SEPTEMBER 1, 2025 - AUGUST 31, 2026

Employee Benefit Guide

Jordan School District

PROVIDED BY:
MORETON & COMPANY

JORDAN Insurance Services

JORDAN Insurance Services

2025 - 2026 PLAN YEAR

Welcome to Our Benefits

Dear team,

Jordan School District offers three Medical Plans (with 2 network options available Summit and Advantage Network): Base+, Base, and STAR Plan (QHDHP). You will most likely want to select a plan according to the physicians and facilities you utilize (see page 7 for information about the contracted physicians and facilities for each plan), and the premiums that best fit your needs. Premiums can be found on the District Insurance website.

The District provides for you at no cost a Basic Life and Accidental Death & Dismemberment Insurance, Long-term Disability Insurance, and an Employee Assistance Program (EAP). There are also multiple voluntary plans where you pay the premiums but they are available at competitive group rates. Voluntary Dental, Voluntary Vision, Voluntary Term Life and AD&D Insurance, Accident, Critical Illness, and Hospital Indemnity. Premiums are shown for 12-month deductions (September through August). If you have a 10-month contract (September through June), your deductions will be slightly higher to adjust for no payroll deduction in July and August.

These important benefit coverages provide a financial safety net for you and your family in the event of unexpected and potentially catastrophic events. Jordan School District's benefit programs are structured around the life events that trigger the need for coverage such as:

- Caring for your physical well-being and that of your dependents in case of illness or injury;
- Protecting your earnings in the event you are disabled; and
- Providing for your family in the event of your death.

The District's benefits package is designed to take advantage of IRS provisions under Section 125 that allows the portion of premiums you pay for medical, voluntary dental, and voluntary vision policies to be deducted from your paycheck on a pretax basis. This saves you money! Premiums you pay for voluntary life and AD&D insurance, are deducted from your paycheck on an after tax basis so the benefit will be tax free.

In addition to the premiums you pay on a pretax basis, the District also offers a Flexible Spending Account which lets you set aside a certain amount of your paycheck into a Medical Reimbursement Account or Dependent Day Care Reimbursement Account before paying income taxes and Social Security. This can save you 20% to 30% on out-of-pocket costs, depending on your personal tax rate.

Please contact the Jordan Insurance Services Office for any benefits related questions, Including Benefit coverage, contributions,enrollment,notification for changes in status, and general carrier information.

Jordan School District Insurance Office
801-567-8146 • insurance@jordandistrict.org

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

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WELCOME TO YOUR BENEFITS

Benefits Overview & Important Contact Information

This guide provides an overview of your benefit options as an employee of Jordan School District. We are committed to providing you affordable, quality benefits to help you have financial assistance for life's ups and downs.

Benefit	Name	Number	Website or Email
Jordan School District	Jordan Insurance Services Office	801-567-8146	insurance@jordandistrict.org
Medical	PEHP	800-765-7347 | 801-366-7555	www.pehp.org
Health Savings Account (HSA)	America First C.U / Lively	833-401-0012	www.livelyme.com
Reimbursement Account (Section 125 & FSA)	PEHP	800-753-7703 | 801-366-7503	www.pehp.org
Pharmacy	Express Scripts	800-282-2881	www.express-scripts.com
Prescription Cost Savings	CRX International	866-488-7874	www.CRXIntl.com
Dental	Renaissance	800-894-4532	renaissancebenefits.com
Vision	EyeMed	888-449-3633	www.eyemedvisioncare.com
Employee Assistance Program (EAP)	Blomquist Hale	800-926-9619 | 801-262-9619	www.blomquisthale.com
Life & Disability	New York Life	800-732-1603	www.myNYLGBS.com
Worksite Products	Lee Harmer AFLAC	801-716-8084 800-433-3035	lee@vbs-benefits.com www.aflacgroupinsurance.com
Moreton & Company: Account Manager, Claims Assistance Spanish Assistance	Becky McCombs Josh Welling	801-715-7070 801-746-8456 Toll Free: 800-594-8949	bmccombs@moreton.com jwelling@moreton.com

Digital Plan Documents & Carrier Materials

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Insurance Services or online: online.flippingbook.com/view/576618696/

Guidelines & Important Notices

Enrollment Frequently Asked Questions

Why is open enrollment so important?	Open enrollment is your annual opportunity to enroll in or change your benefit elections. Once the enrollment period has ended, you may not add, change, or drop coverage unless you experience a qualifying event.
Who is eligible to enroll?	• Licensed employees who work 20+ 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 employees' legally married spouse, and/or dependent(s) (dependents are generally children who are less than 26 years of age whether married or not). This includes children through adoption and step-children through marriage. See your Benefits Summary's definition of legally married spouse and/or dependent(s).
When do benefits begin?	• Eligible employees can receive benefits on the first day of the month following your date of hire (provided forms are properly submitted through www.infinityhr.com within 30 days of your employment start date); • Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available online.
How do I make changes during the year?	Benefits that are paid for on a pre-tax basis through the cafeteria plan are subject to cafeteria plan IRS regulations, and elections cannot be revoked or changed during the plan year without a qualifying event. However, you must contact Insurance Services to determine if your plan and circumstances allow such a change. If so, you must complete and submit a change form online, generally within 30 days. Any enrollment changes must be done online, by the employee. Changes made over the telephone are not acceptable.
What are possible qualifying events? All changes (other than adding a new child or new employee elections made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.	• Marriage, divorce, or legal separation; • Change in number of dependents (e.g., Birth or adoption of a child); • Change in employment status of employee, spouse, or dependent that causes loss of eligibility; • Dependent ceases to satisfy eligibility requirements; • Change in residence that causes loss of eligibility; • Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, and additional or significant improvement of company-offered benefits; • Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse); • Loss of coverage from government plans/programs or educational institution; • COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent); • Judgments, Decrees, or Orders; • Medicare or Medicaid entitlement; • FMLA leave of absence; • Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days).
How long do I have after a qualifying event to make changes?	You generally have 30 days after the event to notify Insurance Services of a change in status. *Note that all changes (other than the addition of a new baby or new employee elections if made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.*

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Social Security Numbers

You must provide a valid Social Security Number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See Insurance Services for more information.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please contact the Jordan Insurance Services Office.

IRS Regulations

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections.

These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and related cafeteria plan elections. This means that changes made after open enrollment ends cannot be accepted. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, Insurance Services must be timely notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. Note that all changes (other than the addition of a new child or new employee elections if made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.

