



Employee Benefits

Everything you need to know about your benefits at Weber County from
January 1, 2026 to December 31, 2026



Benefits at Weber County

2026 Contacts

Medical

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

Health Savings Account

HealthEquity
(866) 346-5800
www.healthequity.com

Dental

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

Vision

MetLife
(800) 438-6388
www.metlife.com

Flexible Spending Account Dependent Care FSA

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

Life & Disability

The Standard
(800) 628-8600
www.standard.com

Accident Plan Critical Illness Hospital Indemnity

Voya
(877) 236-7564
<https://presents.voya.com/EBRC/WeberCounty>

Legal and ID Theft Plan

LegalShield & IDShield
(800) 654-7757
www.shieldbenefits.com/webercountycorp

For escalated claims and questions

GBS Benefits Team
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Employee Assistance Program

Intermountain EAP
(800) 832-7733
www.intermountainhealthcare.org/EAP

Retirement

URS
(801) 366-7700
www.urs.org

Human Resources

Weber County HR
(801) 399-8623
humanresources@webercountyutah.gov
www.webercountyutah.gov/hr
<http://elevateweber.com/>

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We're here to help you make informed decisions about your benefits—choices that impact your health, well-being, and financial security.

This guide outlines your available options so you can choose what works best for you and your family.

At the heart of our commitment is a belief that our employees are our most valuable asset. That's why we've built a benefits program that's not only comprehensive and flexible but also designed to be accessible and affordable—because supporting you is essential to the success of our organization.



Benefits Overview

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

- 1. Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
- 2. Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
- 3. Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

If you are hired as an elected official or a full-time employee working 30 or more hours per week, coverage will begin on the first day of the month following your date of hire. You may also enroll your eligible dependents in the same plans you choose for yourself.

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

When Do I Enroll?

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



Benefits Overview

Making Changes During The Year

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

Qualified life events include, but are not limited to:

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

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

When Coverage Ends

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

- › Your regular work schedule is reduced to fewer than 30 hours per week
- › Your employment with Weber County ends

Your dependent(s) coverage ends:

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

Health Care Reform and You

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

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

Benefits Enrollment

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

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

How to Enroll or 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@webercountyutah.gov.



Glossary of Terms

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

Deductible

Your deductible is the amount you must pay for covered health services before your insurance plan starts to pay. For example, if a plan has a \$1,000 deductible, you will pay the first \$1,000 for covered services. **Please note:** depending on the plan you elect, 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 a 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 elect. For example, if your plan 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

The 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 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 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 of 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. The cost can be paid by the employer, the employees, or shared amongst both the employer and employee. For Weber County, premiums are paid by the employee 24 of 26 pay periods.

Medical

Which plan is right for me?

Weber County offers multiple medical plan options for you to choose from. You have the option to choose from a Traditional or High-Deductible Health Plan.

High-Deductible Health Plan	VS	Traditional PPO Plan
• Lower cost per paycheck • Higher deductible • After annual deductible is reached, you have 100% coverage for the remainder of the year • You can participate in a Health Savings Account (HSA) through Health Equity. This allows you to set aside money from your paycheck on a pre-tax basis that can be used to pay for your out-of-pocket expenses. Unused funds roll over to future years • Weber County will contribute to your HSA monthly, even if you choose not to • Preventive care is covered 100%		• Higher cost per paycheck • Lower deductible • Convenient upfront co-payments for office visits, some prescriptions, and urgent care • Higher out-of-pocket maximum • You can elect to participate in the Flexible Spending Account (FSA), which allows you to set money aside from your paycheck on a pre-tax basis that can be used to pay for your out-of-pocket expenses. Unused funds will not roll over from year to year • Preventive care is covered 100%

High-Deductible Health Plan	Traditional PPO Plan
Deductible	
Individual - \$3,500 Two-Party/Family - \$7,000	Individual - \$1,500 Two-Party/Family - \$3,000
Out-of-Pocket Maximum	
Individual - \$3,500 Two-Party/Family - \$7,000	Individual - \$5,000 Two-Party/Family - \$10,000
Coinsurance	
Claims are covered in full after deductible	The plan will pay 80% after deductible
Spending Account Limits	
Health Savings Account (HSA) Annual Contribution Limits Single: \$4,400 Two-Party/Family: \$8,750	FSA Annual Election Limits Medical/Limited Purpose FSA: \$3,400 Dependent Care FSA: \$7,500

Medical

Plan Comparison

Weber County offers two types of plans (Traditional PPO or High Deductible). The County also pays a significant portion of the premium. Below is a comparison on how each plan works.

Highlights	High-Deductible Health Plan (HDHP)	Traditional PPO Plan
Provider Choice Receive the best coverage when using providers who are participating under your plan's network	Select Health Preference Network, which offers both Select Med and Select Value providers	Select Health Preference Network, which offers both Select Med and Select Value providers
Connect Care Virtual Visits	\$79 prior to deductible, covered in full AD	Covered in Full
What do I pay when I access care? You're responsible for a deductible and a copay and/or coinsurance. The deductible is the amount you pay out-of-pocket for medical and prescription drug costs before the plan begins to pay.	First, you pay your annual deductible: - Employee only - \$3,500 - Two-Party/Family - \$7,000 Once you meet your deductible, you pay: \$0 copay per primary care office visit \$0 copay per specialist office visit \$0 copay per ER visit 0% coinsurance for inpatient and outpatient services	First, you pay your annual deductible: - Employee only - \$1,500 - Two-Party/Family - \$3,000 Once you meet your deductible, you pay: \$40 copay per primary care office visit \$60 copay per specialist visit \$500 copay per ER visit 20% coinsurance for inpatient and outpatient services
You're protected by the Out-of-Pocket Maximum This is the maximum amount you will pay for in-network care. The deductible is included in the total.	- Employee only - \$3,500 - Two-Party/Family - \$7,000 The plan pays 100% of eligible remaining in-network costs.	- Employee only - \$5,000 - Two-Party/Family - \$10,000 The plan pays 100% of eligible remaining in-network costs.
What do I pay when I need a prescription?	You pay the total discounted cost of the prescription until you've met your deductible, then you pay \$0.	Deductible: \$200 - Tier 1 - \$20 - Tier 2 - \$45 - Tier 3 - \$65 - Tier 4 - \$100
What are my pre-tax options to help pay my expenses?	Health Savings Account (HSA) Unused dollars roll over from year-to-year and go with you when you change plans, change employers, or retire. There are annual limits, see page 19 for more information.	Flexible Spending Account (FSA) Unused dollars do not roll over each year. There are annual limits, see page 23 for more information.

