

Employee Benefits



Jordan School District
September 1, 2022 - August 31, 2023

Provided by:
 MORETON & COMPANY

Benefit Carrier Contact Information: 2022-2023

Jordan School District Insurance Office

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801-567-8146

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801-567-8341

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801-567-8255

Fax: 801-567-8070

insurance@jordandistrict.org

PEHP - Medical

801-366-7555 or 800-765-7347

www.pehp.org

Mental Health Pre-Authorization: 801-262-9619 or 800-926-9619

PEHP - Section 125 / Flexible Spending Account

801-366-7503 or 800-753-7703

www.pehp.org

Express Scripts - Prescription Services

800-818-6632

Mail Order Prescriptions: www.express-scripts.com

CRX International - Prescription Cost Savings Program

866-488-7874

www.CRX4JordanDistrict.com

Blomquist Hale - Employee Assistance Program

801-262-9619 or 800-926-9619

www.blomquisthale.com

Dental Select - Voluntary Dental

Dental Select

801-495-3000

www.dentalselect.com

Opticare Vision Services - Vision

800-363-0950

www.opticarevisionservices.com

801-869-2020

New York Life - Life Insurance

800-732-1603

www.myNYLGBS.com

New York Life - Long Term Disability Insurance

800-732-1603

www.myNYLGBS.com

Claims: 888-842-4462 or 866-562-8421

AFLAC - Worksite Products

Group #: 12792

Enrollment: **Lee Harmer**

801-716-0084

lee@vbs-benefits.com

Claims: 800-433-3036

www.aflacgroupinsurance.com

Welcome To Your New Benefit Package

Jordan School District offers three Medical Plans (with 2 network options available Summit and Advantage Network): **Traditional Plan, Value, and STAR Plan (QHDHP)**. You will most likely want to select a plan according to the physicians and facilities you utilize (see page 4 for an outline of 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.

There are multiple Voluntary Dental options available as well as Voluntary Vision coverage as well as Accident, Critical Illness and Hospital Indemnity through Aflac. Along with Basic Life Insurance, Long Term Disability Insurance, and an Employee Assistance Program, the District provides for you at no cost. Voluntary Term Life / AD&D Insurance is offered to you and your family at very competitive rates. 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, voluntary vision and any of the Aflac 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.

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.

Employee Benefits: 2022-2023

Welcome!

To help educate you on the many benefits Jordan School District offers, please review the following 2022-2023 benefit materials. If you have any questions about your benefits, we are here to help!

Insurance Office

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

Social Security Numbers

Federal law requires you to 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 department 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 this federal regulation, please speak with your Moreton & Company representative or contact the Insurance department.

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 the related cafeteria plan elections. This means that we cannot accept changes completed after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be notified of such event. The required online changes generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, i.e., on the first paycheck or period of coverage following our receipt of the online update. 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 us 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 a special enrollment opportunity.***

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 Insurance department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

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, birth certificates, divorce decree, etc.). If you are required to send in documentation, please send them to insurance@jordandistrict.org.

New Hires

Benefit eligible employees are required to complete your elections online by logging into InfinityHR/Arcoro 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.

Premiums For Employees On 10-Pay Contracts

Employees on 10-pay contracts (September through June) will be charged an adjusted premium to provide for no payroll deduction in July and August.

Open Enrollment

Jordan School District will conduct an annual Open Enrollment from May 15, 2022 through June 15, 2022. 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, 2022, for an effective date of September 1, 2022.**

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.

Dependents

A dependent is defined as your legal spouse through marriage and legal dependent children (this includes children through adoption and step-children through marriage). Dependent children are eligible to age 26 (whether married or not) for the medical plan. For all other benefits they must not be married and they rely upon you for more than 50% of their support as defined in the IRS Code.

Handicapped children are eligible for continuous coverage when certification by PEHP has been approved.

Enrollment Guidelines: 2022-2023

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 Department of any change of status as soon as possible, within **30 days** after the event.

Who is eligible to participate in the benefit plans?

- Insurance coverage will be effective on the first day of the month following employment start date, provided your on-line enrollment is completed within 30 days of the employment start date.
- Any Enrollment of Coverage changes must be done on-line, by the Employee. Changes made over the telephone are not acceptable.
- An Employee and Dependents are eligible for participation and Coverage under this Plan when the following apply:
 1. An Employee works 20 hours or more per week on a permanent basis for Jordan School District; or
 2. ESP Part-Time Employees hired prior to July 1, 2014: Benefit eligible employees hired prior to July 1, 2014 working twenty (20) or more hours per week will remain eligible (grandfathered), as long as there is not a break in service; or
 3. ESP Part-Time Employees hired on or after July 1, 2014: Benefit eligible employees hired on or after July 1, 2014 must work a minimum of thirty (30) hours per week or six hours per contract day on average; or
 4. Is a Retiree as outlined in the Jordan School District Policy Manual, DP 319 and DP 373.
 5. Employees will receive coverage for their legally married spouse and/or dependents(s); see your Benefits Summary's definition of legally married spouse and/or dependent(s), (children who are less than 26 years of age);
 6. Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility.

Is it possible to make changes during the year?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan, or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the qualifying change events listed in the next section. However, you must contact the Insurance Department to determine if your plan and circumstances allow such a change. If so, you must complete and submit a change online generally within 30 days.

Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, or legal separation;
- Divorce (60 Days)
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents);
- 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, 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);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

Glossary of 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).

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.

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

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.

PPO (Preferred Provider Organization): This type of plan utilizes both network and non-network benefits.

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.

Health Maintenance Organization (HMO): This plan covers in-network providers and services only; it does not cover any out of network services.

Medical Networks: 2022-2023

You have two networks to choose from. You will have the Summit and Advantage Networks. Both networks offer excellent benefits and a comprehensive panel of Contracted Providers. Please make sure to stay within your network to get the best possible benefit.

Summit Network - PEHP

PEHP Summit uses the facilities and physicians panel contracted by the Summit Network, generally non-IHC providers and rural IHC hospitals (e.g., University of Utah, St. Marks, Salt Lake Regional, Primary Children's, Jordan Valley, Huntsman Cancer Institute, Ogden Regional and Lone Peak Hospitals).

In the Service Area, using a Non-Summit Provider: Coverage for eligible medical services received at a non-contracted facility / provider will be covered according to plan guidelines. Allowable fees for eligible benefits will be up to the Maximum Allowable Fee (MAF). Any charges over the MAF, plus the applicable co-pay and deductible, will be the member's responsibility.

Advantage Network - PEHP

PEHP Advantage uses providers largely around Intermountain Health Care (IHC) facilities. Those enrolled in this plan should use the Advantage Network of facilities and physicians panel exclusively; (i.e. Intermountain Medical Center, LDS, Alta View, Primary Children's, McKay Dee, Riverton, or 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.**

In the Service Area, Using a Non-Advantage Provider: Coverage for eligible medical services received at a non-contracted facility/provider will be covered according to plan guidelines. Allowable fees for eligible benefits will be up to the MAF. Any charges over the MAF, plus the applicable co-pay and deductible, will be the member's responsibility.

Check online at www.pehp.org for the most current list of physicians through either the Summit or Advantage Networks.

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. You may also self-refer to any contracted PEHP specialist within your specific network.

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 a 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. You can do this by contacting PEHP Customer Service at **801-366-7555** or **800-765-7347**.

