



2025 Benefit Summary

Table of Contents

Benefits Overview.....	3
Medical Insurance	4
Health Savings Account (HSA).....	7
Flexible Spending Accounts (FSAs)	9
Commuter FSA.....	10
Dental Insurance	11
Vision Insurance	13
Life and Accidental Death & Dismemberment (AD&D) Insurance.....	15
Voluntary Life Insurance	15
Disability Insurance	16
Voluntary Accident Insurance	17
Voluntary Hospital Indemnity Insurance	20
Voluntary Critical Illness Insurance.....	20
Employee Assistance Program (EAP).....	22
Voluntary Legal Insurance	23
Pet Insurance	24
Retirement.....	25
Contact Information	26
Per Pay Period Rates for Benefits (24)	27
Important Notices and Disclosures.....	28

IMPORTANT:

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 30 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

Utah County is proud to offer a comprehensive benefits package to eligible, career-service employees* who work 20 or more hours per week. The complete benefits package is briefly summarized in this booklet. You may request plan booklets, which give you more detailed information about each of these programs.

*Eligible Employees include officials appointed, elected, and retained by election.

Benefit Plans Offered

- Medical Insurance
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- Commuter FSA
- Dental Insurance
- Vision Insurance
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life Insurance
- Voluntary Short-Term Disability Insurance
- Long-Term Disability Insurance
- Voluntary Accident Insurance
- Voluntary Hospital Indemnity Insurance
- Voluntary Critical Illness Insurance
- Employee Assistance Program (EAP)
- Voluntary Legal Insurance
- Pet Insurance

Eligibility

Your benefits coverage begins on the first of the month following your date of employment.

You and your dependents are eligible for Utah County benefits. Eligible dependents are your spouse, children under age 26, and disabled dependents of any age.

Open Enrollment

The medical and dental plan year is from January 1, 2025 through December 31, 2025. The next open enrollment period will be held in November.

During open enrollment, you may enroll in or make changes to your benefit programs. Open enrollment is the only time that you may add or change benefits during the year, unless you have a qualifying life event. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Qualifying Events

The following events allow you a 30-day special enrollment period to complete and submit a change request to update your benefits outside of the open enrollment period:

- Loss of Dependent Coverage (including spousal coverage through employer)
- Marriage
- Divorce
- Birth of a Child
- Adoption or Change in Custody
- Death

The following events allow you a 60-day special enrollment period to complete and submit a change request to update your benefits outside the open enrollment period:

- You, your spouse, or child loses coverage under either a Medicaid plan under Title XIX or under a state child health plan (CHIP) under Title XXI of the Social Security Act due to a loss of eligibility for that programs coverage.
- You, your spouse, or child becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid plan under Title XIX (such as Utah's Premium Partnership) or under a state health plan (CHIP) under Title XXI of the Social Security Act (see enclosed disclosure).

Enrolling in benefit plans during special enrollment periods will be allowed according to each insurer's policies/terms and conditions.



2025 Benefit Summary

Medical Insurance

Administered by SelectHealth

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with excellent medical plan options through SelectHealth.

SelectHealth Share—HSA Qualified High Deductible Health Plan	
	In-Network
Annual Deductible (includes Rx) Non-Embedded*	\$2,000 (individual) / \$4,000 (two-party / family)
Annual Out-of-Pocket Maximum (includes Rx) Non-Embedded*	\$3,000 (individual) / \$6,000 (two-party / family)
Coinsurance	20%
DOCTOR'S OFFICE	
Office Visits (PCP / SCP)	\$15 AD / \$25 AD
Preventive Care	Covered 100%
Connect Care –Telehealth	\$69 copay before deductible is met; Covered 100% after deductible is met
PRESCRIPTION DRUGS	
Retail – 30-day supply	
Generic	\$7 AD
Brand Name Preferred	\$21 AD
Brand Name Non-Preferred	\$42 AD
Specialty	\$100 AD
Mail Order – 90-day supply	
Generic	\$7 AD
Brand Name Preferred	\$42 AD
Brand Name Non-Preferred	\$126 AD
HOSPITAL SERVICES	
Emergency Room	\$75 AD
Urgent Care	\$35 AD
Inpatient	20% AD
MENTAL HEALTH SERVICES	
Inpatient Services	20% AD
Outpatient Services	20% AD
OTHER SERVICES	
Maternity Services	20% AD
Chiropractic Services (up to 20 visits per calendar year)	\$15 AD

AD: After Deductible

*Non-Embedded means the plan does not have a lower limit embedded in the plan when only one individual in the family is accessing care. Even if only one individual is using the plan, the entire family deductible must be met before copays and coinsurance would apply. Likewise, even if only one person is using the plan, the entire family out-of-pocket maximum must be met before the plan would cover services at 100% for the remainder of the year.

SelectHealth Share-HSA QHDHP Employee Cost Per Pay Period (24)			
	Full-Time	¾ Time	½ Time
Employee Only	\$0.00	\$0.00	\$164.85
Employee + One	\$0.00	\$0.00	\$333.90
Family	\$0.00	\$0.00	\$447.38

Career Service Employee Status Definition	
Full-Time	Regularly scheduled 40 hours per week
¾ Time	Regularly scheduled 30–39 hours per week
½ Time	Regularly scheduled 20–29 hours per week

The SelectHealth Med network will be provided to employees living outside the Share network area.

SelectHealth Share — Signature Traditional Plan	
	In-Network
Annual Deductible (includes Rx) Embedded*	\$1,000 (individual) / \$2,000 (two-party / family)
Annual Out-of-Pocket Maximum (includes Rx) Embedded*	\$3,000 (individual) / \$6,000 (two-party / family)
Coinsurance	20%
DOCTOR'S OFFICE	
Office Visits (PCP / SCP)	\$25 / \$40
Preventive Care	Covered 100%
Connect Care – Telehealth	Covered 100%
PRESCRIPTION DRUGS	
Retail – 30-day supply	
Deductible	\$100 Per Person
Generic	\$15
Brand Name Preferred	\$30 APD
Brand Name Non-Preferred	\$50 APD
Specialty	\$100 APD
Mail Order – 90-day supply	
Generic	\$15
Brand Name Preferred	\$60 APD
Brand Name Non-Preferred	\$150 APD
HOSPITAL SERVICES	
Emergency Room	\$250 AD
Urgent Care	\$40
Inpatient	20% AD
MENTAL HEALTH SERVICES	
Inpatient Services	20% AD
Outpatient Services	20%
OTHER SERVICES	
Maternity Services	20% AD
Chiropractic	\$20

AD: After Deductible | APD: After Pharmacy Deductible

*Embedded means the plan has a lower limit embedded in the plan when only one individual in the family is accessing care. If only one individual in the family is using the plan, the entire family deductible does not need to be met before copays and coinsurance would apply. Likewise, if only one person is using the plan, only the individual out-of-pocket maximum needs to be met before the plan would cover services at 100% for the remainder of the year.

