



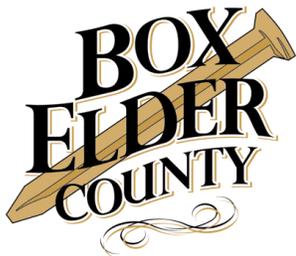
EMPLOYEE BENEFITS GUIDE

January 1, 2020-December 31, 2020

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This guide provides highlights of the Box Elder County benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of the Box Elder County employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. Box Elder County reserves the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.



COMMISSION OFFICE

Stan Summers • Jeff Scott • Jeff Hadfield
County Commissioners

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Jeff Scott, COMMISSIONER
Jeff Hadfield, COMMISSIONER
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Tom Kotter, AUDITOR
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Chad Montgomery, RECORDER
Kevin Potter, SHERIFF
Shaun Thornley, TREASURER

November 2019

Box Elder County's benefit package is an important part of your total compensation. We are pleased to offer you the opportunity to select from a variety of benefit options. Eligible employees (those who work an average of 30 hours/week) may participate in any or all of the following:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Basic Term Life Insurance
- Supplemental Term Life Insurance
- Section 125 Flexible Spending Benefit Plan
- Accidental Death & Dismemberment Insurance
- Employee Assistance Program
- Wellness Program
- Accident, Cancer, Critical Care, and Hospitalization Insurance
- Short Term Disability Insurance

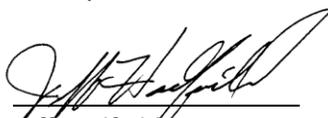
This booklet is designed to help you make decisions about what coverage is best for you and your family. Enclosed you will find a brief description of the options available, a comparison of basic plan coverage and cost information. Remember this is a summary only. For more detailed information about any of the plans, don't hesitate to contact the insurance companies directly. Provider listings can be found on the web site of the carrier. Company phone numbers and web sites are listed on the back cover of this booklet.

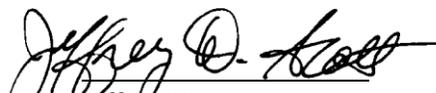
Please take the time to carefully go through this information and make decisions about these valuable benefits. Employees who have carefully considered and selected their benefit options will have fewer questions or problems with their benefits throughout the year.

Any changes you wish to make to your benefits must be done on the carriers' official forms, which can be obtained from Human Resources. All changes for open enrollment must be returned to HR by Friday, November 22, 2019.

If you have questions about insurance choices, contact Human Resources at 435-734-3313.

Sincerely,
County Commissioners


Jeff Hadfield


Jeff Scott


Stan Summers

Important Insurance Information

Welcome

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

Take advantage of the tools available to you

That includes this guide, access to plan information, provider directories, and enrollment materials.

Be a smart shopper

If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits.

Don't miss the deadline and keep record of your enrollment!

Pay attention to the enrollment deadline and be sure to provide us with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify us immediately if there are any discrepancies. **Remember:** Once the enrollment period has ended, you may not make or change your benefit elections, unless you experience a qualified life event.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC annually during open enrollment.

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Notice Regarding Wellness Program

Box Elder County Wellness is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening and a blood test, which will include blood pressure, BMI, waist measurements, full lipid panel, glucose, triglycerides, and A1C. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$54/month premium savings for meeting the wellness program guidelines. (* IRS Tax Memo: Some financial incentives will be subject to income tax for the employee who receives this benefit/incentive). Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a \$54/month premium savings.

Additional incentives of up to \$250/family may be available for employees who participate in certain health-related activities or achieve certain health outcomes (see wellness program guidelines for more information). If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 435-734-3313.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as \$60/month premium savings. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Box Elder County may use aggregate information it collects to design a program based on identified health risks in the workplace, Box Elder County Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed, except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are GBS Benefits Representatives, GBS Benefit's Data Analytics Partner, Deerwalk, and the H2U program administered by MountainStar in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 435-734-3313.

INSURANCE ENROLLMENT INFORMATION

NEW HIRE ENROLLMENT

New hire enrollment for insurance will be completed during Employee Orientation.

ENROLLMENT RESTRICTIONS

Employees who do not apply for benefit coverage within 30 days of hire date or insurance eligibility shall not be able to enroll in coverage until the next open enrollment period, unless they have a change of status.

Employees who decline coverage, or fail to enroll for coverage, at their initial eligibility shall be subject to insurance benefit restrictions as outlined in the insurance contracts.

OPEN ENROLLMENT

November is open enrollment for Box Elder County employees. Open enrollment begins [November 7, 2019](#) and employees will have until [November 22, 2019](#) to make changes and turn the forms into Human Resources. This is the period of time when you, as an eligible employee, are able to enroll for insurance coverage or elect changes to your insurance coverage. It is important to note that this is the only period of time you can make changes to your insurance coverage (with the exception of changes necessary due to a change in family status or insurance eligibility status).

This booklet contains a brief description of the insurance options available, cost information and other important notes to help you evaluate your insurance choices. During this period of time, please take the opportunity to review your coverage choices, as well as any changes made to the group plans, benefits and premiums.

We strongly encourage you to update your insurance choices, including beneficiary designation, by participating in the open enrollment process. However, if you do nothing during the open enrollment period, your enrollment will continue as it was prior to the open enrollment period (with the exception of plan and carrier changes).

CHANGES

- **ACTIVE EMPLOYEE**

Review all of this information carefully. If you decide to make a change to your insurance coverage for the year 2020, you will need to complete the appropriate forms and then return the form(s) to Human Resources by [November 22, 2019](#).

- INSURANCE ELIGIBILITY

To be eligible for medical/dental/vision and life insurance an employee must work an average of 30 hours per week. Cost and benefit levels for employer/employee contributions are determined by the County Commission.

- EMPLOYEE OUT OF POCKET

The employee's out of pocket for medical, dental and vision insurance cost will be taken out pre-tax. This program allows employees to pay out of pocket premiums on health, dental or other group insurance with pre-tax dollars, which results in greater take home pay. Premiums for group insurance are automatically made through payroll deductions for those employees electing group coverage. This is not a reimbursable expense. **If the employee does not want to participate in this tax saving plan they must specify in writing to the personnel office by November 30th of any given year that they do not want to have their out of pocket medical and dental costs taken out pre-tax.**

OTHER ENROLLMENT EVENTS

CHANGE OF STATUS

- Marriage
- Birth
- Adoption
- Legal guardianship
- Divorce
- Death
- Addition of children
- Deletion of children who lose dependent status; and
- Loss of spouse's job

You must complete the paperwork with Human Resources within 30 days of the effective date of the change. If notice is not submitted in a timely manner, coverage opportunities may be lost and/or denied.

SECTION 125 FLEXIBLE SPENDING BENEFIT PLAN ENROLLMENT

For participation in the Section 125 Flexible Benefit Plan from January 1, 2020 through December 31, 2020, you may complete enrollment paperwork through Human Resources. To learn more about the National Benefit Services (NBS) 125 Flexible Spending Plan, review the appropriate section in this booklet. **The deadline for flexible spending enrollment is November 22, 2019.**

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides short-term, **confidential** counseling for you and your family at no out-of-pocket expense to you. Blomquist Hale provides counseling services in collaboration with your employer or health insurer.

The Employee Assistance Program (EAP) is available to you, your household members, and your dependent children. Individuals in your family may call for assistance for themselves or for other family members. The decision to use the EAP is voluntary and confidential.

IMPORTANT INSURANCE NOTES

ELIGIBLE DEPENDENTS

Employee's spouse, if not legally separated from employee.

Employee's children under age 26.

Employee's children with disabilities (as specifically approved by the insurance carrier).

BENEFICIARY CHANGES

Employees may change beneficiary designation for basic and supplemental life insurance coverage at any time. Change forms are available from Human Resources.

CHANGE OF STATUS

Employees who experience a change of status (marriage, birth, adoption, divorce, death, addition of children, deletion of children who lose dependent status, loss of spouse's job) must submit Notice of Change on the Benefit Change Form within 30 days of the effective date of the change. If notice is not submitted in a timely manner, coverage opportunities may be lost.

CONTINUATION OF COVERAGE UNDER COBRA

"COBRA" stands for Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA is the federal health care continuation law that allows a "qualified beneficiary" who loses employer-provided coverage due to a "triggering event" to continue coverage. COBRA coverage has limited duration. In most cases, the maximum COBRA period from the date of the qualifying event is 18 months for employees and 18 to 36 months for dependents. In cases of disability, COBRA coverage may be continued for up to 29 months.

BOX ELDER COUNTY WELLNESS PROGRAM

The Wellness Program begins again on January 1, 2020. Employees who participate in the program will receive a discount on their insurance premium. See the Wellness Program pages in this booklet for more information.

Programs Offered:

- Fitness Center Reimbursement*
- Preventative Procedure Reimbursements*
- 1 mile/5K/10K Walk/Run Reimbursements*
- Tobacco Cessation Program*
- Monthly Incentives*

**Employees may receive up to \$250 in reimbursements in the calendar year. Non-medical reimbursements will be subject to income taxes due to IRS Regulation changes in 2018.*

Online Resources:

- Health Insurance - www.pehp.org
- Dental Insurance – www.dentalselect.com
- Vision Insurance – www.opticareofutah.com
- EAP – www.blomquisthale.com
- Employee Wellness – www.boxeldercounty.org/employee-wellness.htm

Stretching Your Rx Dollar

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GBS Benefits Rx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

On the Web

Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

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

Please Note:

- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90 day supply.

On Your Phone

Available on the app store or with Android on Google play.

Or, just go to m.goodrx.com from any mobile phone.

Generic Prescriptions

\$4 30-Day Supply or a \$10 90-Day Supply

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

Did You Know?

Even if the generic substitute for one of your prescription drugs is not on one of the \$4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at www.crbestbuydrugs.org, a Consumer Reports site.

Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the \$4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

How can I find out if my prescription is on the \$4-Generic Drug List?

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price.

The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.

You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's \$4-Generic Drug List.



Traditional

Summit Exclusive

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

YOU PAY

	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan Year Deductible** <i>Applies to out-of-pocket maximum</i>	\$1,000 per individual, \$2,000 per family	\$2,500 per individual, \$5,000 per family
Plan year Out-of-Pocket Maximum***	\$4,500 per individual, \$9,000 per family	\$6,500 per individual, \$13,000 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% of In-Network Rate after deductible per visit	20% of In-Network Rate after deductible per visit plus any balance billing above In-Network Rate
Urgent Care Facility	\$45 co-pay per visit	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	Applicable office co-pay per visit	40% of In-Network Rate after deductible

*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

** In-network and out-of-network deductibles and Out-of-Pocket Maximums accumulate separately.

***Please refer to the Master Policy for exceptions to the out-of-pocket maximum.

Box Elder County 2020 » Medical Benefits Grid » Traditional

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Visits	Applicable office co-pay per visit	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	Medical: \$10 co-pay per visit. Mental Health: Standard benefits apply. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	\$10 co-pay per visit	Not applicable
Primary Care Office Visits and Office Surgeries	\$35 co-pay per visit	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	\$35 co-pay per visit	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	\$35 co-pay per visit	\$35 co-pay per visit plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays, Minor <i>For each test allowing \$350 or less</i>	No charge	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays, Major <i>For each test allowing more than \$350</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	Outpatient: Applicable office co-pay per visit. Inpatient: 20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PRESCRIPTION DRUGS		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate after deductible. No maximum co-pay Tier B: 30% of In-Network Rate after deductible. No maximum co-pay	Tier A: 40% of In-Network Rate after deductible. No maximum co-pay Tier B: 50% of In-Network Rate after deductible. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	20% after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chiropractic Care <i>Up to 40 visits per plan year</i>	Applicable office co-pay per visit	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions <i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible, plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services	Not covered	Not covered
Injections	Under \$50: No charge Over \$50: 20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction*** <i>Up to \$1,000 Lifetime Maximum</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible



STAR HSA

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MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

YOU PAY

	In-Network Provider	Out-of-Network Provider*
DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS		
Plan year Deductible** <i>Applies to out-of-pocket maximum</i>	\$1,500 per single, \$3,000 per family	\$3,000 per single, \$6,000 per family
Plan year Out-of-Pocket Maximum**	\$3,000 per single, \$6,000 per family	\$4,500 per single, \$9,000 per family
INPATIENT FACILITY SERVICES		
Medical and Surgical <i>All-out-of-network facilities and some in-network facilities require preauthorization. See the Master Policy for details</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Skilled Nursing Facility <i>Non-custodial Up to 60 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Hospice	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Rehabilitation <i>Up to 45 days per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
OUTPATIENT FACILITY SERVICES		
Outpatient Facility and Ambulatory Surgery	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Ambulance (ground or air) <i>Medical emergencies only, as determined by PEHP</i>	20% of In-Network Rate after deductible	
Emergency Room <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Urgent Care Facility	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chemotherapy, Radiation, and Dialysis	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible. Dialysis requires preauthorization
Physical and Occupational Therapy <i>Outpatient – up to 20 combined visits per plan year. No Preauthorization required</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible

*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum.

** In-network and out-of-network deductibles and Out-of-Pocket Maximums accumulate separately.

	In-Network Provider	Out-of-Network Provider*
PROFESSIONAL SERVICES		
Inpatient Physician Visits	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Surgery and Anesthesia	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PEHP e-Care	Medical: \$10 co-pay per visit after deductible. Mental Health: Standard benefits apply after deductible. See PEHP Value Options benefits page for details	Not applicable
PEHP Value Clinics	Medical: 20% of In-Network Rate after deductible	Not applicable
Primary Care Office Visits and Office Surgeries	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Specialist Office Visits and Office Surgeries	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Emergency Room Specialist Visits	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Diagnostic Tests, X-rays	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Mental Health and Substance Abuse <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
PRESCRIPTION DRUGS All pharmacy benefits for The STAR Plan are subject to the deductible		
30-day Pharmacy <i>Retail only</i>	Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$65 co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
90-day Pharmacy <i>Maintenance only</i>	Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$130 co-pay	Not covered
Specialty Medications, retail pharmacy <i>Up to 30-day supply</i>	Tier A: 20%. No maximum co-pay Tier B: 30%. No maximum co-pay	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. Member pays any balance
Specialty Medications, office/outpatient <i>Up to 30-day supply</i>	Tier A: 20% of In-Network Rate. No maximum co-pay Tier B: 30% of In-Network Rate. No maximum co-pay	Tier A: 40% of In-Network Rate. No maximum co-pay Tier B: 50% of In-Network Rate. No maximum co-pay
Specialty Medications, through specialty vendor Accredo <i>Up to 30-day supply</i>	Tier A: 20%. \$150 maximum co-pay Tier B: 30%. \$225 maximum co-pay Tier C: 20%. No maximum co-pay	Not covered

	In-Network Provider	Out-of-Network Provider*
MISCELLANEOUS SERVICES		
Adoption <i>See limitations</i>	20% after deductible, plan pays up to \$4,000 per adoption	
Affordable Care Act Preventive Services <i>See Master Policy for complete list</i>	No charge	40% of In-Network Rate after deductible
Allergy Serum	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Chiropractic Care <i>Up to 40 visits per plan year</i>	20% of In-Network Rate after deductible	Not covered
Missing Teeth for Dental Accident or Certain Medical Conditions <i>Three or more missing teeth at a time, and per lifetime. Requires preauthorization. Dental benefits may apply</i>	20% of In-Network Rate after deductible	20% of In-Network Rate after deductible plus any balance billing above In-Network Rate
Durable Medical Equipment, DME <i>Except for oxygen and Sleep Disorder Equipment, certain DME over \$750, rentals that exceed 60 days, or as indicated in Appendix A of the Summary require preauthorization. Maximum limits apply on many items. See Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Medical Supplies <i>See the Master Policy for benefit limits</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Home Health/Skilled Nursing <i>Up to 60 visits per plan year. Requires preauthorization</i>	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Infertility Services	Not covered	Not covered
Injections	20% of In-Network Rate after deductible	40% of In-Network Rate after deductible
Temporomandibular Joint Dysfunction <i>Up to \$1,000 Lifetime Maximum</i>	50% of In-Network Rate after deductible	50% of In-Network Rate after deductible



“A Healthier You is a Wealthier You”



WELLNESS INCENTIVE PROGRAM

Introduction:

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. Employees who participate in the program will receive a discounted health insurance premium and be eligible for chances to win prize drawings during the year. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Diane Olson at (435) 734-3313 or dolson@boxeldercounty.org or Mariana Hernandez at (435) 734-3348 or MHernandez@boxeldercounty.org and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Employees will need to complete **8** wellness incentive points by June 30, 2020 to be eligible for the premium discount program and then complete **8** more wellness incentive points from July 1, 2020 through December 31, 2020 to remain eligible for the premium discount program. Of the required 8 points during the first half of the year, a blood test (a.k.a. biometric screening) and a Health Risk Assessment must be completed by **March 31, 2020**.

All information regarding the wellness incentive program can be found on the county website at www.boxeldercounty.org/employee-wellness.htm. All updates throughout the year can be found on the county website.

Employees must complete the biometric screening and Health Risk Assessment along with 6 additional points by June 30, 2020 to qualify for the wellness premium discount for July 1-December 31, 2020. Employees hired mid-year will be required to meet prorated point amounts depending on the month they are hired. Points are prorated on a 6 month basis (January-June, July-December).

Annual Required Points:

- Complete the online Health Risk Assessment (1 point)
- Complete a free biometric screening (blood test) at the Health Fair (1 point)
 - If you are a CDL holder, the appointment you make for your Medical Card will be considered for your point. Just submit a doctor’s note/paperwork for your point.
 - If you are a new hire and already had a blood test this calendar year in conjunction with another doctor’s appointment, just submit a doctor’s note for your point.
- Complete at least **14** additional wellness incentive points under **Wellness Options** for a total of 16 per year.

Wellness Options: (See page 25 of Benefits Booklet or the Employee Wellness website for details)

Points may be earned in the following categories:

- Preventive Health Screenings
- Health Management
- Coaching
- Wellness Challenges
- Wellness Seminars
- Weight Management
- Nutrition Option
- PEHP Healthy Utah
- Hiking Challenge
- Races and Events
- Health Class
- Community Events
- Health-Related Reading
- Exercise Option
- PEHP MyWellness Tracker

There is an additional award incentive for employees who achieve more than 16 wellness incentive points in the benefit year. For every point you earn over 16, you will get 1 entry for a Grand Prize.

If your spouse chooses to participate, every point they achieve earns them a raffle ticket for a Spouse's only prize. We encourage spouses to participate in the Wellness Incentive Program.

FAQS

The following questions and answers will explain how the program works and how it applies to you.

How will a County Wellness Incentive Program help?

It is clear that nationally and locally people are affected more than ever by the additional stress, poor life style habits, and just being too busy to focus on taking care of their health. We know that people who are engaged in healthy lifestyle activities deal with stress better, are more focused at work, and tend to be healthier. Given the research and the need to improve the health of our employees we are excited to present this Program. You will note many similarities from past years (i.e. Wellness Challenges) but will also find more options for achieving better health and wellness! We know reaching health goals is a very individual process so our aim is to make it a program that allows everyone to succeed. We want to reward employees for being actively involved with well-being, realizing the benefits of more energy, better health, and productivity.

How does the program work?

Each benefited employee will receive a \$54 reduction in monthly insurance premium if they participate in the program. (See rate sheet in Benefits Booklet, p. 47-48) Employees who **choose not to participate** in the Wellness Program will **not be eligible** for the \$54 reduction in monthly insurance premium.

How does the Wellness Incentive work?

It involves completion of a biometric scan (1 point) and the online Personal Health Assessment (PHA – 1 point). In addition, each participating employee will also need to complete 14 additional wellness incentive points to receive the lower premium (total of 16 points).

What information will the County see?

The participation information from the Personal Health Assessment will be kept confidential in accordance with HIPPA regulations. The County will only see a list of who took the assessment and group totals (no individual information).

What if employees have a medical condition that limits their ability to participate?

If it is unreasonably difficult for you to achieve the standards of the reward under the wellness incentive program due to a medical condition, contact Human Resources who will put you in contact with a representative from the insurance company or broker. PEHP and GBS will work with you to develop another way for you to qualify for the wellness incentive.

What if the employee completes the wellness credits before the deadline?

There is an additional award incentive for employees who achieve more than 16 wellness incentive points in the benefit year. For every point you earn over 16, you will get 1 entry for a Grand Prize. Credit for wellness incentive points will be collected at the time the incentive is complete.

When will the lower premium be applied to an employee's health insurance plan?

The points will be earned 6 months in advance of the premium. For example, January 1-June 30, 2020 qualifies the employee for the premium reduction for July 1-December 31, 2020. Earning points from July 1-December 31, 2020 qualifies the employee for the premium reduction for January 1 –June 30, 2021.

What if I participate in a program not listed on the County Wellness Incentive Program Completion Forms?

You can get credit for participating in programs not listed on the completion forms. To be eligible, the program needs to meet specific criteria for wellness and have authorization in advance. (See the Wellness Incentive Program “Criteria for Wellness Credit” form.)

- 1) The activity needs to be a safe, effective, and healthy form of stress management, diabetes control, hypertension reduction, cholesterol reduction, weight control, or disease management supported by the guidelines given by the following organizations:
 - American College of Sports Medicine
 - American Diabetes Association
 - Center for Disease Control
 - National Institute of Health
 - American Medical Association.
- 2) You will need to provide proof of purchase or participation in the activity, program, or treatment.
- 3) You must participate in the program for at least two months.