Medical

Select Health Network

Three-Tier Network

Your insurance plan has a three-tier plan, which is designed to save you money on healthcare expenses while providing you the greatest access.

Here's How it Works

You have three benefit "tiers" of coverage combined into one plan. Each tier is tied to a different provider network. Select Health has combined: Select Value and Select Med Plus.

TIER 1

Select Value gives you the richest benefits and the best bang for your buck

- › **Lower overall costs:** Doctors and Facilities will charge you less for many services and procedures
- › **Combined deductible/out of pocket:** Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out of pocket maximum.
- › **Prescriptions count:** Any money you spend out of pocket to pay for covered prescriptions will count towards your deductible and out of pocket maximum.

TIER 2

Select Med gives you greater access

- › **Greater access:** There are more in network provider and more in network facilities when compared to Tier 1.
- › **Combined deductible/out of pocket:** Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out of pocket maximum.
- › **Prescriptions count:** Any money you spend out of pocket to pay for covered prescriptions will count towards your deductible and out of pocket maximum.

TIER 3

Out of network benefits at higher costs

- › **Total Freedom:** See any provider or go to any facility you want for covered services.
- › **Higher costs:** Your coinsurance and overall costs for care will be higher when compared to Tiers 1 and 2 and providers and facilities may ask you to pay the difference between what they charge and the allowed amount.
- › **Separate deductible/out of pocket:** None of the out-of-pocket expenses you incur on Tier 1 or Tier 2 plans, or prescription drugs will count toward your Tier 3 deductible or out of pocket maximum.
- › **Certain Services:** Some services (such as preventive care) are not covered when done by an out of network provider. We recommend calling Member Services to confirm your coverage and benefits before using out of network providers.

Medical

Select Health – Preference Traditional Plan

With the Select Health Preference Network, you no longer have to choose between the Value and the Med Network. You have access to both networks at no additional cost!

Preference Network	Value Doctors You Pay	Med Doctors You Pay	Out-of-Network You Pay
Deductible	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family	\$4,000/person \$8,000/family
Out-of-Pocket Maximum	\$5,000/person \$10,000/family	\$5,000/person \$10,000/family	\$10,000/person \$20,000/family
Preventive Care	Covered in Full	Covered in Full	Not Covered
Office Visits			
Primary Care	\$40	\$40	40% AD
Specialist	\$60	\$60	40% AD
Urgent Care	\$60	\$60	40% AD
Connect Care	Covered in Full	Covered in Full	No Benefit
Hospital Services			
Inpatient	20% AD	20% AD	40% AD
Outpatient	20% AD	20% AD	40% AD
Mental Health Services			
Office Visit	\$40	\$40	40% AD
Inpatient	20% AD	20% AD	40% AD
Outpatient	20%	20%	40% AD
Emergency Room	\$500 AD	\$500 AD	\$500 AD
Pharmacy \$200 Pharmacy Deductible per person	Retail 30-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1	\$20	\$20	\$20
Tier 2	\$45 APD	\$45 APD	\$90 APD
Tier 3	\$65 APD	\$65 APD	\$195 APD
Tier 4	\$100 APD	\$100 APD	Not Available

AD = After Deductible
APD = After Pharmacy Deductible



**Download the Full
Plan Summary**



Provider Search

Medical

Select Health – Preference High-Deductible Health Plan

With the Select Health Preference Network, you no longer have to choose between the Value and the Med Network. You have access to both networks at no additional cost!

Preference Network	Value Doctors You Pay	Med Doctors You Pay	Out-of-Network You Pay
Deductible	\$3,500/single \$7,000/family	\$3,500/single \$7,000/family	\$3,750/single \$7,500/family
Out-of-Pocket Maximum	\$3,500/person \$7,000/family	\$3,500/single \$7,000/family	\$5,000/person \$10,000/family
Preventive Care	Covered in Full	Covered in Full	Not Covered
Office Visits			
Primary Care	Covered in Full AD	Covered in Full AD	40% AD
Specialist	Covered in Full AD	Covered in Full AD	40% AD
Urgent Care	Covered in Full AD	Covered in Full AD	40% AD
Connect Care	Covered in Full AD	Covered in Full AD	No Benefit
Hospital Services			
Inpatient	Covered in Full AD	Covered in Full AD	40% AD
Outpatient	Covered in Full AD	Covered in Full AD	40% AD
Mental Health Services			
Office Visit	Covered in Full AD	Covered in Full AD	40% AD
Inpatient	Covered in Full AD	Covered in Full AD	40% AD
Outpatient	Covered in Full AD	Covered in Full AD	40% AD
Emergency Room	Covered in Full AD	Covered in Full AD	Covered in Full AD
Pharmacy	Retail 30-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1	Covered in Full AD	Covered in Full AD	Covered in Full AD
Tier 2	Covered in Full AD	Covered in Full AD	Covered in Full AD
Tier 3	Covered in Full AD	Covered in Full AD	Covered in Full AD
Tier 4	Covered in Full AD	Covered in Full AD	Not Available