SelectHealth Share Signature Plan Employee Cost Per Pay Period (24)			
	Full-Time	¾ Time	½ Time
Employee Only	\$53.30	\$53.30	\$218.15
Employee + Spouse	\$107.85	\$107.85	\$441.75
Family	\$144.40	\$144.40	\$591.78

The SelectHealth Med network will be provided to employees living outside the Share network area.

Utah County Medical Plan Waiver

Utah County provides a waiver incentive for those of you that have selected other medical plans outside of what Utah County offers. You will see from the graph below, depending on your employment the allotted amount you are offered per pay-period.

Waiver Incentive Utah County Contributions to Employee's Paycheck Per Pay Period (24)			
	Full-Time	¾ Time	½ Time
Employee Only	\$40.00	\$30.00	\$20.00
Employee + Spouse	\$80.00	\$60.00	\$40.00
Family	\$80.00	\$60.00	\$40.00

The waiver incentive is available if you waive medical insurance offered by Utah County.

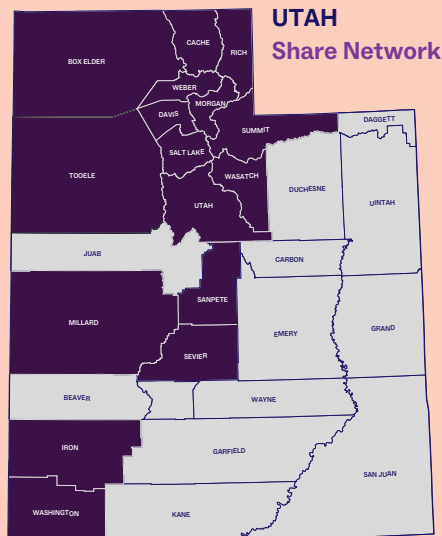
Select Health Share®

About this network

- Includes all Intermountain Health® doctors, facilities, clinics, InstaCare®, and KidsCare® locations within the Share service area.
 - 33 hospitals (including Primary Children's Hospital)
 - Over 700 clinics and other facilities
 - Over 10,000 providers, including specialists you can see without a referral
 - This network also includes access to dozens of clinics and providers who aren't affiliated with Intermountain Health
- Enrolled dependents who live outside of your service area can receive in-network benefits for covered services no matter where they live in the U.S. To qualify for this coverage, submit a Dependent Address Change form, which can be found at selecthealth.org/forms.

Is this network right for me?

- Select Health Share is a great option for members living in Salt Lake, Utah, Davis, Weber, Summit, Wasatch, Tooele, Morgan, Box Elder, Cache, Rich, Sanpete, Sevier, Millard, Iron, and Washington counties (see the shaded counties on the map).
- This network is designed to support you in your health journey by providing Healthy Living™ activities and reward points for participation. For complete information about the activities and engagements mentioned, visit selecthealth.org/share/employees.
- If you're wondering whether your current doctor is part of this network, use the Select Health app or visit selecthealth.org/findadoctor. Remember to filter your results by the Select Health Value network.



Questions?

Call Member Services at
800-538-5038.



Large Employer Member Guide **Utah 2024**

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Health Savings Account (HSA)

Administered by HealthEquity

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that can be funded by you with pretax dollars, by your employer, or both. The HSA helps pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and in some cases, health insurance premiums.

Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Employee cannot be covered under another non-qualified HDHP;
- Not enrolled in Medicare A or Medicare B benefits; and,
- Not eligible to be claimed on another person's tax return.

When do I use my HSA?

After visiting a physician, facility, or pharmacy, request that they submit your claim to the health plan for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out-of-pocket expenses will be billed. At this time you may choose the following options:

- Use your HSA debit card to pay for any out-of-pocket expenses.
- You may choose to pay with another form of payment, receiving reimbursement at a later date.
- You can choose to save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.

Benefits of an HSA

- Pay for qualified medical, dental and vision expenses with tax-free dollars.
- Lower health insurance premiums with an HSA qualified health plan.
- Keep your contributions year after year and watch your balance grow. There is no “use it or lose it” rule. It's yours.
- Invest your balance over the threshold amount to grow your HSA further.
- If you participate in the High Deductible Health Plan (HDHP), and contribute to your HSA, you are eligible for a company match.



2025 Benefit Summary

How much can be contributed to an HSA?

As noted by federal law, the Annual Contribution limits are:

Type of Coverage	2025 Maximum Annual Contribution
Individual	\$4,300*
Family	\$8,550*
*A \$1,000 additional catch up contribution is allowed for account holders age 55+	

These limits include contributions from all sources, including those from Utah County.

Employer Contribution

Annual HSA Matching Contribution with the Share Program Utah County will contribute to your Health Savings Account on a 1:1 match.			
	Full-Time	¾ Time	½ Time
Single	\$400 1:1	\$200 1:1	\$200 1:1
2-Party/Family	\$800 1:1	\$400 1:1	\$400 1:1

Participants are also eligible for additional incentive dollars. See chart below.

By participating in the Share HSA Qualified High Deductible Plan, you may receive additional Utah County contributions to your HSA when you complete the activities below, beyond the dollar-for-dollar match. If enrolled in the traditional medical plan, you will receive the incentive as a taxable bonus on your paycheck.

Wellness incentive available for Share Engagement - Full-Time	
Single Up to \$600	Receive: <ul style="list-style-type: none"> • \$100 for completing the online Health Assessment • \$100 for attendance at the Health Education Screening Event(s) (if you cannot make an event, you can go to your healthcare provider for your annual screenings) • \$300 for completing two Wellness / Activity Campaigns • \$100 for completing at least one online Digital Health Coaching (Journeys)
Two Party/Family Up to \$1,200	Receive: <ul style="list-style-type: none"> • \$200 for completing the online Health Assessment • \$200 for attendance at the Health Education Screening Event(s) (if you cannot make an event, you can go to your healthcare provider for your annual screenings) • \$600 for completing two Wellness / Activity Campaigns • \$200 for completing at least one online Digital Health Coaching (Journeys)

Wellness incentive available for Share Engagement - ¾ Time and ½ Time	
Single Up to \$300	Receive: <ul style="list-style-type: none"> • \$50 for completing the online Health Assessment • \$50 for attendance at the Health Education Screening Event(s) (if you cannot make an event, you can go to your healthcare provider for your annual screenings) • \$150 for completing two Wellness / Activity Campaigns • \$50 for completing at least one online Digital Health Coaching (Journeys)
Two Party/Family Up to \$600	Receive: <ul style="list-style-type: none"> • \$100 for completing the online Health Assessment • \$100 for attendance at the Health Education Screening Event(s) (if you cannot make an event, you can go to your healthcare provider for your annual screenings) • \$300 for completing two Wellness / Activity Campaigns • \$100 for completing at least one online Digital Health Coaching (Journeys)

Flexible Spending Accounts (FSAs)

Administered by Wex

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

Flexible Spending Accounts are convenient and easy to use. With a little up-front planning, you can enjoy significant tax savings, while paying for a wide assortment of out-of-pocket health care and dependent care expenses.

