



JORDAN  
**Insurance  
Services**

# BENEFIT GUIDE



Your Health. Your Future. Our Priority.



HEALTH



DENTAL



VISION



FINANCIAL

EFFECTIVE SEPTEMBER 1, 2026

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**This guide is an overview** and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



## GETTING STARTED

September 1, 2026, through  
August 31, 2027.

No matter where you are in life, Jordan School District supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

# WHO'S ELIGIBLE FOR BENEFITS?



## Employees

You are eligible if you are a licensed employee working 20 or more hours per week on a permanent basis.

ESP part-time employees hired prior to July 1, 2014, who work 20+hours per week so long as there is not a break in service;

ESP part-time employees hired on or after July 1, 2014, who work 30+ hours per week or six hours per contract day on average;

Retirees as outlined in the Jordan School District Policy Manual, DP 319 and DP 373.

## Eligible dependents

- Legally married spouse
- Natural, adopted or stepchildren up to age 26

## Required Documentation

When you enroll your dependents, which includes your spouse and/or children, you will be required to provide Jordan School District with necessary documents proving they are your legal dependents.

- If you have been married less than a year, you can provide the marriage certificate. If you have been married more than a year, we require the top portion of the first page of your most recent 1040 Federal Tax Return showing that you are married.
- We require a birth certificate for your children. Handicapped children over the age of 26 are eligible for continuous coverage when certification by PEHP has been approved.

If you are required to send in documentation, please send them to [insurance@jordandistrict.org](mailto:insurance@jordandistrict.org)

## When you can enroll

New employees must enroll within the first 30 days of employment. Your benefits will begin the first of the month following your date of hire.

Existing employees can enroll during the annual open enrollment period.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment period unless you experience a qualifying life event.

## Why is open enrollment so important?

Benefits open enrollment for Jordan School District is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and as noted above, under IRS regulations, elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify Insurance Services of any change of status as soon as possible but must be within **30 days** after the event. Any enrollment changes must be done online, by the employee. Changes over the phone are not acceptable.

# CHANGING YOUR BENEFITS

Click to play video



## LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within **30 days** after the event.

# Enrolling through Employee Navigator



## Online Enrollment System

Jordan School District uses Employee Navigator, an online benefits platform, for benefit plan enrollments such as new hire enrollment, annual open enrollment, qualifying life event changes, and maintaining personal details such as name, address, dependents, and HSA contributions.

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## New Hire Enrollment or New User

**Step 1** visit [www.employeenavigator.com](http://www.employeenavigator.com) and select “register as a new user”

**Step 2** Enter the required information. Use **Jordan2025** as the company identifier, then click “Next”

**Step 3** Create a username and password, check “I agree with the Employee Navigator terms of use” and click “Finish”

**Step 4** Log in and click “Start” to begin selecting your benefits

---

## Annual Open Enrollment

**Step 1** Login to Employee Navigator at [www.employeenavigator.com](http://www.employeenavigator.com) and click “Start Benefits”

**Step 2** Confirm all personal information is correct, make any needed updates, and click “Save” to begin benefit elections

**Step 3** Select all dependents you want to cover on each benefit slide and choose the plan you want to enroll in. Enroll in or waive each step of the benefit enrollment until you reach the review screen.

**Step 4** Complete your enrollment by reviewing all benefits (enrolled or declined) and click “Agree” to finish.

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## Qualifying Life Event

**Step 1** Login to Employee Navigator at [www.employeenavigator.com](http://www.employeenavigator.com) and click “Change Benefits”

**Step 2** Confirm all personal information is correct, make any needed updates, and click “Save” to begin benefit elections

**Step 3** Select all dependents you want to cover on each benefit slide and choose the plan you want to enroll in. Enroll in or waive each step of the benefit enrollment until you reach the review screen.

**Step 4** Complete your enrollment by reviewing all benefits (enrolled or declined) and click “Agree” to finish.

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## Verifying Personal Information

**Step 1** Login to Employee Navigator at [www.employeenavigator.com](http://www.employeenavigator.com)

**Step 2** Click on “Profile”

**Step 3** View “Personal Information” (i.e. address, phone number, etc.)

**Step 4** Select “Edit” and make necessary changes and “Save”

\*please note, address changes need to be processed through Skyward (Qmulativ)

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# MEDICAL

## OUR PLANS

PEHP Base+ Plan

PEHP Base Plan

PEHP STAR HDHP/HSA Plan

## Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, network, and budget. Think about these factors when choosing your medical plan:

### Do you have a doctor you must see?

Check whether they are in the Advantage or Summits network. If they are not, but you are comfortable paying a bit more, consider a plan with out-of-network coverage. Many providers are available in both networks.

### What are your healthcare needs?

Compare how each plan covers the services you need most often, such as office visits, specialists, or prescriptions.

### What's your budget?

What will you pay for coverage? Is there a deductible? What is your share of the cost for office visits and prescriptions? All of these factors together affect your total cost for healthcare.

Login to your portal at [pehp.org](http://pehp.org) for more information

Click to play video





## OUR NETWORKS & SERVICES

### Summit Network-PEHP

Summit Network, non-Intermountain Health providers and rural Intermountain Health hospitals (see PEHP.org for more):

- University of Utah
- St Marks
- Lone Peak Hospital
- Primary Children’s
- Holy Cross Hospitals
- Ogden Regional
- Huntsman Cancer Institute

### Advantage Network-PEHP

Advantage Network, Intermountain Health providers and hospitals (see PEHP.org for more):

- Primary Children’s
- LDS
- McKay Dee
- American Fork
- Intermountain Medical Center
- Riverton
- Alta View

## No Primary Care Provider Required

Our PEHP plans do not require you to select a primary care provider (PCP). It is recommended you select a PCP to coordinate your medical care.

## Out of Area Benefits

Emergency and urgent care will be covered according to the plan guidelines. PEHP contracts out of state providers to assist you with medical care while traveling or living outside of Utah. If you live outside of Utah, you MUST notify PEHP of your address prior to receiving coverage. If you reside outside of Utah, the following rules apply:

**Inpatient/Outpatient Surgeries:** require preauthorization by PEHP prior to the surgery to be covered

**All Other Services:** In order to have services covered, be sure to go to the PEHP website and search for out of state participating providers.

Procedure	Date of Pre-Notification
<b>Elective Treatment</b>	At least 5 business days
<b>Urgent Treatment</b>	At least 3 business days
<b>Emergency Treatment</b>	Contact PEHP within 72 hours following admission or surgery
<b>Maternity Cases</b>	As soon as due date is known

# Base + Plan: Summit & Advantage Networks Available

You always pay the deductible and copayment (\$). The coinsurance (%) shows what **the plan pays** after the deductible, unless noted otherwise.

	Preferred and Participating In-Network
Annual Deductible (Per plan year)	\$1,750 Individual / \$5,250 Family
	If any family member reaches the Individual deductible, then the deductible is satisfied for that family member. If any combination of family members reach the Family deductible, then the deductible is satisfied for the entire family.
Annual Out-of-Pocket Maximum (Per plan year)	\$5,500 Individual / \$11,000 Family
	If any family member reaches the Individual out of pocket maximum, then the out-of-pocket maximum is satisfied for that family member. If any combination of family members reach the Family out of pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.
Office Visit Primary Care Preventive ** Specialists or Secondary Chiropractic Intermountain Connect Care	\$40 Copay Covered 100% Deductible Waived \$55 Copay \$55 Copay (20 visits PPY) \$10 Copay
Lab and X-ray Minor Labs & Imaging - Independent Minor Labs & Imaging - Hospital Major Labs & Imaging - Independent Major Labs & Imaging - Hospital	Covered 90% After Deductible Covered 70% After Deductible Covered 90% After Deductible Covered 70% After Deductible
Urgent Care	\$60 Copay
Emergency Room	Covered 80% After Deductible
Hospitalization Inpatient Outpatient	Covered 70% After Deductible Covered 90% After Deductible
Outpatient Surgery	Covered 90% After Deductible
In-Network Prescriptions	
Pharmacy (Generic Required)	\$25 / 35% / 50% / 50%
Maintenance or Mail Order	\$50 / 35% / 50% / 50%

\* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

\*\* Please refer to your PEHP provided materials for a full list of covered preventive services and limitations.