AD = After Deductible



**Download the Full
Plan Summary**

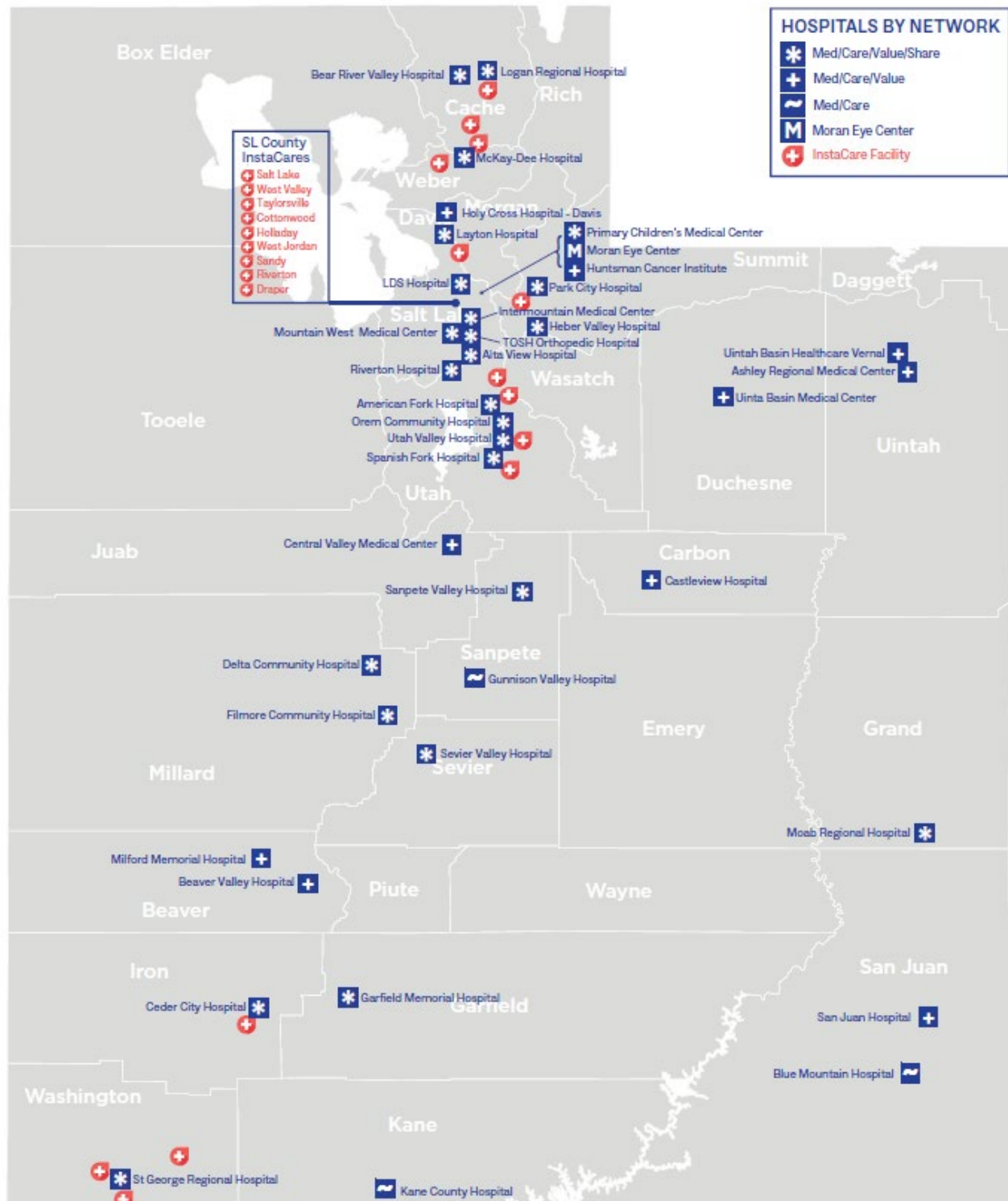


Provider Search

Medical

Select Health – Provider Network

Use the map and key below to determine which hospitals are participating on your Select Health plan.



Medical

Select Health – Tellica Imaging

Imaging Reimagined

Tellica Imaging is a service offered through Select Health that strives to provide high quality and affordable imaging to serve the community.

Quality

With Tellica Imaging, you can have peace of mind knowing that every facility has brand new, state-of-the-art CT and MRI machines along with fellowship-trained radiologists.

Care

Tellica Imaging understands the importance of receiving your imaging results in a timely manner. That's why Tellica strives to deliver all imaging results within 24 hours. When using Tellica Imaging, you can also take advantage of their call report service.

Affordability

Tellica Imaging takes the guesswork out of imaging by providing high-quality imaging services at an affordable and transparent cost. When using Tellica Imaging, the cost is clear: Weber County employees pay 10% after deductible for any imaging services, which is less than the 20% AD charge assessed for imaging services performed in a hospital setting. Prior to meeting your deductible, MRIs are \$550 and CT Scans are \$350.

Access

Tellica Imaging makes it easy to get the imaging services you need by ensuring that there are no pre-authorization requirements for Select Health members. Tellica Imaging also has six convenient locations across the Wasatch Front, which allows them to accommodate same-day appointments.