How it Works

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pretax 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 requested 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. If there is a balance in your account after the end of the plan year, you may carry over up to \$500 to be used in the next plan year.
- Your 2025 contributions must be used for expenses you incur January 1, 2025 to December 31, 2025.
- There is a 60 day run out period after the plan year ends on December 31, 2025 in which you may request reimbursement from your 2025 elected FSA amount for claims incurred in 2025.
- The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- The Dependent Care FSA cannot be used for a dependent's medical expenses.
- You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.
- You cannot be enrolled in an HSA and a Healthcare FSA during the same tax year. This includes a spouse's FSA and/or HSA. You are allowed to be enrolled in an HSA with a limited purpose FSA and/or Dependent Care FSA.

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 EOBs or itemized receipts. Wex will ask you to provide a copy to substantiate all claims.

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account enables you to pay for work-related dependent day care costs with pretax dollars. Available regardless of enrollment in the FSA or HSA.

Limited Purpose FSA

If you enroll in the High Deductible Health Plan (HDHP) with an HSA you are eligible to enroll in a Limited Purpose FSA and will only be able to use these funds for qualified dental and vision expenses. Common examples of dental and vision expense are: dental deductibles, orthodontics and coinsurance. Vision expenses include things such as exams, frames, lenses, contacts and Lasik.

Flexible Spending Account Options			
	Healthcare FSA	Dependent Care FSA	Limited Purpose FSA
Maximum Plan Year Contribution Amount	Up to \$3,200*	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)	Up to \$3,200*
Examples of Eligible Expenses	Medical, RX, and dental expenses, hearing care and prescription eye care	Cost of child care for children under age 13	Dental and vision expenses. Can only be used for medical expense after you have met the deductible on the High Deductible Health Plan (HDHP)
Eligibility	Traditional (Medical Plan only)	Either Medical Plan	High Deductible Health Plan Only

*subject to the IRS determined maximum

Submit claims for reimbursement online at www.wexinc.com.



2025 Benefit Summary

Commuter FSA

Administered by Wex

A Commuter FSA allows you to save taxes on work-related public transportation costs.

Eligible transportation services include:

- Train
- Bus
- Vanpool (vehicle that seats 6 or more adult passengers)

How it Works

- You can set aside up to \$315 per month for eligible transportation services.
- Any money contributed is deducted from your paycheck on a pre-tax basis.
- Funds are not pre-loaded in your account so you can only spend what has already been deposited.
- You can adjust your election amount at any time during the year.
- Your balance will roll over each month until it is used or you are no longer eligible.



Dental Insurance

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with one of the Utah County dental benefit plans.

Base Plan (Preventive and Basic Services Only)	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
Annual Deductible	\$50 individual / \$150 family		
Annual Benefit Maximum	\$1,000		
Preventive and Diagnostic Dental Services (cleanings, exams, x-rays)	100% Covered	100% Covered	100% of PPO contracted fees
Basic Dental Services (sealants, space maintainers, simple extractions, posterior composite fillings, oral surgery, denture repair / reline / rebase)	80% AD	80% AD	80% of PPO contracted fees AD
Major Dental Services (endodontics, periodontics, crowns, inlays, onlays, cast restorations, bridges, dentures)	No Coverage	No Coverage	No Coverage
Orthodontia Services	No Coverage	No Coverage	No Coverage
Orthodontia Lifetime Maximum	Not Applicable	Not Applicable	Not Applicable

AD: After Deductible

MAC: Maximum Allowable Charge. Non-contracted dentists may not always accept Delta Dental's program allowance as payment in full--you would become responsible for paying up to the non-contracted dentist's submitted charge.

Comprehensive Plan	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
Annual Deductible	\$50 individual / \$150 family		
Annual Benefit Maximum	\$2,000 per person		
Preventive and Diagnostic Dental Services (cleanings, exams, x-rays)	100% Covered	80% Covered	80% of UCR
Basic Dental Services (sealants, space maintainers, simple extractions, posterior composite fillings, oral surgery, denture repair / reline / rebase, root canals, periodontics)	80%	60%	60% of UCR AD
Major Dental Services (crowns, inlays, onlays, cast restorations, bridges, dentures, implants)	50%	40%	40% of UCR AD
Orthodontia Services – Children under age 19	50%		
Orthodontia Lifetime Maximum	\$1,500		

AD: After Deductible

UCR: Usual, Customary, and Reasonable. Non-contracted dentists may not always accept Delta Dental's program allowance as payment in full--you would become responsible for paying up to the non-contracted dentist's submitted charge.

Base Plan (Preventive and Basic Services Only)	Employee Cost Per Pay Period (24) (Full-Time, ¾ Time, ½ Time)	Comprehensive Plan	Employee Cost Per Pay Period (24) (Full-Time, ¾ Time, ½ Time)
Employee Only	\$0.42	Employee Only	\$3.99
Two-Party	\$4.92	Two-Party	\$15.56
Family	\$9.11	Family	\$28.13



Keep smiling

Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to

provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Vision Insurance

Administered by EMI Health with VSP Plus Network

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. If you have vision hardware needs, consider enrolling in one of Utah County's vision plans!

These plans may offer in-network and out-of-network benefits. However, to receive the maximum benefits from the plan you should always use participating providers. To find a provider, use the respective contact information shown in the back of this guide.

EMI Health Vision Base Plan	In-Network (Member Pays)	Out-of-Network (Reimbursement)
Eye Exam	\$20 copay	Up to \$65 allowance
FRAMES		
Any Available Frame at Provider Location	\$0 copay, \$100 allowance; \$55 allowance at Costco, Walmart, or Sam's Club	Up to \$70 allowance
LENSES		
Single Vision Lenses	\$20 copay	Up to \$30 allowance
Bifocal Lenses	\$20 copay	Up to \$50 allowance
Trifocal Lenses	\$20 copay	Up to \$65 allowance
Lens Options		
UV Coating	\$16 copay	Non-Contracted (Provider Discretion)
Tint (Solid and Gradient)	\$15 copay	
Standard Scratch Resistance	\$17 copay	
Standard Polycarbonate	\$31-\$35 copay	
Standard Anti-Reflective	\$41 copay	
Progressive	\$0-\$175 copay	
Other Add-Ons and Services	Up to 25% discount	
Contacts		
Conventional	\$0 copay, \$100 allowance	Up to \$85 allowance
Disposable	\$100 allowance	Up to \$85 allowance
Additional Eyewear Purchases	Up to 20% off Retail	N/A
Lasik and PRK Vision Correction	Up to \$500 Savings	N/A
Frequency		
Examination	Once every 12 months	
Frames	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	