PPY-Per Plan Year

# Base Plan: Summit & Advantage Networks Available

You always pay the deductible and copayment (\$). The coinsurance (%) shows what **the plan pays** after the deductible, unless noted otherwise.

	Preferred and Participating In-Network
Annual Deductible (Per plan year)	\$2,750 Individual / \$8,250 Family
	If any family member reaches the Individual deductible, then the deductible is satisfied for that family member. If any combination of family members reach the Family deductible, then the deductible is satisfied for the entire family.
Annual Out-of-Pocket Maximum (Per plan year)	\$7,000 Individual / \$14,000 Family
	If any family member reaches the Individual out of pocket maximum, then the out-of-pocket maximum is satisfied for that family member. If any combination of family members reach the Family out of pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.
Office Visit Primary Care Preventive ** Specialists or Secondary Chiropractic Intermountain Connect Care	\$45 Copay Covered 100% Deductible Waived \$60 Copay \$60 Copay (20 visits PPY) \$10 Copay
Lab and X-ray Minor Labs & Imaging - Independent Minor Labs & Imaging - Hospital Major Labs & Imaging - Independent Major Labs & Imaging - Hospital	Covered 90% After Deductible Covered 70% After Deductible Covered 90% After Deductible Covered 70% After Deductible
Urgent Care	\$70 Copay
Emergency Room	Covered 80% After Deductible
Hospitalization Inpatient Outpatient	Covered 80% After Deductible Covered 90% After Deductible
Outpatient Surgery	Covered 80% After Deductible
In-Network Prescriptions	
Deductible	\$250 (waived for Generic)
Pharmacy (Generic Required)	\$25 / 35% / 50% / 50%
Maintenance or Mail Order	\$50 / 35% / 50% / 50%

\* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

\*\* Please refer to your provided PEHP materials for a full list of covered preventive services and limitations.

PPY-Per Plan Year

# STAR HDHP/HSA Plan: Summit & Advantage Networks Available

You always pay the deductible and copayment (\$). The coinsurance (%) shows what **the plan pays** after the deductible, unless noted otherwise.

	HDHP w/ HSA Preferred and Participating In-Network
Annual Deductible (Per plan year)	\$2,500 Single / \$5,000 Family
	If more than one person in a family is covered under the policy, the Single deductible does NOT apply. Instead, the Family Deductible applies, and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met.
Annual Out-of-Pocket Maximum (Per plan year)	\$7,000 Single / \$14,000 Family
	If any family member reaches the individual out-of-pocket maximum, then the OOP is satisfied for that Individual family member. If any combination of family members reach the Family Out-of-Pocket, then OOP Maximum is satisfied for the entire family.
Office Visit Primary Care Preventive ** Specialists or Secondary Chiropractic Intermountain Connect Care	Covered 80% After Deductible Covered 100% Deductible Waived Covered 80% After Deductible Covered 80% After Deductible (20 visits PPY) Covered 80% After Deductible
Lab and X-ray Minor Labs & Imaging - Independent Minor Labs & Imaging - Hospital Major Labs & Imaging - Independent Major Labs & Imaging- Hospital	Covered 90% After Deductible Covered 70% After Deductible Covered 90% After Deductible Covered 70% After Deductible
Urgent Care	Covered 80% After Deductible
Emergency Room	Covered 80% After Deductible
Hospitalization Inpatient Outpatient	Covered 80% After Deductible Covered 90% After Deductible
Outpatient Surgery	Covered 80% After Deductible
In-Network Prescriptions	
Pharmacy (Generic Required)	Covered 80% After Deductible
Maintenance or Mail Order	Covered 80% After Deductible

\* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

\*\* Please refer to your provided PEHP materials for a full list of covered preventive services and limitations.

PPY-Per Plan Year

# YOUR MONTHLY BENEFIT COSTS

## Medical Plan Rates-SUMMIT NETWORK

### Licensed Employees

	Base + Plan			Base Plan			STAR HSA Plan		
COVERAGE TYPE	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time
EMPLOYEE	\$224.81	\$409.37	\$593.94	\$40.68	\$225.25	\$409.82	\$40.68	\$225.25	\$409.82
TWO PARTY	\$405.78	\$738.93	\$1072.08	\$73.43	\$406.58	\$739.73	\$73.43	\$406.58	\$739.73
FAMILY	\$646.89	\$1177.99	\$1709.09	\$117.07	\$648.17	\$1179.27	\$117.07	\$648.17	\$1179.27

### ESP Employees

	Base + Plan			Base Plan			STAR HSA Plan		
COVERAGE TYPE	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time
EMPLOYEE	\$224.81	\$409.37	NA	\$40.68	\$225.25	NA	\$40.68	\$225.25	NA
TWO PARTY	\$405.78	\$738.93	NA	\$73.43	\$406.58	NA	\$73.43	\$406.58	NA
FAMILY	\$646.89	\$1177.99	NA	\$117.07	\$648.17	NA	\$117.07	\$648.17	NA

### Administration

	Base + Plan			Base Plan			STAR HSA Plan		
COVERAGE TYPE	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time
EMPLOYEE	\$224.81	\$409.37	\$593.94	\$40.68	\$225.25	\$409.82	\$40.68	\$225.25	\$409.82
TWO PARTY	\$405.78	\$738.93	\$1072.08	\$73.43	\$406.58	\$739.73	\$73.43	\$406.58	\$739.73
FAMILY	\$646.89	\$1177.99	\$1709.09	\$117.07	\$648.17	\$1179.27	\$117.07	\$648.17	\$1179.27

# YOUR MONTHLY BENEFIT COSTS

## Medical Plan Rates-ADVANTAGE NETWORK

### Licensed Employees

	Base + Plan			Base Plan			STAR HSA Plan		
COVERAGE TYPE	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time
EMPLOYEE	\$231.55	\$416.12	\$600.69	\$41.90	\$226.47	\$411.04	\$41.90	\$226.47	\$411.04
TWO PARTY	\$417.95	\$751.10	\$1084.25	\$75.64	\$408.79	\$741.94	\$75.64	\$408.79	\$741.94
FAMILY	\$666.29	\$1197.39	\$1728.48	\$120.58	\$651.68	\$1182.77	\$120.58	\$651.68	\$1182.77

### ESP Employees

	Base + Plan			Base Plan			STAR HSA Plan		
COVERAGE TYPE	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time
EMPLOYEE	\$231.55	\$416.12	NA	\$41.90	\$226.47	NA	\$41.90	\$226.47	NA
TWO PARTY	\$417.95	\$751.10	NA	\$75.64	\$408.79	NA	\$75.64	\$408.79	NA
FAMILY	\$666.29	\$1197.39	NA	\$120.58	\$651.68	NA	\$120.58	\$651.68	NA

### Administration

	Base + Plan			Base Plan			STAR HSA Plan		
COVERAGE TYPE	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time	Full Time	¾ Time	½ Time
EMPLOYEE	\$231.55	\$416.12	\$600.69	\$41.90	\$226.47	\$411.04	\$41.90	\$226.47	\$411.04
TWO PARTY	\$417.95	\$751.10	\$1084.25	\$75.64	\$408.79	\$741.94	\$75.64	\$408.79	\$741.94
FAMILY	\$666.29	\$1197.39	\$1728.48	\$120.58	\$651.68	\$1182.77	\$120.58	\$651.68	\$1182.77

\*Premiums for the Advantage network are 3% more than Summit due to additional claims cost

# PRESCRIPTION DRUG BENEFITS



## Ordering Prescriptions

The first time you are prescribed a medication, ask your doctor for two prescriptions- the first for up to 30 days to be filled at a participating retail pharmacy, and the second for the balance, up to 90 days, to be filled through the mail order pharmacy. The co-pay is applied to each covered mail order prescription charge. You may order your mail order prescription in one of the following ways:

**E-script:** Give your member ID number to your doctor and have them e-prescribe your script.

**Fax:** Give your member ID number to your doctor and have your doctor call 888-327-9791 to obtain further instructions.

**Mail:** Mail your prescription and required copayment along with an order form in the envelope provided.

**Refills:** You may order your mail order refills or verify coverage of your medication at [www.express-scripts.com](http://www.express-scripts.com) or by calling 800-818-6632. Have your member ID, prescription numbers, and credit card ready.

## Express Scripts

Visit [www.express-scripts.com](http://www.express-scripts.com) for education and safety tips. You can also obtain your pharmacy history. In addition, you can use the automated pharmacy locator, order refills, and check the status of your mail-order prescriptions. Their member services are available 24/7 at **800-818-6632**.

## RX Requirements

### Generic Required:

You must purchase the generic medication if available. If you choose to purchase a brand name instead, you will be responsible for the difference in cost between the two drugs, in addition to your generic co-pay.

### Dispense as Written:

If there is a medical necessity for using a brand name medication over a generic, your doctor may write “dispense as written” on the prescription. In this case, you will only be responsible for the brand-name co-pay.

### Prior Authorizations:

Some medications may require prior authorization from Express Scripts. Prior authorizations can be requested at **800-753-2851**.

### Step Therapy:

Some medications (such as generics, nonprescription, and less expensive brand-name drugs) may be preferred over non-preferred, more expensive brand-name medications. Coverage for non-preferred medications will require prior authorization from our prescription drug benefit manager. You will receive communications from Express Scripts concerning which medications are affected.

### Quantity/Dose Duration Edits:

Some medications may contain quantity and duration limits.



## CRX International Pharmacy Savings

This is a voluntary cost saving international mail order drug program for brand name prescriptions and does not replace your current RX benefit plan.

CRX International

Phone 866-488-7874

Fax 866-215-7874

Mail CRX International

PO Box 3009, Windsor, ON, Canada

N8N 2M3

[www.crxintl.com](http://www.crxintl.com) Web ID: JORDANSD



### How it works

If you are enrolled in the Base + or the Base medical plans, you can list your Jordan School District plan as primary and utilize this savings program to have prescriptions shipped directly to your home at no cost to you.

### Check Eligibility

Review the list of covered brand-name medications to see if yours qualify (visit website, enter our WebID)

### Complete Enrollment

Fill out one enrollment form (even if you have multiple prescriptions) online or contact Insurance Services for a form.

### Doctor Approval/Prescriptions

Your doctor must confirm you've been taking the medication for at least 30 days without issues. Ask your doctor to prescribe a 3-month supply of your RX with 3 refills. Fax your enrollment form, new prescription, and a copy of your photo ID directly to [www.crxintl.com](http://www.crxintl.com) or mail your original prescription and enrollment form to CRX International

### Receive Your Medication

CRX will call you prior to each refill to ensure that you have a continuous supply. Allow 4 weeks for delivery when ordering new medications.

# HEALTH SAVINGS ACCOUNT (HSA)

Click to play video



## ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the STAR HDHP Medical Plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

## A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future. Lively/AFCU is the HSA plan administrator.

## How the Lively / AFCU HSA plan works

- Your HSA account is set up automatically after you enroll.
- You can contribute up to the limit set by the IRS.
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

## Four reasons to love an HSA

1. **Tax-free.** No federal or Utah state tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.

Contribution Amounts	Individual	Family
2025 IRS Maximum Contribution	\$4,300	\$8,550
2026 IRS Maximum Contribution	\$4,400	\$8,750
Age 55+	The IRS allows you a "catch-up" contribution up to an additional \$1,000 per calendar year	

Employer Contribution	Individual	Two-Party	Family
1:1 Match up to these monthly amounts	\$25	\$50	\$75

# HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

*Click to play video*



## ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan (like our STAR HSA Plan) you can not participate in the healthcare FSA.

### Please Note:

The administrative fee for the FSA and Dependent Care Reimbursement Account will be \$3.65 per pay period (\$43.80 per year). If your flex spending election is at least \$1,200 per year, the district will pay your monthly fee.



## Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. **New for the 2026-2027 year, this program is administered by APA Choice Benefits.**

## How the FSA plan works

- You estimate what you and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental, vision, prescriptions, and even eligible drugstore items.
- You can contribute up to **\$3,400 (2026 limit)**. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

## Estimate carefully!

You can't change your FSA election amount mid-year unless you experience a qualifying event. If you don't spend all the money in your account, any remaining balance will be forfeited. You have until November 15 to incur expenses for the prior plan year, and until November 30 to submit such expenses for reimbursement.

### There are three convenient ways for you to submit claims

**Submit reimbursement online:** Submit a manual claim online.

Access your account at

<https://apabenefits.lh1ondemand.com> and select Reimburse Myself

**Submit reimbursement on the app:** You can submit a manual claim for reimbursement through the App by logging in and selecting Reimburse Myself

**Submit a reimbursement form by mail, fax, or email for processing**

claims@apabenefits.com

Fax 801-561-5056

8899 S 700 E, Ste 225, Sandy, UT 84070

# PAYING FOR DAYCARE? MAKE IT TAX-FREE!



## EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

## SUBMIT CLAIMS FOR REIMBURSEMENT

To file claim reimbursements, fill out a claim form and attach supporting documentation such as receipts showing the amount you paid and the dates your received services on healthcare expenses, and for dependent care it can include contracts, letters, or receipts. Submit them via email, fax, or standard mail [claims@apabenefits.com](mailto:claims@apabenefits.com)  
Fax 801-561-5056  
8899 S 700 E, Ste 225, Sandy, UT 84070

You can use your Benny Cloud card for any associated daycare expenses. Just remember that funds are not front loaded to your card. This means they are only available as they are withheld from your pay.

## Dependent Care FSA (DCFSA) — up to \$7,500 per year tax-free

A Dependent Care Flexible Spending Account (DCFSA) can help families save potentially hundreds of dollars per year on day care. **New for the 2026-2027 year, this program is administered by APA Choice Benefits.**

## Here's how the 2026 DCFSA Plan works

With the DCFSA account, you can set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you normally pay with after-tax dollars. You must meet the following criteria in order to set up this account:

- You and your spouse both work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student

Qualified dependents include children under age 13 and/or dependents who are physically or mentally handicapped and the expense must be incurred to allow you to work. If your spouse is unemployed or doing volunteer work, you cannot set up a reimbursement account. Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- If you are single, the lesser of your earned income or \$7,500
- If you are married, you can contribute the lowest of:
  - Your (or your spouse's) earned income
  - \$7,500 if filing jointly, or \$3,750 if filing separately



**Estimate carefully!** You can't change your DCFSA election amount mid-year unless you experience a qualifying event or if your needs change. Money contributed to a Dependent Care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.



## OUR PLANS

Renaissance Elite Plan

Renaissance Enhanced Plan

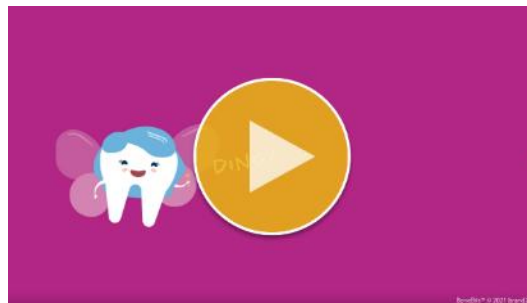
Renaissance Essential Plan

## Why sign up for dental coverage?

Brushing and flossing are great, but regular exams catch dental issues early. If there's a problem, our dental plan makes it easier and less expensive to get the care you need to maintain your smile.

Find out how it works!

*Click to play video*



# Renaissance Dental DPPO

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible (if applicable).

	Elite Plan In-Network	Enhanced Plan In-Network	Essential Plan In-Network
Plan Year Deductible	\$50 Individual / \$150 Family		
Maximum Annual Benefit	\$1,500 Per Individual	\$1,000 Per Individual	\$1,000 Per Individual
Preventive & Diagnostic Services Exams Cleanings Fluoride Bitewing X-Rays	Covered 100%		
Basic Services Fillings Non-Surgical Extractions Oral Surgery	Covered 80% after deductible	Covered 80% after deductible	Covered 50% after deductible
Major Services Bridges Crowns Periodontic Endodontic	Covered 50% after deductible	Covered 50% after deductible	Covered 25% after deductible
Orthodontic Services - Dependents to Age 19	Covered 50% after deductible	Not Covered	
Orthodontic Lifetime Maximum Benefit	\$1,000 per individual	Not Covered	

*The table above illustrates your in-network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents*

## YOUR MONTHLY BENEFIT COSTS

	Elite Plan	Enhanced Plan	Essential Plan
<b>EMPLOYEE</b>	\$37.62	\$31.49	\$20.75
<b>TWO-PARTY</b>	\$68.52	\$57.20	\$37.74
<b>FAMILY</b>	\$107.30	\$89.55	\$59.05



## OUR PLANS

EyeMed SA EE 130/130 Plan

### Why sign up for vision coverage?

Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. An annual exam is covered by your medical plan, but if you do need glasses or contacts, vision coverage helps with the cost.

*Click to play video*



# EyeMed SA EE 130/130 Vision Plan: Insight Network

Your vision checkup is fully covered after your exam copay. After any materials copay, the plan covers frames, lenses, and contacts as described below.

	In-Network	PLUS Provider
Copay	<b>Exam:</b> \$10 Copay	<b>Exam:</b> Covered 100%
Frames	\$130 allowance	\$180 allowance
Lenses	<b>Single, Bifocal, Trifocal, Standard Progressive:</b> Co-pays range from \$10-\$65 <b>Premium Progressive:</b> Co-pays range from \$95-\$225	
Contacts (Elective, in lieu of glasses)	\$130 allowance	\$180 allowance
Contacts (Medically Necessary)	Covered 100%	
Frequency	<b>Exam:</b> Once every plan year <b>Frames:</b> Once every plan year <b>Lenses:</b> Once every plan year <b>Contacts (Elective):</b> Once every plan year	<b>Exam:</b> Once every plan year <b>Frames:</b> Once every plan year <b>Lenses:</b> Once every plan year <b>Contacts (Elective):</b> Once every plan year

*The table above illustrates your in-network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents; benefits shown are once per plan year*



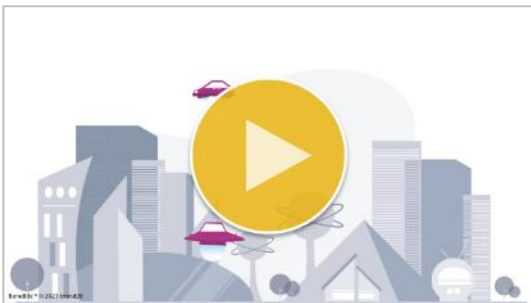
## YOUR MONTHLY BENEFIT COSTS

	SA EE 130/130 Plan
EMPLOYEE	\$5.41
TWO-PARTY	\$8.90
FAMILY	\$16.83



## ENGAGE

*Click to play video*



Virtual Healthcare

### Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

# KNOW WHERE TO GO

Where you get medical care can significantly influence the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Examples
<b>Online visit (24/7—\$)</b> Many nonemergency health issues Intermountain Connect Care: (801) 442-2610	Cold, Flu, Allergies, Headache, Migraine Skin conditions, Rashes, Minor injuries
<b>Office visit (\$\$)</b> Routine medical care and management	Preventive care Illnesses, Injuries Managing existing conditions
<b>Urgent care (\$\$\$)</b> Non-life-threatening conditions requiring prompt attention	Stitches, Sprains Animal bites High fever, Respiratory infections
<b>Emergency room (24/7—\$\$\$\$)</b> Life-threatening conditions needing immediate care	Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing

*Click to play video*



Urgent Care vs ER

# PEHP Cash Back Copay Map

## Traditional Plan

(automatic-no application needed)

Pay no more than \$45 copay for all services –no deductible, no hidden fees

Always earn cash back for certain preventive services like colonoscopy at select locations

After your out-of-pocket maximum, you can earn cash back on additional services

## High-Deductible Plan

(application required)

Earn cash back when you visit providers on the map. Once you have met your deductible, pay no more than a \$45 copay.

After your out-of-pocket maximum, you can earn additional cash back.

Always earn cash back for certain preventive services like colonoscopy at select locations

## [How to use the PEHP Cashback and Copay Maps](#)

Log in to your PEHP account and look for it under the Find Providers & Cost Menu

# PEHP Provide Directory

## PEHP Provider Directory

Login to your PEHP portal to see network specific providers and facilities by visiting <https://www.pehp.org/providerLookup/> or calling 801-366-7555. Search providers by name, specialty, city, language, and gender.

# Telehealth Resources

**Intermountain Connect Care:** If you are on the Summit or Advantage Networks, scan this QR code to learn more or call 801-442-2610

[Intermountainhealthcare.org/services/virtual-care/urgent-care](https://www.intermountainhealthcare.org/services/virtual-care/urgent-care)

**Base + and Base Plan Cost \$10**

**Star HDHP/HSA Plan Cost \$69**



# Medallus-PEHP Primary Care Benefit

As a Jordan School District employee with PEHP, you have access to designate Medallus Medical as your primary care provider and unlock unlimited primary and urgent care at 8 convenient walk-in urgent care clinics throughout Utah. No appointment needed, and **every PEHP member pays \$0 per visit**

## Primary Care

Annual Physicals  
Chronic Disease Mgmt  
Preventive Care  
Medication Refills  
Weight Loss

## Urgent Care

Cold, Flu, Infections  
Minor Injuries  
Sprains & Fractures  
Cuts & Wounds

## Diagnostics

On-site Lab Work  
X-Rays  
EKGs  
Rapid Testing

## Family Care

Pediatric Care  
Adult Medicine  
Senior Care  
Wellness Exams

### BASE + & BASE PLAN

**\$0 PER VISIT**

PEHP pays the monthly fee for you. You pay nothing for primary or urgent care at Medallus. Unlimited visits, no surprises.

### STAR HDHP/HSA PLAN

**\$0 PER VISIT**

Before Deductible  
\$38/mo adults  
\$22/mo children

After Deductible  
\$0/mo-PEHP covers it!

Monthly fees count toward your deductible. Save your deductible for ER and specialists.



# Medallus-Health Center Locations

**\$0**

PER VISIT FOR  
EVERY PEHP MEMBER

**8**

CLINICS ACROSS  
THE WASATCH FRONT

**7**

DAYS A WEEK  
9AM TO 8PM

**∞**

UNLIMITED PRIMARY  
AND URGENT CARE

## Layton Health Center

1868 N 1200 W, Layton UT

Monday-Sunday, 9 am-7 pm

## West Valley Health Center

3450 South 5600 West, West valley City, UT

Monday-Sunday, 9 am-8 pm

## South Jordan Health Center

10433 South Redwood Rd, South Jordan UT

Monday-Sunday, 9 am-7 pm

## Riverton Health Center

13348 S Market Center Drive, Riverton UT

Monday-Sunday, 9 am-8 pm

## Draper Health Center

1126 East 12300, Draper UT

Monday-Sunday, 8 am-8 pm

## Sandy Health Center

7998 South 1300 East, Sandy UT

Monday-Sunday, 9 am-7 pm

## Holladay Health Center

3934 South 2300 East, Holladay UT

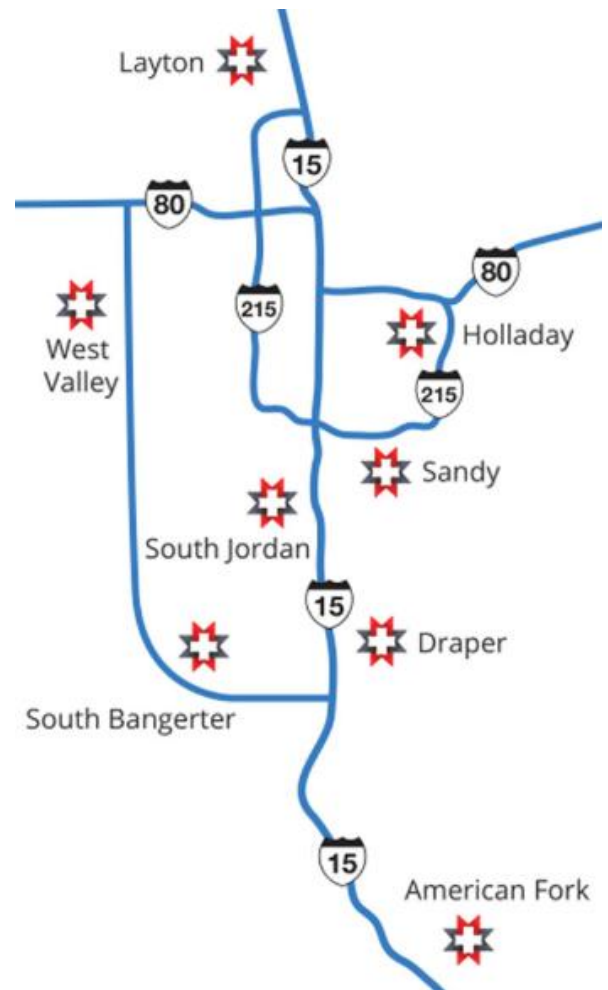
Monday-Sunday, 9 am-7 pm

## American Fork Health Center

476 North 900 West, Suite C, American  
Fork UT

Monday-Sunday, 9 am-8 pm

[Medallusurgentcare.com](http://Medallusurgentcare.com)  
877-633-9110



# PREVENTIVE CARE



## TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

Health plans are required to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

**Be aware: Not all exams and tests are considered preventive care**

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

# COMPANY PROVIDED: LIFE AND AD&D INSURANCE



## Basic Life and AD&D

- Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.
- All eligible employees are provided Basic Life and Accidental Death & Dismemberment (AD&D) coverage.
- Jordan School District pays 100% of the premium

## Coverage provided through New York Life

	Basic Life and AD&D Plan
Employee Life and AD&D Benefit	\$50,000
Seatbelt Benefit (death resulting from an auto accident while properly wearing a seatbelt)	10% up to \$25,000
Benefit Reduction	Coverage amounts for Life and AD&D insurance reduce to: 50% of the original benefit when you reach age 70
Spouse Life Benefit	\$2,000
	Spouse Life benefit ends at Age 70
Child(ren) Life Benefit	\$2,000
	Children are covered from Live Birth to Age 26

All eligible employees have the option of purchasing additional Life and AD&D coverage for themselves and eligible dependents. Employees must purchase voluntary Life and AD&D for themselves in order to purchase coverage for their spouse or child(ren). See Voluntary Benefits section to learn more. **Dual Employees:** If both you and your spouse work at the District, you will both be covered as employee only on Basic Life and AD&D. If you have children, please have one parent cover the dependents on the basic and voluntary supplemental life. If you would also like to enroll in the Voluntary AD&D, have one parent enroll as employee only and the other enroll as employee = family. This way, you both will qualify for 100% of the employee benefit and the child(ren) will qualify for 15% of the benefit amount.



## **YOUR BENEFICIARY = WHO GETS PAID**

If the worst happens, your beneficiary—the person (or people) on record in Employee Navigator—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

## **Is your family protected?**

Life, Accidental Death & Dismemberment (AD&D), and Disability insurance can fill financial gaps due to a loss of income. Consider your day-to-day costs and bills after an accident or during an illness-related disability leave, or how you would manage large expenses (housing, education, loans, credit cards, etc.) after the death of a spouse or partner.

## **If you need more**

In addition to company-provided coverage, we offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Plans section for details.

# COMPANY PROVIDED: LONG-TERM DISABILITY INSURANCE (LTD)

## LTD benefits cushion the financial impact of a disability



Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness, cancer, heart disease, etc.
- Serious injuries, accidents, etc.
- Heart attack, Stroke
- Mental disorders

If you qualify, LTD benefits begin after your 180-day elimination period. Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

Jordan School District pays 100% of the premium

## Coverage provided through New York Life

### 3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

	Long-Term Disability Plan
Employee Benefit	66.67% of Monthly earnings to a maximum monthly benefit of \$8,000
Benefit Begin Date	After 180 days
Benefit Duration	Up to Social Security Normal Retirement Age
Pre-Existing Condition Limitation *	3/12
Definition of Disability	Unable to perform occupational duties & 20% earnings loss

\* A Pre-Existing Condition is any condition that you have received medical attention for, in the 3 months prior to your effective date of coverage, that results in a disability during the first 12 months of coverage.



## VOLUNTARY PLANS

### OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Voluntary Accident
- Voluntary Critical Illness
- Voluntary Hospital Indemnity

### You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all—it's up to you.

# VOLUNTARY SUPPLEMENTAL LIFE AND AD&D INSURANCE



All Voluntary Supplemental Insurance amounts above the guaranteed issue are subject to Evidence of Insurability (EOI). Insurance will become effective on the first of the month following underwriting approval by **New York Life**. Supplemental Life benefits will reduce to 50% at age 70. Coverage terminates at retirement. Supplemental Life offers a Portability option or a Right of Conversion.

**Accidental Death & Dismemberment:** You may elect employee only or family coverage. If you elect family coverage, your family benefit is based on the following criteria at time of accident. Covered 100% for employee, 60% for spouse if no children, 50% for spouse if eligible children, 10% for children if eligible spouse, and 15% for children if no spouse.

**Dual Employees:** If both you and your spouse work at the District, you will both be covered as employee only on Basic Life and AD&D. If you have children, please have one parent cover the dependents on the basic and voluntary supplemental life. If you would also like to enroll in the Voluntary AD&D, have one parent enroll as Employee Only and the other enroll as Employee + Family. This way, you both will qualify for 100% of the employee benefit and the child(ren) will qualify for 15% of the benefit amount.

## GUARANTEED ISSUE

This is the maximum you can purchase when you are first enrolling as a new hire or as an active employee completing open enrollment. If you wait to purchase additional coverage after either of these election periods, or over the guaranteed issue amount, you will need to fill out an EOI (evidence of insurability) form and wait for approval from the carrier.

Coverage	Benefits	Guarantee Issue
Employee	5x Salary to a maximum of \$500,000 (in increments of \$10,000)	Lesser of 5x Salary or \$300,000
Spouse	Not to exceed Employee's coverage amount to \$250,000 (in increments of \$5,000)	Lesser of 100% of Employee's benefit or \$50,000
Dependent Child(ren) to age 26	\$10,000 of coverage	\$10,000

# VOLUNTARY LIFE & AD&D INSURANCE COSTS

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. You will have to make separate elections if you want voluntary life coverage and voluntary AD&D coverage. The rates in the table below reflect Voluntary Life and AD&D coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck. Your Voluntary Plan costs are deducted from your pay on a post-tax basis.

## VOLUNTARY LIFE INSURANCE – MONTHLY RATE PER \$1,000 OF COVERAGE

AGE	EMPLOYEE & SPOUSE
18 to 24	\$0.05
25 to 34	\$0.06
35 to 39	\$0.08
40 to 44	\$0.10
45 to 49	\$0.15
50 to 54	\$0.22
55 to 59	\$0.37
60 to 64	\$0.44
65 to 69	\$0.72
*70 to 74	\$1.35
75 & Over	\$2.06

\* Spouse coverage reduces 50% at age 70

## VOLUNTARY AD&D INSURANCE

COVERAGE LEVEL	Rate per \$1,000 of coverage
Employee	\$0.025
Family	\$0.038

## DEPENDENT VOLUNTARY LIFE INSURANCE

COVERAGE AMOUNT	Rate per \$10,000 of coverage
\$10,000	\$2.00

## CALCULATE YOUR LIFE and AD&D INSURANCE COST

1. Desired Coverage (\$1,000 Increments)

You:	Spouse:
------	---------

2. Divide Step 1 by 1,000 =

You:	Spouse:
------	---------

3. Multiply Step 2 by Rate from Table =

You:	Spouse:
------	---------

4. Multiply Step 4 by 12 and divide by 24 =

You:	Spouse:
------	---------

5. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK:
--------------------------



# VOLUNTARY HEALTH-RELATED PLANS



## THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

## Accident Insurance

Accident insurance from **Aflac** helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money paid depends on the type and severity of your injury and can be used any way you choose.

## Critical Illness Insurance

Critical illness insurance from **Aflac** can help fill a financial gap if you experience a serious illness such as cancer, heart attack, or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

## Hospital Indemnity Insurance

Hospital Indemnity insurance from **Aflac** can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries – you decide.



# VOLUNTARY ACCIDENT

Aflac Accident Plan – Off-the-Job Coverage – 100% Employee Paid

Benefit	Off-the-Job Accident
<b>Accidental Death:</b> EE / Spouse / Child	\$50,000 / \$25,000 / \$10,000
<b>Dismemberment</b> EE / Spouse / Child	Up to \$20,000 / \$8,000 / \$4,000
<b>Dislocation &amp; Fractures</b>	Up to \$2,500
<b>Hospital Visits or Confinement</b> Initial Confinement / Hosp Confinement / Intensive Care	\$1,000 / \$300 Per Day / \$600 Per Day
<b>Ambulance</b>	\$400 Regular Ambulance or \$1,200 Air Ambulance
<b>Emergency Room Services w/X-ray</b>	\$225
<b>Emergency Room Services w/out X-Ray</b>	\$175
<b>Concussion</b>	\$500
<b>Lacerations</b>	\$50 to \$400
<b>Burns</b> Less than 35% of body surface More than 35% of body surface	\$75-\$7,500 \$750 - \$15,000
<b>Appliance</b>	\$100
<b>Physical Therapy (10 per accident)</b>	\$50 Per Day
<b>Rehabilitation (up to 31 days per confinement – 62 days max per year)</b>	\$100 Per Day
<b>Transportation (up to 3 per accident)</b>	\$200-\$500
<b>Family Member Lodging (up to 30 days)</b>	\$200 Per Night
<b>Accident Follow-Up Treatment (6 per accident)</b>	\$50 Per Day
<b>Wellness / Outpatient Physician Benefits (per covered family member per year)</b>	\$50

## YOUR MONTHLY BENEFIT COSTS

	Accident Plan
<b>EMPLOYEE</b>	\$13.18
<b>EMPLOYEE + SPOUSE</b>	\$22.74
<b>EMPLOYEE + CHILD(REN)</b>	\$29.46
<b>FAMILY</b>	\$39.02

# HOSPITAL INDEMNITY PLAN

Aflac Hospital Indemnity - 100% Employee Paid

Benefit	Hospital Indemnity Plan
Hospital Admission	\$1,000
Daily Hospital Confinement Benefit	\$150 up to 31 Days
Hospital Intensive Care Benefit	\$150 up to 10 Days
Guaranteed Issue	Yes
Pre-Existing Waiting Period	None
Maternity Waiting Period	None

## YOUR MONTHLY BENEFIT COSTS

	Hospital Indemnity Plan
EMPLOYEE	\$18.96
EMPLOYEE + SPOUSE	\$36.14
EMPLOYEE + CHILD(REN)	\$29.18
FAMILY	\$46.36

## VOLUNTARY CRITICAL ILLNESS

Aflac Critical Illness - 100% Employee Paid

Benefit	Low Plan	High Plan
<b>Initial Critical Illness Benefit</b> - Employee / Dependents	Up to \$15,000 / Up to \$7,500	Up to \$30,000 / Up to \$15,000
<b>Reoccurrence Benefit</b> <b>Additional Occurrence</b> (diff. condition)	Pays \$100% of previously paid base policy benefits – Occurrences must be separated by 6 months	
<b>Additional Covered Critical Illnesses</b> – Employee / Dependents	Pays \$100% of previously paid base policy benefits – Occurrences must be separated by 6 months	
<b>Wellness</b>	\$50 for completing approved wellness exam – can be claimed once per covered person per year *not paid for dependent children	
<b>Guaranteed Issue</b>	Yes	
<b>Pre-Existing Waiting Period</b>	None	

# YOUR MONTHLY BENEFIT COSTS

Non-Tobacco Critical Illness Rates					
Low Plan			High Plan		
Age Bands	Employee	Spouse	Age Bands	Employee	Spouse
18 to 25	\$5.13	\$3.33	18 to 25	\$8.74	\$5.13
26 to 30	\$6.73	\$4.12	26 to 30	\$11.94	\$6.73
31 to 35	\$7.76	\$4.64	31 to 35	\$14.00	\$7.76
36 to 40	\$10.04	\$5.78	36 to 40	\$18.55	\$10.04
41 to 45	\$12.07	\$6.80	41 to 45	\$22.62	\$12.07
46 to 50	\$14.36	\$7.94	46 to 50	\$27.20	\$14.36
51 to 55	\$22.11	\$11.82	51 to 55	\$42.70	\$22.11
56 to 60	\$21.54	\$11.53	56 to 60	\$41.55	\$21.54
61 to 65	\$44.37	\$22.94	61 to 65	\$87.21	\$44.37
66 & Over	\$78.51	\$40.01	66 & Over	\$155.49	\$78.51



# YOUR MONTHLY BENEFIT COSTS

Age Bands	Tobacco Critical Illness Rates				
	Low Plan		Age Bands	High Plan	
	Employee	Spouse		Employee	Spouse
18 to 25	\$6.83	\$4.17	18 to 25	\$12.14	\$6.83
26 to 30	\$9.03	\$5.28	26 to 30	\$16.54	\$9.03
31 to 35	\$11.25	\$6.39	31 to 35	\$20.99	\$11.25
36 to 40	\$15.20	\$8.36	36 to 40	\$28.88	\$15.20
41 to 45	\$18.28	\$9.90	41 to 45	\$35.03	\$18.28
46 to 50	\$21.82	\$11.67	46 to 50	\$42.12	\$21.82
51 to 55	\$34.34	\$17.93	51 to 55	\$67.15	\$34.34
56 to 60	\$34.70	\$17.93	56 to 60	\$67.88	\$34.70
61 to 65	\$69.44	\$35.48	61 to 65	\$137.36	\$69.44
66 & Over	\$119.94	\$60.73	66 & Over	\$238.35	\$119.94





## WELLBEING & BALANCE

**“The key to keeping your balance is knowing when you've lost it.”**

### A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health, and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through **Blomquist Hale & ComPsych** can help you handle a wide variety of personal issue such as emotional health and substance use disorder; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

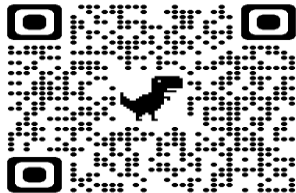
Best of all, contacting the EAP is **completely confidential**, free and available to any member of your immediate household.

## No cost EAP resources

- Unlimited phone access 24/7
- In-person/virtual counseling for short-term issues; **up to 3 visits per issue per calendar year**
- Unlimited web access to helpful articles, resources, and self-assessment tools.

## CONTACT THE COMPSYCH EAP

**Phone**  
(800) 344-9752



**Website**  
[www.guidanceresources.com](http://www.guidanceresources.com)

**Web ID: NYLGBS**

## CONTACT THE BLOMQUIST HALE EAP

**Phone**  
(800) 926-9619



**Website**  
[www.blomquisthale.com](http://www.blomquisthale.com)  
[www.youtube.com/c/blomquisthale/videos](https://www.youtube.com/c/blomquisthale/videos)

## Benefit Details

### What is available if you are on the medical plan?

You have access to both Blomquist Hale and ComPsych for any in-person or virtual counseling sessions. Not only do they have many resources to help you navigate the world of mental health, but they can help you find an in-network provider if you need additional help. Once referred, those benefits are subject to your medical plan.

### What is available to benefit eligible employees?

You have access to both the Blomquist Hale and ComPsych library of online literature as well as ComPsych's in person and virtual counseling

### What is available to all employees?

You have access to online education through Blomquist Hale or ComPsych via the websites to the left

## COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

## PARENTING & CHILDCARE

- Referrals to quality providers
- Family Daycare Homes, Infant Centers, and Preschools
- Before/after school care
- 24-hour care

## FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

## LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

## ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

## ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics [41](#)

# PLAN CONTACTS

## HELPFUL RESOURCES

**Jordan Insurance Services Office**  
(801) 567-8146  
[Insurance@jordandistrict.org](mailto:Insurance@jordandistrict.org)

**Employee Navigator**  
[www.employeenavigator.com](http://www.employeenavigator.com)

## MEDICAL

**PEHP**  
[www.pehp.org](http://www.pehp.org)  
(800) 765-7347  
(801) 366-7555

**Medallus Medical**  
[www.medallusurgentcare.com](http://www.medallusurgentcare.com)  
(877) 633-9110

**Pharmacy**  
**Express Scripts**  
[www.express-scripts.com](http://www.express-scripts.com)  
(800) 282-2881

**Prescription Cost Savings**  
**CRX International**  
[www.crxintl.com](http://www.crxintl.com)  
Member Services  
(866) 488-7874

## DENTAL

**Renaissance**  
[renaissancebenefits.com](http://renaissancebenefits.com)  
(800) 894-4532

## VISION

**EyeMed**  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)  
(888) 449-3633

## HEALTH SAVINGS ACCOUNT (HSA)

**Lively/AFCU**  
Lively Member Support Team  
[support@livelyme.com](mailto:support@livelyme.com)  
(833) 401-0012

## LIFE AND LONG-TERM DISABILITY

**New York Life**  
[www.myNYLGBS.com](http://www.myNYLGBS.com)  
(800) 732-1603

## REIMBURSEMENT ACCOUNTS (FSA & SECTION 125)

**APA Choice Benefits**  
[www.apachoicepoint.net](http://www.apachoicepoint.net)  
claims@apabenefits.com  
(801) 561-4980  
(888) 311-7478  
Fax (801) 561-5056

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

**Blomquist Hale**  
[www.blomquisthale.com](http://www.blomquisthale.com)  
(800) 926-9619  
(801) 262-9619

**ComPsych**  
[www.guidanceresources.com](http://www.guidanceresources.com)  
Web ID: NYLGBS  
(800) 344-9752

## VOLUNTARY LINES

**Aflac - Worksite Products**  
Group #: Claims: (800) 433-3035  
[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)

**Lee Harmer – VBS**  
(801) 716-8084  
[Lee@vbs-benefits.com](mailto:Lee@vbs-benefits.com)

## OPEN ENROLLMENT & CLAIMS SUPPORT

**Shanna Marchant**  
[Shanna.marchant@alliant.com](mailto:Shanna.marchant@alliant.com)  
(801) 599-4826

**Melody Evans**  
[Melody.evans@alliant.com](mailto:Melody.evans@alliant.com)  
(720) 617-4840

# 2026 ANNUAL NOTICES

## Medicare Part D Notice

### Important Notice from Jordan School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Jordan School District 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.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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. Jordan School District has determined that the prescription drug coverage offered by the PEHP and Express Scripts, Base +/Base Plan/Star HSA is, 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 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) 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 Jordan School District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Jordan School District is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Jordan School District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

## 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 Jordan School District and don't 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...

Contact the person listed below 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 Jordan School District changes. You also may 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 [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: 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).

**Date:** 06/23/2026  
**Name of Entity/Sender:** Jordan School District  
**Contact-Position/Office:** Insurance Services  
**Address:** 7387 S. Campus View Drive, West Jordan, UT 84084  
**Phone Number:** 801-567-8146

## 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 was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: PEHP Base+ \$1,750/\$5,250 (individual/family); PEHP Base \$2,750/8,250 (individual/family); PEHP HDHP \$2,500/\$5,000 (individual/family). If you would like more information on WHCRA benefits, call your plan administrator 801-567-8146.

## Newborns' and Mothers' Health Protection Act

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). If you would like more information on maternity benefits, call your plan administrator at 801-567-8146.

## HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Jordan School District's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Jordan School District's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Jordan School District's health plan if you become eligible for a state premium assistance program under Medicaid

or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Jordan School District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Jordan School District.

## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% in 2026 of your modified adjusted household income.

## The ‘No Surprises’ Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

## Notice of Choice of Providers

The Jordan School District 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.

You do not need prior authorization from Jordan School District plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care 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 health care professionals who specialize in obstetrics or gynecology, contact Insurance Services at 801-567-8146.

## Michelle's Law

The Jordan School District plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school—or change in school enrollment status (for example, switching from full-time to part-time status)—starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify Insurance Services in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual that may receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Insurance Services at 801-567-8146.

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## 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](http://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 **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **1-866-444-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, 2025. Contact your State for more information on eligibility—

### Alabama – Medicaid

Website: [myalhipp.com](http://myalhipp.com)

Phone: (855) 692-5447

### Alaska – Medicaid

The AK Health Insurance Premium Payment Program

Website: [myakhipp.com](http://myakhipp.com)

Phone: (866) 251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid eligibility:

[health.alaska.gov/dpa/Pages/default.aspx](http://health.alaska.gov/dpa/Pages/default.aspx)

### Arkansas – Medicaid

Website: [myarhipp.com](http://myarhipp.com)

Phone: (855) MyARHIPP (692-7447)

### California – Medicaid

Health Insurance Premium Payment (HIPP) Program

website: [dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)

Phone: (916) 445-8322

Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

Fax: (916) 440-5676

### Colorado – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado website: [healthfirstcolorado.com](http://healthfirstcolorado.com)

Health First Colorado Member Contact Center: (800)

221-3943 (TTY: 711)

CHP+: [hcpf.colorado.gov/child-health-plan-plus](http://hcpf.colorado.gov/child-health-plan-plus)

CHP+ Customer Service: (800) 359-1991 (TTY: 711)

Health Insurance Buy-In Program (HIBI): [mycohibi.com](http://mycohibi.com)

HIBI Customer Service: (855) 692-6442

### Florida – Medicaid

Website:

[flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp](http://flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp)

Phone: (877) 357-3268

### Georgia – Medicaid

GA HIPP Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)

Phone: (678) 564-1162, press 1

GA CHIPRA Website:

[medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](http://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)

Phone: (678) 564-1162, press 2

### Indiana – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: [in.gov/medicaid](http://in.gov/medicaid)

Website: [in.gov/fssa/dfr](http://in.gov/fssa/dfr)

Family and Social Services Administration

Phone: (800) 403-0864

Member Services phone: (800) 457-4584

### Iowa – Medicaid and CHIP (Hawki)

Medicaid website: [hhs.iowa.gov/programs/welcome-iowa-medicaid](http://hhs.iowa.gov/programs/welcome-iowa-medicaid)

Medicaid phone: (800) 338-8366

Hawki website: [hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki)

Hawki Phone: (800) 257-8563

HIPP website: [hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp](http://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp)

HIPP Phone: (888) 346-9562

### Kansas – Medicaid

Website: [kancare.ks.gov](http://kancare.ks.gov)

Phone: (800) 792-4884

HIPP Phone: (800) 967-4660

### Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website:

[chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)

Phone: (855) 459-6328

Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)

KCHIP website: [kynect.ky.gov](http://kynect.ky.gov)

Phone: (877) 524-4718

Medicaid website: [chfs.ky.gov/agencies/dms](http://chfs.ky.gov/agencies/dms)

### Louisiana – Medicaid

Louisiana Medicaid website: [ldh.la.gov/healthy-louisiana](http://ldh.la.gov/healthy-louisiana)

Medicaid Customer Service Line: (888) 342-6207

Louisiana Medicaid email: [healthy@la.gov](mailto:healthy@la.gov)

Louisiana Health Insurance Premium Program (LaHIPP)

Website: [ldh.la.gov/lahipp](http://ldh.la.gov/lahipp)

LaHIPP phone: (877) 697-6703

LaHIPP email: [La.HIPP@la.gov](mailto:La.HIPP@la.gov)

LaHIPP fax: (888) 716-9787

LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

#### Maine – Medicaid

Enrollment website: [mymaineconnection.gov/benefits](http://mymaineconnection.gov/benefits)  
Phone: (800) 442-6003 (TTY: 711)  
Private Health Insurance Premium webpage:  
[maine.gov/dhhs/ofi/applications-forms](http://maine.gov/dhhs/ofi/applications-forms)  
Phone: (800) 977-6740 (TTY: 711)

#### Massachusetts – Medicaid and CHIP

Website: [mass.gov/masshealth/pa](http://mass.gov/masshealth/pa)  
Phone: (800) 862-4840 (TTY: 711)  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

#### Minnesota – Medicaid

Website: [mn.gov/dhs/health-care-coverage/](http://mn.gov/dhs/health-care-coverage/)  
Phone: (800) 657-3672

#### Missouri – Medicaid

Website: [mydss.mo.gov/mhd/healthcare](http://mydss.mo.gov/mhd/healthcare)  
Phone: (573) 751-2005

#### Montana – Medicaid

Website:  
[dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
Phone: (800) 694-3084  
Email: [HSHIPPPProgram@mt.gov](mailto:HSHIPPPProgram@mt.gov)

#### Nebraska – Medicaid

Website: [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov)  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

#### Nevada – Medicaid

Medicaid website: [dhcfnv.gov](http://dhcfnv.gov)  
Medicaid phone: (800) 992-0900

#### New Hampshire – Medicaid

Website: [dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](http://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)  
Phone: (603) 271-5218  
Toll free number for the HIPP program: (800) 852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

#### New Jersey – Medicaid and CHIP

Medicaid website:  
[state.nj.us/humanservices/dmahs/clients/medicaid](http://state.nj.us/humanservices/dmahs/clients/medicaid)  
Phone: (800) 356-1561  
CHIP Premium Assistance Phone: (609) 631-2392  
CHIP website: [njfamilycare.org/index.html](http://njfamilycare.org/index.html)  
CHIP phone: (800) 701-0710 (TTY: 711)

#### New York – Medicaid

Website: [health.ny.gov/health\\_care/medicaid](http://health.ny.gov/health_care/medicaid)  
Phone: (800) 541-2831

#### North Carolina – Medicaid

Website: [medicaid.ncdhhs.gov](http://medicaid.ncdhhs.gov)  
Phone: (919) 855-4100

#### North Dakota – Medicaid

Website: [hhs.nd.gov/healthcare](http://hhs.nd.gov/healthcare)  
Phone: (866) 614-6005

#### Oklahoma – Medicaid and CHIP

Website: [insureoklahoma.org](http://insureoklahoma.org)  
Phone: (888) 365-3742

#### Oregon – Medicaid and CHIP

Website: [healthcare.oregon.gov](http://healthcare.oregon.gov)  
Phone: (800) 699-9075

#### Pennsylvania – Medicaid and CHIP

Website: [pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html](http://pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html)  
Phone: (800) 692-7462  
CHIP website: [dhs.pa.gov/CHIP/Pages/CHIP.aspx](http://dhs.pa.gov/CHIP/Pages/CHIP.aspx)  
CHIP phone: (800) 986-KIDS (5437)

#### Rhode Island – Medicaid and CHIP

Website: [eohhs.ri.gov](http://eohhs.ri.gov)  
Phone: (855) 697-4347 or (401) 462-0311 (Direct Rlte Share Line)

#### South Carolina – Medicaid

Website: [scdhhs.gov](http://scdhhs.gov)  
Phone: (888) 549-0820

#### South Dakota – Medicaid

Website: [dss.sd.gov](http://dss.sd.gov)  
Phone: (888) 828-0059

#### Texas – Medicaid

Website: [hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program](http://hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program)  
Phone: (800) 440-0493

#### Utah – Medicaid and CHIP

Utah’s Premium Partnership for Health Insurance (UPP)

website: [medicaid.utah.gov/upp](https://www.medicaid.utah.gov/upp)

Phone: (888) 222-2542

Email: [upp@utah.gov](mailto:upp@utah.gov)

Adult Expansion website: [medicaid.utah.gov/expansion](https://www.medicaid.utah.gov/expansion)

Utah Medicaid Buyout Program website:

[medicaid.utah.gov/buyout-program](https://www.medicaid.utah.gov/buyout-program)

CHIP website: [chip.utah.gov](https://www.chip.utah.gov)

#### Vermont – Medicaid

Website: [dvha.vermont.gov/members/medicaid/hipp-program](https://dvha.vermont.gov/members/medicaid/hipp-program)

Phone: (800) 250-8427

#### Virginia – Medicaid and CHIP

Website: [coverva.dmas.virginia.gov/learn/premium-assistance/famis-select](https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select)

Website: [coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs](https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs)

Medicaid/CHIP phone: (800) 432-5924

#### Washington – Medicaid

Website: [hca.wa.gov](https://hca.wa.gov)

Phone: (800) 562-3022

#### West Virginia – Medicaid and CHIP

Website: [dhhr.wv.gov/bms](https://dhhr.wv.gov/bms)

Website: [mywvhipp.com](https://mywvhipp.com)

Medicaid phone: (304) 558-1700

CHIP toll-free phone: (855) MyWVHIPP (699-8447)

#### Wisconsin – Medicaid and CHIP

Website: [dhs.wisconsin.gov/badgercareplus/p-10095.htm](https://dhs.wisconsin.gov/badgercareplus/p-10095.htm)

Phone: (800) 362-3002

#### Wyoming – Medicaid

Website:

[health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/](https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/)

Phone: (800) 251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

[U.S. Department of Labor](https://www.dol.gov/agencies/ebsa)

[Employee Benefits Security Administration](https://www.dol.gov/agencies/ebsa)

[www.dol.gov/agencies/ebsa](https://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](https://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

# GLOSSARY

## -A-

### **AD&D Insurance**

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

### **Allowed Amount**

The maximum amount your plan will pay for a covered healthcare service.

### **Ambulatory Surgery Center (ASC)**

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

### **Annual Limit**

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

## -B-

### **Balance Billing**

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

**Note:** Beginning January 1, 2022, the "No Surprises Act" provides protections against surprise billing for emergency services, air ambulance services, and certain services provided by a non-participating provider at a participating facility. For these services, the member's cost are generally limited to what the charge would have been if received in-network, leaving any balance to be settled between the insurer and the out-of-network provider. Consult your health plan documents for details.

### **Beneficiary**

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

### **Brand Name Drug**

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

## -C-

### **COBRA**

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

### **Claim**

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

### **Coinsurance**

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

### **Copayment**

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

## -D-

### **Deductible**

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

### **Dental Basic Services**

Services such as fillings, routine extractions and some oral surgery procedures.

**Dental Diagnostic & Preventive** Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

### **Dental Major Services**

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

### **Dependent Care Flexible Spending Account (FSA)**

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

## -E-

### **Eligible Expense**

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

### **Excluded Service**

A service that your health plan doesn't pay for or cover.

## -F-

### **Formulary**

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

## -G-

### **Generic Drug**

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

### **Grandfathered**

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## -H-

**Health Reimbursement Account (HRA)** An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

### **Healthcare Flexible Spending Account (FSA)**

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

# GLOSSARY

## **High Deductible Health Plan (HDHP)**

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

## **-I-**

### **In-Network**

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more, or may not be covered.

## **-L-**

### **Life Insurance**

An insurance plan that pays your beneficiary a lump sum if you die.

### **Long Term Disability Insurance**

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

## **-M-**

### **Mail Order**

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

## **-O-**

### **Open Enrollment**

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

### **Out-of-Network**

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

### **Out-of-Pocket Cost**

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

### **Out-of-Pocket Maximum**

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

### **Outpatient Care**

Care from a hospital that doesn't require you to stay overnight.

## **-P-**

### **Participating Pharmacy**

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

### **Plan Year**

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

### **Preferred Drug**

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

### **Preventive Care Services**

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

### **Primary Care Provider (PCP)**

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

## **-S-**

### **Short Term Disability Insurance**

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

## **-T-**

### **Telehealth / Telemedicine / Teledoc**

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

## **-U-**

### **UCR (Usual, Customary, and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

### **Urgent Care**

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

## **-V-**

### **Vaccinations**

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

### **Voluntary Benefit**

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.



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