Contact Tellica Imaging

Tellica Imaging is available Monday – Saturday from 7 am – 7 pm MST with locations in Bountiful, Draper, Ogden, Orem, Salt Lake City, and West Valley. Call 801-442-6000 to learn more or to schedule an appointment.

Medical

Select Health – Using Benefits Outside of Utah

Select Health National Network

Select Health offers the UnitedHealthcare Options PPO outside of Utah, Idaho and Nevada. This network includes 83% of all hospital beds and two of every three healthcare professionals in the U.S. There are nearly 850,000 physicians nationwide, giving 98% of the U.S. population access. Using the Select Health website or mobile app, you can easily search for in-network providers and facilities anywhere in the country. When updating your location, follow the instructions on the page to be rerouted to United Healthcare Options PPO providers.

If you need help finding providers or getting appointments, our Member Services team will set up appointments for you.

Superior Service

No matter where you live, you can talk to a live person in 20 seconds on average. Our team is open early and stays late, so time zones are not an issue.

Communication Pieces

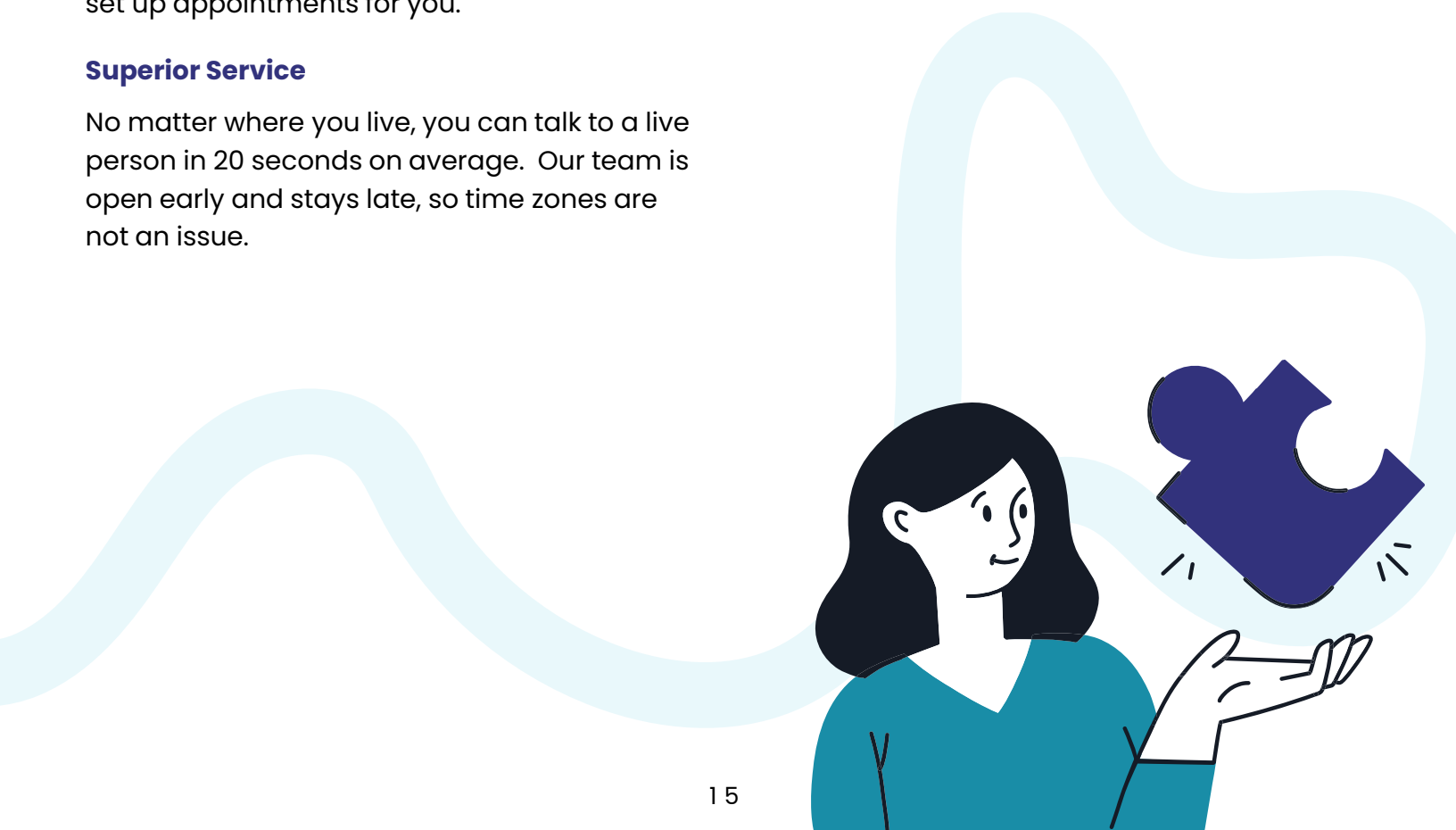
All materials, health care reminders, ID cards, and Explanations of Benefits (EOBs) all come from Select Health so wherever you are, you'll know where things stand.

Same Benefits

The same benefits and plan designs are available to you, no matter where you live.

Select Health Rx Benefits

You have prescription benefits with Select Health, giving access to thousands of pharmacies nationwide, pre-authorizations that happen in hours instead of days.



Medical

Select Health – Member Perks



Select Health Account

Select Health offers a variety of tools available to you through your Select Health account at www.selecthealth.org. Use your Select Health account to find an in-network doctor, print an ID card, review your claims, and order prescriptions.



Select Health App

Download the Select Health mobile app to access your benefits anytime, anywhere. Use the app to view and share your ID card, look for local pharmacies in your area, video chat with a doctor 24/7, and much more.