EMI Health Vision Base Plan	Employee Cost Per Pay Period (24) (Full-Time, ¾ Time, ½ Time)
Employee Only	\$2.85
Two-Party	\$5.55
Family	\$8.80



2025 Benefit Summary

EMI Health Vision Buy Up Plan	In-Network (Member Pays)	Out-of-Network (Reimbursement)
Eye Exam	\$10 copay	Up to \$65 allowance
FRAMES		
Any Available Frame at Provider Location	\$0 copay, \$160 allowance; \$90 allowance at Costco, Walmart, or Sam's Club	Up to \$80 allowance
LENSES		
Single Vision Lenses	\$10 copay	Up to \$30 allowance
Bifocal Lenses	\$10 copay	Up to \$50 allowance
Trifocal Lenses	\$10 copay	Up to \$65 allowance
Lens Options		
UV Coating	\$16 copay	Non-Contracted (Provider Discretion)
Tint (Solid and Gradient)	\$15 copay	
Standard Scratch Resistance	\$17 copay	
Standard Polycarbonate	\$31-\$35 copay	
Standard Anti-Reflective	\$41 copay	
Progressive	\$0-\$175 copay	
Other Add-Ons and Services	Up to 25% discount	
Contacts		
Conventional	\$0 copay, \$160 allowance, 15% discount on Fitting Services	Up to \$145 allowance
Disposable	\$0 copay, \$160 allowance, 15% discount on Fitting Services	Up to \$145 allowance
Additional Eyewear Purchases	Up to 20% off Retail	N/A
Lasik and PRK Vision Correction	Up to \$500 savings	N/A
Frequency		
Examination	Once every 12 months	
Frames	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	

EMI Health Vision Buy Up Plan	Employee Cost Per Pay Period (24) (Full-Time, ¾ Time, ½ Time)
Employee Only	\$4.25
Two-Party	\$8.25
Family	\$12.60



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

Insured by The Standard

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

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you pass away while employed by Utah County. This is provided by Utah County at no cost to you!

	Life Insurance	AD&D Insurance
Regular Employee	\$50,000	\$50,000
Public Safety Employee	\$50,000	\$100,000
Spouse	\$10,000	N/A
Children (Live Birth to age 26)	\$10,000	N/A

Voluntary Life Insurance

Insured by The Standard

Voluntary Life Insurance			
	Employee	Spouse	Children (Live Birth to age 26)
Increments	\$10,000	\$5,000	\$5,000
Guarantee Issue	5x salary up to \$300,000	100% of employee amount up to \$20,000	\$10,000
Life Benefit Maximum	8x salary up to \$500,000	100% of employee amount up to \$200,000	\$10,000

The Standard – Voluntary Life Employee Cost Per Pay Period (24)			
Age Band	Employee Rate (Per \$1,000)	Spouse Rate* (Per \$1,000)	All Children Rate (Per \$1,000)
< 25	\$0.0325	\$0.0325	\$0.078
25–29	\$0.0325	\$0.0325	
30–34	\$0.0400	\$0.0400	
35–39	\$0.0450	\$0.0450	
40–44	\$0.0650	\$0.0650	
45–49	\$0.1105	\$0.1105	
50–54	\$0.1690	\$0.1690	
55–59	\$0.2405	\$0.2405	
60–64	\$0.4095	\$0.4095	
65–69	\$0.8190	\$0.8190	
70–74	\$1.7160	\$1.7160	
75+	\$3.3140	\$3.1380	

*Spouse rates are based on the employee's age.

Life, AD&D, and Voluntary Life Reductions in Insurance

If you reach an age shown below, the amount of insurance will be the amount determined from the Schedule of Insurance, multiplied by the appropriate percentage below:

Age 70 through 74 – 67%

Age 75 or over – 45%

2025 Benefit Summary

Disability Insurance

Administered by The Standard

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income, and possibly Social Security. Disability insurance provides protection for your most valuable asset – your ability to earn income. You may purchase short-term disability. Utah County provides long-term disability at no additional cost to you!

Voluntary Short-Term Disability Insurance

Voluntary Short-Term Disability	
Weekly Benefit Amount	60% of Salary
Maximum Weekly Benefit	\$1,800
Elimination (Waiting) Period	7 days accident / 7 days illness
Benefit Duration	Up to 13 weeks
Pre-Existing Condition Waiting Period*	60 days

*Late enrollees (those who enroll at open enrollment instead of during their initial new hire enrollment window) will be subject to a 60-day benefit waiting period for sickness or pregnancy during the first 12 months of being enrolled in the plan.

The Standard Vol STD Employee Cost Per Pay Period (24)	
\$10 weekly benefit	
<29	\$0.195
30-34	\$0.200
35-39	\$0.205
40-44	\$0.210
45-49	\$0.215
50-54	\$0.270
55-59	\$0.320
60-64	\$0.375
65-69	\$0.425
70>	\$0.480



Long-Term Disability Insurance

Long-Term Disability	
Monthly Benefit Amount	60% of salary
Maximum Monthly Benefit	\$12,000
Elimination (Waiting) Period	90 days
Benefit Duration	To Social Security Normal Retirement Age (SSNRA)
Pre-Existing Condition Waiting Period*	3/12

*If you file a claim for disability in the first 12 months of being covered by the plan and you received treatment, consultation, care, services, or diagnostic measures for the same condition during the 3 months prior to the plan effective date, The Standard reserves the right to decline payment for that claim.

Voluntary Accident Insurance

Administered by Voya

An accidental injury can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed to the emergency room to realize you need more protection. With accident insurance, you will receive additional coverage that your medical insurance may not cover.

The plan has limitations and exclusions that may affect benefits payable. Below is for illustrative purposes only and is not a complete list of benefits payable. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Accident Hospital Care	
Surgery (open abdominal, thoracic)	\$1,200
Surgery (exploratory or without repair)	\$175
Blood, Plasma, Platelets	\$600
Hospital Admission	\$1,250
Hospital Confinement (per day to 365 days)	\$375
Critical Care Unit Confinement (per day up to 15 days)	\$600
Rehabilitation Facility Confinement (per day up to 90 days)	\$200
Coma (duration of 14 or more days)	\$17,000
Transportation (per trip up to 3 per accident)	\$750
Lodging (per day up to 30 days)	\$180
Family care (per child per day up to 45 days)	\$25
Accident Care	
Initial Doctor Visit	\$90
Urgent Care Facility Treatment	\$225
Emergency Room Treatment	\$225
Ground Ambulance	\$360
Air Ambulance	\$1,500
Follow-Up Doctor Treatment	\$90
Chiropractic Treatment (up to 6 per accident)	\$45
Medical Equipment	\$120
Physical or Occupational Therapy (up to 6 per accident)	\$45
Prosthetic Device (one)	\$750
Prosthetic Device (two or more)	\$1,200
Major Diagnostic Exams	\$240
Outpatient Surgery (once per accident)	\$225
X-ray	\$45
Common Injuries	
Burns (2nd degree, at least 36% of body)	\$1,250
Burns (3rd degree, at least 9 but less than 35 sq in of body)	\$7,500
Burns (3rd degree, 35 or more sq in of body)	\$15,000
Skin grafts	25% of burn benefit
Emergency Dental Work (Crown)	\$350
Emergency Dental Work (Extraction)	\$90
Eye Injury (removal of foreign object)	\$100
Eye Injury (surgery)	\$350
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	\$225
Torn Knee Cartilage (surgical repair)	\$800
Laceration* (treated - no sutures)	\$30
Laceration* (sutures up to 2")	\$60
Laceration* (sutures 2" to 6")	\$240