The Out of State Program is a value added benefit to PEHP's Provider Network. Your 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 while traveling (Coverage is excluded for services outside the State of Utah when a Member is traveling for the purpose of seeking medical care or treatment); or 3) Members that require medical services that are not available in Utah and that have been Pre-authorized by PEHP.

As a PEHP member, you can benefit from this program when you are out of state. Whether you are traveling or 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 Multi-Plan providers.

To find a provider, log on to www.pehp.org and click on the Out-of-State network Provider list. From the website you can download a list of participating providers and facilities in your area. You may also call PEHP directly at **801-366-7555**.

Keep in mind that this program is only available for services outside the state of Utah. It does not give you the opportunity to use in-state providers and facilities that are not a part of your network.

PEHP WeeCare Program

WeeCare is PEHP's prenatal and postpartum program. Members are given \$50 cash incentive if you enroll at any time during your pregnancy through 12 weeks post-partum. In addition, all members who enroll will receive educational materials.

Valued Added Services Offered by PEHP

If you enroll with any PEHP plan, there is an available program established to promote good health and to provide discounts to members on services not normally covered. Vendor information can be found at www.pehp.org.

The following are value added benefits that are available:

- Allergy Relief
- Fitness Classes
- LASIK
- Eyewear
- Hearing
- Meal Planning
- Gyms
- Home Medical Equipment
- Spas & Massage

Visit *PEHPplus* for more available discounts.

Pre-Notification Program for Inpatient Hospital Admissions

Advantage Plan (Advantage Network - IHC Facilities) **and**
Summit Plan (Mountain Star, University of Utah, and Steward Health Networks)

| Procedure | Required Date of Pre-Notification |
|--|---|
| Elective Treatment | Call PEHP at least 5 working days before the admission date or surgery. |
| Urgent Treatment | Call PEHP at least 3 working days before the admission date or surgery. |
| Emergency Treatment | You do not have to call prior to admission. You or a responsible person must contact PEHP within 72 hours following admission or surgery (or if during a weekend, the first working day following treatment). |
| Maternity Cases | As soon as the estimated due date is known, call PEHP's WeeCare Program at 801-366-7400 or 855-366-7400. |
| Mental Health and Drug / Alcohol Treatment | The Employee Assistance Program (EAP) through Blomquist Hale Employee Assistance coordinates all mental health and drug / alcohol treatment services for all of the Plans. To receive such benefits under the health plan, the Covered Person must obtain pre-authorization through an EAP counselor before seeking such counseling, by calling 801-262-9619 or 800-926-9619. |

PEHP Customer Service: 801-366-7555 or 800-765-7347

Pre-Authorization for ALL Mental Health & Drug / Alcohol Treatment

Advantage Plan (Advantage Network - IHC Facilities) **and**
Summit Plan (Mountain Star, University of Utah, and Steward Health Networks)

| Procedure | Required Date of Pre-Notification |
|--|---|
| Mental Health and Drug / Alcohol Treatment | The Employee Assistance Program (EAP) through Blomquist Hale Employee Assistance coordinates all mental health and drug / alcohol treatment services for all of the Plans. To receive such benefits under the health plan, the Covered Person must obtain pre-authorization through an EAP counselor before seeking such counseling, by calling 801-262-9619 or 800-926-9619. |

Medical Plans: 2022-2023

Jordan School District offers the following medical plans through PEHP:

| | Traditional Plan (Summit and Advantage Networks Available) | |
|---|---|---|
| | Network | Non Network * |
| Deductible PPY | \$500 Per Individual / \$1,500 Family | \$1,000 Per Individual / \$3,000 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. | |
| Out of Pocket Maximum (Includes Most Services) | \$5,000 Per Individual / \$10,000 Family | \$10,000 Per Individual / \$20,000 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. | |
| Coinsurance (Carrier Pays / Member Pays) | 80% / 20% AD | 60% / 40% AD |
| Office Visits | | |
| Primary Care | \$30 | 60 / 40 AD |
| Preventive ** | 100% of MAF Covered | Not Covered |
| Specialist or Secondary Care Provider | \$40 | 60 / 40 AD |
| PEHP - Value Clinic | \$10 | Not Covered |
| Intermountain Connect Care or On Demand Doctor Visit | \$10 | Not Covered |
| Chiropractic | \$40 (20 Visits PPY) | Not Covered |
| Diagnostic Lab & X-Ray Services | | |
| Minor - In Office (Per Test of \$350 or Less) | Covered 100% | 60 / 40 AD |
| Major | 80 / 20 AD | 60 / 40 AD |
| Hospital Services | | |
| Outpatient | 80 / 20 AD | 60 / 40 AD |
| Inpatient | 80 / 20 AD | 60 / 40 AD |
| Maternity | 80 / 20 AD | 60 / 40 AD |
| Emergency Services | | |
| Urgent Care | \$50 | 60 / 40 AD |
| Emergency Room | \$150 AD | \$150 AD |
| Ambulance | 80 / 20 AD | See Network Benefits |
| Mental Health Services | Failure to follow the Blomquist Hale Mental Health Services pre-authorization procedure (see page 5) will result in the benefit being denied. | |
| Inpatient | 80 / 20 AD | 50 / 50 AD |
| Outpatient | 80 / 20 AD | 50 / 50 AD |
| Physician Office Visits (Limit 25 Combined Visits PPY, 1 Visit Per Day) | | |
| • Psychologist, Clinical Social Worker, and APRN | \$40 | 50 / 50 AD |
| • Psychiatrist | \$40 | 50 / 50 AD |
| Prescriptions (Generic Required) | Generic / Preferred / Non-Preferred / Specialty | |
| Pharmacy (30 Day Supply) | \$15 / 35% / 50% / 50% | 50 / 50 AD |
| Maintenance Drugs or Mail Order (90 Day Supply) | \$30 / 35% / 50% / 50% | 50 / 50 AD |

AD: After Deductible

MAF: Maximum Allowable Fee

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.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Insurance department or at www.pehp.org.

Medical Plans: 2022-2023

Jordan School District offers the following medical plans through PEHP:

| | Value Plan (Summit and Advantage Networks Available) | |
|---|---|---|
| | Network | Non Network * |
| Deductible PPY | \$1,250 Per Individual / \$3,750 Family | \$2,500 Per Individual / \$7,500 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. | |
| Out of Pocket Maximum (Includes Most Services) | \$5,000 Per Individual / \$10,000 Family | \$10,000 Per Individual / \$20,000 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. | |
| Coinsurance (Carrier Pays / Member Pays) | 80% / 20% AD | 60% / 40% AD |
| Office Visits | | |
| Primary Care | \$25 | 60 / 40 AD |
| Preventive ** | 100% of MAF Covered | Not Covered |
| Specialist or Secondary Care Provider | \$35 | 60 / 40 AD |
| PEHP - Value Clinic | \$10 | Not Covered |
| Intermountain Connect Care or On Demand Doctor Visit | \$10 | Not Covered |
| Chiropractic | \$35 (20 Visits PPY) | Not Covered |
| Diagnostic Lab & X-Ray Services | | |
| Minor - In Office (Per Test of \$350 or Less) | 80 / 20 | 60 / 40 AD |
| Major | 80 / 20 AD | 60 / 40 AD |
| Hospital Services | | |
| Outpatient | 80 / 20 AD | 60 / 40 AD |
| Inpatient | 80 / 20 AD | 60 / 40 AD |
| Maternity | 80 / 20 AD | 60 / 40 AD |
| Emergency Services | | |
| Urgent Care | \$45 | 60 / 40 AD |
| Emergency Room | 80 / 20 AD | 80 / 20 AD |
| Ambulance | 80 / 20 AD | See Network Benefits |
| Mental Health Services | Failure to follow the Blomquist Hale Mental Health Services pre-authorization procedure (see page 5) will result in the benefit being denied. | |
| Inpatient | 80 / 20 AD | 50 / 50 AD |
| Outpatient | 80 / 20 AD | 50 / 50 AD |
| Physician Office Visits (Limit 25 Combined Visits PPY, 1 Visit Per Day) | | |
| • Psychologist, Clinical Social Worker, and APRN | \$35 | 50 / 50 AD |
| • Psychiatrist | \$35 | 50 / 50 AD |
| Prescriptions (Generic Required) | Generic / Preferred / Non-Preferred / Specialty | |
| Pharmacy Deductible (Separate) | \$250 Per Individual | \$250 Per Individual |
| Pharmacy | \$7 APD / 20% APD / 35% APD / 35% APD | 50 / 50 APD |
| Maintenance Drugs or Mail Order | \$15 APD / 20% up to \$150 Max APD / 35% up to \$175 Max APD / 35% APD | 50 / 50 APD |

AD: After Deductible

APD: After Pharmacy Deductible

MAF: Maximum Allowable Fee

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.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Insurance department or at www.pehp.org.

Medical Plans: 2022-2023

Jordan School District offers the following medical plans through PEHP:

| | STAR - QHDHP (Summit and Advantage Networks Available) | |
|---|---|---|
| | Network | Non Network * |
| Deductible PPY | \$1,400 Per Individual / \$2,800 Family | \$2,800 Per Individual / \$5,600 Family |
| | 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 (Includes Most Services) | \$5,000 Per Individual / \$10,000 Family | \$10,000 Per Individual / \$20,000 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. | |
| Coinsurance (Carrier Pays / Member Pays) | 80% / 20% AD | 60% / 40% AD |
| Office Visits | | |
| Primary Care | 80 / 20 AD | 60 / 40 AD |
| Preventive ** | Covered 100% | Not Covered |
| Specialist or Secondary Care Provider | 80 / 20 AD | 60 / 40 AD |
| PEHP - Value Clinic | 80 / 20 AD | Not Covered |
| Intermountain Connect Care or On Demand Doctor Visit | \$10 AD | Not Covered |
| Chiropractic | 80 / 20 AD (20 Visits PPY) | Not Covered |
| Diagnostic Lab & X-Ray Services | | |
| Minor - In Office (Per Test of \$350 or Less) | 80 / 20 AD | 60 / 40 AD |
| Major | 80 / 20 AD | 60 / 40 AD |
| Hospital Services | | |
| Outpatient | 80 / 20 AD | 60 / 40 AD |
| Inpatient | 80 / 20 AD | 60 / 40 AD |
| Maternity | 80 / 20 AD | 60 / 40 AD |
| Emergency Services | | |
| Urgent Care | 80 / 20 AD | 60 / 40 AD |
| Emergency Room | 80 / 20 AD | 80 / 20 AD |
| Ambulance | 80 / 20 AD | See Network Benefits |
| Mental Health Services | Failure to follow the Blomquist Hale Mental Health Services pre-authorization procedure (see page 5) will result in the benefit being denied. | |
| Inpatient | 80 / 20 AD | 50 / 50 AD |
| Outpatient | 80 / 20 AD | 50 / 50 AD |
| Physician Office Visits (Limit 25 Combined Visits PPY, 1 Visit Per Day) | | |
| • Psychologist, Clinical Social Worker, and APRN | 80 / 20 AD | 50 / 50 AD |
| • Psychiatrist | 80 / 20 AD | 50 / 50 AD |
| Prescriptions (Generic Required) | | |
| Pharmacy | 80 / 20 AD | 50 / 50 AD |
| Maintenance Drugs or Mail Order | 80 / 20 AD | 50 / 50 AD |

AD: After Deductible

MAF: Maximum Allowable Fee

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.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Insurance department or at www.pehp.org.

Health Savings Account (HSA): 2022-2023

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund your HSA with pre-tax dollars.

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 a deductible?

It is a set dollar amount, determined by your plan, that you must pay out of pocket or from your HSA account before insurance coverage for medical expenses can begin.

What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can rollover unused funds from year to year indefinitely.
- FSA contribution limits are lower than for HSAs. In addition, not all FSAs have a rollover feature, and those that do can only rollover a limited amount.

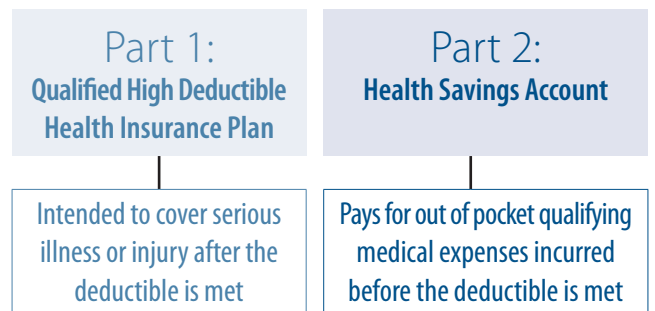
When do I use my HSA?

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

- Use your HSA debit card or HSA check to pay for any out of pocket expenses.
- Write a personal check, receiving 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 seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. **Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.**

How does a Health Savings Account Work?



How is an HSA used to pay for medical care?

1. Employee and/or employer funds an HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.*
4. Employee can pay the remaining amount with a debit card or check from their HSA account.
5. This process is repeated until the out of pocket maximum is reached, after which the employee generally should be covered for almost all network eligible expenses.

* Subject to plan design, check your Benefits Summary. Preventive care may be covered at 100%.

How much can be contributed to an HSA?

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

| Type of Coverage | 2022 Maximum Annual Contribution |
|------------------|----------------------------------|
| Individual | \$3,650 |
| Two Party | \$7,300 |
| Family | \$7,300 |

Individuals age 55 or older may be eligible to make a catch up contribution of \$1,000 in 2022.

Can I contribute to both an HSA and FSA in the same year?

You **may not** contribute to or use a general purpose health FSA and an HSA. However, contributions to a Limited Purpose FSA, which only allows reimbursement of certain expenses that are not eligible for payment under the High Deductible Health Plan (HDHP), are permissible. The Limited Purpose FSA allows HSA covered employees to pay for dental and vision expenses that are not covered by insurance, however, it **does not** allow you to pay for other medical expenses. Your employer **HAS NOT** established a limited FSA to allow employees to contribute pre-tax dollars to an account.

What if I am a new hire or have a special enrollment and enroll in an HSA in the middle of a year?

If you enroll in an HSA and corresponding HDHP at any time other than the start of the calendar 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 HDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.

Why should I elect an HSA?

- Cost Savings
- 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.
- You generally pay a lower plan premium for a HDHP than a traditional indemnity plan.
- Unused money is held in interest-bearing savings or investment accounts from year to year.

Note: Many states have passed legislation to provide favorable state tax treatment for HSAs. However, in a small number of states, amounts contributed to HSAs and interest earned on HSA accounts could be included in the employee's compensation for state income tax purposes.

Long-Term Financial Benefits

- Save for future medical expenses, including retiree medical
- Funds roll over year to year
- This is your account - you take it with you. If you leave your employer you can do the following:
 - Leave your funds in your current HSA account;
 - Transfer your funds to an HSA with your new employer; or
 - Transfer your funds to another qualifying account within 60 days.

Choice

- You control and manage your health care expenses.
- You choose when to use your HSA dollars to pay your health care expenses.
- You choose when to save your HSA dollars and pay health care expenses out of pocket.
- You can choose to increase or decrease your election during the year.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income to the account holder and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the distribution 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 dollars?

You can use your HSA dollars for any qualifying expense incurred after your HSA account activation and once contributions have been made.

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 account to pay for my dependents' medical expenses?

Yes, you can use the money in the account to pay for medical expenses of yourself, your spouse, or your dependent children. You can pay for expenses of your spouse and dependent children even if they are **not covered** by your HDHP.

Reimbursement Accounts: 2022-2023

PEHP September 1, 2022 through August 31, 2023

Reimbursement accounts enable you to pay certain qualified expenses using tax-free dollars. Depending on your personal tax rate, this can save you 10% to 30% or more on medical, dental, vision, and/or dependent care out-of-pocket costs.

The following accounts may be available to you:

Flexible Spending Account (FSA)

This account allows you to set aside up to \$2,850 in pretax dollars to pay most out-of-pocket medical, dental or vision care expenses, including: Medical and Dental Deductibles and Co-payments, Eye Glasses, Dental, and Orthodontic work not covered by insurance.

Dependent Care Assistance plan (DCAP)

This account lets you set aside up to \$5,000 in pre-tax dollars to pay for eligible dependent care expenses so you (and if married, your spouse) can work.

The Advantages

There are some significant advantages to using the above reimbursement type accounts. Income directed to a reimbursement account is tax free. When you pay less in taxes, you receive more spendable income. Convenient payroll deductions help assure that you will have money available for out-of-pocket health and/or dependent care expenses.

How It Works

During annual enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly during the plan year from your paycheck before taxes are taken out. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

Eligibility

You will be eligible to participate in the account(s) on the first day of the month following your start date. Following are additional guidelines for determining eligible expenses:

- Expenses are for services received during the plan year (Sept. 1 to Aug. 31).
- Expenses are not covered by any health care plan in which you are enrolled.
- The IRS would otherwise let you deduct the expenses on your income taxes.

The Dependent Care Assistance plan

With the Dependent Care 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 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 \$5,000
- If you are married, you can contribute the lowest of:
 - Your (or your spouse's) earned income.
 - \$5,000 if filing jointly, or \$2,500 if filing separately.

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 75 days after the plan year ends to incur expenses in your FSA (not your DCAP). You have an additional 90 days to submit claims for reimbursement.

What is Automatic Day Care Reimbursement?

At the beginning of the Plan Year you file one claim and funds are automatically paid to you when PEHP receives funds from your employer. You will be required to provide a statement from your day care provider at the end of the Plan Year documenting the actual costs incurred. This benefit is subject to the rules and limitations as outlined on the Automatic Reimbursement Claim Form. The Automatic Reimbursement Claim Form detailing this benefit is available at www.pehp.org.

For your medical FSA, you will receive a FLEX\$ benefit card (you can request 1 additional dependent card at no charge). With your FLEX\$ enrollment, your existing card will automatically start accessing your new annual election amount. So, keep your card, it is good for 3 years. You will be asked to provide documentation with all manual claims submitted, and for card charges that cannot be independently verified.

Keep receipts for all charges. For items not charged on the card, you pay the bill, complete a claim form (available online at www.pehp.org), attach copies of your receipts and mail/fax to the address on the claim form. You will generally receive your reimbursement check or direct deposit within a week. It's that easy and you save money!

Please be sure to keep copies of the claim form and receipt(s) for your records.

The administration fee for both the Health Care and Dependent Care expenses will be \$3.00 per pay period (\$36.00 per year). If your flexible spending election is at least \$1,200 per year the district will pay your monthly administration fee.

For a full list of qualifying expenses visit www.irs.gov/publications/p502

Once Enrolled, You May Not Change

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. See Qualifying Change rules earlier in this guide.

How do I enroll in Flexible Reimbursement Account (FLEX\$) Program?

Each year you will be required to log into InfinityHR/Arcoro at www.infinityhr.com to elect an amount for the upcoming plan year.

Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For health care this will include receipts of 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.

Email: www.pehp.org

Fax: 801-366-7503 or 800-753-7703

Mailing Address: 560 East 200 South, Ste 100, Salt Lake City, UT 84102

Prescription Drug Benefit Program: 2022-2023

Express Scripts

Jordan School District provides a prescription drug program for covered persons in differing plans. This program consists of a four-tier drug program. The plan covers the cost of certain Generic, Preferred Brand, Non-Preferred Brand and Specialty Brand medications after you pay the applicable Co-payment.

Summary of Your Pharmacy Benefit Co-payment

- The cost difference between the Generic and the Brand Name medication will be applied to the Generic co-pay for those medications for which a Generic is available.
- Value Plan members have an annual \$250 deductible.

Prescription Requirements and Edits

- **Dispense As Written Requirements:** For brand-name medications that have a generic alternative available, you will be responsible for the difference in cost between the brand and the generic, plus the generic co-payment.
- **Prior Authorization Requirements:** Some specialty and non-specialty medications may require prior authorization from your prescription drug benefit manager. Prior Authorizations can be requested at **800-753-2851** or request using prescriber's software at ersx.com/pa.
- **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.

Express Scripts by Mail (Mail Service Pharmacy Program)

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 New 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:

- On the Internet www.express-scripts.com
- By Phone Call **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.

Express Scripts on the Internet

Visit the Express Scripts website (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 Cost Savings Program: 2022-2023

CRX International

CRX4JordanDistrict is a voluntary cost saving international mail order drug program for brand name prescriptions. This program is voluntary and does not replace your current prescription benefit plan. This program is only available for those members who are enrolled in the Traditional or Value medical plans. If you are enrolled in the STAR QHDHP you are not eligible to participate in the program.

Advantages of CRX4JordanDistrict include:

- Zero Co-pay for all prescriptions offered through the program.
- Prescriptions shipped directly to your home with no shipping and handling costs.
- No out-of-pocket expenses.

How it Works:

- Your Jordan School District plan must be primary.
- 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 for 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 - this is 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, which would provide a 12 month supply of medication.
- Have your doctor fax your enrollment form and prescription directly to CRX4JordanDistrict OR mail your original prescription and completed enrollment form to CRX4JordanDistrict.
- Include a new prescription for each medication being ordered.
- Include 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.

CRX4JordanDistrict Contact Information:

Mail:

CRX4JordanDistrict, P.O. Box 3009
Windsor, ON
Canada, N8N 2M3

or

235 Eugenie St. West, Ste. 105D
Windsor, ON, Canada
N8X 2X7

Fax:

1-866-215-7874

Phone:

1-866-488-7874

Should you have any questions regarding the CRX4JordanDistrict program, please call the CRX4JordanDistrict toll free phone number 1-866-488-7874 with your questions.

For more information go to:



or visit: www.crxintl.com

Use WebID: **JORDANS D**



Dental Plans: 2022-2023

Jordan School District offers the following dental plans through Dental Select:

| | Silver Plan Network | | Co-pay Gold Plan | |
|--|---|----------------------------------|--|----------------------------------|
| | Network | Non Network * | Network | Non Network * |
| Deductible | None | | None | |
| Maximum Annual Benefit - <i>Dental</i> | None | | Unlimited | |
| Coinsurance | NA | | NA | |
| Preventive & Diagnostic Services Routine Exams, Cleanings (2 PCY), Topical Fluoride, X-Rays | Up to 90% Fee Reduction | | Covered 100% | See Non Network Payment Schedule |
| Basic Services Fillings, Extractions, Oral Surgery | Up to 60% Fee Reduction | | Fixed Co-pay Schedule | |
| Major Services Crowns, Bridges, Dentures, Periodontics, Endodontics | Up to 50% Fee Reduction | | | |
| Maximum Lifetime Benefit - <i>Orthodontia</i> | None | | None | |
| Orthodontic Services Dependents up to age 19 All Members | No Benefit Discounts May Apply | | No Benefit Discounts May Apply | No Benefit No Benefit |
| | Platinum Co-Pay Plan | | Platinum Co-Insurance Plan MAC Classic+ Max Rewards | |
| | Network | Non Network * | Network | Non Network * |
| Deductible | None | | \$50 Single / \$150 Family | |
| Maximum Annual Benefit - <i>Dental</i> | Unlimited | | \$1,000 Max Rewards (see explanation below) | |
| Coinsurance | NA | | Carrier Pays / Member Pays - See Amounts Below | |
| Preventive & Diagnostic Services Routine Exams, Cleanings (2 PCY), Topical Fluoride, X-Rays | Covered 100% | See Non Network Payment Schedule | Covered 100% | 100% of FS Covered |
| Basic Services Fillings, Extractions, Oral Surgery | Fixed Co-pays, Refer to Co-Pay Schedule | | 80 / 20 AD | 70 / 30 of FS - AD |
| Major Services Crowns, Bridges, Dentures, Periodontics, Endodontics | Fixed Co-pays, Refer to Co-Pay Schedule | | 12 Month Waiting Period | |
| Maximum Lifetime Benefit - <i>Orthodontia</i> | None | | 50 / 50 AD | 40 / 60 of FS - AD |
| Orthodontic Services Dependents up to age 19 All Members | No Benefit Discounts May Apply | No Benefit No Benefit | \$1,000 Per Individual | |
| | | | 12 Month Waiting Period | |
| | | | 50 / 50 Discounts May Apply | |

AD: After Deductible

FS: Network Fee Schedule

† 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.

How the MaxRewards Program Works: Increases are automatically applied on the employee's effective date, each year incrementally based on consecutive coverage.

Monthly Dental Rates

MaxRewards Program

| Year | Starting Max of \$1,000 |
|--------|-------------------------|
| Year 1 | Starting Max of \$1,000 |
| Year 2 | +\$100 (\$1,100) |
| Year 3 | +\$200 (\$1,300) |
| Year 4 | +\$300 (\$1,600) |
| Year 5 | +\$400 (\$2,000) |

| Coverage Type | Silver Discount Plan | Co-pay Gold Plan | Co-pay Platinum Plan | PPO MAC Classic + Max Rewards Platinum Plan |
|---------------|----------------------|------------------|----------------------|---|
| Employee | \$1.00 | \$17.99 | \$26.90 | \$33.91 |
| Two Party | \$3.00 | \$32.72 | \$48.89 | \$61.78 |
| Family | \$4.00 | \$51.21 | \$76.54 | \$96.74 |

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Insurance department or at www.dentalselect.com.

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.

Vision Plans: 2022-2023

Jordan School District offers the following vision plan through Opticare Vision Services:

| | Opticare 0-10-140C+ Plan | | |
|---|--|--------------------|---|
| | Select Network | Broad Network | Non Network |
| Eye Exam | Once Every 12 Months | | |
| Eyeglass and Contact Exam | Covered 100% | \$10 Co-pay | \$45 Allowance |
| Routine Dilation | Covered 100% | Retail | Included Above † |
| Contact Fitting | Covered 100% | Retail | Included Above † |
| Lenses | Once Every 12 Months | | |
| Plastic Single Vision, Bifocal, and Trifocal | Covered 100% | \$10 Co-pay | \$85 Allowance for Lenses, Options and Coatings † |
| Progressive Lenses (Standard No-Line) | \$10 Co-pay | \$50 Co-pay | |
| Premium Progressive Options | \$80 Co-pay | \$100 Co-pay | |
| Ultra Premium Progressive Options | Up to 20% Discount | Up to 20% Discount | |
| Polycarbonate | \$20 Co-pay | \$40 Co-pay | |
| High Index | \$80 Co-pay | Up to 25% Discount | |
| Coatings | Once Every 12 Months | | |
| Scratch Resistant Coating | Covered 100% | \$10 Co-pay | |
| Ultraviolet Filter | Covered 100% | \$10 Co-pay | |
| Other Options: Anti-Reflective, Edge Polish, Tints, Mirrors, etc. | Up to 25% Discount | Up to 25% Discount | |
| Frames | Once Every 12 Months | | |
| Allowance based on retail pricing | \$140 Allowance ¥ | \$130 Allowance ¥ | \$85 Allowance † |
| Back-Up or Multiple Pairs of Glasses * | Once Every 12 Months | | |
| | Up to 50% Discount | Up to 25% Discount | Not Covered |
| Contacts (In Lieu of Glasses) | Once Every 12 Months | | |
| Benefit Allowance | \$140 Allowance | \$130 Allowance | \$105 Allowance † |
| Additional Contact Purchases: | | | |
| Conventional ** | Up to 20% Discount | Retail | |
| Disposable ** | Up to 10% Discount | Retail | |
| Coverage Type | Opticare 0-10-140C+ Plan Monthly Employee Rates | | |
| Employee | \$6.38 | | |
| Two Party | \$10.50 | | |
| Family | \$19.85 | | |

Refractive Surgery (LASIK) - 20% off Retail - LASIK services are not an insured benefit - this is a discount only. All pre & post operative care is provided by Standard Optical Only and is based on Standard Optical retail fees.

Discounts - Any item listed as a discount in the benefit outline is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

* 50% Discount varies by provider. Refer to provider for details.

** Must purchase full year supply to receive discounts on select brands. See provider for details.

¥ Up to 20% Discount off balance above frame allowance.

† Non Network (Out of Network) benefit may not be combined with promotional items. Online purchases at approved providers only.

For a complete description of benefits, limitations, and exclusions, consult your Summary Plan Description, available from Insurance Department or at www.opticarevisionservices.com or call 1-800-363-0950.

Vision Plans: 2022-2023

Jordan School District offers the following vision plan through Opticare Vision Services:

| | Opticare 0-10-100C+ Plan | | |
|---|---|--------------------|---|
| | Select Network | Broad Network | Non Network |
| Eye Exam | Once Every 12 Months | | |
| Eyeglass and Contact Exam | Covered 100% | \$10 Co-pay | \$45 Allowance |
| Routine Dilation | Covered 100% | Retail | Included Above † |
| Contact Fitting | Covered 100% | Retail | Included Above † |
| Lenses | Once Every 12 Months | | |
| Plastic Single Vision, Bifocal, and Trifocal | Covered 100% | \$10 Co-pay | \$85 Allowance for Lenses, Options and Coatings † |
| Progressive Lenses (Standard No-Line) | \$10 Co-pay | \$50 Co-pay | |
| Premium Progressive Options | \$80 Co-pay | \$100 Co-pay | |
| Ultra Premium Progressive Options | Up to 20% Discount | Up to 20% Discount | |
| Polycarbonate | \$20 Co-pay | \$40 Co-pay | |
| High Index | \$80 Co-pay | Up to 25% Discount | |
| Coatings | Once Every 12 Months | | |
| Scratch Resistant Coating | Covered 100% | \$10 Co-pay | |
| Ultraviolet Filter | Covered 100% | \$10 Co-pay | |
| Other Options: Anti-Reflective, Edge Polish, Tints, Mirrors, etc. | Up to 25% Discount | Up to 25% Discount | |
| Frames | Once Every 12 Months | | |
| Allowance based on retail pricing | \$100 Allowance ¥ | \$90 Allowance ¥ | \$60 Allowance † |
| Back-Up or Multiple Pairs of Glasses * | Once Every 12 Months | | |
| | Up to 50% Discount | Up to 25% Discount | Not Covered |
| Contacts (In Lieu of Glasses) | Once Every 12 Months | | |
| Benefit Allowance | \$100 Allowance | \$90 Allowance | \$75 Allowance † |
| Additional Contact Purchases: | | | |
| Conventional ** | Up to 20% Discount | Retail | |
| Disposable ** | Up to 10% Discount | Retail | |
| Coverage Type | Opticare 0-10-100C+ Monthly Employee Rates | | |
| Employee | \$4.31 | | |
| Two Party | \$6.73 | | |
| Family | \$13.54 | | |

Refractive Surgery (LASIK) - 20% off Retail - LASIK services are not an insured benefit - this is a discount only. All pre & post operative care is provided by Standard Optical Only and is based on Standard Optical retail fees.

Discounts - Any item listed as a discount in the benefit outline is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

* 50% Discount varies by provider. Refer to provider for details.

** Must purchase full year supply to receive discounts on select brands. See provider for details.

¥ Up to 20% Discount off balance above frame allowance.

† Non Network (Out of Network) benefit may not be combined with promotional items. Online purchases at approved providers only.

For a complete description of benefits, limitations, and exclusions, consult your Summary Plan Description, available from Insurance Department or at www.opticarevisionservices.com or call 1-800-363-0950.

Life Insurance Plans: 2022-2023

New York Life Basic Life, AD&D - 100% District Paid

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Benefits reduce to 50% at the insured's age 70. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits. Refer to page 3 for eligibility.

Benefits

| | |
|--|--------------------|
| Employee Life Insurance | \$50,000 |
| Accidental Death & Dismemberment (AD&D) - Employee Only | \$50,000 |
| Seatbelt Benefit - Employee Only (Paid for a death resulting from an auto accident while properly wearing a seatbelt.) | 10% up to \$25,000 |
| Spouse Life Insurance | \$2,000 |
| Child(ren) Life Insurance - Live birth to age 26 | \$2,000 |

Please see Certificate of Coverage summary for more detailed benefit information.

Voluntary Supplemental Life - 100% Employee Paid

Supplemental Group Term Life Insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic Group Term Life Insurance provided by Jordan School District.

| Coverage | Benefits | Increments | Guaranteed Issue* |
|--|---|------------|-------------------|
| Employee Voluntary Life Insurance | 5x salary to a maximum of \$500,000 | \$10,000 | \$150,000 |
| Spouse Voluntary Life Insurance | Not exceed 50% of the Employee's Supplemental Coverage amount up to \$250,000 | \$5,000 | \$50,000 |
| Unmarried Dependent Child(ren) Life Insurance Under age 26 who are financially dependent upon you | \$2,500, \$5,000, \$7,500 or \$10,000 | — | \$10,000 |

* Applies to New Employees Only.

All Supplemental Insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health Form. 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 the insured's age 70, terms at retirement. Benefits terminate upon retirement. Supplemental Life offers a Right of Conversion. Enrollment forms are available from Insurance department.

Voluntary Accidental Death and Dismemberment: A Voluntary Accidental Death and Dismemberment policy is available to you. All amounts are available without medical underwriting. You are eligible for coverage, in \$10,000 increments, up to a maximum of \$500,000 (amount elected over \$250,000 is subject to 10x annual salary). 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 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. The maximum coverages are \$300,000 for your spouse and \$25,000 for your child(ren).

Please see Certificate of Coverage summary for more detailed benefit information.

Monthly Rates Per \$1,000 of Coverage

| Age | Employee & Spouse |
|------------|-------------------|
| 29 & Under | \$0.06 |
| 30 to 34 | \$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 to 79 | \$2.35 |

Voluntary AD&D Monthly Rates

| Coverage | Rate Per \$1,000 Of Coverage |
|---------------|------------------------------|
| Employee (EE) | \$0.025 |
| EE + Family | \$0.038 |

Dependent Vol. Supplemental Monthly 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.

Disability Insurance Plan: 2022-2023

New York Life 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. See Certificate of Coverage summary, provided by New York Life, for more detailed benefit information.

Benefits

| | |
|-------------------------------|--|
| Definition of Disability | Unable to perform your occupational duties and 20% earnings loss. |
| Eligible Employees | Those benefit eligible who are regularly working at least 20 hours per week. |
| Employer Premium Contribution | Jordan School District pays 100% of the premium. |
| Benefit Percentage | 66 ² / ₃ % of gross monthly earnings. |
| Maximum Monthly Benefit | \$5,000 |
| Minimum Monthly Benefit | \$100 or 10% per month whichever is greater. |
| Benefit Waiting Period | 180 days |
| Maximum Benefit Period | To age 65 or according to the schedule in your certificate. |
| Own Occupation Period | 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. |
| Social Security Offset | Primary and Family |
| Deductible Income | Worker's Comp., Retirement, Social Security and other income (Please see your Certificate of Coverage). |
| Survivor Benefit | A lump sum equal to 3 times your gross monthly benefit. |
| Limitations | Mental and Nervous: 24 months Pre-existing Condition: Benefits are not payable for the first 12 months of coverage for any Injury or Sickness from the 3 months before coverage began. |
| Exclusions | Act of war, self-inflicted injury, attempted suicide, violent or criminal conduct, or incarceration. |

Please see the Insurance Department if you have any questions.

Worksite Products: 2022-2023

Aflac Accident Plan Non-Occupational (*Off the job*) - 100% Employee Paid

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.

Benefits

| | |
|---|--|
| Accidental Death (Within 90 Days of the Accident) Employee / Spouse / Child | \$50,000 / \$25,000 / \$10,000 |
| Common Carrier Accidental Death Employee / Spouse / Child | \$100,000 / \$50,000 / \$20,000 |
| Dismemberment † Employee / Spouse / Child | Up to \$20,000 / \$8,000 / \$4,000 |
| Dislocation † (Once per Accident, within 90 Days of Accident) Employee / Spouse / Child | Up to \$5,000 |
| Fracture † Employee / Spouse / Child | Up to \$6,000 |
| Hospital Admission (Once per Accident, within 6 Months of Accident) Initial Hospital Confinement (Maximum of 365 Days per Accident, within 6 Months after the Accident) Hospital Confinement Care (Maximum of 30 Days per Accident, within 6 Months after the Accident) | \$1,000 Per Confinement \$300 Per Day \$600 Per Day |
| Initial Treatment (Once per Accident, within 7 Days of Accident) Hospital Emergency Room Urgent Care Facility Doctors Office or Facility (Other than a Hospital Emergency Room or Urgent Care) | \$225 with X-Ray / \$175 without X-Ray \$225 with X-Ray / \$175 without X-Ray \$150 with X-Ray / \$100 without X-Ray |
| Concussion (Once per Accident Within 6 Months of Accident) | \$500 |
| Major Diagnostic Testing (Once per Accident Within 6 Months of Accident) | \$200 |
| Ambulance | \$400 Regular Ambulance / \$1,200 Air Ambulance |
| Outpatient Surgery and Anesthesia Performed in Doctor's Office, Urgent Care or Emergency Room Performed in Hospital or Ambulatory Surgical Center | \$50 \$400 |

Additional Accident Benefits

| | |
|--|--|
| Lacerations (Once Per Accident, within 7 Days of Accident) | \$50 |
| Burns (Once Per Accident, within 6 Months of Accident) Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more | \$75 Second Degree Burns / \$750 Third Degree Burns \$150 Second Degree Burns / \$3,750 Third Degree Burns \$375 Second Degree Burns / \$7,500 Third Degree Burns \$750 Second Degree Burns / \$15,000 Third Degree Burns |
| Appliance (Within 6 Months of Accident) | \$100 |
| Therapy (10 Per Accident) | \$50 Per Day |
| Rehabilitation Unit (Up to 31 Days Per Confinement) | \$100 Per Day |
| Transportation (Up to 3 Times Per Accident) | \$200 Ground / \$500 Plane |
| Family Member Lodging (100 Mile Minimum) | \$200 Per Night |
| Accident Follow-Up Treatment (Within 6 Months of Accident) | \$50 |
| Wellness Benefits (1 Per Insured Family Member Per Calendar Year) | \$50 |

Coverage Type

| Coverage Type | Monthly Employee Rates |
|-----------------|------------------------|
| Employee (EE) | \$13.18 |
| EE + Spouse | \$22.74 |
| EE + Child(ren) | \$29.46 |
| Family | \$39.02 |

† Based on amount shown in the injury benefit amounts

Worksite Products: 2022-2023

Aflac Critical Illness - 100% Employee Paid

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.

| | Low Option \$15,000 EE / \$7,500 SP | High Option \$30,000 EE / \$15,000 SP |
|--|---|---|
| Initial Critical Illness Benefits | | |
| Heart Attack (100%) | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Stroke (100%) | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Coronary Artery By-Pass Surgery (25%) | \$3,750 Employee / \$1,875 Dependent | \$7,500 Employee / \$3,750 Dependent |
| Major Organ TransPlant (100%) | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Bone Marrow TransPlant (Stem Cell Transplant) | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| End Stage Renal Failure(100%) | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Severe Burn * | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Coma ** | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Paralysis ** | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Loss of Sight ** | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Loss of Hearing ** | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Loss of Speech ** | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Sudden Cardiac Arrest ** | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Cancer Critical Illness Benefits | | |
| Invasive Cancer (100%) | \$15,000 Employee / \$7,500 Dependent | \$30,000 Employee / \$15,000 Dependent |
| Carcinoma in Situ (25%) | \$3,750 Employee / \$1,875 Dependent | \$7,500 Employee / \$3,750 Dependent |
| Skin Cancer (Diagnosis) | \$250 Employee and Dependent | \$250 Employee and Dependent |
| Additional Benefits | | |
| Reoccurrence Benefit (Occurrences must be separated by 6 months) | Pays 100% of previously paid base policy benefit | 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 | Pays 100% of previously paid base policy benefit |
| Wellness Benefits (Per Year) | \$50 Once Per Calendar Year (Payable for insured and spouse only) | \$50 Once Per Calendar Year (Payable for insured and spouse only) |
| Waiver of Premium (Employee Only) | Yes | Yes |

* This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

** These benefits are payable for loss due to a covered underlying disease or a covered accident.

Worksite Products: 2022-2023

Aflac Critical Illness Rates - 100% Employee Paid

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.

Non-Tobacco Monthly Premiums

| Issue Ages | Low Option \$15,000 EE / \$7,500 SP | | High Option \$30,000 EE / \$15,000 SP | |
|------------|--|----------------------|--|----------------------|
| | Employee (EE) or EE + Child(ren) | EE + Spouse / Family | Employee (EE) or EE + Child(ren) | EE + Spouse / Family |
| 18 to 25 | \$5.13 | \$3.33 | \$8.74 | \$5.13 |
| 26 to 30 | \$6.73 | \$4.12 | \$11.94 | \$6.73 |
| 31 to 35 | \$7.76 | \$4.64 | \$14.00 | \$7.76 |
| 36 to 40 | \$10.04 | \$5.78 | \$18.55 | \$10.04 |
| 41 to 45 | \$12.07 | \$6.80 | \$22.62 | \$12.07 |
| 46 to 50 | \$14.36 | \$7.94 | \$27.20 | \$14.36 |
| 51 to 55 | \$22.11 | \$11.82 | \$42.70 | \$22.11 |
| 56 to 60 | \$21.54 | \$11.53 | \$41.55 | \$21.54 |
| 61 to 65 | \$44.37 | \$22.94 | \$87.21 | \$44.37 |
| 66+ | \$78.51 | \$40.01 | \$155.49 | \$78.51 |

Tobacco Monthly Premiums

| Issue Ages | Low Option \$15,000 EE / \$7,500 SP | | High Option \$30,000 EE / \$15,000 SP | |
|------------|--|----------------------|--|----------------------|
| | Employee (EE) or EE + Child(ren) | EE + Spouse / Family | Employee (EE) or EE + Child(ren) | EE + Spouse / Family |
| 18 to 25 | \$6.83 | \$4.17 | \$12.14 | \$6.83 |
| 26 to 30 | \$9.03 | \$5.28 | \$16.54 | \$9.03 |
| 31 to 35 | \$11.25 | \$6.39 | \$20.99 | \$11.25 |
| 36 to 40 | \$15.20 | \$8.36 | \$28.88 | \$15.20 |
| 41 to 45 | \$18.28 | \$9.90 | \$35.03 | \$18.28 |
| 46 to 50 | \$21.82 | \$11.67 | \$42.12 | \$21.82 |
| 51 to 55 | \$34.34 | \$17.93 | \$67.15 | \$34.34 |
| 56 to 60 | \$34.70 | \$18.11 | \$67.88 | \$34.70 |
| 61 to 65 | \$69.44 | \$35.48 | \$137.36 | \$69.44 |
| 66+ | \$119.94 | \$60.73 | \$238.35 | \$119.94 |

Worksite Products: 2022-2023

Aflac Group Hospital Indemnity - 100% Employee Paid

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.

Benefits

| | |
|---|---------|
| Hospital Admission (Per Confinement) Once per covered sickness or accident per calendar year. | \$1,000 |
| Hospital Confinement (Per Day) Maximum confinement period: 31 days per covered sickness or covered accident. | \$150 |
| Hospital Intensive Care (Per Day) Maximum confinement period: 10 days per covered sickness or covered accident. | \$150 |
| Intermediate Intensive Care Step-Down Unit (Per Day) Maximum confinement period: 10 days per covered sickness or covered accident. | \$75 |

Coverage Type

Employee (EE)
EE + Spouse
EE + Child(ren)
Family

Monthly Employee Rates

\$18.96
\$36.14
\$29.18
\$46.36



Employee Assistance Program: 2022-2023

Blomquist Hale - *(Available only if you are enrolled in a Jordan School District Medical Plan)*

100% District Paid

There is no more valuable asset to Jordan School District than you, the employee. That is one reason why we provide you and your family access to an Employee Assistance Program. The Jordan School District Employee Assistance Program provides you with confidential and professional resources designed to help individuals cope with a variety of personal and job-related issues.

Being healthy goes beyond physical exercise and eating right. Emotional wellness, strong personal relationships, and positive attitudes are important building blocks of health that need to be maintained. Yet, there are times when we may feel unable to resolve all the decisions, personal problems, family issues or job difficulties we face. In those times, it's a relief to have somewhere to turn. The Blomquist Hale Employee Assistance Program fills this need.

What is an EAP?

An Employee Assistance Program (EAP) provides short-term, confidential counseling for you and your household at no out-of-pocket expense to you.

Is it Confidential?

Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone, including your employer, at any time without your direct knowledge and approval (exceptions are made only in cases governed by law to protect individuals threatened by violence).

Why Use an EAP?

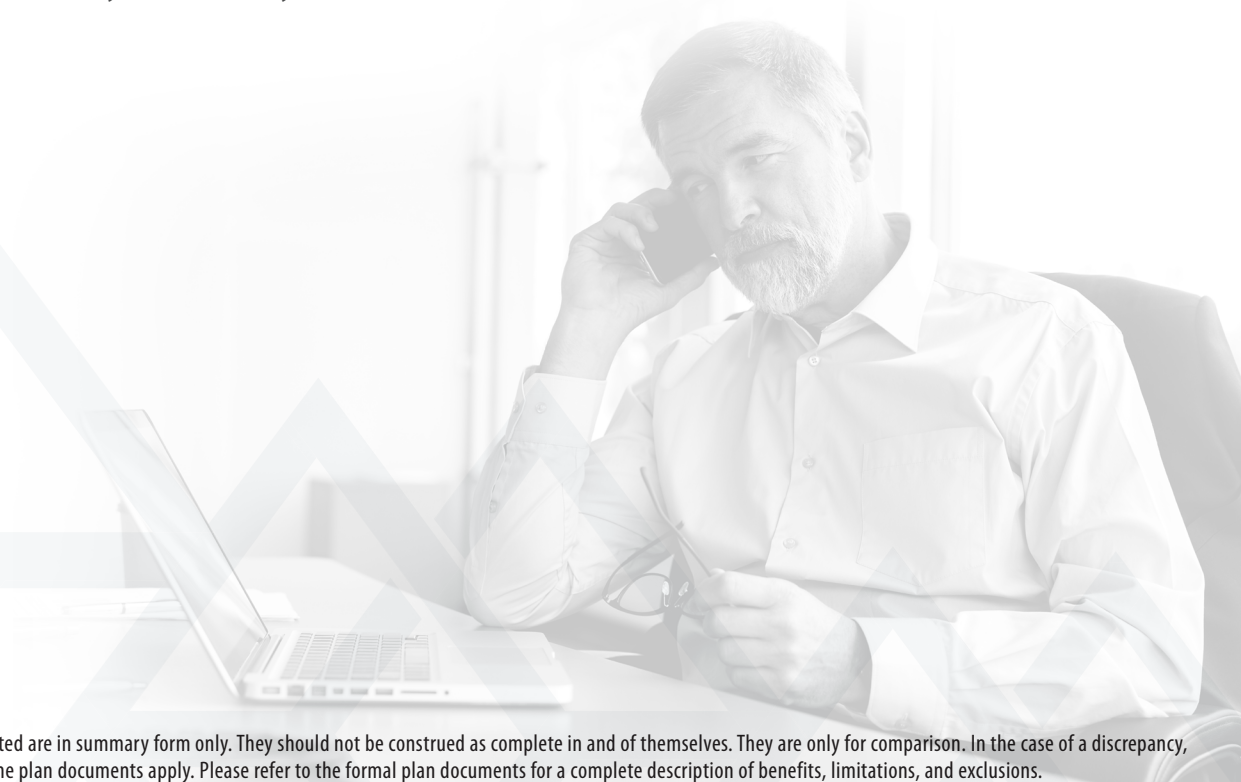
At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Seeking help early minimizes the chance of problems escalating and requiring more extensive and expensive services. Often a few visits with a counselor are all that are needed to gain perspective on a problem and regain a sense of control in one's life. An EAP counselor can assist with issues related to:

| | | |
|------------------|-----------------|---------------|
| Stress / Anxiety | Senior Care | Relationships |
| Parenting | Abuse | Legal |
| Aging | Alcohol / Drugs | Family |
| Grief | Marriage | |
| Finances | Depression | |

The EAP counselors are available around the clock for emergency and crisis situations.

The EAP is your gateway into the mental health portion of your medical plan. All mental health services must be pre-approved through Blomquist Hale.

Call for confidential assistance with personal or work issues. Crisis services are available 24 hours a day, seven days a week at: [801-262-9619](tel:801-262-9619) or [800-926-9619](tel:800-926-9619).



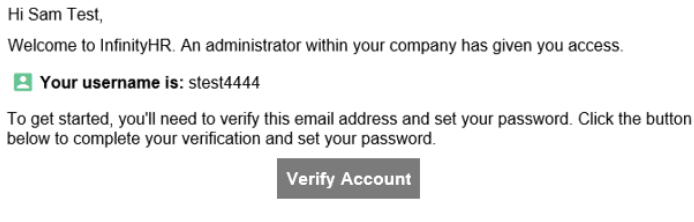
Online Enrollment: 2022-2023

InfinityHR Enrollment System - Instructions for enrolling in your benefits online

If you have previously logged into the system you can start this process on step 3 in order to log in for open enrollment.

1 - You will receive two emails from the system:

The first email is an account verification email that will provide a Username and include a link to verify your account. You can set up your password by clicking the "Verify Account" button:



The second email will outline the enrollment window dates and provide the URL for the Arcoro site. (See example email below).

An Enrollment Window has been created for you allowing you to enroll in your Benefits between 07/01/2020 and 07/31/2020. To access your personal account, please login using the following URL and your username and password. If you do not have a username and password, a separate account verification email will be sent with login instructions.

<https://www.infinityhr.com/>

PLEASE NOTE: IF YOU NEED SUPPORT, DO NOT REPLY TO THIS E-MAIL. This message has been automatically generated by our e-mail system, and replies will not be received.

2- Once you have created a new password, you can use the URL below to access the site: www.infinityhr.com

3- Once you are in the site you will see the following box. You will use the username that was emailed to you and the password that you just created to log in. Once you enter your username and password and click "Sign In", you will be logged into the site.

ARCORO

Step 1

Username

Password

 [SHOW](#)

[SIGN IN](#)

Remember Me

[Forgot your password?](#)
[Forgot your username?](#)

- If you have forgotten your password you can click on "Forgot your password", which will email you a link to reset your password.
- If you have forgotten your username you can click on "Forgot your username", which will email you a link that will allow you to follow a process to get your username.

4- Once you have logged into the Arcoro system, you will be taken to the your company's home page. From here you will see "New Hire Event or Open Enrollment Event" in the drop down box, click on "Begin Event" to make your elections.