Select Health Cost Estimator

Find care that fits your budget with your Select Health account and by using the Select Health mobile app. Compare costs for providers and services in your network, including doctors, behavioral health resources, hospital stays, and procedures. Before your visit, you can generate an out-of-pocket cost estimate based on your specific plan.



Telemedicine – Intermountain Connect Care

Use your Select Health account or the Select Health app to visit with a provider 24/7/365. Use telemedicine for common conditions, such as ear infections, UTIs, sinus infections, and more. HDHP members pay 0% after deductible, \$79 before deductible. Traditional plan members pay \$0.



Provider Search

Whether you are close to home or on vacation, your Select Health plan provides easy access to a wide variety of providers across the country. Use your Select Health account or Select Health mobile app to find in-network providers in your area. You will also be able to see the quality ratings for in-network providers so you can ensure you are getting the best care for the price.



Select Health Member Advocates

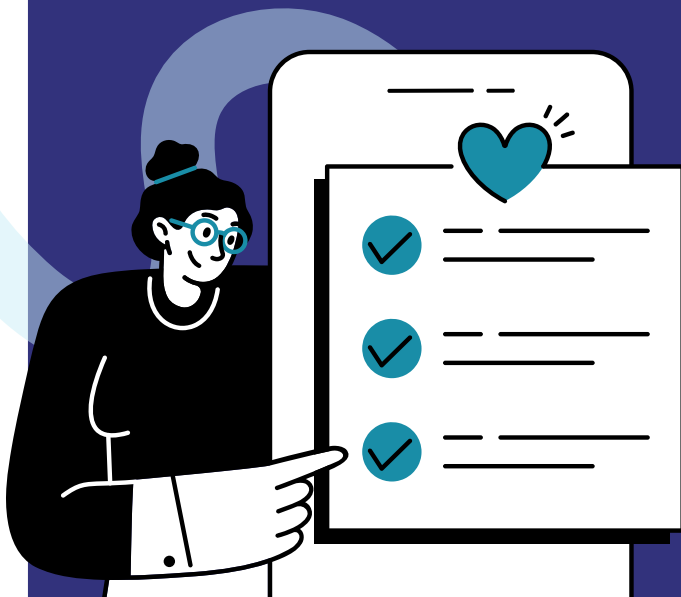
Select Health's Member Advocates team can help you find the right doctor for your needs. They will find the closest facility or doctor with the nearest available appointment, schedule appointments for you, and help you understand and maximize your benefits. You can find the phone number for the Member Advocates team on the back of your Member ID card.

Preventive Care 101

Annual preventive care is crucial for overall health. Staying on top of regularly scheduled doctor appointments, screenings, vaccinations, and disease management can make all the difference in catching a disease before it further develops. The information provided categorizes the difference in necessary preventive screenings amongst males, females, and children along with providing a few helpful resources to stay current and in control of one's health.

Knowing what is recommended and expected at a preventive care visit can be daunting. Try out this [calculator](#) to see what a doctor recommends based on age and gender at a preventive visit.

Self-advocating at a preventive exam can make all the difference in early detection. It is always best to ask questions and speak up if something seems abnormal!



Adults

As we age the list of preventive screenings increase. This is to ensure a developing disease is detected and treated prior to becoming unmanageable. Beginning at the age of 18, adults should undergo these preventive screening exams. Please consult with a doctor to confirm what applies to each individual's health.

- › Physical Exam
- › Sexually Transmitted Disease (STD)
- › Body Mass Index (BMI)
- › Blood Pressure
- › Mental Health Screening

Females

Ask a provider about cervical exams, breast cancer screenings, lipid disorder exams and colorectal exams.

Males

Ask a provider about lipid disorder exams, colorectal exams, and prostate screenings at annual preventive care screening.

Children

Beginning at a few days old it is recommended that children receive the appropriate screenings and vaccinations to ensure health. [Click here](#) to review preventive screening requirements for children ages newborn to 17 years old.

Prescription Savings

Strategies to Save

The average American spends about \$1,200 each year on prescription drugs. And with drug prices on the rise, 1 in 4 Americans are paying more today than they were a year ago.

Consider the following ways to help lower your bills for pills:

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

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

GoodRx

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

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

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

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

Please Note

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

Health Savings Account

HealthEquity

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

Advantages of Health Savings Accounts

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

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

Who Is Eligible?

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

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

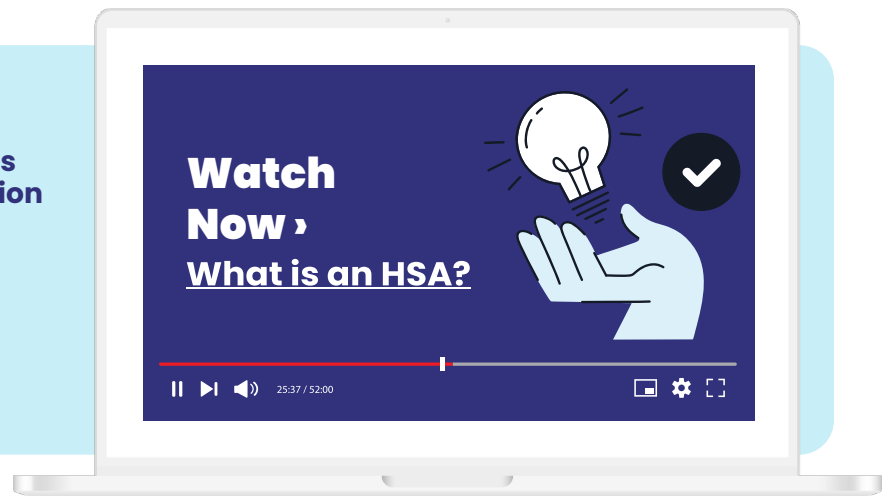
How Much Can I Contribute to an HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2026. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

HSA Limits & Contributions

	IRS Limit	County's Contribution
Single	\$4,400	\$600
Two-Party	\$8,750	\$850
Family	\$8,750	\$1,100

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



Health Savings Account

HealthEquity

What Are Qualified Health Care Expenses?

You can use the funds in your Health Savings Account (HSA) to pay for qualified medical expenses incurred by you, your spouse, and your tax dependents—even if they are not enrolled in your health plan.

Qualified expenses are defined by the IRS (see [Publication 502](#)) and include a wide range of medical services and products. Examples include:

- › Health plan deductibles, copayments, and coinsurance
- › Doctor visits and specialist consultations
- › Prescription medications
- › Dental treatments, including cleanings and x-rays
- › Vision care, such as eye exams, glasses, and contact lenses

To ensure your expenses qualify, always consult IRS guidelines or speak with a tax advisor.

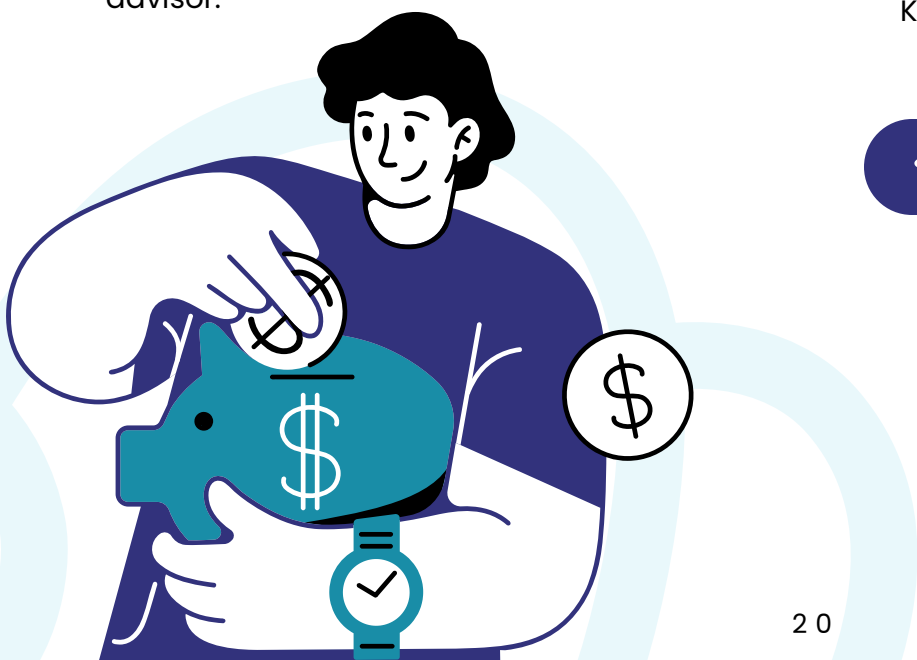
Important

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

Documentation is Key

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

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



➤ **Qualified Medical Expenses**

Dental

Delta Dental

Weber County's dental plan through Delta Dental offers two provider networks at no additional cost. You can use both Delta Dental PPO and Delta Dental Premier providers.

Plan Features	In-Network Delta Dental PPO You Pay	In-Network Delta Dental Premier You Pay	Out-of-Network You Pay
Calendar Year Deductible <i>Waived for Preventive Services and Orthodontics</i>	\$50 per person \$150 per family	\$50 per person \$150 per family	\$50 per person \$150 per family
Annual Maximum	\$3,000 per person	\$3,000 per person	\$3,000 per person
Preventive Services <i>Exams, cleanings, x-rays, sealants and space maintainers</i>	Covered in Full	Covered in Full	Covered in Full of Fee Schedule
Basic Services <i>Fillings, simple extractions, root canals, endodontics, periodontics</i>	20% AD	20% AD	20% of Fee Schedule
Major Services <i>Crowns, inlays, onlays, cast restorations, bridges, dentures, denture repair/reline/rebase, implant services</i>	50% AD	50% AD	50% of Fee Schedule
Orthodontics <i>For adults and dependent children</i>	50% AD	50% AD	50% AD of Fee Schedule
Orthodontic Lifetime Maximum	\$1,000 per person	\$1,000 per person	\$1,000 per person

AD = After Deductible



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Provider Search

Vision

Superior Vision through MetLife

Plan Features MetLife’s Superior Vision Network	In-Network You Pay	Out-of-Network Plan Reimburses You
Exam <i>Once every 12 months</i>	\$10	Up to \$45
Retinal Imaging	Up to \$39	Up to \$45
Frames <i>Once every 12 months</i>	\$145 allowance + 20% off balance over \$145	Up to \$70
Lenses <i>once every 12 months</i>		
Single Vision	\$10	Up to \$30
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$65
Standard Progressive	\$75	Up to \$50
Contact Lenses <i>Once every 12 months</i> <i>In lieu of frames & lenses</i>		
Elective	\$155 allowance + 20% off balance over \$155	Up to \$105
Medically Necessary	Covered in Full	Up to \$210



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Provider Search



Flexible Spending Account

National Benefit Services

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

How It Works

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by 24 pay periods in the plan year and deducted equally from the first two paychecks each month on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- › Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You will forfeit any

funds left in your account after the end of the plan year.

- › Your 2026 contributions must be used for expenses you incur January 1, 2026 – December 31, 2026.
- › The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- › You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- › Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

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

	Health Care FSA	Limited Health FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$3,400	Up to \$3,400	Up to \$7,500 (\$3,750 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductible, Coinsurance, and Copays	Dental, Vision Expenses Only	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work.

Life

The Standard

Life Insurance benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

Voluntary Life Insurance

You have the option to purchase life insurance coverage for yourself, your spouse and your unmarried dependent children to age 26. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis. The cost for additional coverage will be shown in Oracle as you are making your elections.

Beneficiary Designation

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

Benefit Reductions

Benefits are reduced as you age. Please see the plan documents and certificates of coverage for further details.

Plan Features	Employee Voluntary Life	Spouse Voluntary Life	Child Voluntary Life
Life Benefit Amount	Between \$10,000 – \$300,000 in increments of \$5,000	100% of employee election	Up to \$10,000
Maximum Life Benefit	Up to \$300,000	Up to \$250,000	\$10,000
Voluntary Life Guaranteed Issue <i>New Hires</i>		Employees: up to \$300,000 Spouses: up to \$50,000 Child(ren): up to \$10,000	

***Guaranteed Issue** = an approved life insurance amount that you can purchase without providing Evidence of Insurability (EOI). You typically only have a guaranteed issue opportunity when you are newly hired by the County, or if the life insurance company extends a guaranteed issue opportunity to all employees at Open Enrollment.

****Evidence of Insurability (EOI)** = a health questionnaire used by life insurance companies to determine if they will insure an individual based on their health conditions. EOIs are usually required if you are electing coverage that exceeds the guaranteed issue amount; or, if you are applying for coverage outside of your guaranteed issue period.

Disability

The Standard

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.

Short-Term Disability

Short-term disability provides a source of income should your qualified disability keep you from working for more than six days.

Definition of Disability

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

Plan Features	Short-Term Disability
Benefit Amount	66.67% of weekly salary
Maximum Benefit	\$1,700 weekly
Benefit Waiting Period	6 days
Maximum Benefit Duration	90 days

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



Accident

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	Benefit Amounts
Accident Physician / Urgent Care	\$100 / \$225
Emergency Room	\$300
X-ray	\$75
Ambulance	\$500 ground / \$2,000 air
Dislocation/Fracture Benefit	Up to \$7,700 / Up to 8,000
Hospital Confinement/Daily Benefit	\$1,500 admission / \$300 day
Accident Follow-Up Visits	\$100
Lacerations	Up to \$500
Organized Sport Benefit	25% increase to benefits, up to \$1,000
Wellness Benefit	\$50 per person, per year

Accident Plan Premiums per Pay Period

Employee Only	\$3.40
Employee & Spouse	\$5.44
Employee & Child(ren)	\$6.43
Family	\$8.46



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Critical Illness

Voya

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

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

100% Coverage

- › Heart Attack
- › Cancer
- › Stroke
- › Sudden Cardiac Arrest
- › Major Organ Transplant
- › Type I Diabetes
- › Severe Burns
- › Benign Brain Tumor
- › Permanent Paralysis
- › Loss of Sight, Hearing or Speech
- › Coma
- › MS
- › ALS
- › Parkinson's Disease
- › Advanced Dementia
- › Huntington's Disease
- › Muscular Dystrophy
- › Occupational HIV
- › Hepatitis B or C

50% Coverage

- › Myasthenia Gravis
- › SLE

25% Coverage

- › Coronary Artery Bypass
- › Carcinoma in Situ
- › Bone Marrow/Stem Cell Transplant
- › Infectious Disease

10% Coverage

- › Skin Cancer
- › Addison's Disease

Plan Features	Employee	Spouse	Dependent
Coverage	\$10,000, \$20,000 or \$30,000	50% of Employee's amount	50% of Employee's amount
Guarantee Issue	\$30,000	\$15,000	All child amounts are GI
Pre-Existing	None	None	None
Wellness Benefit <i>Must complete a health screening</i>	\$50	\$50	\$50



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Hospital Indemnity

Voya

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

With Voya's Group Hospital Indemnity Insurance:

- › Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc.
- › Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

Benefits Include:

Guarantee Issue	Yes
Pre-Existing	No Pre-Ex
Maternity Waiting Period	No waiting period
First Day Hospital Confinement	\$1,500
Daily Hospital Benefit <i>Up to 31 days</i>	\$150 per day
Intensive Care <i>Up to 31 days</i>	\$300 per day
Rehabilitation Facility <i>Up to 31 days</i>	\$150 per day
Wellness Benefit	\$50 per person, per year

Hospital Indemnity Premiums per Pay Period

Employee Only	\$9.12
Employee & Spouse	\$20.07
Employee & Child(ren)	\$18.24
Family	\$29.19



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Legal & ID Theft Protection

LegalShield + IDShield

Legal & ID Protection Services For A Low Monthly Cost

LegalShield Membership

- › Gain access to attorneys for personal Legal advice on contracts, will preparation, moving traffic violations and so much more!
- › Dedicated National Law Firms with direct access, NO CALL CENTER!
- › Advice & Consultations Phone consultations, letters and phone calls made on your behalf
- › Document Review up to 15 pages each
- › Income Tax Audit Services
- › Trial Defense (Civil) when named defendant in a covered civil lawsuit
- › Uncontested Divorce, Separation, Adoption and/or Name Change Representation
- › Provides 24/7/365 Emergency legal access for covered emergencies.
- › 25% Member Discounts available for additional services.

IDShield Membership

- › Continuous Credit Monitoring through TransUnion Credit reporting
- › Privacy Management One-on-one consultation on online privacy issues
- › Financial Monitoring of personal financial accounts
- › Identity Theft Reimbursement: You never have to worry about covering the costs of ID theft. IDShield offers a \$1 million protection policy that covers any out-of-pocket expenses for lost wages, legal defense fees, stolen funds and more!
- › Unlimited Service Guarantee doing whatever it takes to restore your identity, even pre-existing issues.
- › Provides 24/7/365 live support for identity theft emergencies.

Premiums per Pay Period

	Employee Only	Employee + Dependents
LegalShield Only	\$11.48	\$11.48
IDShield Only	\$4.98	\$9.48
LegalShield & IDShield	\$16.45	\$19.45



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Employee Assistance Program

Intermountain LiVe Well

Your LiVe Well Partner

The LiVe Well Employee Assistance Program is your partner in living a life filled with energy, strength, and vitality. Taking care of your mental health is as essential to your well-being as taking care of your physical health. Rewarding relationships at home and work, effective stress management skills, and learning to thrive with life changes all improve your ability to LiVe Well. **Intermountain LiVe Well's confidential services are provided at no cost to you.**

How We Can Help:

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 and single.)

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.

Website

Valuable resources for employees and family members including *Quick Tips* on common life problems, resources such as "Our Favorite Books," and a sign up for bi-monthly *LiVe Well E-Tips*. You will also find details about our office locations and staff biographies.

Contact Us

Call 801-442-3509 or 800-832-7733 from 8:00 am – 5:00 pm (MST) to schedule an appointment

A crisis counselor is available by phone 24/7 at the same number

Email at eap@imail.org with non-urgent questions or feedback



Retirement

Utah Retirement Systems (URS)

Saving for retirement may be the most important financial decision you make. Weber County offers retirement plan 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 the URS system prior to July 1, 2011, you are part of Tier 1.
- If you entered 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 one 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 401(k) contributions.

Individual counseling is available, call to schedule an appointment with URS at your convenience!

For more information, contact URS at:

(801) 366-7700

www.urs.org

Vacation & Sick Leave

Weber County

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 Years	13 days	4.00 hours
5 – 10 Years	15 days	4.62 hours
10 – 15 Years	18 days	5.54 hours
15 + Years	23 days	7.07 hours

Maximum annual vacation bank: 320 hours

Sick Leave Accrual Schedule

Employees earn 3.70 hours of sick leave per pay period. The maximum sick leave accrual bank is 480 hours.

Holidays

Weber County offers 14 paid holidays:

- › New Year's Day
- › Martin Luther King Jr. Day
- › President's Day
- › Memorial Day
- › Juneteenth
- › Independence Day
- › Pioneer Day
- › Labor Day
- › Veterans' Day
- › Thanksgiving Day
- › Day After Thanksgiving
- › ½ day Christmas Eve
- › Christmas Day
- › ½ day New Years Eve

Your No-Cost Medicare Team

Senior Benefits Insurance Services

The Medicare Maze

When you approach Medicare eligibility, you'll find that there is a mountain of decisions waiting for you. We simplify that process by turning that mountain of confusion into a smooth and easy transition. You get a free Medicare resource for any and all questions. You get the coverage you want that fits with your financial plan. Finally, you get to sleep easy at night knowing that you don't have to worry about Medicare decisions.

How We Help

We help with your overall healthcare strategy once Medicare becomes a reality for you.

This includes:

- › How Medicare works and strategies
- › Medicare Supplement plans
- › Medicare Advantage plans
- › Part D: Prescription Drug plans
- › Senior Dental & Vision plans
- › Long- & Short-Term Care plans
- › Group Medicare Advantage Medical Savings Account plans



90DaysFromRetirement.com

What's Next?

Let's start talking!

The best time to start the Medicare conversation is 90 days before you plan to retire. So, when you're ready, let's work through this together.

801-523-6081



Cost of Coverage

January 1, 2026 – December 31, 2026

Medical Select Health Preference Traditional Plan				
Status	Total Premium Per Month	County's Monthly Contribution	Employee Cost Per Month	Cost Per Pay Period
Employee Only	\$909.50	\$727.60	\$181.90	\$90.95
Two-Party	\$2,140.60	\$1,712.48	\$428.12	\$214.06
Family	\$2,592.50	\$2,074.00	\$518.50	\$259.25

Medical Select Health Preference High-Deductible Health Plan				
Status	Total Premium Per Month	County's Monthly Contribution	Employee Cost Per Month	Cost Per Pay Period
Employee Only	\$766.40	\$689.76	\$76.64	\$38.32
Two-Party	\$1,803.50	\$1,623.16	\$180.34	\$90.17
Family	\$2,184.40	\$1,965.96	\$218.44	\$109.22

Weber County HSA Contributions		
Status	Annual County Contribution	County Contribution Per Month
Employee Only	\$600.00	\$50.00
Two-Party	\$850.00	\$70.83
Family	\$1,100.00	\$91.67

Dental Delta Dental Plan				
Status	Total Premium Per Month	County's Monthly Contribution	Employee Cost Per Month	Cost Per Pay Period
Employee Only	\$43.22	\$38.90	\$4.32	\$2.16
Two-Party	\$73.12	\$65.80	\$7.32	\$3.66
Family	\$109.68	\$98.72	\$10.96	\$5.48

Vision Superior Vision Plan				
Status	Total Premium Per Month	County's Monthly Contribution	Employee Cost Per Month	Cost Per Pay Period
Employee Only	\$6.62	\$0.00	\$6.62	\$3.31
Two-Party	\$12.46	\$0.00	\$12.46	\$6.23
Family	\$18.42	\$0.00	\$18.42	\$9.21



This Employee Benefits Guide was created for the employees of
Weber County by GBS Benefits.