2025 Benefit Summary

Laceration* (sutures over 6")	\$480
Ruptured Disk (surgical repair)	\$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$425
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$825
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,225
Concussion	\$225
Paralysis (paraplegia)	\$16,000
Paralysis (quadriplegia)	\$24,000
Common Injuries - DISLOCATIONS Closed / Open Reduction	
Hip Joint	\$3,850 / \$7,700
Knee	\$2,400 / \$4,800
Ankle or foot bone(s) other than toes	\$1,500 / \$3,000
Shoulder	\$1,600 / \$3,200
Elbow	\$1,100 / \$2,200
Wrist	\$1,100 / \$2,200
Finger/Toe	\$275 / \$550
Hand bone(s) other than fingers	\$1,100 / \$2,200
Lower jaw	\$1,100 / \$2,200
Collarbone	\$1,100 / \$2,200
Partial dislocations	25% of the closed reduction amount
Common Injuries - FRACTURES Closed / Open Reduction	
Hip	\$3,000 / \$6,000
Leg	\$2,500 / \$5,000
Ankle	\$1,800 / \$3,600
Kneecap	\$1,800 / \$3,600
Foot (excluding toes, heel)	\$1,800 / \$3,600
Upper arm	\$2,100 / \$4,200
Forearm, hand, wrist (except fingers)	\$1,800 / \$3,600
Finger, Toe	\$240 / \$480
Vertebral body	\$3,360 / \$6,720
Vertebral processes	\$1,440 / \$2,880
Pelvis (except coccyx)	\$3,200 / \$6,400
Coccyx	\$400 / \$800
Bones of the face (except nose)	\$1,200 / \$2,400
Nose	\$600 / \$1,200
Common Injuries - FRACTURES Closed / Open Reduction	
Upper jaw	\$1,500 / \$3,000
Lower jaw	\$1,440 / \$2,880
Collarbone	\$1,440 / \$2,880
Ribs or rib	\$400 / \$800
Skull - Simple (except bones of the face)	\$1,400 / \$2,800
Skull - Depressed (except bones of the face)	\$3,000 / \$6,000
Sternum	\$360 / \$720
Shoulder blade	\$1,800 / \$3,600
Chip fractures	25% of the closed reduction amount

Catastrophic Accident Rider				
Employee*	Spouse*	Children	Home Modification Benefit	Vehicle Modification Benefit
\$120,000	\$60,000	\$30,000	\$5,000	\$5,000

*Benefit reduces to 50% at age 65, and to 25% of the original benefit amount at age 70.

*Eligible to receive this benefit payment 365 days after the covered accident.

Wellness Benefit		
Employee	Spouse	Children*
\$50	\$50	\$25

*Wellness Benefit amount, to a maximum of \$100 for all children

Accident Plan	Employee Cost Per Pay Period (24) Full-time, 3/4 time, 1/2 time
Employee	\$4.88
Employee + Spouse	\$8.33
Employee + Children	\$9.71
Family	\$13.15



2025 Benefit Summary

Voluntary Hospital Indemnity Insurance

Administered by Voya

When hospitalized, you may not realize that most primary health insurance plans do not cover all hospital costs. Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization due to accident or illness. Coverage is available for employees, spouses, and families. Benefits are paid directly to employees unless otherwise specified and regardless of any other insurance. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history. Voya pays predetermined cash directly to you for covered hospital, outpatient, nursing, transportation, or physician services.

Hospital Indemnity Benefit	Employee	Spouse	Children
Hospital (1x Daily Benefit Amount)	\$100	\$100	\$100
Critical Care Unit (2x Daily Benefit Amount)	\$200	\$200	\$200
Rehabilitation Facility (.5x Daily Benefit Amount)	\$50	\$50	\$50
Initial Hospital Confinement	\$1,100	\$1,100	\$1,100

Hospital Indemnity	Employee Cost Per Pay Period (24) Full-time, 3/4 time, 1/2 time
Employee	\$7.95
Employee + Spouse	\$15.94
Employee + Children	\$11.94
Family	\$19.93



Voluntary Critical Illness Insurance

Administered by Voya

No one knows what lies ahead on the road through life. Will you have to undergo a major organ transplant or a coronary artery bypass procedure? Will you suffer a stroke or a heart attack? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. Depending on your election amount, that dollar amount will be paid to you at the below percentages if the corresponding critical illness diagnoses occur.

Covered Benefit Amount	
Employee	
Benefit amount: Choice of \$10,000, \$20,000 or \$30,000	
Spouse	
Spouse coverage matches employee benefit schedule, additional benefits and riders.	
Benefit amount: Choice of \$5,000, \$10,000 or \$15,000	
Child	
Children's coverage matches employee benefit schedule, additional benefits and riders.	
Benefit amount: Choice of \$5,000 or \$10,000	
Base Module	
Heart attack (cardiac arrest is not a heart attack)	100%
Cancer	100%
Stroke	100%
Major organ transplant*	100%
Coronary artery bypass	25%
Carcinoma in situ	25%
*Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a Physician specialized in care of the involved organ.	

Major Organ Module	
Type 1 diabetes	100%
Severe burns	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	10%
Transcatheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Implantable (or Internal) cardioverter defibrillator (ICD) placement	10%
Pacemaker placement	10%
Enhanced Cancer Module	
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%

Wellness Benefit		
Employee	Spouse	Children*
\$50	\$50	50% of employee's Wellness Benefit amount, to a maximum of \$100 for all children

*Wellness Benefit amount, to a maximum of \$100 for all children

Critical Illness Rates Employee Cost Per Pay Period (24) Full-time, 3/4 time, 1/2 time		
Per \$1,000		
Employee	Non-Tobacco	Tobacco
Under 25	\$0.195	\$0.325
25-29	\$0.205	\$0.35
30-34	\$0.23	\$0.40
35-39	\$0.285	\$0.50
40-44	\$0.385	\$0.70
45-49	\$0.56	\$1.04
50-54	\$0.81	\$1.54
55-59	\$1.145	\$2.195
60-64	\$1.55	\$3.00
65-69	\$1.985	\$3.85
70+	\$2.705	\$5.275


