



Employee Benefits

January 1, 2026 – December 31, 2026



Benefits at Utah County

2026 Contacts

Medical

Select Health

(800) 538-5038

www.selecthealth.org

Dental

Delta Dental

(800) 521-2651

www.deltadentalins.com

Vision

VSP through EMI Health

(800) 662-5850

www.emihealth.com

Health Savings Account

HealthEquity

(866) 346-5800

www.healthequity.com/hsalearn

Flexible Spending Accounts

FSA, LPFSA, Dependent Care FSA

National Benefit Services

(800) 274-0503

www.nbsbenefits.com

Life and Disability Insurance

The Standard

(800) 378-5742

www.standard.com

Voluntary Benefits

Accident, Hospital Indemnity,
Critical Illness

Voya

(877) 236-7564

presents.voya.com/EBRC/UtahCounty

Legal Plan

ARAG

(800) 247-4184

www.araglegal.com/myinfo

Access Code: 19309ut

Pet Insurance

ASPCA

(877) 343-5314

www.aspcapetinsurance.com/UtahCounty

*For escalated claims and questions
related to Voluntary Benefits:*

GBS Voluntary Department

(801) 819-7744

vbcustomerservice@gbsbenefits.com

Employee Assistance Program (EAP)

Intermountain Healthcare

(800) 832-7733

www.intermountainhealthcare.org/eap

Retirement Plan

URS and Voya Retirement

(800) 584-5001

www.voyaretirementplans.com

Utah County HR

Stacey Bush

(801) 851-8767

staceyb@utahcounty.gov

Brandon Chambers

(801) 851-8162

brandonc@utahcounty.gov

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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?

Employees scheduled to work **30 or more hours per week** are considered full-time for benefit purposes and qualify for benefits.

Employees scheduled to work **20-29 hours per week** are eligible for part-time benefits **only if their position is designated as a benefitted position.**

Employees working fewer than **20 hours per week** are not eligible for benefits.

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 of your date of hire, 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 employment with Utah 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.

Medical

Select Health – HSA Qualified High Deductible Health Plan (HDHP)

Select Health Share

Calendar Year Benefits

In-Network Only

You Pay

Deductible (includes Rx) Non-Embedded*	\$2,000/ Single	
	\$4,000/ Family	
Coinsurance	20% AD	
Out-of-Pocket Maximum (includes Rx) Non-Embedded*	\$3,000 / Single	
	\$6,000 / Family	
Preventive Care	Covered in Full	
Office Visits		
Primary Care	\$15 AD	
Specialist	\$25 AD	
Connect Care	\$79 before deductible covered in full AD	
Urgent Care	\$35 AD	
Emergency Room	\$75 AD	
Hospital Services		
Inpatient Hospital	20% AD	
Outpatient Surgery	20% AD	
Other Services		
Maternity Services	20% AD	
Chiropractic Services (up to 20 visits per calendar year)	\$15 AD	
Pharmacy	Retail	Mail Order
	<i>30-Day Supply</i>	<i>90-Day Supply</i>
Generic	\$7 AD	\$7 AD
Preferred Brand Name	\$21 AD	\$42 AD
Non-Preferred Brand Name	\$42 AD	\$126 AD
Specialty	\$100 AD	Not Available

AD = After Deductible

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

*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 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.



[Download the Full Plan Summary](#)



[Provider Search](#)

Medical

Select Health – Signature Traditional PPO Plan

Select Health Share

Calendar Year Benefits

In-Network Only

You Pay

Deductible (includes Rx) Embedded*	\$1,000/ Person	
	\$2,000/ Family	
Coinsurance	20% AD	
Out-of-Pocket Maximum (includes Rx) Embedded*	\$3,000 / Person	
	\$6,000 / Family	
Preventive Care	Covered in Full	
Office Visits		
Primary Care	\$25	
Specialist	\$40	
Connect Care	Covered in full	
Urgent Care	\$40	
Emergency Room	\$250 AD	
Hospital Services		
Inpatient Services	20% AD	
Outpatient Services	20%	
Other Services		
Maternity Services	20% AD	
Chiropractic Services (up to 20 visits per calendar year)	\$20	
Pharmacy	Retail	Mail Order
\$100 deductible per person	<i>30-Day Supply</i>	<i>90-Day Supply</i>
Generic	\$15	\$15
Preferred Brand Name	\$30 APD	\$60 APD
Non-Preferred Brand Name	\$50 APD	\$150 APD
Specialty	\$100 AP	Not Available

AD = After Deductible

APD = After Pharmacy Deductible

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

*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 person 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.



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[Provider Search](#)

Medical

Select Health Share Network

About this Network

The Share network includes all Intermountain Health doctors, facilities, clinics, InstaCare and KidsCare locations within the Share service area.

Highlights include:

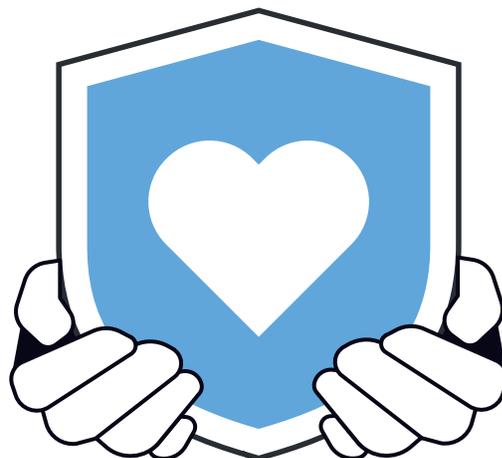
- › 33 hospitals (including Primary Children's Hospital)
- › Over 700 clinics and other facilities
- › Over 10,000 providers, including specialists you can see without a referral
- › This network also includes access to dozens of clinics and providers who aren't affiliated with Intermountain Health
- › 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 www.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.

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 www.selecthealth.org/share/employees.

If you're wondering whether your current doctor is part of this network, use the Select Health app or visit www.selecthealth.org/findadoctor. Remember to filter your results by the Select Health Share network.