In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any plan or a plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following Insurance Services' receipt of the form or online change. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform Insurance Services of the change in advance. ***If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have an IRS qualifying event.***

Definitions & Glossary of Key Insurance Terms

Co-pay

Typically refers to a fixed dollar amount a member must pay for a particular service (such as a physician visit or ER visit).

Coinsurance

Typically refers to a member's share of covered costs after any deductible has been satisfied.

Deductible

Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.

Out-of-Pocket Maximum (OOPM)

The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.

Network (In Network)

Providers who have agreed to accept contracted rates from an insurance carrier.

Non-Network (Out-of-Network)

Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

Preferred Provider Organization (PPO)

This type of plan utilizes both network and non-network benefits.

Dependents

When you enroll your dependents, which includes both your spouse and/or child(ren) on your medical, dental or vision plan, you will be required to provide Jordan School District with necessary documents proving they are your legal dependents. If you have been married more than one year we require a copy of the top portion of the first page of the most recent 1040 Federal Tax Return showing that you are married. If you have been married less than one year, you can provide us with your marriage certificate. We require a birth certificate for your child(ren). Handicapped children 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**.

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ADDITIONAL RESOURCES

Benefit Information

Aflac Worksite Products

Worksite products are not sponsored or endorsed by your employer including for purposes of federal and state law, so federal ERISA law is inapplicable.

Legal Documentation

Dependent verification may be required (i.e. marriage certificate, tax documents , birth certificates, divorce decree, etc.). If you are required to send in documentation, please send them to **insurance@jordandistrict.org.**

Making Benefit Choices

New Hires

Benefit eligible employees are required to complete your elections online by logging into **www.infinityhr.com** within 30 days of your employment start date. If you miss this deadline, you will not be able to enroll until next open enrollment period, unless you have a qualifying event. Insurance coverage will be effective on the first day of the month following your employment start date, provided your online enrollment is completed within 30 days of your employment start date.

Open Enrollment

Jordan School District will conduct an annual Open Enrollment from May 15, 2025 through June 15, 2025. During this enrollment period, eligible employees are invited to attend a meeting along with benefits representatives to review the upcoming benefits package in greater detail. This is an important time because it is the one time during the year you may change your benefit elections and/or add or delete family members from benefit coverages without documenting a qualifying event. Online enrollment must be completed no later than June 15, 2025, for an effective date of September 1, 2025. When you have a qualifying event you have 30 days to complete any change in InfinityHR/Arcoro or you will have to wait until the next Open Enrollment period.

Benefit Videos and Tools

Wondering how your benefits work? Scan the QR codes or click the links below.

Medical Insurance Plan Options

Vision Insurance Plan Options

Funding Account Options (FSA and HSA)

Life & Disability Insurance Plan Options

Dental Insurance Plan Options

Prescription Cost Savings Program (WebID: JordanSD)

Please contact the Jordan Insurance Services Office for any benefits related questions, including benefit coverage, contributions, enrollment, notification for changes in status, and general carrier information.

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Medical Networks and Services

Medical Network Information

You have two networks to choose from. You will have the option to choose between the Summit and Advantage Networks. Please make sure to stay within your network to get the best possible benefit.

Summit Network - PEHP

The PEHP Summit Network, non-Intermountain Health providers and rural Intermountain Health hospitals;

- University of Utah
- St. Marks
- Holy Cross Hospital-Salt Lake
- Primary Children's
- Holy Cross Hospital-Jordan Valley
- Ogden Regional
- Huntsman Cancer Institute
- Lone Peak Hospitals

Advantage Network - PEHP

The PEHP Advantage Network, Intermountain Health providers and hospitals;

- Intermountain Medical Center
- LDS
- Primary Children's
- McKay Dee
- Riverton
- Alta View
- American Fork
- Etc.

Huntsman-Intermountain Care Centers are available at the Intermountain Medical Center, McKay Dee Hospital, Dixie Medical Center, American Fork Hospital, and the Cedar City Hospital - these hospitals all participate in PEHP Advantage. You don't have access to the Huntsman Cancer Institute main campus.

No Primary Care Provider (PCP) Required

PEHP Advantage or Summit does not require you to select a Primary Care Provider (PCP). However, it is recommended you select a PCP to coordinate all your medical care. A PCP should practice one of the following disciplines: general practice, family medicine, internal medicine, obstetric/gynecology (OB / GYN), or pediatrics.

Out of Area Benefits

Emergency and urgent care will be covered according to plan guidelines. Allowable fees for eligible benefits will be the PEHP Maximum Allowable Fee (MAF). PEHP contracts with MultiPlan to assist you with medical care while traveling or living outside the State of Utah.

Out-of-State Program – PEHP

Members who are living outside the State of Utah MUST notify PEHP of their out of state address prior to receiving coverage.

The Out of State Program is a value added benefit to PEHP's Provider Network. Your ID Card allows in-network Coverage for only the following PEHP Members: 1.) Members who are living outside the State of Utah (Members who are living outside the State of Utah MUST notify PEHP of their out of state address prior to receiving coverage); 2.) Members traveling outside the State of Utah who are in need of urgent or life-threatening services or 3.) Members that require medical services that are not available in Utah and that have been Pre-authorized by PEHP. If you reside outside of the state the following rules apply:

Inpatient / Outpatient Surgeries: Inpatient and outpatient surgeries will need to be pre-authorized by PEHP prior to the surgery in order to be covered.

All Other Services: In order to have services covered, be sure to go to participating MultiPlan providers.

Pre-Notification Program for Inpatient Hospital Admissions

Procedure	Required Date of Pre-Notification
Elective Treatment	At least 5 business days before the admission date or surgery.
Urgent Treatment	At least 3 business days before the admission date or surgery.
Emergency Treatment	No pre-notification required; contact PEHP within 72 hours following admission or surgery.
Maternity Cases	As soon as estimated due date is known.

WeeCare Program through PEHP

Enroll at any time during your pregnancy through 12 weeks post-partum to receive a $50 cash incentive, plus educational materials.

PEHP Valued Added Services

The following are value added benefits that are available if you enroll with any PEHP plan:

- Allergy Relief
- Eyewear & Vision
- Gyms & Fitness
- Home Medical Equipment
- Pet Insurance
- Acupuncture
- Hearing
- Weight Management
- LASIK
- Meal Planning
- Spas & Massage
- Wellness
- Dental Products
- Entertainment
- Family Services
- Financial Wellness
- Personal Care
- Sleep Mattress
- Tattoo Removal
- Transportation Services

Visit: www.pehp.org/pehpplus

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HEALTH BENEFITS

Medical

Jordan School District offers the following medical plans through **PEHP** for the 2025-2026 plan year. A brief summary of the in-network plan details and coverage amounts for these plans are shown below.