Spouse*	Non-Tobacco	Tobacco
Per \$1,000		
Under 25	\$0.20	\$0.335
25-29	\$0.215	\$0.365
30-34	\$0.225	\$0.39
35-39	\$0.275	\$0.485
40-44	\$0.375	\$0.685
45-49	\$0.545	\$1.015
50-54	\$0.825	\$1.57
55-59	\$1.225	\$2.355
60-64	\$1.58	\$3.06
65-69	\$2.01	\$3.905
70+	\$2.755	\$5.375

*Spouse Critical Illness rate is based on the Spouse Age

Children
\$0.45 for \$5,000
\$0.90 for \$10,000
\$1.35 for \$15,000

Employee Assistance Program (EAP)

Administered by Intermountain EAP



EAP Guide

for Intermountain Employee Assistance Program 2025

The Intermountain Employee Assistance Program (EAP) is a free, confidential benefit for employees and their families, funded by the employer. It offers:



Counseling: Virtual or in-person sessions for employees, spouses, and dependents aged 6-26 covering marital issues, parenting challenges, mood concerns, work conflicts, and general life stress.



Crisis Support: 24/7 crisis line and prompt response to adverse events.



Digital Resources: Emotional wellbeing app and website with resources like Mental Health Minutes, live webinars, supervisor services, and more available around the clock.



Elder Care: Information, coaching, and resources for supporting aging relatives, including medical, legal, financial guidance, and emotional support.



Legal/Financial Assist: Free consultations with professionals on topics such as credit, debt, home purchases, and retirement savings.



Referrals: Assistance in navigating community resources for ongoing support.



Voluntary Legal Insurance

Administered by ARAG

If it's time to create a will, fight a traffic ticket, deal with divorce, or even get your deposit back from a difficult landlord, you have access to legal insurance to make it more affordable to get legal help you need. Network attorney fees are 100% paid in-in-full for most covered matters. Services may be used for you, your spouse and you dependent children under the age of 26 living with you

Utah County Government

Legal Insurance from ARAG



WHAT IS LEGAL INSURANCE?

Legal insurance helps you plan for the good times in life, like welcoming a child into your family and updating your will. It's also there to help you through life's struggles, like when kids make mistakes, you get caught speeding or true love just doesn't work out.

WHAT DOES LEGAL INSURANCE COVER?

A legal insurance plan from ARAG® covers a wide range of legal needs like the examples shown below – and many more – to help you address life's legal situations.

Consumer Protection Matters

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Situations

- Juvenile
- Parental responsibility

Family Law Events

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements
- Divorce

General Needs

- Credit records correction
- Document review
- Document preparation

Finance, Tax & Debt-Related Matters

- Debt collection
- Garnishments
- Personal bankruptcy
- Student loan debt
- Tax audit

Home Ownership or Renter Matters

- Boundary disputes
- Buying and selling a home
- Contractor issues
- Contracts/lease agreements
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Property title disputes
- Real estate disputes

Traffic Troubles

- License suspension/revocation
- Traffic tickets

Wills & Estate Planning Needs

- Funeral directives
- Powers of attorney
- Wills
- Trusts

WANT MORE INFORMATION?



For specific details about your plan, and to view a complete list of coverages, visit ARAGlegal.com/myinfo and enter Access Code: **19309ut**



To talk with someone, call ARAG at **800-247-4184**

WHAT DOES IT COST?

UltimateAdvisor®
\$18.78 monthly

2025 Benefit Summary

Pet Insurance

Administered by ASPCA



Insurance is now available for your pets! Pet insurance can give financial peace of mind when it comes to taking care of their health. With ASPCA, you will choose what level of coverage you want for your pet and whether you want to cover health claims, accident claims, or both.

Coverage can include exam fee, diagnostics, and treatments for:

- Accident
- Illnesses
- Hereditary Conditions
- Cancer
- Dental Disease
- Behavioral Issues

Customizable Options	
Annual Limit	From \$5,00 to unlimited
Reimbursement Percentage	Select 90%, 80%, or 70% of your vet bill
Deductible	Select \$100, \$250, or \$500. You'll only need to satisfy it once per 12-month policy period
Add Preventive Care	Get reimbursed for a set amount for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings
Accident-Only Coverage	You can choose coverage that only includes care for accidents if you're looking to have some cushion if your pet gets hurt

How to Enroll

- Pet Insurance is offered directly with ASPCA
- It is not a payroll deducted benefit
- Enroll by phone: 877.343.5314
- Enroll online: www.aspcapetinsurance.com/UtahCounty

Use the priority code **EB22UtahCounty** to access the Utah County group rate



To receive payment on a claim, submit the vet bill directly to ASPCA—then a reimbursement will be headed your way! You can visit any vet specialist or emergency clinic you want.

Retirement

Administered by URS and Voya Retirement



Defined Benefit Plan

Participation in a Utah Retirement System (URS) pension plan is mandatory for most Career Service* employees. Plans vary based upon employee's hire date. The County pays all or a portion depending on which URS plan the employee is eligible to participate in.

This valuable benefit provides retirement income based upon salary, length of service, and/or contributions. Visit the URS website for more information (www.urs.org).

Defined Contribution Plans**



401(k)

All Career Service* employees hired after January 2012 will automatically be enrolled after 60 days, and deductions of 6.2% will be taken from the employee's gross salary unless the employee makes a different payroll election. The employee has the option to make pretax or post-tax (ROTH 401k) contributions through payroll deductions. Upon completion of probation, Utah County, will make a dollar-for-dollar matching contribution up to 6.2%.

At retirement, termination of employment, or age 59 ½, employees may elect partial withdrawals, structured payments, lump sum amounts, or may choose to defer distribution until a later date. Early-withdrawal tax penalties may apply.

457(b)

The 457(b) Deferred Compensation Plan is voluntary for Career Service* employees. The employee has the option to make pretax or post-tax (ROTH 457b) contributions through payroll deductions. At retirement or termination of employment, employees may elect partial withdrawals, structured payments, lump sum amounts, or may choose to defer distribution until a later date. The entire balance (less tax withholdings) of the account may be distributed to the employee at retirement or termination. There is no early withdrawal penalty assessed on a 457(b) account.

Visit the Voya Retirement website for more information (www.voyaretirementplans.com).

*Eligible employees include appointed, elected, and retained by election.