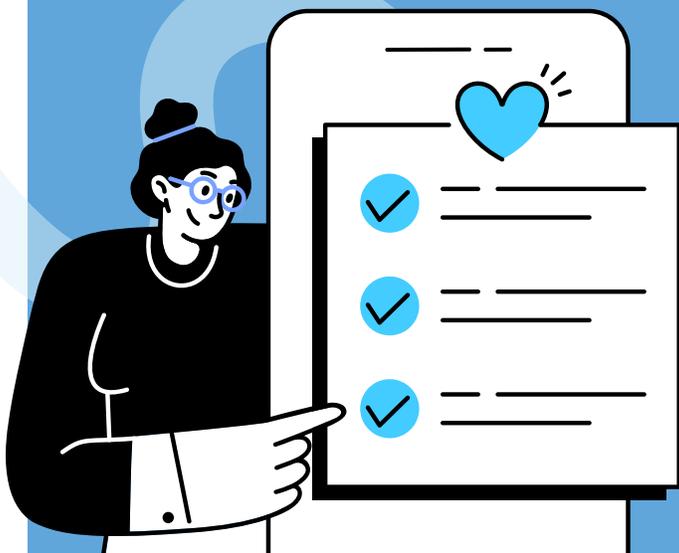


Preventive Care 101

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

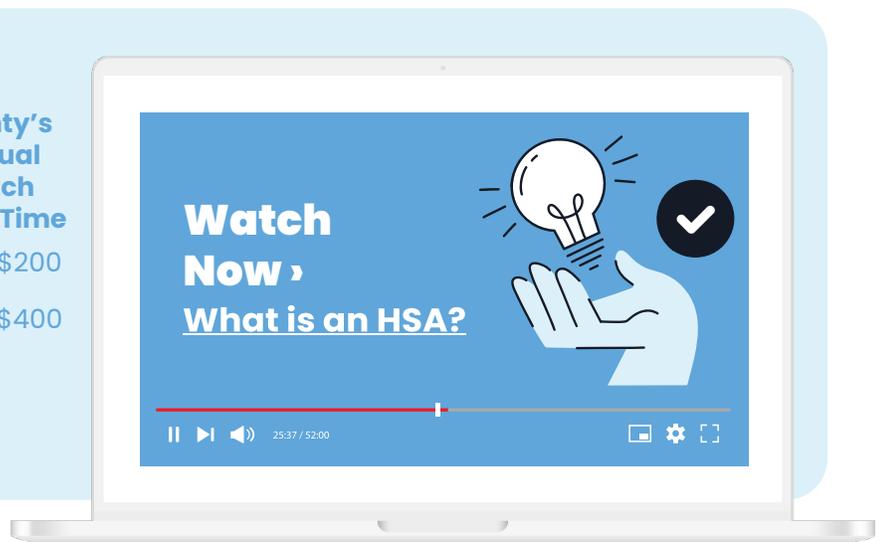
How Much Can I Contribute to an HSA?

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 Annual Match Full-Time	County's Annual Match ¾ & ½ Time
Single	\$4,400	Up to \$400	Up to \$200
Two-Party or Family	\$8,750	Up to \$800	Up to \$400

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.

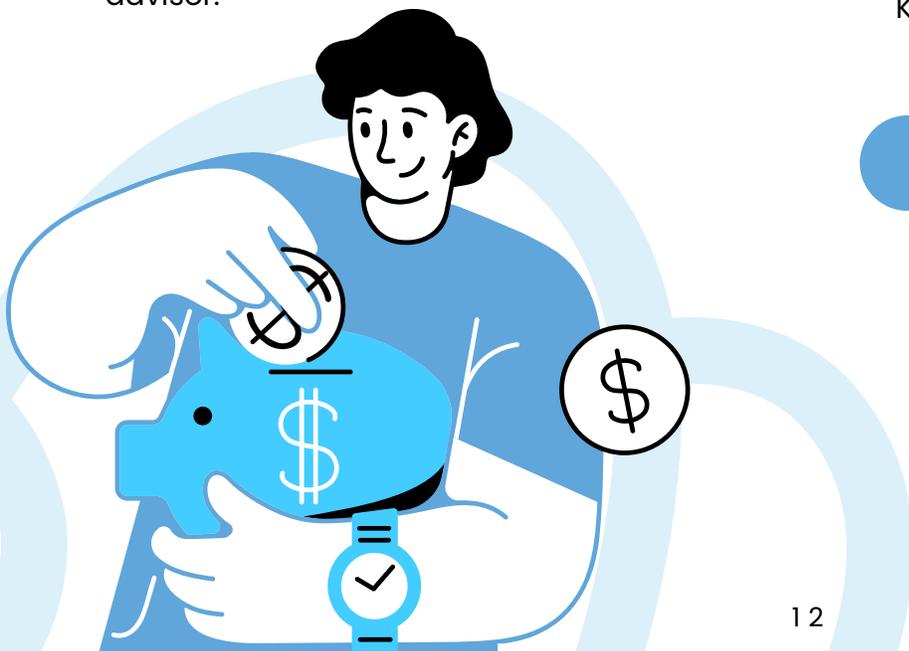
Important

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**

Health Savings Account

HealthEquity

Wellness Incentives for Share Engagement

By participating in the Share HSA Qualified High Deductible Health 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

- Complete the online Health Assessment
- Attend the Health Education Screening Event
- Complete two Activity Campaigns

Two-Party / Family

Up to \$1,200

- Complete the online Health Assessment
- Attend the Health Education Screening Event
- Complete two Activity Campaigns

Wellness Incentive available for Share Engagement – Part-Time

Single

Up to \$300

- Complete the online Health Assessment
- Attend the Health Education Screening Event
- Complete two Activity Campaigns

Two-Party / Family

Up to \$600

- Complete the online Health Assessment
- Attend the Health Education Screening Event
- Complete two Activity Campaigns

New for 2026:

- Digital coaching is no longer a requirement.
- To encourage members to complete all tasks, the entirety of the funds will be paid out upon completion of all requirements.