Base+ Plan: *Summit and Advantage Networks Available*

In-Network Plan Details	
Deductible (PPY)	$1,500 Individual / $4,500 Family
Out-of-Pocket Maximum (OOPM)	$5,000 Individual / $10,000 Family
Coinsurance	Carrier Pays 80% / Member Pays 20% AD
In-Network Services	
Preventive Care **	Covered 100%
Office Visit	Primary Care: $40 Co-pay / Specialist: $50 Co-pay
PEHP Value Clinic	$10 Co-pay
TeleHealth	$10 Co-pay
Mental Health	Outpatient - Office Visits: $40 Co-pay / Inpatient & Outpatient Services: 20% AD
Chiropractic (20 Visits PPY)	$50 Co-pay
Hospital	Inpatient & Outpatient: 80 / 20 AD
Diagnostic Imaging & Lab	Minor & Major: 80 / 20 AD
Urgent Care	$60 Co-pay
Emergency Room	80 / 20 AD
In-Network Prescriptions	Generic / Preferred / Non-Preferred / Specialty
Pharmacy (Generic Required)	$25 / 35% / 50% / 50%
Maintenance or Mail Order (Generic Required)	$50 / 35% / 50% / 50%
Out-of-Network Plan Details *	
Out-of-Network Services	Please see PEHP benefit summary for Out of Network coverage.

Deductible: 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.

Out-of-Pocket Maximum (OOPM): 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.

AD: After Deductible **PPY:** Per Plan Year

* 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.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided PEHP materials for additional information.

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 available from Insurance Services or at **www.pehp.org**.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Base Plan: *Summit and Advantage Networks Available*

In-Network Plan Details	
Deductible (PPY)	$2,500 Individual / $7,500 Family
Out-of-Pocket Maximum (OOPM)	$6,000 Individual / $12,000 Family
Coinsurance	Carrier Pays 80% / Member Pays 20% AD
In-Network Services	
Preventive Care **	Covered 100%
Office Visit	Primary Care: $40 Co-pay / Specialist: $50 Co-pay
PEHP Value Clinic	$10 Co-pay
TeleHealth	$10 Co-pay
Mental Health	Outpatient - Office Visits: $40 Co-pay / Inpatient & Outpatient Services: 20% AD
Chiropractic (20 Visits PPY)	$50 Co-pay
Hospital	Inpatient & Outpatient: 80 / 20 AD
Diagnostic Imaging & Lab	Minor (Test less than $350): 20% / Major: 20% AD
Urgent Care	$60 Co-pay
Emergency Room	80 / 20 AD
In-Network Prescriptions	Generic / Preferred / Non-Preferred / Specialty
Deductible (Waived for Generic)	$250
Pharmacy (Generic Required)	$25 / 35% APD / 50% APD / 50% APD
Maintenance or Mail Order (Generic Required)	$50 / 35% APD / 50% APD / 50% APD
Out-of-Network Plan Details *	
Out-of-Network Services	Please see PEHP benefit summary for Out of Network coverage.

Deductible: 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.

Out-of-Pocket Maximum (OOPM): 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.

AD: After Deductible **PPY:** Per Plan Year **APD:** After Pharmacy 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.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided PEHP materials for additional information.

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 available from Insurance Services or at **www.pehp.org**.

HDHP/HSA Plan: *Summit and Advantage Networks Available*

In-Network Plan Details	STAR HSA Plan
Deductible (PPY)	$2,250 Individual / $4,500 Family
Out-of-Pocket Maximum (OOPM)	$5,000 Individual / $10,000 Family
Coinsurance	Carrier Pays 80% / Member Pays 20% AD
In-Network Services	
Preventive Care **	Covered 100%
Office Visit	Primary Care & Specialist: 80 / 20 AD
PEHP Value Clinic	80 / 20 AD
TeleHealth (IHC & U of U)	80 / 20 AD
Mental Health	Inpatient & Outpatient: 80 / 20 AD
Chiropractic (20 Visits PPY)	80 / 20 AD
Hospital	Inpatient & Outpatient: 80 / 20 AD
Diagnostic Imaging & Lab	Minor & Major: 80 / 20 AD
Urgent Care	80 / 20 AD
Emergency Services	80 / 20 AD
In-Network Prescriptions	
Pharmacy (Generic Required)	80 / 20 AD
Maintenance or Mail Order (Generic Required)	80 / 20 AD
Out-of-Network Plan Details *	
Out-of-Network Services	Please see PEHP benefit summary for Out of Network coverage.

Deductible: If more than one person in a Family is covered under the policy, the Individual 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.

Out-of-Pocket Maximum (OOPM): 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.

AD: After Deductible **PPY:** Per Plan Year

* 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.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided PEHP materials for additional information.

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 available from Insurance Services or at **www.pehp.org**.

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Health Savings Account (HSA)

Employees must be enrolled in the Star HSA medical plan to participate in the HSA

A Health Savings Account (HSA) is a tax-advantaged account that can be used to pay for eligible healthcare expenses that are not covered by an insurance plan, including deductibles and coinsurance.

Contribution Limits for 2025-2026

You can fund your HSA with pre-tax dollars. The IRS limits how much you can contribute to this account each year.

Contribution Amounts	Individual	Two-Party or Family
2025 IRS Maximum Contribution	$4,300	$8,550
2026 IRS Maximum Contribution	$4,400	$8,750
Age 55+	The IRS allows you to make "catch-up" contributions up to an additional $1,000 in 2025-2026.	

Employer Contribution	Individual	Two-Party	Family
The HSA contribution is a match. Jordan School District will match up to these monthly amounts	Up to $25	Up to $50	Up to $75

How a Health Savings Account Works

When you have an eligible healthcare expense, you can use tax-free dollars from your HSA account to pay for it. Here is how the process may typically work for you to apply your HSA funds.

Step 1

You and your employer fund an HSA account throughout the year.

Step 2

You receive health services and get a bill (following insurance processing).

Step 3

After comparing your bill with the carrier Explanation of Benefits (EOB), you can pay using HSA funds via a debit card, electronic transfer or check.

Reasons to Elect a Health Savings Account

When you have an eligible healthcare expense, you can use tax-free dollars from your HSA account to pay for it. Here is how the process typically works for you to apply your HSA funds:

Tax Benefits

- HSA contributions are excluded from federal income tax.
- Interest earnings may be tax free.
- Withdrawals for eligible expenses are exempt from federal income tax.

It's Your Account

- This is your account; you take it with you.
- If you leave your employer, you can keep your current HSA account or transfer your funds to an HSA with your new employer (or another qualifying account) within 60 days.

Long-Term Planning

- Save for future medical expenses, including retiree medical
- Funds roll over from year to year, so your account can grow if you do not use the funds in the year they were contributed.

HSA Contributions can be changed anytime. Please visit **www.infinityHR.com**, select "*HSA Contribution Change*" event to update your contribution amount.

HSA Vendor Contact Information:

America First Credit Union and Lively have teamed up to offer you access to the Lively HSA Platform at no charge.

- **By Phone:** 833-401-0012
- **By Website:** support.livelyme.com

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Frequently Asked Questions: Health Savings Accounts

Who is eligible for a Health Savings Account?	Anyone who satisfies all of the following: • Covered by a Qualified High Deductible Health Plan (QHDHP); • Not covered under another health plan; • Not enrolled in Medicare A or Medicare B benefits; and, • Not eligible to be claimed on another person's tax return.
What is the difference between an HSA and a Flexible Spending Account (FSA)?	HSA funds can accumulate and roll over from year to year. In addition, FSA contribution limits are typically lower than an HSA. Also, **you must be enrolled in a qualified high-deductible health plan (QHDHP)** and have no disqualifying coverage to qualify for an HSA. You cannot contribute to an HSA while enrolled on a traditional plan.
When do I use my HSA?	After visiting a physician, facility, or pharmacy, a claim will be sent to your insurance to be processed. If there is an outstanding balance that you are responsible for covering, **you can use your HSA to pay for it.** You have three options: • Use your HSA debit card or HSA check to pay for any out-of-pocket expenses. • Pay for it using your personal funds, and receive reimbursement at a later date. • Save your HSA dollars for future medical expenses. You should always ask that your claim be submitted to the health plan before you use funds from your HSA to ensure that provider discounts are applied. Also, remember to keep all medical receipts and Explanations of Benefits (EOBs) to support your personal tax record. You should keep these records for at least seven years.
Can I use my HSA for non-eligible expenses?	Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the amount (if for a non-eligible expense) is still considered taxable income; however, the tax penalty IS waived.
When can I start using my HSA funds?	You can use your HSA dollars for **any qualifying expense** incurred after your HSA account activation and once contributions have been made.
What if I am a new hire or have a special enrollment and enroll in an HSA in the middle of a year?	So long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year (see the chart on the previous page). However, the IRS requires you to participate in the QHDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.
Can my HSA dollars be used for retirement health care costs?	Yes, for expenses eligible for reimbursement and Medicare and other health coverage premiums after age 65.
Can I use the money in my HSA to pay for my dependents' medical expenses?	Yes, you can use the money in the account to pay for medical, dental, and vision expenses for yourself, your spouse, or your dependent children. You can pay for expenses for them even if they are not enrolled on your QHDHP.

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Reimbursement Accounts

Reimbursement accounts enable you to pay certain qualified expenses using tax-free dollars. These accounts can save you 10-30% or more, depending on your personal tax rate and contribution amount.

Types of Reimbursement Accounts & Contribution Limits

Depending on your plan design and employer, the following accounts may be available to you. During annual enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly during the September 1, 2025 - August 31, 2026 plan year from your paycheck. The IRS limits how much you can contribute to these accounts each year.

Flexible Spending Account (FSA)	Contribution Limit
This account allows you to set aside money in pretax dollars to pay most out-of-pocket medical, dental, or vision care expenses *(Note: You cannot contribute to an FSA and HSA in the same plan year).* The administration fee for both the Health Care and Dependent Care expenses will be $3.20 per pay period *($38.40 per year).* If your flexible spending election is at least $1,200 per year, the district will pay your monthly administration fee.	$3,300
Dependent Care Assistance Plan (DCAP)	
This allows you to set aside tax-free income to pay for qualified dependent care expenses, such as daycare. You must meet the following criteria in order to set up this account: • The DCAP expense is incurred to allow both you (and, if you are married, your spouse, unless your spouse is disabled or a full-time student) to work. Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped. If your spouse is unemployed or doing volunteer work, you cannot set up a DCAP account.	**Single:** the lesser of your earned income or $5,000 **Married:** the lowest of: • Your (or your spouse's) earned income • $5,000 if filing jointly, or $2,500 if filing separately

Important Information

Eligibility

You will be eligible to participate in the account(s) on the first day of the month following your date of hire. Eligible expenses should also meet these guidelines: expenses are for services received during the plan year, and expenses are not covered by any health care plan in which you are enrolled.

Use it or Lose it

If you don't use all of the pre-taxed dollars you deposited into your FSA and/or DCAP, you will forfeit any balance in the account(s) at the end of the plan year. You have an additional 75 day grace period after the end of the year to incur medical expenses that can be reimbursed by prior year balances, and 90 days after the end of the year to submit such expenses for reimbursement.

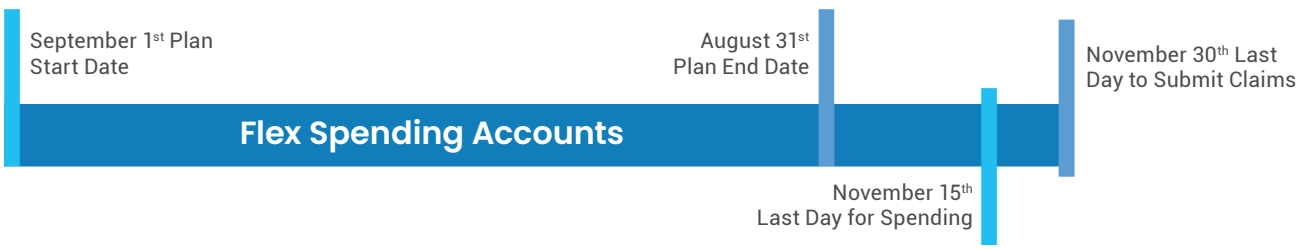
Changes Require Qualifying Events

Once you have designated how much you want to contribute on an annual basis to one or both of your reimbursement accounts, you cannot stop or change your contributions unless you have a Qualifying Change Event as defined and limited by the IRS.

Submit Claims for Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For healthcare, this will include receipts showing the amount you paid and the date(s) on which you or a dependent received services. For dependent care, this may include any contracts, letters, or receipts. You may send this information to PEHP via email, fax, or standard mail.

- **Website:** www.pehp.org
- **Fax:** 801-366-7503 or 800-753-7703
- **Mailing Address:** 560 East 200 South, Ste: 100, Salt Lake City, UT 84102



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Prescription Drug Benefit Program

Express Scripts on the Internet

Visit **www.express-scripts.com** for patient education and medication safety tips. You can also obtain up to 18 months history of mail-order pharmacy service and 12 months of retail prescription history. In addition, you can use their automated pharmacy locator, order mail-order refills, and check the status of your mail-order prescriptions.

Prescription Requirements & Edits

- **Generic Required:** You must purchase generic medications if available. If you choose to purchase a brand name medication instead of its generic equivalent, you will be responsible for the difference in cost between the two drugs, in addition to your generic co-payment.
- **Dispense as Written:** If there is a medical necessity for using a brand name medication over a generic equivalent, your doctor may write "dispense as written" on the prescription. In this case, you will only be responsible for your brand name co-payment.
- **Prior Authorization:** Some medications may require prior authorization from Express Scripts. Prior Authorizations can be requested at **800-753-2851**.
- **Preferred Drug Step Therapy Edits:** 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 your 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 limitations.

Mail Order

The mail-order program is specifically for maintenance medications (those taken for long periods of time, such as drugs sometimes prescribed for heart disease, high blood pressure, asthma). Because of volume buying, the mail order pharmacy is able to offer significant savings on prescriptions. Mail order is economic and convenient to use.

Ordering Prescriptions

- **The first time you are prescribed a medication, ask your doctor for two prescriptions:** The first for up to a 30-day supply to be filled at a participating retail pharmacy; the second for the balance, up to a 90-day supply, to be filled through the mail service pharmacy. The co-payment is applied to each covered mail order prescription charge. You may order your mail order prescription in one of the following ways.
  - **By Electronic Prescription:** Give your member ID number to your doctor and have your doctor e-Prescribe your script.
  - **By fax from your doctor:** Give your member ID number to your doctor and have your doctor call **888-327-9791** to obtain fax instructions.
  - **By Mail:** Mail your prescription and required co-payment along with an order form in the envelope provided.
- **Refills or Verifying Coverage of Your Medication:** You may order your mail order prescription refills or verify coverage or classification of your medication in one of the following ways at www.express-scripts.com or by calling **800-818-6632**. Have your member ID, prescription numbers, and credit card ready.

Appeal Process

When a request for a medication requiring prior approval is denied, you and/or your prescribing physician have the opportunity to appeal the decision. The physician must provide the Managed Prior Authorization Unit with additional information required to support the use of the drug for the patient. The Express Scripts Managed Prior Authorization pharmacist evaluates the information to determine if the drug use is medically appropriate. The patient and physician are advised of the appeal decision. If approval is granted, benefits are authorized for the proposed drug therapy. If the drug is deemed medically inappropriate, the request for the appeal is denied. You and/or the physician then have the opportunity to appeal the decision using the Plan's second-level claim appeal procedures.

Member Services

If you have questions, you may call Express Scripts Member Services 24 hours a day, seven days a week. Call toll-free **800-818-6632**. If necessary, a registered pharmacist is available for emergency consultations.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

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 prescription benefit plan.

How it Works:

- The CRX International pharmacy savings program ships prescriptions directly to your home at no cost to you. Your Jordan School District plan must be primary. This program is only available for those members who are enrolled in the Base+ or Base medical plans. If you are enrolled in the STAR HSA, you are not eligible to participate in the program.
- Review formulary list of brand name prescriptions to determine if any of your current medications are available through this program. You will only need to complete one enrollment form, even if you have multiple prescriptions.
- Before ordering through CRX, you or your doctor must attest that you have been taking your prescribed medication for at least 30 days to ensure you have not experienced any complications with the medication.
- Ask your doctor to prescribe a 3-month supply of your prescription with 3 refills (12 month supply of medication). Have your doctor fax your enrollment form and prescription directly to **www.crxintl.com** OR mail your original prescription and completed enrollment form to CRX International.
- Include a new prescription for each medication being ordered, as well as a copy of your photo identification for pharmacy verification.
- CRX will call you prior to each refill to ensure that you have a continuous supply of medications. Allow 4 weeks for delivery when ordering new medications.

Pharmacy Savings vendor contact information:

CRX International

- **By Phone:** 866-488-7874
- **By Fax:** 866-215-7874
- **By Mail:** CRX International, P.O. Box 3009, Windsor, ON, Canada, N8N 2M3 or 235 Eugenie St. West, Ste. 105D Windsor, ON, Canada, N8X 2X7

Should you have any questions regarding the CRX International program, please call the toll free phone number 866-488-7874 with your questions.

For more information go to:

or visit: www.crxintl.com

Use WebID: JORDANSD

HEALTH BENEFITS

Dental

Jordan School District offers the following dental plans through **Renaissance** for the 2025-2026 plan year. A brief summary of the in-network plan details and coverage amounts for these plans are shown below.

In-Network Plan Details	Elite Plan
Deductible (PPY)	$50 Individual / $150 Family
Annual Maximum	$1,500 Per Individual
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, Bitewing X-Rays	Covered 100%
Basic Services Fillings, Non-Surgical Extractions, Oral Surgery	80 / 20 AD
Major Services Bridges, Crowns	50 / 50 AD
Endodontics & Periodontics Services	Covered Under Major Services
Orthodontics Lifetime Maximum	$1,000 Per Individual
Orthodontics Dependents to Age 19 Adults	50 / 50 Discounts May Apply †
Out-of-Network Plan Details *	
Deductible (PPY)	$50 Individual / $150 Family (Combined Above)
Annual Maximum	$1,500 Per Individual (Combined Above)
Out-of-Network Services	Coverage amounts vary for out-of-network services, please refer to the carrier's materials for specific details.

In-Network Plan Details	Enhanced Plan	Essential Plan
Annual Maximum	$1,000 Per Individual	
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, Bitewing X-Rays	Covered 100%	
Basic Services Fillings, Non-Surgical Extractions, Oral Surgery	80 / 20	50 / 50
Major Services Bridges, Crowns	50 / 50	25 / 75
Endodontics & Periodontics Services	Covered Under Major Services	
Out-of-Network Plan Details *		
Annual Maximum	$1,000 Per Individual (Combined Above)	
Out-of-Network Services	Coverage amounts vary for out-of-network services, please refer to the carrier's materials for specific details.	

AD: After Deductible **PPY:** Per Plan Year † **Discount Only:** No benefit will be paid

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

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 available from Insurance Services or at **online.flippingbook.com/view/576618696/**.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

HEALTH BENEFITS

Vision

Jordan School District offers the following vision plan through **EyeMed** for the 2025-2026 plan year. A brief summary of the in-network plan details and coverage amounts for this plan are shown below.

SA EE 130/130 Plan: *Insight Network*

In-Network Plan Details	
Eye Exam (Eyeglass or Contact Lenses)	In-Network: $10 Co-pay / PLUS Provider: Covered 100% (Once Every Plan Year)
Frames	In-Network: $130 allowance / PLUS Provider: $180 Allowance (Once Every Plan Year)
Lenses Single, Bifocal, Trifocal, Standard Progressive	Co-pays range from $10 - $65 (Once Every Plan Year)
Premium Progressive Lenses	Co-pays range from $95 - $225 (Once Every Plan Year)
Lens Options	Co-pays range from $15 - $45 (Once Every Plan Year)
Contact Lenses (In Lieu of Glasses) Conventional Disposable Medically Necessary	 In-Network: $130 allowance / PLUS Provider: $180 Allowance (Once Every Plan Year) In-Network: $130 allowance / PLUS Provider: $180 Allowance (Once Every Plan Year) Covered 100%
Out-of-Network Plan Details	
Out-of-Network Services	Some out-of-network provider services may qualify for reimbursement. Please refer to the carrier's materials for specific details.

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 available from Insurance Services or at **www.eyemedvisioncare.com**.

ANCILLARY BENEFITS

Life and AD&D

Jordan School District offers Basic Life and Accidental Death & Dismemberment coverage for all benefit-eligible employees, as well as voluntary life and AD&D plans to supplement the basic coverage. These plans are offered through **New York Life**. A brief summary of the plan details and coverage amounts for these plans are shown below.

Basic Life and AD&D – *100% District Paid*

Basic Life and Accidental Death & Dismemberment (AD&D) insurance is a crucial part of any financial plan. A life insurance policy could help cover costs like medical, funeral, and cost of living expenses if someone passes away unexpectedly. The monthly premium for this benefit is covered 100% by Jordan School District.

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Basic Life and AD&D benefits reduce to 50% at the insured's age 70 and terminate at retirement. Basic term life insurance includes a waiver of premium coverage which does not apply to any AD&D benefits.

Basic Life and AD&D Plan Details	
Employee • Life Insurance • Accidental Death & Dismemberment • Seatbelt Benefit (Seatbelt benefits are paid for a death resulting from an auto accident while properly wearing a seatbelt.)	 $50,000 $50,000 10% up to $25,000
Spouse Life Insurance	$2,000
Child(ren) Life Insurance (Live birth to age 26)	$2,000

Voluntary Supplemental Life – *100% Employee Paid*

Your basic life insurance amount may not be enough to cover all that you need it to. You have the option to purchase additional life and Accidental Death & Dismemberment (AD&D) coverage for you, your spouse, and dependent children. Employee must enroll in voluntary supplemental life in order to enroll spouse or dependents in this coverage. This coverage is in addition to the company-provided amounts and the premiums are 100% employee paid through payroll deduction.

Voluntary Supplemental Life and AD&D Plan Details	
Who is eligible for this coverage?	Coverage is available to you and your eligible dependents covered under the basic group term life insurance provided by Jordan School District.
What is the coverage amount? Members will elect Voluntary Life and AD&D coverage as separate elections.	**Employee:** 5× Annual Salary Up to $500,000 (in increments of $10,000) **Spouse:** Up to $250,000 (in increments of $5,000). *Note: Spouse coverage amount cannot exceed 50% of employee's supplemental coverage amount.* **Dependent Child(ren) Live birth to age 26:** $10,000 (in increments of $2,500)
What is the guaranteed issue amount?	This is the maximum you can purchase when you are first enrolling as a new hire or an active employee completing open enrollment without filling out a health assessment of Evidence of Insurability (EOI). If you wait to purchase additional coverage after either of these election periods or over the guarantee issue amount, you will need to fill out an Evidence of Insurability form and wait for approval from the carrier. For this plan, the guaranteed issue amounts are: **Employee:** $300,000 **Spouse:** $50,000 **Dependent Child(ren):** $10,000

Benefits will reduce to 50% at the insured's age 70 and terminate at retirement. Supplemental life offers a right of conversion. **Rates for this benefit are based on age** (spouse rates are based on the employee's age band)**. Please see your enrollment platform or carrier materials to find a premium that's specific to you.**

Make your changes in Infinity HR under "life event," then scan the QR code to view and submit the Evidence of Insurability form If you want to purchase insurance over the Gauranteed issue for Jordan School District.

Voluntary AD&D – *100% Employee Paid*

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.

Voluntary AD&D Plan Details	
Employee	10× Annual Salary Up to $500,000 (Amount elected over $250,000 is subject to 10x annual salary).
Spouse	50% of employee coverage amount (or 60% if no dependent children are covered) up to $300,000.
Dependent Child(ren)	10% of employee coverage amount (or 15% if no dependent children are covered) up to $25,000.

Rates for this benefit are based on coverage selected Please see your enrollment platform or carrier materials to find a premium that's for you and your dependents.

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.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

ANCILLARY BENEFITS

Disability

Disability plans offer paycheck protection by replacing a portion of your income during your time off work due to an illness or injury. Jordan School District offers the following disability plan through **New York Life** for the 2025-2026 plan year.

Long-Term Disability *- 100% District Paid*

Long-Term Disability (LTD) insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to an accident or illness. Jordan School District pays 100% of the monthly cost for you to have access to this benefit. This benefit is available to all employees who are regularly working at least 20 hours per week.

Plan Details	
Monthly Benefit	66.67% of your monthly salary up to $8,000.
Maximum Benefit Duration	Age 65, or according to the schedule in your certificate.
Elimination Period	180 Days (Injury Or Illness)
Definition of Disability	Unable to perform your occupational duties and 20% earnings loss.
Mental, Nervous, or Substance Abuse	24 Months
Definition of Earnings	• The first 24 months that disability benefits are payable. The period of time that an insured employee is eligible for LTD benefit payments under the policy if he / she is unable to perform the duties of his/her own occupation due to a disability. • After 24 months the employee will continue to be considered disabled if he/she is unable to perform any occupational duties for which you may be qualified based on education, training, or experience.
Pre-Existing Condition Restrictions	12 Months On Plan / 3 Months Symptom-Free

Important Terms to Know

Elimination Period:

An elimination period works a little bit like the deductible on your medical plan. Once you're considered disabled, you have to continue to meet that definition for the full elimination period before the plan begins to pay.

Pre-existing Condition:

Places some restrictions on your disability plan. If you've received treatment (including taking prescription medication) for any condition within the plan's look-back period, it's considered a pre-existing condition. That means the plan won't cover disability caused by that condition until you've been on the plan for 12 months and symptom-free for 3 months.

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MENTAL HEALTH SUPPORT

Employee Assistance Program

Life is full of ups and downs, and sometimes the challenges we face can feel overwhelming. During these difficult times, seeking the guidance of a licensed professional can make all the difference. That's where our Employee Assistance Program (EAP) through **Blomquist Hale & ComPsych** can help at no cost to you.

When do you use an EAP?

You can use EAP resources for a variety of crises and life stress. Here are some examples of reasons to reach out:

- Life Changes
- Birth/Adoption
- Child Care
- Parenting
- Family Conflicts
- Stress
- Depression
- Job Pressures
- Legal Trouble
- Finances
- Elder Care
- Relationships
- Grief
- Aging
- Drugs/Alcohol
- Eating Disorders
- Panic Attacks
- Addictions

If it's stressing you out, it's worth a call.

Benefit Details	
Who has access to this EAP?	The EAP is available to you and anyone living in your household.
What is available if you are enrolled on the Jordan School District's Medical Plan?	You have access to both Blomquist Hale (blomquisthale.com) and ComPsych (guidanceresources.com) for any in-person or virtual counseling. You are limited to 3 free in-person or virtual counseling sessions, per issue, per year with ComPsych and unlimited with Blomquist Hale. Blomquist Hale is also a great resource to help you navigate the world of mental health. They can help you find an in-network provider within our medical plan if you need additional help. Once you are referred, those benefits are now subject to your medical plan benefits.
What is available to benefit eligible Jordan School District Employees?	Along with Blomquist Hale's YouTube videos and CompPsych's online literature (see above), you also have access to ComPsych's in-person or virtual counseling sessions. ComPsych allows up to 3 free in-person or virtual counseling sessions, per issue, per year
What is available to all Jordan School District Employees?	You have access to online education through Blomquist Hale, our Employee Assistance Program. Please visit Blomquist Hale's YouTube channel www.youtube.com/c/BlomquistHale/videos. Here you can find videos that address Managing your Anxiety, Parenting, Communication 101, Financial Fitness, and many more. You also have access to a variety of trainings and articles through ComPsych, to access, visit guidanceresources.com(Web ID: NYLGBS) and create a username and password.
Are the appointments confidential?	Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including Jordan School District) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened by violence.
Do you have to be in crisis to call?	No, the EAP is your resource for everything from the everyday to the unexpected. At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Our professional counselors are available to discuss the issues you face in your life.
Who pays for this coverage?	100% paid by Jordan School District for all employees. All EAP services are free to you with no co-pay or deductible required.

How to Access This Benefit

Setting up an appointment is as simple as calling the office or requesting an appointment online. You will be offered an appointment time, generally within a couple of working days of your initial call. Crisis cases are seen the same day, generally within two hours. No paperwork or approval is needed and there is no charge. Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life. Employees on Jordan School District's medical plan will call **Blomquist Hale** and all other employees will contact **ComPsych**.

ComPsych: 800-344-9752
guidanceresources.com
Web ID NYLGBS

Blomquist Hale: 800-926-9619
www.blomquisthale.com
www.youtube.com/blomquisthale/videos.com under blomquist?

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Worksite Products

Jordan School District offers voluntary plans through AFLAC to help you financially for things not covered through other insurance plans. A brief summary of the plan details and coverage amounts is shown on the following pages. Refer to your carrier material for more in-depth benefit information.

Note: These benefits generally are NOT sponsored or endorsed by your employer, including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Off-the-Job Accident Plan - *100% Employee Paid*

Are you accident-prone? Accidents happen, so you can get this plan to have a way to offset some of the expenses after an emergency visit. You can use the money to cover associated healthcare costs, as well as the cost of living expenses, while you recover. This benefit does not apply to accidents that occur at work.

Plan Details	
Ambulance	Regular Ambulance: $400 / Air Ambulance: $1,200
Hospital Confinement	Initial: $1,000 / Daily: $300 Per Day / Hospital Confinement: $600 Per Day
Dislocations or Fractures (Based on severity of injury.)	Dislocation: Up to $5,000 / Fracture: Up to $6,000
Accidental Death	Employee: $50,000 / Spouse: $25,000 / Child: $10,000
Common Carrier Accidental Death	Employee: $100,000 / Spouse: $50,000 / Child: $20,000
Wellness Benefit (For Preventive Visit)	$50 Per Visit for each covered family member (1 Per Person, Per Year).

Rates for this benefit are based on coverage selected. Please see your enrollment platform or carrier materials to find a premium that's specific to you.

Critical Illness Plan - *100% Employee Paid*

A critical illness diagnosis can be tough, not just on your health but also on your finances. With a Critical Illness policy, you can focus on recovery knowing you have a safety net in place. If you're diagnosed with a covered illness, your plan can pay a lump-sum benefit directly to you, to use however you choose. Your diagnosis and the severity of your condition determines whether you are eligible to receive cash benefits.

Covered Illnesses Include: Bone marrow transplant, cancer, coronary artery bypass, heart attack, kidney failure, major organ transplant, stroke, terminal illness.

Plan Details	Low Plan	High Plan
Initial Critical Illness Benefit (Employee / Dependent)	Up to $15,000 / Up to $7,500	Up to $30,000 / Up to $15,000
Re-Occurrence Benefit (Occurrences must be separated by 6 months)	Pays 100% of previously paid base policy benefit.	
Additional Occurrence (Different condition must be separated by 6 months)	Pays 100% of previously paid base policy benefit.	
Wellness Benefit (For Preventive Visit)	$50 Per Visit, Employee and Spouse Only (Once Per Person, Per Calendar Year)	

Rates for this benefit are based on coverage selected, your age, and tobacco use. Please see your enrollment platform or carrier materials to find a premium that's specific to you.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Note: These benefits generally are NOT sponsored or endorsed by your employer, including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Group Hospital Indemnity Plan - *100% Employee Paid*

Having a baby or experiencing an unexpected hospital stay is stressful enough. That's why we offer a Hospital Indemnity Plan that can help you pay for the out-of-pocket costs associated with a hospitalization, in addition to your medical benefit. If you're hospitalized, you'll receive cash payments which can help you pay for things like deductibles, copays, and cost of living expenses while you recover.

Plan Details	
Initial Admission	$1,000 Per Admission (Once per covered illness or accident per year)
Daily Hospital Confinement Benefit	$150 Per Day (Maximum 31 Days)
ICU /& NICU Confinement Benefit	$150 Per Day (Maximum 10 Days)

Rates for this benefit are based on coverage selected. Please see your enrollment platform or carrier materials to find a premium that's specific to you.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

TIME TO ENROLL IN BENEFITS

Enrollment Instructions, Dates, & Reminders

You made it to the end! Now that you're armed with knowledge, it's time to take the next step and enroll in your benefits. Below you will find all the information you need to complete enrollment and select your benefits for the 2025-2026 plan year.

Dates to Remember

- **Open Enrollment:** Open enrollment is your annual opportunity to enroll in or change your benefit elections. Once the enrollment period has ended, you may not add, change, or drop coverage unless you experience a qualifying event. The open enrollment period is: **May 15 - June 15, 2025**. During this enrollment period, eligible employees are invited to attend a meeting along with benefits representatives to review the upcoming benefits package in greater detail. This is an important time because it is the one time during the year you may change your benefit elections and/or add or delete family members from benefit coverages without documenting a qualifying event. Online enrollment must be completed no later than **June 15, 2025**, for an effective date of September 1, 2025.
- **New Hire Enrollment:** Welcome! If you are eligible for benefits, you have **30 days from your date of hire** to enroll in your benefit elections. Past that time period, you will need a qualifying event to make any changes.

How To Enroll

You can enroll in benefits through **InfinityHR/Arcoro**. Login at **www.infinityhr.com** to make your selections and update any personal or dependent information before the enrollment period is up or scan the QR code below.

InfinityHR Instructions

New User:

- You will receive two emails from the system. The first is an account verification email that will provide a username and give you a link to verify your account. Click the "**Verify Account**" button to set a password.
- The second email will outline enrollment window dates and provide a URL for the Arcoro site. Continue following instructions in the next section.

Existing Users:

- Enter your "**Username**" and "**Password**" then click the "**Sign In**" button.
- If you can't remember your username or password, use the "**Forgot Username?**" or "**Forgot Password?**" button.

Enroll in Your Benefits

- Once you have logged in, you will be taken to the **Jordan School District** home page.
- You will see "**New Hire Event**" or "**Open Enrollment Event**" in the drop down box. Click "**Begin Event**" to start making elections.

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CONTRIBUTION AMOUNTS

2025–2026 Premium Rates by Plan

This page shows the **monthly** premium for access to the medical, Dental, and Vision benefits provided in this booklet. For the most updated information, refer to each carrier's plan materials, and remember to also check your costs at enrollment.

Medical Plan Rates

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 Only	$195.56	$368.72	$541.89	$35.39	$208.55	$381.72	$35.39	$208.55	$381.72
Two Party	$339.29	$640.90	$942.52	$60.55	$362.16	$663.77	$60.55	$362.16	$663.77
Family	$555.11	$1,049.32	$1,543.53	$98.53	$592.74	$1,086.95	$98.53	$592.74	$1,086.95

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 Only	$195.56	$368.72	NA	$35.39	$208.55	NA	$35.39	$208.55	NA
Two Party	$339.29	$640.90	NA	$60.55	$362.16	NA	$60.55	$362.16	NA
Family	$555.11	$1,049.32	NA	$98.53	$592.74	NA	$98.53	$592.74	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 Only	$195.56	$368.73	$541.89	$35.39	$208.55	$381.72	$35.39	$208.55	$381.72
Two Party	$339.29	$640.90	$942.52	$60.55	$362.16	$663.77	$60.55	$362.16	$663.77
Family	$555.11	$1,049.32	$1,543.53	$98.53	$592.74	$1,086.95	$98.53	$592.74	$1,086.95

Dental Rates

Coverage Type	Elite Plan	Enhanced Plan	Essential Plan
Employee Only	$32.71	$27.38	$18.04
Two Party	$59.58	$49.74	$32.82
Family	$93.30	$77.87	$51.35

Vision Rates

Coverage Type	SA EE 130/130 Plan
Employee Only	$5.41
Two Party	$8.90
Family	$16.83

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CONTRIBUTION AMOUNTS

Premium Rates by Plan

This page shows the **monthly** premium for access to the voluntary life and worksite product benefits provided in this booklet. For the most updated information, refer to each carrier's plan materials, and remember to also check your costs at enrollment.

Voluntary Life Rates

Voluntary Supplemental Life Monthly Rates Per $1,000 of Coverage

Age	Employee & Spouse
34 & Under	$0.06
35 to 39	$0.08
40 to 44	$0.10
45 to 49	$0.16
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	$2.35

Dependent Vol. Supplemental Life Rates

Coverage Amount	Rate
$2,500	$0.50
$5,000	$1.00
$7,500	$1.50
$10,000	$2.00

Rate is fixed - Regardless of number of children.

Voluntary AD&D Rates

Coverage Type	Rate Per $1,000 Of Coverage
Employee (EE)	$0.025
Family	$0.038

Worksite Products:

Accident

Coverage Type	Accident Plan
Employee (EE)	$13.18
EE + Spouse	$22.74
EE + Child(ren)	$29.46
Family	$39.02

Hospital Indemnity

Coverage Type	Hospital Plan
Employee (EE)	$18.96
EE + Spouse	$36.14
EE + Child(ren)	$29.18
Family	$46.36

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CONTRIBUTION AMOUNTS

Premium Rates by Plan

Continued

Worksite Products:

Critical Illness

Non-Tobacco Rates

Low Option			High Option		
Age	Employee (EE) or EE+Child(ren)	EE+ Spouse	Age	Employee (EE) or EE+Child(ren)	EE+ 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

Tobacco Rates

Low Option			High Option		
Age	Employee (EE) or EE+Child(ren)	EE+ Spouse	Age	Employee (EE) or EE+Child(ren)	EE+ 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	$18.11	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

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Notes:

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