**FICA replacement



2025 Benefit Summary

Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website / Email
Your Benefits – Benefits Administration Utah County HR	Stacey Bush	801.851.8167	staceyb@utahcounty.gov
	Brandon Chambers	801.851.8162	brandonbc@utahcounty.gov
Medical Insurance	SelectHealth	800.538.5038	www.selecthealth.org
Dental Insurance	Delta Dental	800.521.2651	www.deltadentalins.com
Vision Insurance	EMI Health	800.662.5850	www.emihealth.com
Life and Disability Insurance	The Standard	800.378.5742	www.standard.com
Health Savings Account	HealthEquity	866.346.5800	www.healthequity.com
Flexible Spending Accounts – FSA, LPFSA, Dependent Care FSA, Commuter FSA	Wex	866.451.3399	www.wexinc.com
Voluntary Benefits – Accident, Hospital Indemnity, Critical Illness	Voya	855.663.8692	www.voya.com
Voluntary Benefits – Legal Insurance	ARAG	800.247.4184	www.ARAGlegal.com/myinfo Access Code: 19309ut
Employee Assistance Program (EAP)	Intermountain Healthcare	800.832.7733	www.intermountainhealthcare.org/eap
Pet Insurance	ASPCA	877.343.5314	www.aspcapetinsurance.com/UtahCounty
Retirement Plan/401(k)	Voya Retirement	800.584.5001	www.voyaretirementplans.com



Per Pay Period Rates for Benefits (24)

Benefit Plan	Full-Time	¾ Time	½ Time
Medical—SelectHealth Share-HSA QHDHP			
Employee	\$0	\$0	\$164.85
Employee + Spouse	\$0	\$0	\$333.90
Family	\$0	\$0	\$447.38
Medical—SelectHealth Share Signature Plan Traditional			
Employee	\$53.30	\$53.30	\$218.15
Employee + Spouse	\$107.85	\$107.85	\$441.75
Family	\$144.40	\$144.40	\$591.78
Dental—Base Plan			
Employee	\$0.42	\$0.42	\$0.42
Two Party	\$4.92	\$4.92	\$4.92
Family	\$9.11	\$9.11	\$9.11
Dental—Comprehensive Plan			
Employee	\$3.99	\$3.99	\$3.99
Two Party	\$15.56	\$15.56	\$15.56
Family	\$28.13	\$28.13	\$28.13
Vision—Base Plan			
Employee	\$2.85	\$2.85	\$2.85
Two Party	\$5.55	\$5.55	\$5.55
Family	\$8.80	\$8.80	\$8.80
Vision—Buy Up Plan			
Employee	\$4.25	\$4.25	\$4.25
Two Party	\$8.25	\$8.25	\$8.25
Family	\$12.60	\$12.60	\$12.60
Accident			
Employee	\$4.88	\$4.88	\$4.88
Employee + Spouse	\$8.33	\$8.33	\$8.33
Employee + Children	\$9.71	\$9.71	\$9.71
Family	\$13.15	\$13.15	\$13.15
Hospital Indemnity			
Employee	\$7.95	\$7.94	\$7.94
Employee + Spouse	\$15.94	\$15.94	\$15.94
Employee + Children	\$11.94	\$11.94	\$11.94
Family	\$19.93	\$19.93	\$19.93
Legal			
All Family Members	\$9.39	\$9.39	\$9.39

*Please see page 21 for Critical Illness rates.

Important Notices and Disclosures

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please contact your plan administrator.

Newborn's Act Disclosure

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Special Enrollment Rights

If you are a full-time employee working at least 30 hours per week, you are eligible to participate in the group health and welfare plan. To actually participate, you must enroll in the benefits and pay part of the premium through payroll deduction.

HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

Qualified Medical Child Support Orders

Coverage will be provided to any of your dependent child(ren) if a Qualified Medical Child Support Order (QMCSO) is issued, regardless of whether the child(ren) currently reside with you. A QMCSO may be issued by a court of law or issued by a state agency as a National Medical Support Notice (NMSN), which is treated as a QMCSO. If a QMCSO is issued, the child or children shall become an alternate recipient treated as covered under the Plan and are subject to the limitations, restrictions, provisions, and procedures as all other plan participants.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp 888.346.9562

KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kynect.ky.gov 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
www.medicaid.la.gov or www.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofl/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage/ 800.657.3672
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 800.356.1561 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 (TTY: 711) Premium Assistance: 609.631.2392
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075

2025 Benefit Summary

PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) https://medicaid.utah.gov/upp/ Email: upp@utah.gov 888.222.2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/
VERMONT – Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms/ or http://mywvhpp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Preventive Care

Certain preventive care services must be provided by non-grandfathered group health plans without member cost sharing (such as deductibles or copays) when these services are provided by a network provider. Please refer to your insurance company for more information. Contact information is listed under "Contacts" in this Guide.

COBRA

Federal COBRA is a U.S. law that applies to employers who employ 20 or more individuals and sponsor a group health plan. Under Federal COBRA you may be eligible to continue your same group health insurance for up to 18 months if your job ends or your hours are reduced. You are responsible for COBRA premium payments.

Prescription Drug Creditable Coverage Disclosure

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Utah County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Utah County has determined that the prescription drug coverage offered by the SelectHealth plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Utah County coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to enroll in a Medicare prescription drug plan and drop your Utah County prescription drug coverage, be aware that

you may not be able to get this coverage back until the next annual open enrollment period or if you experience a qualifying event.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. In addition, your current coverage pays other health expenses in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Utah County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. For more information about this notice or your current prescription drug coverage, please contact Human Resources.

For more information about this notice or your current prescription drug coverage contact the person listed at the end of this notice for further information. Note: you'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Utah County changes you may also request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see inside back cover of your copy of the Medicare and You handbook for their telephone number) for personalized help.
- Call **800.MEDICARE (800.633.4227)**. TTY users should call **877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **800.772.1213**.

Remember to keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For more information about this notice or your current prescription drug coverage contact the person listed at the end of this notice for further information. Note: you'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Utah County changes you may also request a copy of this notice at any time.

Date: 1/1/2025
Name of Entity/Sender: Utah County Government
Contact--Position/Office: Brandon Chambers Manager, Benefits and Engagement
Address: 100 East Center Street, Provo, UT 84606
Phone Number: **801.851.8162**

2025 Benefit Summary

Family & Medical Leave Act (FMLA)

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women. FMLA applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees.

There may be times when you need an extended leave of absence. The company has a Family and Medical Leave Policy that is in compliance with The Family and Medical Leave Act of 1993 (FMLA), as amended. FMLA provides an entitlement of up to 12 weeks, which protects employees' jobs and benefits in the event of a medical or family circumstance, which requires the employee to take time off from work without pay. In general, the employee must have worked for at least 12 months and at least, 1,250 hours within the last 12 months immediately prior to the first day of leave.

Circumstances Permitting Family and Medical Leave

- Birth of an employee's child (within 12 months after birth)
- Adoption of a child by an employee (within 12 months after placement)
- Placement of a child with the employee for foster care (within 12 months after placement)
- Care of a child, spouse or parent having a serious health condition
- Incapacity of the employee due to a serious health condition.
- Military Leave

Additional leave laws may apply to you depending upon your specific state and if you or a dependent or a military member. Whenever possible leave must be requested in advance. If you have questions about FMLA or any leave requests, please contact Human Resources.