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 the number of pay periods in the plan year and deducted equally from each paycheck 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. 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. Any balance over \$500 will be forfeited.

- › 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 *available to Traditional plan participants	Limited Purpose FSA *available to HDHP plan participants	Dependent Care FSA *available to all employees
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.

Dental

Delta Dental – Base Plan

Plan Features	Delta Dental PPO In-Network	Delta Dental Premier In-Network	Out-of-Network
Preventive & Basic Services Only	You Pay	You Pay	You Pay
Calendar Year Deductible		\$50 per person \$150 per family	
Annual Maximum		\$1,000 per person	
Preventive Services	Covered in Full	Covered in Full	Covered in Full of PPO contracted fees
x-rays, cleanings, exams			
Basic Services	20% AD	20% AD	20% AD of PPO contracted fees
Sealants, space maintainers, simple extractions, posterior composite fillings, oral surgery, denture repair / reline / rebase			
Major Services	No Coverage	No Coverage	No Coverage
Endodontics, periodontics, crowns, inlays, onlays, cast restorations, bridges, dentures			
Orthodontics	No Coverage	No Coverage	No Coverage

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.



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Dental

Delta Dental – Buy Up Plan

Plan Features Preventive & Basic Services Only	Delta Dental PPO In-Network You Pay	Delta Dental Premier In-Network You Pay	Out-of-Network You Pay
Calendar Year Deductible		\$50 per person \$150 per family	
Annual Maximum		\$2,000 per person	
Preventive Services x-rays, cleanings, exams	Covered in Full	Covered in Full	20% of UCR
Basic Services Sealants, space maintainers, simple extractions, posterior composite fillings, oral surgery, denture repair / reline / rebase	20% AD	40% AD	40% AD of UCR
Major Services Endodontics, periodontics, crowns, inlays, onlays, cast restorations, bridges, dentures	50% AD	60% AD	60% of UCR
Orthodontics For dependent 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.



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Vision

VSP powered by EMI Health - Base Plan

VSP Choice Plus Network	In-Network You Pay	Out-of-Network Plan Reimburses You
Exam <i>Once every 12 months</i>	\$20	Up to \$65
Frames <i>Once every 12 months</i>	\$100 allowance \$55 allowance at Costco, Walmart or Sam's Club	Up to \$70
Lenses <i>Once every 12 months</i>		
Single Vision	\$20	Up to \$30
Bifocal	\$20	Up to \$50
Trifocal	\$20	Up to \$65
Progressive	Cost varies by option chosen	Provider's Discretion
Contact Lenses in Lieu of Eyeglasses <i>Once every 12 months</i>		
Conventional or Disposable	\$100 allowance	Up to \$85



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Vision

VSP powered by EMI Health - Buy-Up Plan

VSP Choice Plus Network	In-Network You Pay	Out-of-Network Plan Reimburses You
Exam <i>Once every 12 months</i>	\$00	Up to \$65
Frames <i>Once every 12 months</i>	\$160 allowance \$90 allowance at Costco, Walmart or Sam's Club	Up to \$80
Lenses <i>Once every 12 months</i>		
Single Vision	\$10	Up to \$30
Bifocal	\$10	Up to \$50
Trifocal	\$10	Up to \$65
Progressive	Cost varies by option chosen	Provider's Discretion
Contact Lenses in Lieu of Eyeglasses <i>Once every 12 months</i>		
Conventional or Disposable	\$160 allowance	Up to \$145



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Life and AD&D

The Standard

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

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

Utah County provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you.

Plan Features:

- › Life Benefit Amount – all employees: \$50,000
- › AD& D Benefit Amount – Regular Employee: \$50,000
- › AD&D Benefit Amount – Public Safety Employee: \$100,000
- › Life Benefit Amount – Spouse: \$10,000
- › Life Benefit Amount – Children (live birth to age 26): \$10,000

Optional Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your 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.

Plan Features:

- › Life Benefit Amount: 8x annual salary up to \$500,000 in \$10,000 Increments
- › Spouse Life Benefit Amount: 100% of employee’s amount, up to \$200,000 in \$5,000 increments
- › Child Life Benefit Amount: your choice of \$5,000 or \$10,000
- › Employee Guarantee Issue: 5x annual salary up to \$300,000
- › Spouse Guarantee Issue: 100% of employee amount, up to \$20,000
- › OE Guarantee Issue: Employee can increase coverage by \$10,000 or \$20,000 at OE without health questions, up to the \$300,000 Guarantee Issue amount

Term Life Coverage Rates

Cost per pay period (24)

Age Band	Employee Per \$1,000	*Spouse Per \$1,000	Child Per \$1,000
<30	\$0.0325	\$0.0325	
30 – 34	\$0.0400	\$0.0400	
35 – 39	\$0.0450	\$0.0450	\$0.078
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	\$3.3140	

Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have

*Spouse rates are based on the employee’s age

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.

Definition of Disability

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

Voluntary Short-Term Disability

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

Employer Paid Long-Term Disability

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

Plan Features	Short-Term Disability	Long-Term Disability
Benefit Amount	60% of weekly salary	60% of monthly salary
Maximum Benefit	\$1,800 weekly	\$12,000 monthly
Benefit Waiting Period	7 days	90 days
Maximum Benefit Duration	Up to 13 weeks	Social Security Normal Retirement Age
Pre-Existing Condition Waiting Period*	60 days*	3/12**

*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.

**If you file a claim for disability in the first 12 months of being covered by the plan and you receive 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 STD Cost per pay period (24)

Age Band	\$10 weekly benefit
<30	\$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

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	\$90
Emergency Room	\$225
X-ray	\$45
Ambulance	\$360 ground / \$1,500 air
Dislocation/Fracture Benefit	Up to \$7,700 / Up to \$6,720
Hospital Confinement/Daily Benefit	\$1,250 admission / \$375 day
Accident Follow-Up Visits	\$90
Lacerations	Up to \$480
Wellness Benefit	\$50 per Employee & Spouse per year (50% for Children, to a max of \$100)

Accident Plan Semi-Monthly Premiums

Employee Only	\$4.88
Employee & Spouse	\$8.33
Employee & Child(ren)	\$9.71
Family	\$13.15



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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:

- › Heart Attack
- › Stroke
- › Major Organ Transplant
- › Coronary Artery Bypass (25%)
- › Type 1 Diabetes
- › Transient Ischemic Attacks (10%)
- › Ruptured or Dissecting Aneurysm (10%)
- › Abdominal or Thoracic Aortic Aneurysm (10%)
- › Open Heart Surgery for Valve Replacement (10%)
- › Severe Burns
- › Coronary Angioplasty (10%)
- › Transcatheter Heart Valve Replacement (10%)
- › Implantable/Internal Cardioverter Defibrillator (10%)
- › Pacemaker Placement (10%)
- › Benign Brain Tumor
- › Bone Marrow Transplant (25%)
- › Stem Cell Transplant (25%)
- › Cancer
- › Carcinoma in Situ (25%)
- › Skin Cancer (10%)

Plan Features	Employee	Spouse	Dependent
Coverage	\$10,000, \$20,000 or \$30,000	\$5,000, \$10,000 or \$15,000 No to exceed 100% of Employee's amount	\$5,000, \$10,000 or \$15,000 No to exceed 100% 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 per Employee & Spouse per year (50% for Children, to a max of \$100)		



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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	\$1,100
Daily Hospital Benefit <i>Up to 31 days</i>	\$100 per day
Intensive Care <i>Up to 31 days</i>	\$200 per day
Rehabilitation Care <i>Up to 31 days</i>	\$50 per day

Hospital Indemnity Semi-Monthly Premiums

Employee Only	\$7.95
Employee & Spouse	\$15.94
Employee & Child(ren)	\$11.94
Family	\$19.93



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Employee Assistance Program

Intermountain Employee Assistance Program (EAP)

The Intermountain Employee Assistance Program (EAP) is a free, confidential benefit for employees and their families, funded by Utah County.

How We Can Help:

- › **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, 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.

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



Scan here to access
Intermountain EAP's
resources!

Retirement / 401(k)

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 an 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 a 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 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

Legal Services

ARAG

Smart. Simple. Affordable.

Arag covers you, your spouse and dependents. Telephonic and office consultations for an unlimited numbers of personal and legal matters with an attorney of your choice. E-Services included as well! Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources.

With Legal Services you can have peace of mind knowing you have support with:

- › Wills
- › Divorce
- › Traffic Troubles
- › Sale or Purchase of a Home
- › Trusts
- › Consumer Protection
- › Bankruptcy
- › Civil Damage Defense
- › Protecting Your Property
- › Family Law
- › Immigration Assistance
- › Legal Hotline
- › DIY Documents
- › And more!



Legal Services Semi-Monthly Premiums

Ultimate Advisor

\$9.39



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Pet Insurance

ASPCA

You work hard to provide your family with everything they need. So, whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like.

With ASPCA Pet Insurance you can have peace of mind knowing

- › 90% cash back – use any vet and get 90% reimbursement on the bill
- › More than just accident & illness coverage – behavioral health, hereditary conditions, dental disease and more!
- › Exclusive – available only to employees, not to the general public
- › Easy enrollment – just a few simple questions to get coverage
- › Bigger savings – save an average of 40% over similar plans from other pet insurers
- › Annual limit options of \$2,500, \$5,000, \$7,000 and \$10,000 +
- › Annual Deductible Limits of \$100, \$250 or \$500

How it works!

- 1 Visit** Take your pet to the vet of your choice and pay them as usual
- 2 Submit** Use our app to submit a claim even before you leave the vet clinic.
- 3 Cash Back** Receive reimbursement for eligible vet bills by directed deposit or check

Enroll Today!

Enroll online by visiting <http://www.aspcapetinsurance.com/UtahCounty>.

You will be directed to a custom landing page where you can obtain additional information, get a quote and enroll 24/7.

You can also call **1-877-343-5314** to speak to a representative. Simply advise you are an employee of Utah County.

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



www.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 HSA Qualified High Deductible Health Plan
Cost per pay period

Enrollment Status	Full-Time	¾ Time	½ Time
Employee Only	\$0.00	\$0.00	\$173.92
Two-Party	\$0.00	\$0.00	\$352.28
Family	\$0.00	\$0.00	\$471.98

Medical

Select Health Signature Traditional PPO Health Plan
Cost per pay period

Enrollment Status	Full-Time	¾ Time	½ Time
Employee Only	\$56.20	\$56.20	\$230.31
Two-Party	\$113.75	\$113.75	\$466.02
Family	\$152.35	\$152.35	\$624.32

Dental

Delta Dental Base Plan
Cost per pay period

Enrollment Status	Full-Time	¾ Time	½ Time
Employee Only	\$0.42	\$0.42	\$0.42
Two-Party	\$4.92	\$4.92	\$4.92
Family	\$9.11	\$9.11	\$9.11

Dental

Delta Dental Buy Up Plan
Cost per pay period

Enrollment Status	Full-Time	¾ Time	½ Time
Employee Only	\$3.99	\$3.99	\$3.99
Two-Party	\$15.56	\$15.56	\$15.56
Family	\$28.13	\$28.13	\$28.13

Vision

VSP through EMI Health Base Plan
Cost per pay period

Enrollment Status	Full-Time	¾ Time	½ Time
Employee Only	\$2.85	\$2.85	\$2.85
Two-Party	\$5.55	\$5.55	\$5.55
Family	\$8.80	\$8.80	\$8.80

Vision

VSP through EMI Health Buy Up Plan
Cost per pay period

Enrollment Status	Full-Time	¾ Time	½ Time
Employee Only	\$4.25	\$4.25	\$4.25
Two-Party	\$8.25	\$8.25	\$8.25
Family	\$12.60	\$12.60	\$12.60



Scan the QR Code to View the Utah County Resource Center! The Resource Center is your one-stop shop to view the benefit guide, search plan documents, view the County's library of videos, and more!

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