Do I have to do the Personal Health Assessment (PHA) and Biometric Screening?

The Personal Health Assessment (PHA) and Biometric Screening (cholesterol, glucose, blood pressure, BMI, and waist measurements) reported in the PHA is a baseline to establish what risks there are to employees’ health. From the information assessed, an employee can determine which healthy activities they want to complete to help better their wellbeing. The activities give the employees the points for the Wellness Incentive Program.

If I go to my doctor for the wellness screening and get my cholesterol, glucose blood pressure, BMI and waist measurements checked in the doctor’s office, how do I make sure I won’t be charged?

Because of the new health care reform guidelines with the Affordable Care Act (ACA), both employees and spouses can receive preventative care provided by participating providers covered at 100%. Here are some examples of Adult Preventative services that are covered: Exams – preventative office visits, including well woman exam, breast cancer screening, cervical cancer screening, colorectal cancer screening, prostate cancer screening, certain bone density screening, lipid screening, and routine blood and urine screenings. The full list can be found at <https://www.healthcare.gov/preventive-care-benefits/>. PEHP will process the claims based on the provider’s clinical assessment of the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, and the preventative care is administered during the visit, cost sharing may apply. This means your doctor’s office may ask you to pay a co-pay for the office visit. If you have additional questions, please contact PEHP at 801-366-7555.

What if I am in perfect health? Do I still need to participate to receive the discount?

Absolutely! Even healthy people can improve health with an active lifestyle. Most often those who are in perfect health will already be engaged in activities that count as credits toward the incentive.

Why do I need to do this? It's just one more thing to do.

We totally understand how you feel. That is exactly why we want you to participate. The stress of doing everything is why you need to do something for your own health. The program is flexible. Do an activity that is fun and that makes you feel better. It will be worth it.

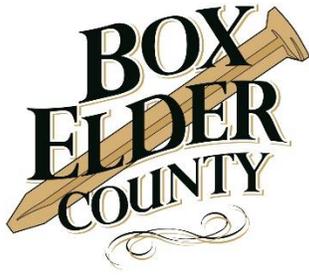
We hope you are supportive of this initiative. We believe it will make a notable difference in employee health and wellness.

Can I count my yearly physical for a credit on the wellness incentive?

Yes, you can count test results for cholesterol, glucose, and blood pressure for the biometric screenings. A note from the doctor is required stating you went and had a blood test.

Can I count my CDL Medical card examination for a credit on the wellness incentive?

Yes, you can count the results if cholesterol, glucose, and blood pressure are tested for a wellness point. A note from the doctor is required stating you went and had a blood test.



BOX ELDER COUNTY AND PEHP
PARTNERSHIP



Box Elder County values the health and overall wellbeing of its employees. For the 2020 plan year, the county has partnered with PEHP to provide a confidential health and wellness program for full-time benefited employees. Employees and spouses who elect medical coverage through PEHP and participate in Box Elder County's wellness program during the 2020 plan year will be eligible to receive cash rebates through the PEHP Healthy Utah program and online myWellnessTracker.

To receive the PEHP Healthy Utah rebates employees must complete the following:

- PEHP Healthy Utah onsite biometric screening (**dates and locations TBA**)
or visit your own primary care physician and complete the "Know & Plan/Good for You Rebate" form (**Deadline: March 31, 2020**)
- PEHP Healthy Utah health risk assessment (**April 30, 2020**)
 - Please note that the health risk assessment must be completed within 90 days of your biometric screening

Healthy Utah Rebates

- \$50 Know & Plan rebate: completing the biometric testing and health risk assessment.
- \$50 Good for You rebate: biometric measurements fall within the predetermined guidelines for blood pressure, cholesterol, BMI, blood glucose, and being tobacco-free.
- \$50 Blood Pressure Improvement Rebate
- \$50 Cholesterol Improvement Rebate
- \$50 BMI Improvement (for each drop of 5 BMI points)
- \$25—\$300 Diabetes Rebate
- \$100 Tobacco Cessation Rebate

Your rebate will automatically be processed and will be sent to you within 6 weeks! This is a taxable incentive and PEHP will deduct FICA tax from your rebate check.

myWellnessTracker Rewards

- Points are awarded for completing challenges on the online myWellness Tracker
- There are three achievement levels you can reach by earning points
- You earn \$50 for each level that you reach
- You can earn up to \$150 each plan year

Your check will automatically be processed and will be sent to you at the end of the plan year. This is a taxable incentive and PEHP will deduct FICA tax from your rebate check.

Wellness Options:

14 additional points are required in the areas below in addition to the points for the Personal Health Assessment and the Biometric Screening

All forms can be found at www.boxeldercounty.org/employee-wellness.htm

Preventative Health Screenings:	1 point each
<p><u>(A doctor's note will be required as proof of screening. You will be contacted if more information is needed for your points. Please turn the doctor's note into Human Resources to get your points.)</u></p> <ul style="list-style-type: none"> • Physician Wellness Screening <i>*Can count for your Biometric Screening (1 point) AND Preventative Screening (1 point).</i> • Pap Test (Cervical Cancer Screening) - <i>Women 21-65.</i> • Mammogram (Breast Cancer Screening) - <i>Women 40-74 (or if recommended by physician).</i> • Colonoscopy (Colorectal Cancer Screening) - <i>Men and Women age 50-75 *Will count for wellness credit once every 10 years</i> • PSA Test (Prostate Cancer Screening) <i>*only counts if recommend by Physician</i> • Annual Flu Shot - <i>No proof needed if done on County Flu Shot day</i> • Shingles Vaccination <i>*only counts if recommended by Physician (Men and Women age and above)</i> • Dental Exam • Skin Cancer Screening • Eye Appointment <i>*full ophthalmology screening – not just vision*</i> 	

HEALTH MANAGEMENT:	1 point each
<p><u>(A doctor's note will be required as proof of participation. You will be contacted if more information is needed for your points. Please turn the doctor's note into Human Resources to get your points.)</u></p> <ul style="list-style-type: none"> • Prenatal Care throughout pregnancy <i>*Can only count this for 1 wellness point.</i> • Post Partum exam (between 3 and 6 weeks after delivery.) • Chronic Disease Management (At least 1 visit to manage a chronic condition, or as recommended by your physician). • Mental Health Management (Visit with a Clinical social Worker, Psychologist, Psychiatrist). Free through the EAP. 	

COACHING:	Up to 3 points each
<p><u>(Proof of completion will be required. An email or signature on the “Coaching Verification” form will certify as proof or if you complete the online program, you may show proof of completion or show an employee in Human Resources that it has been completed. You will be contacted if more information is needed for your points.)</u></p>	
<ul style="list-style-type: none"> • Blomquist Hale EAP <ul style="list-style-type: none"> ○ Free coaching sessions. Call for more information or to schedule an appointment - 1.800.926.9619. ○ Employee gets a note from provider for wellness point. • Participate in a Tobacco Cessation Program through the PEHP Quit Line. Develop health habits related to tobacco use. This also includes assistance with e-cigarettes. <ul style="list-style-type: none"> ○ Nicotine quit medications – you may be eligible for quit medications through PEHP Quit Line. Quit medications can double or triple your chances of quitting for good. • Participate in a PEHP Wellness Education Course (PEHP Lighten Up, PEHP Diabetes & YOU, etc. • Participate in PEHP Health Coaching that provides education, support and rebates to help members engage in improving their health by forming action plans, setting goals, and following up monthly with a health coach (for employees with a body mass index of 30 or greater). 	

WELLNESS CHALLENGES:	1-2 points each
<p><u>(Participation materials/tracking sheet will be required to be turned in. Please record your participation on the completion/tracking form and turn into Human Resources.)</u></p>	
<ul style="list-style-type: none"> • 4 Week Challenge: 1 point • 6-8 Week Challenge: 2 points • PEHP Challenges (points as listed above) <p>Additional:</p> <ul style="list-style-type: none"> • Sheriff’s Office PT Testing: 2 points for participating; 14 points for successfully meeting POST Exit Standards two assessments in a row! That’s all 16 points! 	

WELLNESS SEMINARS:	.5 points each
<u>(Attend a PEHP/Box Elder County sponsored seminar regarding health and wellness. Make sure you sign the roll.)</u>	
<ul style="list-style-type: none"> • Onsite: 0.5 point • Lunch & Learn: 0.5 point • 15 minute massage at work: no points 	

WEIGHT MANAGEMENT:	2 points each
<u>(Complete "Healthy Weight Verification" form. Turn in to Human Resources.)</u>	
<ul style="list-style-type: none"> • Lose weight: If your BMI is over 27 and you lose 10 or more pounds, provide a Physician or RN signature and earn 2 wellness credits. Weight loss will need to be documented. • Weight management campaign – GBS • PEHP Waist Aweigh program 	

NUTRITION OPTIONS:	1 point each (for month of tracking)
<u>(Complete "Nutrition Verification" form. Turn in to Human Resources.)</u>	
<ul style="list-style-type: none"> • Weight Watchers 1 month participation • Online Food Journal and Tracking Apps 1 month log • Registered Dietician/Nutrition/Health Coach – 1 months • Other nutrition program 1 month participation 	

EXERCISE OPTIONS:	2 points each (for each month of tracking)
<u>(Complete "Exercise Verification" form. Turn in to Human Resources.)</u>	
<ul style="list-style-type: none"> • Aerobic Exercise 2 month log (Must exercise a minimum of 30 minutes, 3x/week or equivalent) • Competitive Sports 2 month log (Must exercise a minimum of 30 minutes, 3x/week or equivalent) • Exercise Journal and Tracking Apps (Must exercise a minimum of 30 minutes, 3x/week or equivalent 2 month log) • Personal Trainer (with note from trainer) • PEHP MyWellness Tracker – for every month you qualify for cash rewards, you get 1 point. 	

HIKING CHALLENGE:	2 points (max of 4 points per year)
<u>(Maximum of 4 points per year must complete "Hiking Verification" form. Turn in to Human Resources.)</u>	
<ul style="list-style-type: none"> • Take a hike of 5+ miles roundtrip with an elevation change of at least 500 ft. 	

RACES AND EVENTS:	See Individual Race for point value
<u>(Complete "Races and Events Training Log Verification" form. Turn in to Human Resources.)</u>	
<ul style="list-style-type: none"> • 5k Walk/Jog Race: 1 point • Tougher Mudder: 2 points • 10K Race or 30 mile Bike Race: 2 points • Half Marathon Race or 50 mile Bike Race or Sprint Triathlon: 3 points • Full Marathon Race or 100 mile Bike Race or Olympic Distance Triathlon: 4 points • Half Ironman or Full Ironman: 5 points 	

HEALTH CLASS:	.5 points each
<u>(Complete "Health Class Verification" form. Turn in to Human Resources.)</u>	
<ul style="list-style-type: none"> • You may receive 0.5 point for any health class you attend that you feel was beneficial to your health outside of the PEHP/Box Elder County program. Simply complete the "Health Class Verification" form. 	

COMMUNITY EVENTS:	See Individual events for point value
<u>(Complete "Community Event Verification" form. Turn in to Human Resources. If you'd like to participate in an event that isn't listed below for points, please receive authorization for Human Resources BEFORE the event.)</u>	
<u>Worth 0.5 point each</u>	
<ul style="list-style-type: none"> • Attend the County Summer Party. Make sure you sign in. • Other community events (with preapproval). 	
<u>Worth 1 point each</u>	
<ul style="list-style-type: none"> • Participate in a county sponsored blood drive. Make sure you sign in. 	

MINI BREAKS:	No points (prize drawing every 3 months)
<u>For every attendance to a mini break, earn 1 ticket into the prize drawing. Prize drawing to be held every 3 months. Prizes will vary.</u>	
<ul style="list-style-type: none"> • Mini breaks Jan-March: April prize drawing • Mini breaks April-June: July prize drawing • Mini breaks July-Sept: October prize drawing • Mini breaks Oct-Dec: January prize drawing 	

Health-Related Reading:	1 points for every 5 hours
<p><u>For every 5 hours of health-related reading, earn 1 point. Please send a tracking sheet of the minutes spent reading.</u></p> <p><u>This includes:</u></p> <ul style="list-style-type: none">• Articles• Books• Box Elder monthly newsletter• Box Elder County Share-A-Book Library (See HR)• Other health-related material (get approval if you're not sure on the material)	

Insurance Premium Rates can be found at the back of this booklet.

Health Savings Account

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are similar to retirement accounts in that funds rollover year-to-year, it is portable if you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

The HSA Advantage

A Health Savings Account offers you many advantages.

It's a Tax Saver:

- Contributions are excluded from federal income tax
- Your money grows tax-free
- Withdrawals used to pay for qualified health care expenses are also tax-free

Ownership: The money in your HSA is always yours. Unspent balances simply roll over from year to year until spent.

Flexibility: You decide when and how much to contribute to your account.

Portable: Your money stays put even if you change health plans or employers, or if you retire.

Who is eligible?

You must be enrolled in our qualified high deductible health plan (HDHP) and meet the following requirements:

- ✓ Have no other health insurance coverage except what's permitted by the IRS
- ✓ Not be enrolled in Medicare
- ✓ Not be claimed as a dependent on someone else's tax return

How much can I contribute to my HSA?

Each year the IRS establishes the maximum contribution limits (see the table below). These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

2020
Self Only: \$3,550
Family: \$7,100

At age 55, an additional \$1,000 contribution is allowed annually.

Determining Your Annual Contribution

Your allowed annual contribution is calculated based on the number of months covered by a qualified HDHP plan and your coverage type (self-only or family). For example, if you have self-only coverage 8 months of the year, your maximum contribution limit is \$2,366. Formula: $\$2,366 = 8 \times (\$3,550 / 12)$

Per the last-month rule (IRS Publication 969), if you are eligible on the 1st day of the last month of your tax year (usually December 1st), you are considered eligible for the entire year. You may contribute up to the annual maximum IRS limit, but only if you maintain qualified HDHP coverage for the entire following year.

Our Banking Partner

We have partnered with HealthEquity for HSA administration. For newly enrolled employees, your demographic data is transmitted to the bank upon electing our qualified HDHP. HealthEquity will mail you a welcome kit upon activating your account which will contain information about the bank and how to use the online banking features and your debit card. If you are an existing account holder, you will continue to use your same Health Savings Account which rolls over year after year. Please use the same debit card you currently have. The bank will automatically send you a new debit card approximately one month before your current card expires.

Health Savings Account

Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses you, your legal spouse and your tax dependents incur, even if they are not covered on your plan. Qualified health care expenses are designated by the IRS (Publication 502). They include medical, dental, vision and prescription expenses not covered by the insurance carrier.

Qualified expenses include, but are not limited to:

- Acupuncture
- Alcoholism (rehab)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs
- Birth control pills/prescription contraceptives
- Body scans
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed)
- Nursing home medical care
- Nursing services
- Optometrist
- Lasik surgery
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants
- Weight-loss program (prescribed)
- Wheelchairs
- Wigs (prescribed)

Non-qualified expenses include any expenses incurred before you establish your HSA. Other non-qualified expenses include, but are not limited to:

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral Expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums*
- Medicines and drugs from other countries
- Non-prescription drugs (other than insulin)
- Teeth whitening

The following insurance premiums may be reimbursed from your HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums
- Medicare premiums (Parts A, B, C, etc.)

Important!

Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

Documentation is Key

An HSA can be used for a wide range of health care services within the limits established by law. Be sure you understand what expenses are HSA qualified, and be able to produce receipts for those items or services that you purchase with your HSA. You must keep records sufficient to show that:

- The distributions were exclusively to pay or reimburse qualified medical expenses,
- The qualified expenses had not been previously paid or reimbursed from another source, and
- The qualified expense had not been taken as an itemized deduction in any year.

Do not send these records with your tax return. Keep them with your tax records.

FLEXIBLE BENEFITS PLAN

Box Elder County
Employer ID NBS598532

PLAN HIGHLIGHTS

Login at: my.nbsbenefits.com



Congratulations! Box Elder County has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

DETERMINING CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

GENERAL PLAN INFORMATION

Plan Year End:.....December 31st
Run-out Period:.....75 Days

Maximum Medical Limit.....Current IRS limit \$2,700
...See Code Section 125(i)(2) or current enrollment information

Maximum Dependent Care Limit:.....\$5,000

Health FSA Grace Period.....75 days

Dependent Care Grace Period:.....75 days

WHEN AM I ELIGIBLE TO PARTICIPATE

You will be eligible to join the Plan following your date of employment.

You will enter the Plan on the first day of the month following the day in which you meet the above eligibility requirements.

WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan. The most that you can contribute to your Health FSA each Plan Year is set by the IRS. This amount can be adjusted for increases in cost-of-living in accordance with Code Section 125(i)(2). Please note: If you participate in a Health Savings Account (HSA) benefit you **cannot** participate in the Full Health Flexible Spending Account benefit, but you **can** participate in the Limited Health Flexible Spending Account Benefit.

Health Savings Account:

A Health Savings Account allows participants insured by a Qualified High Deductible Insurance Plan to save for deductibles and other expenses not covered under the Plan. If you participate in this benefit you **cannot** participate in the Health Flexible Spending Account benefit, only a Limited FSA.

Limited Health Flexible Spending Account:

If you participate in a Limited Health Flexible Spending Account, you can only be reimbursed for out-of-pocket dental and/or vision expenses incurred by you and your dependents. However, once you satisfy the statutory deductible you may be reimbursed for medical expenses that are allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical Plan. Please refer to your SPD for the current statutory amount. You may not, however, be reimbursed for the cost of other health care coverage maintained outside of the Plan, or for long-term care expenses.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you

NBS Welfare Benefit Service Center

8523 S. Redwood Road
West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528



Box Elder County Flexible Benefits Plan Box Elder County

Plan Contact Person:

Jenica Stander
#1 Main Street
Brigham City, Utah 84302
(435) 734-3313

Flexible Benefits Plan Highlights Continued

and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

The Employer is offering a "Cash in Lieu" benefit for those Employees who can obtain credible health care coverage elsewhere (i.e. a spouse's employer.) The county will provide the Employee \$2,500 per calendar year (paid in 24 installments each year. This option will be available at Open Enrollment and New Hire sessions only. This is a taxable benefit and can be used at the Employees discretion.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com.

Claim forms must be submitted no later than 90 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. Any contributions remaining at the end of the Plan Year will be forfeited. However, if you have unused contributions in your Flexible Spending Accounts from the immediately preceding plan year, and you incur qualified medical care and/or dependent care expenses during the grace period; you may be reimbursed for those expenses as if the expenses had been incurred in the prior plan year. Any monies left from the previous plan year will be forfeited following the grace and run-out period.

NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

NBS Welfare Benefit Service Center

8523 S. Redwood Road
West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528



Box Elder County Flexible Benefits Plan Box Elder County

Plan Contact Person:

Jenica Stander
#1 Main Street
Brigham City, Utah 84302
(435) 734-3313

Summary of Benefits for:

BOX ELDER COUNTY

PPO R&C Classic - MaxRewards
Platinum Network

90th R&C

Contracted Dentist		
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of R&C
Basic		
Composite fillings, extractions, endodontics, periodontics, oral surgery, space maintainers, sealants No Waiting Period	80%	80% of R&C
Major		
Crowns, bridges, dentures, full implants 12 Month Waiting Period	50%	50% of R&C
Orthodontics		
Children under 19	50%	50%
Waiting Periods		12 Month Waiting Period
Lifetime Maximum		\$1,500.00
All Members:	20% Discount	No Benefit
Maximum Benefit		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is:	\$1,200.00
	Per Member	
	Effective Date Per Year	
Deductible		
<i>Applies to Basic and Major Services</i>	<i>Per Benefit Period</i>	
	Per Person:	\$25.00
	Family Maximum:	\$75.00

Dental Notes for:

BOX ELDER COUNTY

Dental Plan Notes

PPO R&C Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Members may receive a discount on orthodontic services from contracted orthodontists.
- Non-Contracted: Dental Select will allow up to the Reasonable & Customary amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

Dependent Eligibility

Eligible dependents are covered up to age 26.

MaxRewards

For every consecutive year on the plan, each member will receive increased maximums by the schedule outlined below. The annual maximum benefit of each member will never exceed \$2,000.

Year 2 - \$100

Year 3 - \$200

Year 4 - \$300

Year 5 - \$400

This summary of benefits is current as of 10/01/2019. To verify up to date benefits, please contact Dental Select Customer Care.



Box Elder County	Select Network	Broad Network	Out-of-network
Eye Exam			
No Exam Benefit			
Standard Plastic Lenses			
Single Vision	100% Covered	\$10 Co-pay	◆\$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	
Lens Options			
Progressive (<i>Standard plastic no-line</i>)	\$30 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	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	*\$120 Allowance	*\$100 Allowance	◆\$80 Allowance
Additional Eyewear			
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
<i>Contact benefits is in lieu Of lens and frame benefit.</i>	\$120 Allowance	\$100 Allowance	◆\$80 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	\$250 Off Per Eye	Not Covered	Not Covered

Discounts

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details

* Up to 20% Discount off balance above Frame Allowance

** 50% discount varies by provider, ask provider for details.

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

**** **LASIK (Refractive surgery) Standard Optical Locations ONLY.** 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.

◆ **Out of Network** – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.



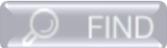
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We have over 150 providers located in the State of Utah and over 20,000 nationwide.

To locate a provider in your area view our website:

www.opticareofutah.com

From the home page, click  an Opticare Provider and search by network choice.

In Network will allow you to locate providers in your area by zip code in the state of Utah.

Out of State will allow you to search our Nationwide Network to find a provider Out side of the state of Utah by zip code.

You will find a selection of Local Chains, Nationwide Chains as well as Independent Private Practice offices in your area.

Need help or have questions?

(801) 869-2020 or (800) 363-0950

service@opticareofutah.com



BASIC GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

BOX ELDER COUNTY

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : \$25,000	AD&D: \$50,000
Dependent(s)	Spouse Benefit: \$10,000 Child(ren) Benefit: \$2,000	AD&D: Not Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

PREMIUMS

Your employer pays 100% of the premium for your and your dependents' coverage.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 32 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective for you and your dependents on the date you become eligible.

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

²Your benefit will be reduced by 35% at age 65, 60% at age 70, and 75% at age 75. Reductions will be applied to the original amount.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Your employer pays 100% of the premium for your and your dependents' coverage.

WHEN CAN I ENROLL?

Your employer will automatically enroll you and your dependent(s) for this coverage. If you have not already done so, you must designate a beneficiary.

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion are described in the certificate. Conversion is not available for AD&D coverage.

¹LIMRA, Facts About Life 2016. Web. 30 June 2017. <https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf>

³Rates and/or benefits may be changed.

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BOX ELDER COUNTY LIFE & ADD BHS_PUBLICATION DATE: 10/24/2018

SUPPLEMENTAL GROUP TERM LIFE INSURANCE BENEFIT HIGHLIGHTS



Approximately 50 million households recognize they need more life insurance (40 percent of households).¹

BOX ELDER COUNTY

The group term life insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE
Employee	Benefit ² : Increments of \$5,000 Minimum: \$20,000 Maximum: \$600,000
Spouse	Benefit ² : Increments of \$5,000 Minimum: \$10,000 Maximum: the lesser of 100% of your supplemental coverage or \$250,000
Child(ren)	10,000

PREMIUMS

See the Premium Worksheet.³

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 32 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s).

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$450,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

For spouse insurance, if you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$30,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible and are electing coverage for the first time or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.

This child(ren) insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

²Your benefit will be reduced by 35% at age 65, 60% at age 70, and 75% at age 75. Reductions will be applied to the original amount.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate.

¹LIMRA, Facts About Life 2016. Web. 30 June 2017. <https://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/Facts-of-Life-2016.pdf>

³Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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BOX ELDER COUNTY LIFE & ADD BHS_PUBLICATION DATE: 10/24/2018

GROUP VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



In the U.S., a disabling injury occurs every second, and an accidental death occurs every 4 minutes.¹

BOX ELDER COUNTY

Group Voluntary Accidental Death & Dismemberment (AD&D) insurance pays your beneficiary a death benefit if you die due to a covered accident or pays you if you are unexpectedly injured in a covered accident. The benefits are paid in lump sum amounts to you (or your beneficiary), and can be used to pay for health care expenses not covered by your major medical insurance, help replace income lost while not working, funeral expenses, or however you choose. Accidental death benefits are paid in addition to any life insurance.



To learn more about AD&D insurance, visit thehartford.com/employeebenefits

COVERAGE INFORMATION

You (the primary insured) may enroll for one of the following AD&D coverage amounts²: increments of \$25,000. The maximum amount you can elect is \$250,000.

You may also enroll your dependent(s) for AD&D coverage. Your dependent(s) will be covered at a percentage of your coverage amount.

COVERAGE TIER	SPOUSE PERCENTAGE	CHILD(REN) PERCENTAGE
Spouse	50%	0%
Child(ren)	0%	15%
Spouse & Child(ren)	40%	10%

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE AMOUNT
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

PREMIUMS

See the Premium Worksheet.²

²Your benefit will be reduced by 35% at age 65, 60% at age 70, and 75% at age 75. Reductions will be applied to the original amount.

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 32 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status or within 31 In days of the completion of any eligibility waiting period established by your employer.

¹Injury Facts. National Safety Council. 2015 Edition. P. 37. Web. 30 June 2017.

³Rates and/or benefits may be changed.

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WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under an individual conversion certificate. Your spouse may also continue insurance in certain circumstances.

The specific terms and qualifying events for conversion are described in the certificate.

BOX ELDER COUNTYADD BHS_PUBLICATION DATE: 10/24/2018

PREMIUM WORKSHEET



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category. For Spouse Voluntary Term Life Insurance, rates are based on the spouse's age and increase as your spouse enters each new age category.

SUPPLEMENTAL TERM LIFE INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.22	\$0.22	\$0.25	\$0.32	\$0.50	\$0.75	\$1.15	\$1.81	\$3.26	\$6.10	\$10.30	\$10.30
\$10,000	\$0.44	\$0.44	\$0.49	\$0.63	\$0.99	\$1.50	\$2.30	\$3.62	\$6.51	\$12.19	\$20.60	\$20.60
\$15,000	\$0.66	\$0.66	\$0.74	\$0.95	\$1.49	\$2.25	\$3.45	\$5.43	\$9.77	\$18.29	\$30.90	\$30.90
\$20,000	\$0.88	\$0.88	\$0.98	\$1.26	\$1.98	\$3.00	\$4.60	\$7.24	\$13.02	\$24.38	\$41.20	\$41.20
\$25,000	\$1.10	\$1.10	\$1.23	\$1.58	\$2.48	\$3.75	\$5.75	\$9.05	\$16.28	\$30.48	\$51.50	\$51.50
\$30,000	\$1.32	\$1.32	\$1.47	\$1.89	\$2.97	\$4.50	\$6.90	\$10.86	\$19.53	\$36.57	\$61.80	\$61.80
\$35,000	\$1.54	\$1.54	\$1.72	\$2.21	\$3.47	\$5.25	\$8.05	\$12.67	\$22.79	\$42.67	\$72.10	\$72.10
\$40,000	\$1.76	\$1.76	\$1.96	\$2.52	\$3.96	\$6.00	\$9.20	\$14.48	\$26.04	\$48.76	\$82.40	\$82.40
\$45,000	\$1.98	\$1.98	\$2.21	\$2.84	\$4.46	\$6.75	\$10.35	\$16.29	\$29.30	\$54.86	\$92.70	\$92.70
\$50,000	\$2.20	\$2.20	\$2.45	\$3.15	\$4.95	\$7.50	\$11.50	\$18.10	\$32.55	\$60.95	\$103.00	\$103.00
\$55,000	\$2.42	\$2.42	\$2.70	\$3.47	\$5.45	\$8.25	\$12.65	\$19.91	\$35.81	\$67.05	\$113.30	\$113.30
\$60,000	\$2.64	\$2.64	\$2.94	\$3.78	\$5.94	\$9.00	\$13.80	\$21.72	\$39.06	\$73.14	\$123.60	\$123.60
\$65,000	\$2.86	\$2.86	\$3.19	\$4.10	\$6.44	\$9.75	\$14.95	\$23.53	\$42.32	\$79.24	\$133.90	\$133.90
\$70,000	\$3.08	\$3.08	\$3.43	\$4.41	\$6.93	\$10.50	\$16.10	\$25.34	\$45.57	\$85.33	\$144.20	\$144.20
\$75,000	\$3.30	\$3.30	\$3.68	\$4.73	\$7.43	\$11.25	\$17.25	\$27.15	\$48.83	\$91.43	\$154.50	\$154.50
\$80,000	\$3.52	\$3.52	\$3.92	\$5.04	\$7.92	\$12.00	\$18.40	\$28.96	\$52.08	\$97.52	\$164.80	\$164.80
\$85,000	\$3.74	\$3.74	\$4.17	\$5.36	\$8.42	\$12.75	\$19.55	\$30.77	\$55.34	\$103.62	\$175.10	\$175.10
\$90,000	\$3.96	\$3.96	\$4.41	\$5.67	\$8.91	\$13.50	\$20.70	\$32.58	\$58.59	\$109.71	\$185.40	\$185.40
\$95,000	\$4.18	\$4.18	\$4.66	\$5.99	\$9.41	\$14.25	\$21.85	\$34.39	\$61.85	\$115.81	\$195.70	\$195.70
\$100,000	\$4.40	\$4.40	\$4.90	\$6.30	\$9.90	\$15.00	\$23.00	\$36.20	\$65.10	\$121.90	\$206.00	\$206.00
\$105,000	\$4.62	\$4.62	\$5.15	\$6.62	\$10.40	\$15.75	\$24.15	\$38.01	\$68.36	\$128.00	\$216.30	\$216.30
\$110,000	\$4.84	\$4.84	\$5.39	\$6.93	\$10.89	\$16.50	\$25.30	\$39.82	\$71.61	\$134.09	\$226.60	\$226.60
\$115,000	\$5.06	\$5.06	\$5.64	\$7.25	\$11.39	\$17.25	\$26.45	\$41.63	\$74.87	\$140.19	\$236.90	\$236.90
\$120,000	\$5.28	\$5.28	\$5.88	\$7.56	\$11.88	\$18.00	\$27.60	\$43.44	\$78.12	\$146.28	\$247.20	\$247.20
\$125,000	\$5.50	\$5.50	\$6.13	\$7.88	\$12.38	\$18.75	\$28.75	\$45.25	\$81.38	\$152.38	\$257.50	\$257.50
\$130,000	\$5.72	\$5.72	\$6.37	\$8.19	\$12.87	\$19.50	\$29.90	\$47.06	\$84.63	\$158.47	\$267.80	\$267.80
\$135,000	\$5.94	\$5.94	\$6.62	\$8.51	\$13.37	\$20.25	\$31.05	\$48.87	\$87.89	\$164.57	\$278.10	\$278.10
\$140,000	\$6.16	\$6.16	\$6.86	\$8.82	\$13.86	\$21.00	\$32.20	\$50.68	\$91.14	\$170.66	\$288.40	\$288.40
\$145,000	\$6.38	\$6.38	\$7.11	\$9.14	\$14.36	\$21.75	\$33.35	\$52.49	\$94.40	\$176.76	\$298.70	\$298.70
\$150,000	\$6.60	\$6.60	\$7.35	\$9.45	\$14.85	\$22.50	\$34.50	\$54.30	\$97.65	\$182.85	\$309.00	\$309.00
\$155,000	\$6.82	\$6.82	\$7.60	\$9.77	\$15.35	\$23.25	\$35.65	\$56.11	\$100.91	\$188.95	\$319.30	\$319.30
\$160,000	\$7.04	\$7.04	\$7.84	\$10.08	\$15.84	\$24.00	\$36.80	\$57.92	\$104.16	\$195.04	\$329.60	\$329.60
\$165,000	\$7.26	\$7.26	\$8.09	\$10.40	\$16.34	\$24.75	\$37.95	\$59.73	\$107.42	\$201.14	\$339.90	\$339.90
\$170,000	\$7.48	\$7.48	\$8.33	\$10.71	\$16.83	\$25.50	\$39.10	\$61.54	\$110.67	\$207.23	\$350.20	\$350.20
\$175,000	\$7.70	\$7.70	\$8.58	\$11.03	\$17.33	\$26.25	\$40.25	\$63.35	\$113.93	\$213.33	\$360.50	\$360.50
\$180,000	\$7.92	\$7.92	\$8.82	\$11.34	\$17.82	\$27.00	\$41.40	\$65.16	\$117.18	\$219.42	\$370.80	\$370.80
\$185,000	\$8.14	\$8.14	\$9.07	\$11.66	\$18.32	\$27.75	\$42.55	\$66.97	\$120.44	\$225.52	\$381.10	\$381.10
\$190,000	\$8.36	\$8.36	\$9.31	\$11.97	\$18.81	\$28.50	\$43.70	\$68.78	\$123.69	\$231.61	\$391.40	\$391.40
\$195,000	\$8.58	\$8.58	\$9.56	\$12.29	\$19.31	\$29.25	\$44.85	\$70.59	\$126.95	\$237.71	\$401.70	\$401.70
\$200,000	\$8.80	\$8.80	\$9.80	\$12.60	\$19.80	\$30.00	\$46.00	\$72.40	\$130.20	\$243.80	\$412.00	\$412.00
\$205,000	\$9.02	\$9.02	\$10.05	\$12.92	\$20.30	\$30.75	\$47.15	\$74.21	\$133.46	\$249.90	\$422.30	\$422.30
\$210,000	\$9.24	\$9.24	\$10.29	\$13.23	\$20.79	\$31.50	\$48.30	\$76.02	\$136.71	\$255.99	\$432.60	\$432.60
\$215,000	\$9.46	\$9.46	\$10.54	\$13.55	\$21.29	\$32.25	\$49.45	\$77.83	\$139.97	\$262.09	\$442.90	\$442.90
\$220,000	\$9.68	\$9.68	\$10.78	\$13.86	\$21.78	\$33.00	\$50.60	\$79.64	\$143.22	\$268.18	\$453.20	\$453.20
\$225,000	\$9.90	\$9.90	\$11.03	\$14.18	\$22.28	\$33.75	\$51.75	\$81.45	\$146.48	\$274.28	\$463.50	\$463.50
\$230,000	\$10.12	\$10.12	\$11.27	\$14.49	\$22.77	\$34.50	\$52.90	\$83.26	\$149.73	\$280.37	\$473.80	\$473.80
\$235,000	\$10.34	\$10.34	\$11.52	\$14.81	\$23.27	\$35.25	\$54.05	\$85.07	\$152.99	\$286.47	\$484.10	\$484.10
\$240,000	\$10.56	\$10.56	\$11.76	\$15.12	\$23.76	\$36.00	\$55.20	\$86.88	\$156.24	\$292.56	\$494.40	\$494.40
\$245,000	\$10.78	\$10.78	\$12.01	\$15.44	\$24.26	\$36.75	\$56.35	\$88.69	\$159.50	\$298.66	\$504.70	\$504.70
\$250,000	\$11.00	\$11.00	\$12.25	\$15.75	\$24.75	\$37.50	\$57.50	\$90.50	\$162.75	\$304.75	\$515.00	\$515.00
\$255,000	\$11.22	\$11.22	\$12.50	\$16.07	\$25.25	\$38.25	\$58.65	\$92.31	\$166.01	\$310.85	\$525.30	\$525.30

\$260,000	\$11.44	\$11.44	\$12.74	\$16.38	\$25.74	\$39.00	\$59.80	\$94.12	\$169.26	\$316.94	\$535.60	\$535.60
\$265,000	\$11.66	\$11.66	\$12.99	\$16.70	\$26.24	\$39.75	\$60.95	\$95.93	\$172.52	\$323.04	\$545.90	\$545.90
\$270,000	\$11.88	\$11.88	\$13.23	\$17.01	\$26.73	\$40.50	\$62.10	\$97.74	\$175.77	\$329.13	\$556.20	\$556.20
\$275,000	\$12.10	\$12.10	\$13.48	\$17.33	\$27.23	\$41.25	\$63.25	\$99.55	\$179.03	\$335.23	\$566.50	\$566.50
\$280,000	\$12.32	\$12.32	\$13.72	\$17.64	\$27.72	\$42.00	\$64.40	\$101.36	\$182.28	\$341.32	\$576.80	\$576.80
\$285,000	\$12.54	\$12.54	\$13.97	\$17.96	\$28.22	\$42.75	\$65.55	\$103.17	\$185.54	\$347.42	\$587.10	\$587.10
\$290,000	\$12.76	\$12.76	\$14.21	\$18.27	\$28.71	\$43.50	\$66.70	\$104.98	\$188.79	\$353.51	\$597.40	\$597.40
\$295,000	\$12.98	\$12.98	\$14.46	\$18.59	\$29.21	\$44.25	\$67.85	\$106.79	\$192.05	\$359.61	\$607.70	\$607.70
\$300,000	\$13.20	\$13.20	\$14.70	\$18.90	\$29.70	\$45.00	\$69.00	\$108.60	\$195.30	\$365.70	\$618.00	\$618.00
\$305,000	\$13.42	\$13.42	\$14.95	\$19.22	\$30.20	\$45.75	\$70.15	\$110.41	\$198.56	\$371.80	\$628.30	\$628.30
\$310,000	\$13.64	\$13.64	\$15.19	\$19.53	\$30.69	\$46.50	\$71.30	\$112.22	\$201.81	\$377.89	\$638.60	\$638.60
\$315,000	\$13.86	\$13.86	\$15.44	\$19.85	\$31.19	\$47.25	\$72.45	\$114.03	\$205.07	\$383.99	\$648.90	\$648.90
\$320,000	\$14.08	\$14.08	\$15.68	\$20.16	\$31.68	\$48.00	\$73.60	\$115.84	\$208.32	\$390.08	\$659.20	\$659.20
\$325,000	\$14.30	\$14.30	\$15.93	\$20.48	\$32.18	\$48.75	\$74.75	\$117.65	\$211.58	\$396.18	\$669.50	\$669.50
\$330,000	\$14.52	\$14.52	\$16.17	\$20.79	\$32.67	\$49.50	\$75.90	\$119.46	\$214.83	\$402.27	\$679.80	\$679.80
\$335,000	\$14.74	\$14.74	\$16.42	\$21.11	\$33.17	\$50.25	\$77.05	\$121.27	\$218.09	\$408.37	\$690.10	\$690.10
\$340,000	\$14.96	\$14.96	\$16.66	\$21.42	\$33.66	\$51.00	\$78.20	\$123.08	\$221.34	\$414.46	\$700.40	\$700.40
\$345,000	\$15.18	\$15.18	\$16.91	\$21.74	\$34.16	\$51.75	\$79.35	\$124.89	\$224.60	\$420.56	\$710.70	\$710.70
\$350,000	\$15.40	\$15.40	\$17.15	\$22.05	\$34.65	\$52.50	\$80.50	\$126.70	\$227.85	\$426.65	\$721.00	\$721.00
\$355,000	\$15.62	\$15.62	\$17.40	\$22.37	\$35.15	\$53.25	\$81.65	\$128.51	\$231.11	\$432.75	\$731.30	\$731.30
\$360,000	\$15.84	\$15.84	\$17.64	\$22.68	\$35.64	\$54.00	\$82.80	\$130.32	\$234.36	\$438.84	\$741.60	\$741.60
\$365,000	\$16.06	\$16.06	\$17.89	\$23.00	\$36.14	\$54.75	\$83.95	\$132.13	\$237.62	\$444.94	\$751.90	\$751.90
\$370,000	\$16.28	\$16.28	\$18.13	\$23.31	\$36.63	\$55.50	\$85.10	\$133.94	\$240.87	\$451.03	\$762.20	\$762.20
\$375,000	\$16.50	\$16.50	\$18.38	\$23.63	\$37.13	\$56.25	\$86.25	\$135.75	\$244.13	\$457.13	\$772.50	\$772.50
\$380,000	\$16.72	\$16.72	\$18.62	\$23.94	\$37.62	\$57.00	\$87.40	\$137.56	\$247.38	\$463.22	\$782.80	\$782.80
\$385,000	\$16.94	\$16.94	\$18.87	\$24.26	\$38.12	\$57.75	\$88.55	\$139.37	\$250.64	\$469.32	\$793.10	\$793.10
\$390,000	\$17.16	\$17.16	\$19.11	\$24.57	\$38.61	\$58.50	\$89.70	\$141.18	\$253.89	\$475.41	\$803.40	\$803.40
\$395,000	\$17.38	\$17.38	\$19.36	\$24.89	\$39.11	\$59.25	\$90.85	\$142.99	\$257.15	\$481.51	\$813.70	\$813.70
\$400,000	\$17.60	\$17.60	\$19.60	\$25.20	\$39.60	\$60.00	\$92.00	\$144.80	\$260.40	\$487.60	\$824.00	\$824.00
\$405,000	\$17.82	\$17.82	\$19.85	\$25.52	\$40.10	\$60.75	\$93.15	\$146.61	\$263.66	\$493.70	\$834.30	\$834.30
\$410,000	\$18.04	\$18.04	\$20.09	\$25.83	\$40.59	\$61.50	\$94.30	\$148.42	\$266.91	\$499.79	\$844.60	\$844.60
\$415,000	\$18.26	\$18.26	\$20.34	\$26.15	\$41.09	\$62.25	\$95.45	\$150.23	\$270.17	\$505.89	\$854.90	\$854.90
\$420,000	\$18.48	\$18.48	\$20.58	\$26.46	\$41.58	\$63.00	\$96.60	\$152.04	\$273.42	\$511.98	\$865.20	\$865.20
\$425,000	\$18.70	\$18.70	\$20.83	\$26.78	\$42.08	\$63.75	\$97.75	\$153.85	\$276.68	\$518.08	\$875.50	\$875.50
\$430,000	\$18.92	\$18.92	\$21.07	\$27.09	\$42.57	\$64.50	\$98.90	\$155.66	\$279.93	\$524.17	\$885.80	\$885.80
\$435,000	\$19.14	\$19.14	\$21.32	\$27.41	\$43.07	\$65.25	\$100.05	\$157.47	\$283.19	\$530.27	\$896.10	\$896.10
\$440,000	\$19.36	\$19.36	\$21.56	\$27.72	\$43.56	\$66.00	\$101.20	\$159.28	\$286.44	\$536.36	\$906.40	\$906.40
\$445,000	\$19.58	\$19.58	\$21.81	\$28.04	\$44.06	\$66.75	\$102.35	\$161.09	\$289.70	\$542.46	\$916.70	\$916.70
\$450,000	\$19.80	\$19.80	\$22.05	\$28.35	\$44.55	\$67.50	\$103.50	\$162.90	\$292.95	\$548.55	\$927.00	\$927.00
\$455,000	\$20.02	\$20.02	\$22.30	\$28.67	\$45.05	\$68.25	\$104.65	\$164.71	\$296.21	\$554.65	\$937.30	\$937.30
\$460,000	\$20.24	\$20.24	\$22.54	\$28.98	\$45.54	\$69.00	\$105.80	\$166.52	\$299.46	\$560.74	\$947.60	\$947.60
\$465,000	\$20.46	\$20.46	\$22.79	\$29.30	\$46.04	\$69.75	\$106.95	\$168.33	\$302.72	\$566.84	\$957.90	\$957.90
\$470,000	\$20.68	\$20.68	\$23.03	\$29.61	\$46.53	\$70.50	\$108.10	\$170.14	\$305.97	\$572.93	\$968.20	\$968.20
\$475,000	\$20.90	\$20.90	\$23.28	\$29.93	\$47.03	\$71.25	\$109.25	\$171.95	\$309.23	\$579.03	\$978.50	\$978.50
\$480,000	\$21.12	\$21.12	\$23.52	\$30.24	\$47.52	\$72.00	\$110.40	\$173.76	\$312.48	\$585.12	\$988.80	\$988.80
\$485,000	\$21.34	\$21.34	\$23.77	\$30.56	\$48.02	\$72.75	\$111.55	\$175.57	\$315.74	\$591.22	\$999.10	\$999.10
\$490,000	\$21.56	\$21.56	\$24.01	\$30.87	\$48.51	\$73.50	\$112.70	\$177.38	\$318.99	\$597.31	\$1,009.40	\$1,009.40
\$495,000	\$21.78	\$21.78	\$24.26	\$31.19	\$49.01	\$74.25	\$113.85	\$179.19	\$322.25	\$603.41	\$1,019.70	\$1,019.70
\$500,000	\$22.00	\$22.00	\$24.50	\$31.50	\$49.50	\$75.00	\$115.00	\$181.00	\$325.50	\$609.50	\$1,030.00	\$1,030.00
\$505,000	\$22.22	\$22.22	\$24.75	\$31.82	\$50.00	\$75.75	\$116.15	\$182.81	\$328.76	\$615.60	\$1,040.30	\$1,040.30
\$510,000	\$22.44	\$22.44	\$24.99	\$32.13	\$50.49	\$76.50	\$117.30	\$184.62	\$332.01	\$621.69	\$1,050.60	\$1,050.60
\$515,000	\$22.66	\$22.66	\$25.24	\$32.45	\$50.99	\$77.25	\$118.45	\$186.43	\$335.27	\$627.79	\$1,060.90	\$1,060.90
\$520,000	\$22.88	\$22.88	\$25.48	\$32.76	\$51.48	\$78.00	\$119.60	\$188.24	\$338.52	\$633.88	\$1,071.20	\$1,071.20
\$525,000	\$23.10	\$23.10	\$25.73	\$33.08	\$51.98	\$78.75	\$120.75	\$190.05	\$341.78	\$639.98	\$1,081.50	\$1,081.50
\$530,000	\$23.32	\$23.32	\$25.97	\$33.39	\$52.47	\$79.50	\$121.90	\$191.86	\$345.03	\$646.07	\$1,091.80	\$1,091.80
\$535,000	\$23.54	\$23.54	\$26.22	\$33.71	\$52.97	\$80.25	\$123.05	\$193.67	\$348.29	\$652.17	\$1,102.10	\$1,102.10
\$540,000	\$23.76	\$23.76	\$26.46	\$34.02	\$53.46	\$81.00	\$124.20	\$195.48	\$351.54	\$658.26	\$1,112.40	\$1,112.40
\$545,000	\$23.98	\$23.98	\$26.71	\$34.34	\$53.96	\$81.75	\$125.35	\$197.29	\$354.80	\$664.36	\$1,122.70	\$1,122.70
\$550,000	\$24.20	\$24.20	\$26.95	\$34.65	\$54.45	\$82.50	\$126.50	\$199.10	\$358.05	\$670.45	\$1,133.00	\$1,133.00
\$555,000	\$24.42	\$24.42	\$27.20	\$34.97	\$54.95	\$83.25	\$127.65	\$200.91	\$361.31	\$676.55	\$1,143.30	\$1,143.30
\$560,000	\$24.64	\$24.64	\$27.44	\$35.28	\$55.44	\$84.00	\$128.80	\$202.72	\$364.56	\$682.64	\$1,153.60	\$1,153.60
\$565,000	\$24.86	\$24.86	\$27.69	\$35.60	\$55.94	\$84.75	\$129.95	\$204.53	\$367.82	\$688.74	\$1,163.90	\$1,163.90
\$570,000	\$25.08	\$25.08	\$27.93	\$35.91	\$56.43	\$85.50	\$131.10	\$206.34	\$371.07	\$694.83	\$1,174.20	\$1,174.20

\$575,000	\$25.30	\$25.30	\$28.18	\$36.23	\$56.93	\$86.25	\$132.25	\$208.15	\$374.33	\$700.93	\$1,184.50	\$1,184.50
\$580,000	\$25.52	\$25.52	\$28.42	\$36.54	\$57.42	\$87.00	\$133.40	\$209.96	\$377.58	\$707.02	\$1,194.80	\$1,194.80
\$585,000	\$25.74	\$25.74	\$28.67	\$36.86	\$57.92	\$87.75	\$134.55	\$211.77	\$380.84	\$713.12	\$1,205.10	\$1,205.10
\$590,000	\$25.96	\$25.96	\$28.91	\$37.17	\$58.41	\$88.50	\$135.70	\$213.58	\$384.09	\$719.21	\$1,215.40	\$1,215.40
\$595,000	\$26.18	\$26.18	\$29.16	\$37.49	\$58.91	\$89.25	\$136.85	\$215.39	\$387.35	\$725.31	\$1,225.70	\$1,225.70
\$600,000	\$26.40	\$26.40	\$29.40	\$37.80	\$59.40	\$90.00	\$138.00	\$217.20	\$390.60	\$731.40	\$1,236.00	\$1,236.00

SPOUSE SUPPLEMENTAL TERM LIFE INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Rates and/or benefits can change. Rates are based on the spouse's age and increase as your spouse enters each new age category.												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.22	\$0.22	\$0.25	\$0.32	\$0.50	\$0.75	\$1.15	\$1.81	\$3.26	\$6.10	\$10.30	\$10.30
\$10,000	\$0.44	\$0.44	\$0.49	\$0.63	\$0.99	\$1.50	\$2.30	\$3.62	\$6.51	\$12.19	\$20.60	\$20.60
\$15,000	\$0.66	\$0.66	\$0.74	\$0.95	\$1.49	\$2.25	\$3.45	\$5.43	\$9.77	\$18.29	\$30.90	\$30.90
\$20,000	\$0.88	\$0.88	\$0.98	\$1.26	\$1.98	\$3.00	\$4.60	\$7.24	\$13.02	\$24.38	\$41.20	\$41.20
\$25,000	\$1.10	\$1.10	\$1.23	\$1.58	\$2.48	\$3.75	\$5.75	\$9.05	\$16.28	\$30.48	\$51.50	\$51.50
\$30,000	\$1.32	\$1.32	\$1.47	\$1.89	\$2.97	\$4.50	\$6.90	\$10.86	\$19.53	\$36.57	\$61.80	\$61.80
\$35,000	\$1.54	\$1.54	\$1.72	\$2.21	\$3.47	\$5.25	\$8.05	\$12.67	\$22.79	\$42.67	\$72.10	\$72.10
\$40,000	\$1.76	\$1.76	\$1.96	\$2.52	\$3.96	\$6.00	\$9.20	\$14.48	\$26.04	\$48.76	\$82.40	\$82.40
\$45,000	\$1.98	\$1.98	\$2.21	\$2.84	\$4.46	\$6.75	\$10.35	\$16.29	\$29.30	\$54.86	\$92.70	\$92.70
\$50,000	\$2.20	\$2.20	\$2.45	\$3.15	\$4.95	\$7.50	\$11.50	\$18.10	\$32.55	\$60.95	\$103.00	\$103.00
\$55,000	\$2.42	\$2.42	\$2.70	\$3.47	\$5.45	\$8.25	\$12.65	\$19.91	\$35.81	\$67.05	\$113.30	\$113.30
\$60,000	\$2.64	\$2.64	\$2.94	\$3.78	\$5.94	\$9.00	\$13.80	\$21.72	\$39.06	\$73.14	\$123.60	\$123.60
\$65,000	\$2.86	\$2.86	\$3.19	\$4.10	\$6.44	\$9.75	\$14.95	\$23.53	\$42.32	\$79.24	\$133.90	\$133.90
\$70,000	\$3.08	\$3.08	\$3.43	\$4.41	\$6.93	\$10.50	\$16.10	\$25.34	\$45.57	\$85.33	\$144.20	\$144.20
\$75,000	\$3.30	\$3.30	\$3.68	\$4.73	\$7.43	\$11.25	\$17.25	\$27.15	\$48.83	\$91.43	\$154.50	\$154.50
\$80,000	\$3.52	\$3.52	\$3.92	\$5.04	\$7.92	\$12.00	\$18.40	\$28.96	\$52.08	\$97.52	\$164.80	\$164.80
\$85,000	\$3.74	\$3.74	\$4.17	\$5.36	\$8.42	\$12.75	\$19.55	\$30.77	\$55.34	\$103.62	\$175.10	\$175.10
\$90,000	\$3.96	\$3.96	\$4.41	\$5.67	\$8.91	\$13.50	\$20.70	\$32.58	\$58.59	\$109.71	\$185.40	\$185.40
\$95,000	\$4.18	\$4.18	\$4.66	\$5.99	\$9.41	\$14.25	\$21.85	\$34.39	\$61.85	\$115.81	\$195.70	\$195.70
\$100,000	\$4.40	\$4.40	\$4.90	\$6.30	\$9.90	\$15.00	\$23.00	\$36.20	\$65.10	\$121.90	\$206.00	\$206.00
\$105,000	\$4.62	\$4.62	\$5.15	\$6.62	\$10.40	\$15.75	\$24.15	\$38.01	\$68.36	\$128.00	\$216.30	\$216.30
\$110,000	\$4.84	\$4.84	\$5.39	\$6.93	\$10.89	\$16.50	\$25.30	\$39.82	\$71.61	\$134.09	\$226.60	\$226.60
\$115,000	\$5.06	\$5.06	\$5.64	\$7.25	\$11.39	\$17.25	\$26.45	\$41.63	\$74.87	\$140.19	\$236.90	\$236.90
\$120,000	\$5.28	\$5.28	\$5.88	\$7.56	\$11.88	\$18.00	\$27.60	\$43.44	\$78.12	\$146.28	\$247.20	\$247.20
\$125,000	\$5.50	\$5.50	\$6.13	\$7.88	\$12.38	\$18.75	\$28.75	\$45.25	\$81.38	\$152.38	\$257.50	\$257.50
\$130,000	\$5.72	\$5.72	\$6.37	\$8.19	\$12.87	\$19.50	\$29.90	\$47.06	\$84.63	\$158.47	\$267.80	\$267.80
\$135,000	\$5.94	\$5.94	\$6.62	\$8.51	\$13.37	\$20.25	\$31.05	\$48.87	\$87.89	\$164.57	\$278.10	\$278.10
\$140,000	\$6.16	\$6.16	\$6.86	\$8.82	\$13.86	\$21.00	\$32.20	\$50.68	\$91.14	\$170.66	\$288.40	\$288.40
\$145,000	\$6.38	\$6.38	\$7.11	\$9.14	\$14.36	\$21.75	\$33.35	\$52.49	\$94.40	\$176.76	\$298.70	\$298.70
\$150,000	\$6.60	\$6.60	\$7.35	\$9.45	\$14.85	\$22.50	\$34.50	\$54.30	\$97.65	\$182.85	\$309.00	\$309.00
\$155,000	\$6.82	\$6.82	\$7.60	\$9.77	\$15.35	\$23.25	\$35.65	\$56.11	\$100.91	\$188.95	\$319.30	\$319.30
\$160,000	\$7.04	\$7.04	\$7.84	\$10.08	\$15.84	\$24.00	\$36.80	\$57.92	\$104.16	\$195.04	\$329.60	\$329.60
\$165,000	\$7.26	\$7.26	\$8.09	\$10.40	\$16.34	\$24.75	\$37.95	\$59.73	\$107.42	\$201.14	\$339.90	\$339.90
\$170,000	\$7.48	\$7.48	\$8.33	\$10.71	\$16.83	\$25.50	\$39.10	\$61.54	\$110.67	\$207.23	\$350.20	\$350.20
\$175,000	\$7.70	\$7.70	\$8.58	\$11.03	\$17.33	\$26.25	\$40.25	\$63.35	\$113.93	\$213.33	\$360.50	\$360.50
\$180,000	\$7.92	\$7.92	\$8.82	\$11.34	\$17.82	\$27.00	\$41.40	\$65.16	\$117.18	\$219.42	\$370.80	\$370.80
\$185,000	\$8.14	\$8.14	\$9.07	\$11.66	\$18.32	\$27.75	\$42.55	\$66.97	\$120.44	\$225.52	\$381.10	\$381.10
\$190,000	\$8.36	\$8.36	\$9.31	\$11.97	\$18.81	\$28.50	\$43.70	\$68.78	\$123.69	\$231.61	\$391.40	\$391.40
\$195,000	\$8.58	\$8.58	\$9.56	\$12.29	\$19.31	\$29.25	\$44.85	\$70.59	\$126.95	\$237.71	\$401.70	\$401.70
\$200,000	\$8.80	\$8.80	\$9.80	\$12.60	\$19.80	\$30.00	\$46.00	\$72.40	\$130.20	\$243.80	\$412.00	\$412.00
\$205,000	\$9.02	\$9.02	\$10.05	\$12.92	\$20.30	\$30.75	\$47.15	\$74.21	\$133.46	\$249.90	\$422.30	\$422.30
\$210,000	\$9.24	\$9.24	\$10.29	\$13.23	\$20.79	\$31.50	\$48.30	\$76.02	\$136.71	\$255.99	\$432.60	\$432.60
\$215,000	\$9.46	\$9.46	\$10.54	\$13.55	\$21.29	\$32.25	\$49.45	\$77.83	\$139.97	\$262.09	\$442.90	\$442.90
\$220,000	\$9.68	\$9.68	\$10.78	\$13.86	\$21.78	\$33.00	\$50.60	\$79.64	\$143.22	\$268.18	\$453.20	\$453.20
\$225,000	\$9.90	\$9.90	\$11.03	\$14.18	\$22.28	\$33.75	\$51.75	\$81.45	\$146.48	\$274.28	\$463.50	\$463.50
\$230,000	\$10.12	\$10.12	\$11.27	\$14.49	\$22.77	\$34.50	\$52.90	\$83.26	\$149.73	\$280.37	\$473.80	\$473.80
\$235,000	\$10.34	\$10.34	\$11.52	\$14.81	\$23.27	\$35.25	\$54.05	\$85.07	\$152.99	\$286.47	\$484.10	\$484.10
\$240,000	\$10.56	\$10.56	\$11.76	\$15.12	\$23.76	\$36.00	\$55.20	\$86.88	\$156.24	\$292.56	\$494.40	\$494.40
\$245,000	\$10.78	\$10.78	\$12.01	\$15.44	\$24.26	\$36.75	\$56.35	\$88.69	\$159.50	\$298.66	\$504.70	\$504.70
\$250,000	\$11.00	\$11.00	\$12.25	\$15.75	\$24.75	\$37.50	\$57.50	\$90.50	\$162.75	\$304.75	\$515.00	\$515.00

CHILD(REN) SUPPLEMENTAL TERM LIFE INSURANCE					
Monthly Premium Amount (Cost per Pay Period – 12/Year)					
Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
\$5,000	\$0.60	x		=	
\$10,000	\$1.20	x		=	

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VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE									
Monthly Premium Amount (Cost per Pay Period – 12/Year)									
Benefit	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Benefit	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$25,000	\$1.00	\$1.15	\$1.15	\$1.40	\$150,000	\$6.00	\$6.90	\$6.90	\$8.40
\$50,000	\$2.00	\$2.30	\$2.30	\$2.80	\$175,000	\$7.00	\$8.05	\$8.05	\$9.80
\$75,000	\$3.00	\$3.45	\$3.45	\$4.20	\$200,000	\$8.00	\$9.20	\$9.20	\$11.20
\$100,000	\$4.00	\$4.60	\$4.60	\$5.60	\$225,000	\$9.00	\$10.35	\$10.35	\$12.60
\$125,000	\$5.00	\$5.75	\$5.75	\$7.00	\$250,000	\$10.00	\$11.50	\$11.50	\$14.00

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

WHEN LIFE GETS TOO CHALLENGING, WE CAN HELP

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2020 Insurance Rates

The following is a breakdown of insurance cost for the year 2020

Box Elder County will continue to pay 100% of the premium for:

- Basic Life Insurance
- Accidental Death & Dismemberment Insurance
- Dependent Life, if applicable
- EAP
- Administrative Fee for Flex Spending
- Employee Vision

County continues to fund 85% of Medical and Dental Insurance Premiums

Employee's portion of Medical and Dental Premium is 15%

Carriers

Medical: PEHP

Dental: Dental Select Platinum Plan

Life Insurance and AD&D: The Hartford

EAP: Blomquist Hale

Vision: Opticare Plan 120C

PEHP– Traditional Summit Exclusive

Wellness Participation Rates

Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	\$765.20	\$650.42	\$114.78	\$57.39
Two Party	\$1,553.34	\$1,320.34	\$233.00	\$116.50
Family	\$2,066.02	\$1,756.12	\$309.90	\$154.95

PEHP– Traditional Summit Exclusive

NON – Wellness Participation Rates

Please see page 26 For more information on your wellness incentive program

Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	\$765.20	\$650.42	\$168.78	\$84.39
Two Party	\$1,553.34	\$1,320.34	\$287.00	\$143.50
Family	\$2,066.02	\$1,756.12	\$363.90	\$181.95

Dental Select PPO Classic Plan

Dental	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	\$44.96	\$38.22	\$6.74	\$3.37
Two Party	\$66.62	\$56.63	\$9.99	\$5.00
Family	\$106.58	\$90.59	\$15.99	\$7.99

Opticare Of Utah 120C Plan

Optional Vision	Employee Contribution Per Pay Period
Single	Paid By County
Two Party	\$1.96
Family	\$3.66

2020 Insurance Rates

The following is a breakdown of insurance cost for the year 2020

Box Elder County will continue to pay 100% of the premium for:

- Basic Life Insurance
- Accidental Death & Dismemberment Insurance
- Dependent Life, if applicable
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County continues to fund 85% of Medical and Dental Insurance Premiums

Employee's portion of Medical and Dental Premium is 15%

Carriers

Medical: PEHP

Dental: Dental Select Platinum Plan

Life Insurance and AD&D: The Hartford

EAP: Blomquist Hale

Vision: Opticare Plan 120C

PEHP– Star HSA Summit Exclusive

Wellness Participation Rates

Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	\$714.32	\$607.18	\$107.14	\$53.57
Two Party	\$1,450.06	\$1,232.56	\$217.50	\$108.75
Family	\$1,928.64	\$1,639.34	\$289.30	\$144.65

Box Elder County H.S.A Contributions

Single: \$1,125.00

Two Party: \$1,687.50

Family: \$2,250.00

Contribution amounts will be made in January and June to equal the above amounts

PEHP– Star HSA Summit Exclusive

NON – Wellness Participation Rates

Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	\$714.32	\$607.18	\$161.14	\$80.57
Two Party	\$1,450.06	\$1,232.56	\$271.50	\$135.75
Family	\$1,928.64	\$1,639.34	\$343.30	\$171.61

Dental Select PPO Classic Plan

Dental	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	\$44.96	\$38.22	\$6.74	\$3.37
Two Party	\$66.62	\$56.63	\$9.99	\$5.00
Family	\$106.58	\$90.59	\$15.99	\$7.99

Opticare Of Utah 120C Plan

Optional Vision	Employee Contribution Per Pay Period
Single	Paid By County
Two Party	\$1.96
Family	\$3.66

**If you have
questions
regarding...**

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**Medical
Insurance**

PEHP
560 E 200 S, Salt Lake City, UT
84102

(800) 765-7347

www.pehp.org

**Health Savings
Account**

HealthEquity
15 W Scenic Pointe Dr, Draper,
UT 84020

(866) 346-5800

www.healthequity.com

**Flexible Spending
Account**

National Benefits Services
8523 S. Redwood Road
West Jordan, UT 84084

(800) 274-0503

www.nbsbenefits.com

Dental Insurance

Dental Select
5373 South Green St. 4th Floor
Salt Lake City, UT 84123

(800) 999-9789

www.dentalselect.com

Vision Insurance

Opticare Of Utah
1901 West Parkway Blvd.
Salt Lake City, UT 84119

(800) EYE-CARE

www.opticareofutah.com

Life and AD&D

The Hartford
7400 College Blvd, 6th Floor
Overland Park, KS 66210

(800) 523-2233

www.thehartford.com

EAP

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917 East Country Hills Drive
Ogden, Utah 84403

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