Patient Protection Notice

The Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the medical carrier listed under "Contacts" in this Guide.

You do not need prior authorization from the medical carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact the medical carrier listed under "Contacts" in this Guide.

Protecting Your Privacy

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

We understand the importance and sensitivity of your personal health information, and we have security in place to protect it. Access to your information is limited to those who need it to perform assigned tasks. We restrict access to work areas and use locking filing cabinets and password-protected computer systems. We follow all federal and state laws that govern the use of your health information. We use your health information in written, oral, and electronic formats (and allow others to use it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information.

We participate in organized healthcare arrangements (OHCAs) with other entities including but not limited to, Intermountain Healthcare entities, The Intermountain Life and Health Benefit Plan, and the University of Utah Medical Group (with respect to certain defined pediatric specialty services). These OHCA members share information for treatment, payment and healthcare operations to improve, manage, and coordinate your care.

To learn more about activities and see a current list of all OHCA members, visit <https://selecthealth.org/plans/individual/services/Pages/ohca.aspx>.

YOUR HEALTH INFORMATION RIGHTS

You may:

- Review and get a paper copy of your policy or claims records as allowed by law, usually within 30 days of your request (you can also ask us to provide a copy in electronic form, and we will do that if we can readily produce it).
- Request and be provided a paper copy of our current Notice of Privacy Practices, or receive an electronic copy by email if you have agreed to receive an electronic copy.
- Ask us to contact you at a specific address or phone number if contacting you at your current address or phone number could endanger you.
- Request and receive an accounting, as specified by law, of certain situations when your information was shared without your consent.
- Receive a notice if SelectHealth or one of its Business Associates causes a breach of your unsecured information.
- Report a privacy concern and be assured that we will investigate your concern thoroughly, supporting you appropriately, and not retaliate against you in any way (in fact, SelectHealth will provide you with information on how to report any privacy concerns to the SelectHealth Privacy Coordinator, the Intermountain Corporate Privacy Office, or the Office for Civil Rights, U. S. Department of Health and Human Services).
- Request in writing other restrictions on the use of your health information or amendments to your health information if you think it is wrong, though we may not always be able to grant these requests.





HOW YOUR HEALTH INFORMATION IS USED

Common Uses of Health Information

As we provide health insurance benefits, we will gather some of your health information. The law allows us to use or share this health information for the following purposes.

- To receive payment of health coverage premiums and to determine and fulfill our responsibility to provide you benefits. For example, to make coverage determinations, administer claims, and coordinate benefits with other coverage you may have.
- To improve the overall Intermountain system as well as to help better manage your care. For example, Intermountain has programs in place to manage the treatment of chronic conditions, such as diabetes or asthma, and as part of these programs, we share information with affiliated providers and Intermountain Healthcare to facilitate improved coordination of the care you may receive for these conditions.
- To support healthcare providers in providing treatment.
- To share in limited circumstances health information with your plan sponsor. However, SelectHealth will only do so if the plan sponsor specifically requests health information for the administration of your health plan and agrees in writing not to use your health information for employment-related actions or decisions.
- To identify health-related services that may be beneficial to your health and then contact you about these services.
- To request your support for improving healthcare by contributing to one of Intermountain's charitable foundations. (If you don't want to be contacted for this purpose or other fundraising communications, call Intermountain's Privacy Office at **800 442-4845** to let us know).
- To improve our services to you by allowing companies with whom we contract, called "business associates," to perform certain specialized work for us. The law requires these business associates to protect your health information and obey the same privacy laws that we do.
- To perform a very limited, specific type of health-related research, where the researcher keeps any patient-identifiable information safe

and confidential. Intermountain reviews every research request to make sure your privacy is appropriately protected before sharing any health information.

- To law enforcement, but only as authorized by law (e.g., to investigate a crime against SelectHealth or any of its members).

Required Uses of Health Information

The law sometimes requires us to share information for specific purposes, including the following:

- To the Department of Health to report communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby's birth.
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death.
- To state authorities to report child or elderly abuse.
- To law enforcement.
- To a correctional institution, if a member is an inmate, to ensure the correctional institution's safety.
- To the Secret Service or NSA to protect, for example, the country or the President.
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device.
- To court officers, as required by law, in response to a court order or a valid subpoena.
- To governmental authorities to prevent serious threats to the public's health or safety.
- To governmental agencies and other affected parties, to report a breach of health-information privacy.
- To a worker's compensation program if a person is injured at work and claims benefits under that program.

Uses According to Your Requests

Your preferences matter. If you let us know how you want us to disclose your information in the following situation, we will follow your directions. You decide if you want us to share any health or payment information related to your care with your family members or friends. Please let us

know what you want us to share. If you can't tell us what health or payment information you want us to share, we may use our professional judgment to decide what to share with your family or friends for them to be able to help you.

Uses with Your Authorization

Any sharing of your health information, other than as explained above, requires your written authorization. For example, we will not use your health information unless you authorize us in writing to:

- share any of your health information with marketing companies.
- sell any of your health information.

You can change your mind at any time about sharing your health information. Simply notify us in writing. Please understand that we may not be able to get back health information that was shared before you changed your mind.

When enrolling for health insurance coverage on **selecthealth.org** you are giving permission for SelectHealth to collect the necessary PII to assist in enrolling you for coverage. Providing PII for the purposes of seeking health insurance coverage/enrollment is a voluntary submission of PII under the applicable law. If you do not provide all the necessary PII SelectHealth may not be able to verify your eligibility for APTC and CSR subsidies or other enrollment options.

SelectHealth will collect and use this information in accordance with the permissible functions outlined in Federal regulations and agreements between CMS. This information may be shared with the Federally Facilitated Marketplace to verify your eligibility for coverage.

SPECIAL LEGAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

SelectHealth complies with federal laws that require extra protection for your health information if you receive treatment in an addiction treatment program, or from a psychotherapist who keeps notes on your therapy that are kept outside of your regular medical record.

SelectHealth is prohibited from using or disclosing genetic information for underwriting purposes.

IF YOU STILL HAVE QUESTIONS

Our Privacy Coordinator can help you with any questions you may have about the privacy of your health information. He can also address any privacy concerns you may have about your health information and can help you fill out any forms that are needed to exercise your privacy rights.

This privacy notice became effective on May 26, 2015. We may change this privacy notice at any time, and we may use new ways to protect your health information. We always post our current privacy notice on **selecthealth.org**.

You can request a copy of this notice by visiting our website or calling our Privacy Office at **801-442-7253**.

This notice of privacy practices describes the practices of SelectHealth and of our employees and volunteers. (For more information about the specific privacy practices of Intermountain Healthcare and its employees or volunteers working in its hospitals, clinics, doctors' offices or service departments, please contact them directly by visiting **intermountainhealthcare.org**, or by calling Intermountain's Privacy Office at **800-442-4845**.)





This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting