SICK LEAVE

HOW MUCH VACATION AND SICK LEAVE DO I GET?

Benefit eligible employees will accrue vacation & sick leave. New employees begin accruing leave on their first day of work. Employees will accrue vacation & sick leave on a per pay period basis, based on the number of regular hours worked. Part-time employees shall accrue on a prorated basis in proportion to the number of hours worked. Employees can take leave after accrual with approval from their supervisor.

VACATION LEAVE ACCRUAL SCHEDULE

Years of service	Days Earned per year	Hours Per Pay Period
0-5	13	4.00
5-10	15	4.62
10-15	18	5.54
15 and over	23	7.07

Maximum annual vacation bank: 320 hours

SICK LEAVE ACCRUAL SCHEDULE

Per pay period: 3.704

Maximum sick bank: 480 hours

13 PAID HOLIDAYS

New Year's Day	Labor Day
Martin Luther King Jr. Day	Veteran's Day
President's Day	Thanksgiving
Memorial Day	Day after Thanksgiving (Black Friday)
Juneteenth	½ Day Christmas Eve
Independence Day	Christmas Day
Pioneer Day	½ Day New Year's Eve

WELLNESS

PROVIDING A HEALTHY WORKPLACE

WEBER COUNTY WELLNESS PROGRAM

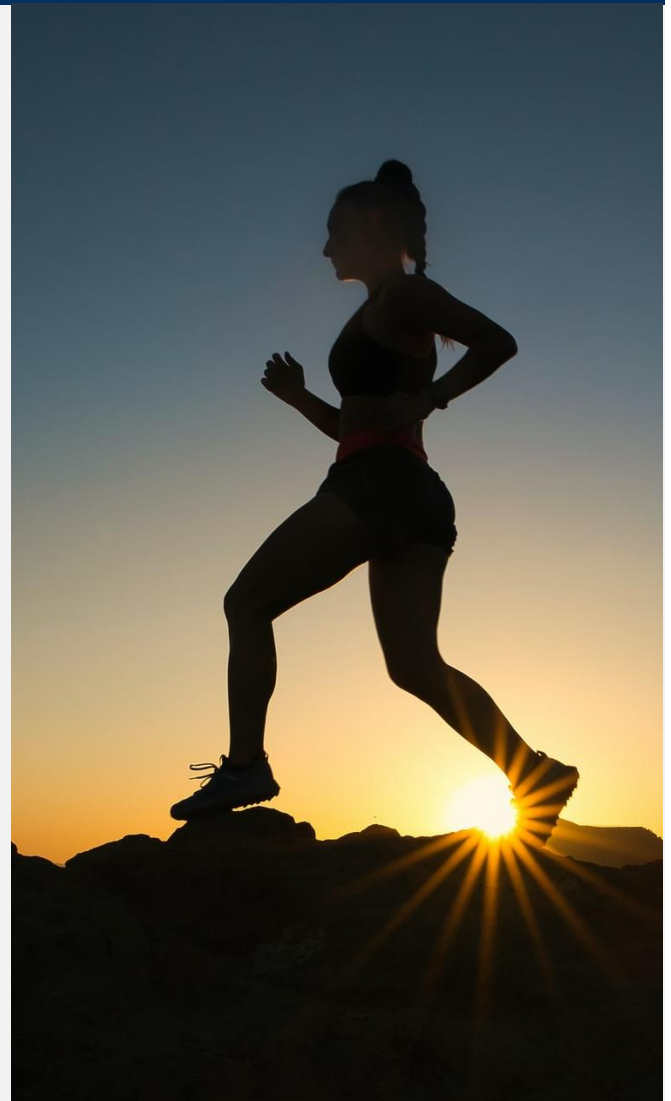
PROVIDING A HEALTHY WORKPLACE

Weber County recognizes our ability to achieve our objectives successfully depends on the well-being of our employees. We acknowledge that the key elements of workplace wellness include the physical and cultural environments as well as the policies, practices, and procedures that guide our work.

Weber County strives to provide a healthy workplace that values and enhances the health and well-being of all employees. This workplace wellness program provides the foundation for developing activities and modifying work environments, policies, and practices to support the health and well-being of all employees. Positive benefits are also likely to extend beyond employees to result in better health for families and communities.

The workplace wellness program includes a gym reimbursement program, quarterly wellness challenges with rewards, wellness resources, and much more.

<https://elevateweber.com/>



GYM REIMBURSEMENT

The gym membership reimbursement program is available to all benefit eligible employees who have been employed by Weber County for a minimum of six months. If you join one of our corporate partner fitness centers (EOS or VASA), and make at least eight (8) visits per month, you will be reimbursed up to a maximum of \$17.00 per month.

In order to receive reimbursement, you must sign the gym membership reimbursement agreement and submit your gym attendance using the QR code or clicking the button on the www.elevateweber.com website.

For additional information, and corporate discounts please see the **VASA and EOS** flyers on the following pages

WELLNESS



SUBMIT GYM ATTENDANCE



GET *Healthy*
FEEL *Strong*
BE *Happy*



Business Membership Details

PREMIUM FITNESS AMENITIES ACROSS 50+ LOCATIONS AT DISCOUNTED RATES



COMPANY CODE:
BDUTWEBCO

COMPANY NAME:
Weber County

To activate your membership, scan the QR code or go to vasafitness.com/join and enter your company's promo code. Questions about add-ons or issues with enrollment? Email businessmemberships@vasafitness.com.

FITNESS MEMBERSHIP

~~\$24.99/month~~

\$19.99/month*

- ✓ Expansive Cardio Deck
- ✓ Free Weights
- ✓ Performance Lifting Area
- ✓ Strength Training Machines
- ✓ Functional Training Turf Area
- ✓ Group Fitness Classes
- ✓ Cycle Classes
- ✓ Indoor Pool & Spa
- ✓ Sauna & Steam
- ✓ Basketball
- ✓ HydroMassage Lounge
- ✓ Light Therapy

- Available Add-ons:**
- ✓ Personal Training
 - ✓ KidCare
 - ✓ Guest Privileges

STUDIO MEMBERSHIP

~~\$39.99/month~~

\$34.99/month*

- ✓ STUDIO RED HIIT Classes
- ✓ Unlimited InBody Scans
- ✓ \$15 Off A KidCare Bundle
- ✓ Monthly \$5 REVIVE Credit
- ✓ Expansive Cardio Deck
- ✓ Free Weights
- ✓ Performance Lifting Area
- ✓ Strength Training Machines
- ✓ Functional Training Turf Area
- ✓ Group Fitness Classes
- ✓ Cycle Classes
- ✓ Indoor Pool & Spa
- ✓ Sauna & Steam
- ✓ Basketball
- ✓ HydroMassage Lounge
- ✓ Light Therapy

- Available Add-ons:**
- ✓ Personal Training
 - ✓ KidCare
 - ✓ Guest Privileges

Amenities vary by location. TEAM Training classes are available in locations that do not have STUDIO.
 *All memberships will be paid directly by the employee and charged an annual fee of \$49.99, 60 days after enrollment and each subsequent year on the same date.





CORPORATE MEMBERSHIP

\$1 to Start (reg. \$20)
\$15.99/mo (reg. \$26.99)
\$0 Annual Membership Fee
(reg. \$49.99)

EXCLUSIVELY FOR:



FEATURING

- » Month-to-Month
- » Open 24-Hours
- » Personal Training
- » Cycling Studio
- » Basketball
- » MOVEoS Cinema
- » Pool & Sauna
- » Yoga/Pilates
- » BodyPump™
- » Zumba®
- » Expansive Kids' Club
- » Huge Free Weights Area
- » Turf Functional Training Area
- » Tons of Group Fitness Classes
- » Cardio w/Individual TVs
- » Complimentary Welcome Workout
- » Access to ALL 70+ EoS Fitness Locations
- » And Much More!

VALID FOR ONLINE ENROLLMENT ONLY

GO TO:

JOINEOS.ME/WEBEREOS

PROMO CODE:

WEBEREOS



HAVE QUESTIONS? CONTACT WELLNESS@EOSFITNESS.COM

Amenities vary by location and membership type. Offer only available online. Some restrictions may apply.



DISCOVER YOUR EAP BENEFIT

EMPLOYEE ASSISTANCE PROGRAM

The Intermountain **Employee Assistance Program** (EAP) is a free service provided for you, your dependents, and household members by Weber County. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, relationship issues and parenting, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

WHAT ARE 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 dependent children (under 26 years old).

HELP FOR CAREGIVERS:

Information, resources, and coaching for employees who are providing assistance to a spouse or relative who is ill, disabled, or needs help with basic activities of daily living. Caregiver services can help identify medical, legal, and financial resources, as well as provide support for the emotional issues of caregiving.

CRISIS SERVICES:

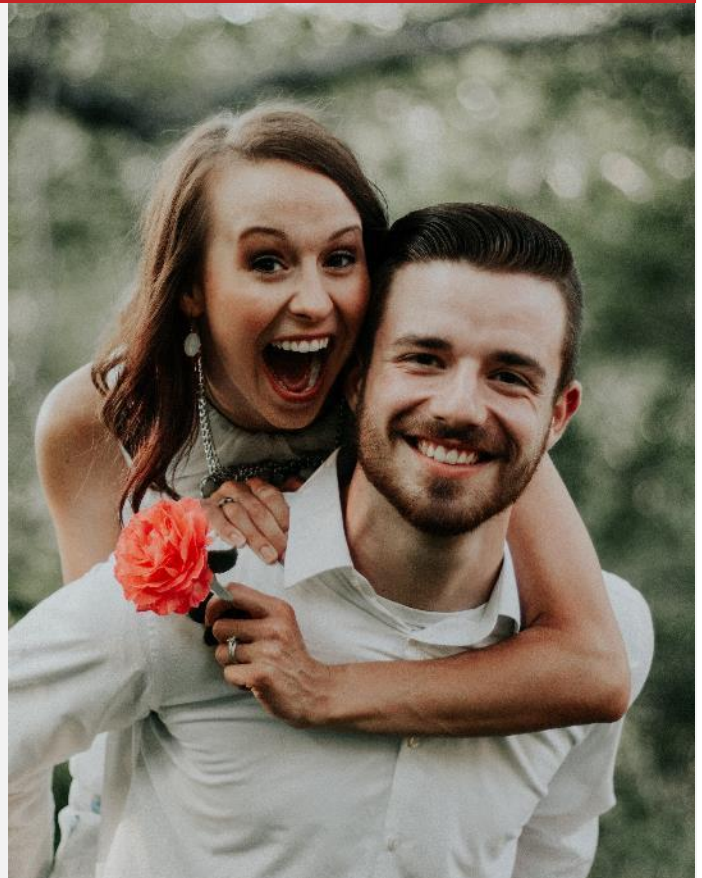
24/7 telephone crisis services with a licensed mental health professional.

WEBSITE:

Valuable resources for employees and family members including virtual trainings. You will also find details about our office locations and staff biographies.

Call: 1-800-832-7733

www.intermountainhealthcare.org/eap




Intermountain®
Employee Assistance Program

MENTAL HEALTH RESOURCES

MENTAL HEALTH RESOURCES

If you are having suicidal thoughts or are concerned about an employee or co-worker who may be having suicidal thoughts, please call the **24-hour Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255)**, or you can visit the Suicide Prevention Lifeline website at: suicidepreventionlifeline.org.

WHAT ARE THE AVAILBALE MENTAL HEALTH RESOURCES



www.Selecthealth.org

Select Health Member Advocates

1-800-515-2220

For personalized assistance in finding a behavioral health provider

Select Health Behavioral Care Managers

800-442-5305



EAP is available to all employees and their dependents for the following:

- In Person Counselling
- Telephonic Visits
- 100% confidential
- Critical Incident
- Stress Management
- Relationship issues

Call 1-800-832-7733

www.intermountainhealthcare.org/EAP

CONTACTS

Contact Information

PLAN	PHONE	WEBSITE OR EMAIL
Benefits Enrollment -HR Wellness and Gym Membership	Weber County HR 801-399-8623	www.webercountyutah.gov https://elevateweber.com E-mail: humanresources@co.weber.ut.us
Medical	Select Health 801-442-5038	www.selectthehealth.org
Dental and Vision	MetLife Dental (PDP Plus): 800-438-6388 Vision (Superior): 800-438-6388	www.metlife.com
Life, Disability, Accident, & Critical Illness	The Standard 800-628-8600	www.standard.com
Health Savings Account	Health Equity 866-346-5800	www.healthequity.com
Flexible Spending Account Dependent Care FSA	National Benefits Service 801-532-4000	www.nbsbenefits.com
Employee Assistance Program	Intermountain EAP 800-832-7733	www.intermountainhealthcare.org/EAP
Retirement	URS 801-366-7700	www.urs.org