



2024-2025

EMPLOYEE BENEFITS

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Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, a representative from Goldenwest Health Insurance or a member of your Human Resources team.

Benefit	Administrator	 Phone	 Website / Email
Medical	Select Health	800.538.5038	www.selecthealth.org
Health Savings Account	HealthEquity	866.346.5800	www.healthequity.com
Flexible Spending Account (FSA)	National Benefits Services (NBS)	800.274.0503	www.nbsbenefits.com
Telehealth	Teladoc	800.835.2362	www.teladoc.com
Dental	Select Health	800.538.5038	www.selecthealth.org
Vision	UNUM	855.652.8686	www.eyemedvisioncare.com/unum
Life & Disability	USABLE Life	800.370.5856	www.usablelife.com
Short-Term & Long-Term Disability	USABLE Life	800.370.5856	www.usablelife.com
Employee Assistance Program	Blomquist Hale Solutions	800.926.9619	www.blomquisthale.com
Legal Services Identity Protection	Legal Shield George Wilkinson	801.205.5132	wgpaulla@msn.com
Human Resources	Heidi Olmedo	801.629.8737	heidiolmedo@ogdencity.com
Goldenwest Health Insurance (Broker)	Mike Thomson	801.786.8170	mthomson@gwcu.org
Goldenwest Health Insurance (Account Executive)	Felicia Munoz	801.786.8166	fmunoz@gwcu.org
Goldenwest Health Insurance (Account Manager)	Dusty Hinze	801.786.8169	dhinze@gwcu.org

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) establishes a set of standards for protecting certain health information or PHI (Protected Health Information). If you have any questions or would like additional information regarding HIPAA, please contact your Human Resources Department or Goldenwest Financial Services dba Goldenwest Health Insurance.

Benefits Overview

Ogden City puts great time and effort into ensuring that employees and their family's needs are met. From health to financial well-being, we continually invest in our employees to help them achieve a healthy balance-both at and outside of work. That's why we offer a variety of benefits and allow you to select what's right for you.

Who is eligible?

Ogden City proudly offers a comprehensive benefits package to eligible, full-time employees who work 40 hours or more per week. Eligible dependents are a spouse to whom you are legally married, and dependent child(ren) under the age of 26. Coverage may be extended past the age of 26 for disabled dependents.



What benefits are offered?

- Medical
- Dental
- Vision
- Life and AD&D
- Short-Term Disability
- Long-Term Disability
- Accident
- Critical Illness
- Hospital Indemnity
- Health Savings Account
- Flexible Spending Account
- Telemedicine
- NICE Healthcare
- Impact Suite
- Employee Assistance Program
- Workers Compensation
- Retirement Benefits
- Legal Services / Identity Theft Protection

When do benefits start?

Benefits for all plans are effective the first day of the month following your date of hire, or at the beginning of the new plan year. The benefit elections you make during open enrollment or as a new hire will remain in effect for the entire plan year. Benefits end on the last day of employment.

Qualifying Event

If an employee or their dependent experience a qualifying event, outside the annual open enrollment period, a benefit election period will be made available to the employee and/or their dependents. A qualifying event election is initiated by the employee contacting a member of the Human Resources Department or through the Employee Navigator portal. Any election changes will occur only after the required documentation is received and approved. **You must update your elections within 30 days of a qualifying event or you will not be able to make changes until the next annual open enrollment.**

Qualifying Event	Documentation Required
Loss of Dependent Coverage (including spousal coverage through employer)	Coverage Letter from Prior Insurance Carrier
Marriage	Copy of Marriage Certificate
Divorce	Copy of Divorce Decree
Legal Separation	Copy of Legal Separation
Birth of a Child	Copy of Birth Certificate
Adoption or Change in Custody	Copy of Legal Court Order

Disclaimer

This enrollment guide serves as a summary of benefits described in the official summary plan descriptions for these plans. The benefits that you receive are based upon the plan's official plan documents, not this guide or any other written or oral statement. If there is a conflict between this guide and the official plan documents, the official plan documents will govern in all cases. Your employer reserves the right at any time to change or terminate these plans.

Benefits Overview

Opt Out Benefit

Employees who have coverage with another employer or through a spouse and waives Ogden City's medical or dental programs will be eligible for the Opt Out Benefit. This benefit will pay the employee \$113.00 per pay period for medical and \$12.00 per pay period for dental. Proof of other coverage must be provided in order to receive this benefit.

Open Enrollment

Open Enrollment for benefit programs are held once a year and all elections will be effective 07/01/2024. Employees will have an enrollment window to make changes to their benefit elections during this time. After the enrollment window ends, employees cannot make changes to their benefit elections until the next open enrollment window, unless a qualifying event occurs.



Wellness Incentive Program

Ogden City Wellness Program

Ogden City values your health and continues to identify programs and tools to assist you in managing your overall wellness. We are excited to continue to offer healthy activities and resources for you to engage in throughout the year, so you are able to improve and maintain your overall health and wellbeing. In order to receive the reduced insurance premiums or opt out allowance, each quarter you must complete one of the following wellness activities listed below. In addition to the wellness activities, all employees will be asked to complete a "Tobacco Affidavit" to indicate whether or not they are a tobacco user. If you are a tobacco user, you will still be eligible to receive the reduced premiums or opt out allowance by completing the Utah Tobacco Quit Line Program. For more information on this program and how to enroll, call Heidi/HR at 801-629-8737 with any questions.

Wellness Calendar

1st Quarter - July 1, 2024 – September 30, 2024

2nd Quarter - October 1, 2024 – December 31, 2024

3rd Quarter - January 1, 2025 – March 31, 2025

4th Quarter - April 1, 2025 – June 30, 2025

To receive the reduced insurance rates or opt-out allowance you must complete one of the following each quarter:

1. Participate in an Ogden City Wellness Activity/Contest
2. Participate in an online health challenge or activity through Select Health's My Health Virgin Pulse portal
3. Complete a digital coaching program through Select Health's My Health Virgin Pulse portal
4. Complete an Ogden City wellness class/program or workshop (i.e. Lunch & Learn class, Weight Loss Program, Smoking Cessation)
5. Complete an Ogden City Wellness sponsored event (i.e. hike, bike ride)
6. Physical Exam (or mammogram, pap smear, prostate, colonoscopy) – submit Select Health Explanation of Benefit (EOB) or dr.'s note as proof
7. Dental Exam – submit insurance statement or Dr.'s note as proof
8. Eye Exam – submit insurance statement or Dr.'s note as proof
9. Flu Shot/Health Fair participation/COVID vaccination
10. Attend the gym a minimum of 12 times per month per quarter – submit check-in report from gym as proof

Test results are protected health information and cannot be accepted as proof.

Reporting Requirements

Submit your Wellness proof to Heidi/HR by the last day of the quarter to receive the reduced premium or opt out for the next quarter. Proof submitted late will receive credit for the following quarter.

Ogden City is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you may be unable to meet the standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Contact HR at 801-629-8730, 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.



Cost For Benefits

Rates are Per Pay Period

Select Health | Qualified High Deductible Health Plan

Status	Wellness & Non-Tobacco	Non-Wellness or Tobacco Use Only	Non-Wellness & Tobacco Use	Employer HSA Contribution
Single	\$0.00	\$31.40	\$62.83	\$21.78
2-Party	\$0.00	\$31.40	\$62.83	\$64.91
Family	\$0.00	\$31.40	\$62.83	\$64.91

Select Health | Signature Plan

Status	Wellness & Non-Tobacco	Non-Wellness or Tobacco Use Only	Non-Wellness & Tobacco Use
Single	\$56.95	\$89.68	\$124.51
2-Party	\$123.27	\$153.55	\$188.39
Family	\$170.94	\$199.44	\$234.28

Insurance Opt Out

Plan	Wellness & Non-Tobacco	Non-Wellness or Tobacco Use Only	Non-Wellness & Tobacco Use
Medical Payout	\$113.00	\$56.50	\$0.00
Dental Payout	\$12.00	\$12.00	\$12.00

Select Health | Dental

Status	Employee Premium
Single	\$7.24
2-Party	\$12.32
Family	\$22.64

UNUM | Vision

Status	Employee Premium
Single	\$3.17
2-Party	\$5.85
Family	\$7.61

Additional Benefits

Benefit	Cost
Nice Healthcare	100% Employer Paid*
Teladoc	100% Employer Paid*
Employee Assistance Program	100% Employer Paid
Flexible Spending Account	Individually Elected See Page 17
Basic Life Insurance	100% Employer Paid
Supplemental Life Insurance	Individually Elected See Page 21
Short-Term Disability	Individually Elected See Page 22
Long-Term Disability	100% Employer Paid
Legal Shield / ID Shield	Individually Elected See Page 30

*Must be enrolled in a medical plan



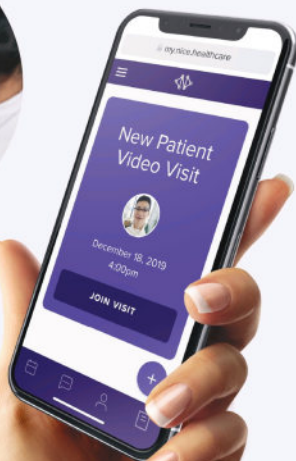
Download the NICE App!



INTRODUCING A BETTER CLINIC

Healthcare that comes to you.

Nice Healthcare is a new benefit offered by your employer, giving you access to in-home and virtual primary care, x-rays, medications, physical therapy and mental health therapy.



Getting started with Nice is easy



Simply download the 'Nice Healthcare' app, sign up and schedule a visit at the time that works best for you.



Start with a chat or video visit, which includes diagnosis, prescriptions, and referrals.



If necessary, we'll send a provider to your home for labs, x-rays and physical tests, prescribe you with medications, or enroll you in physical therapy or mental health therapy.



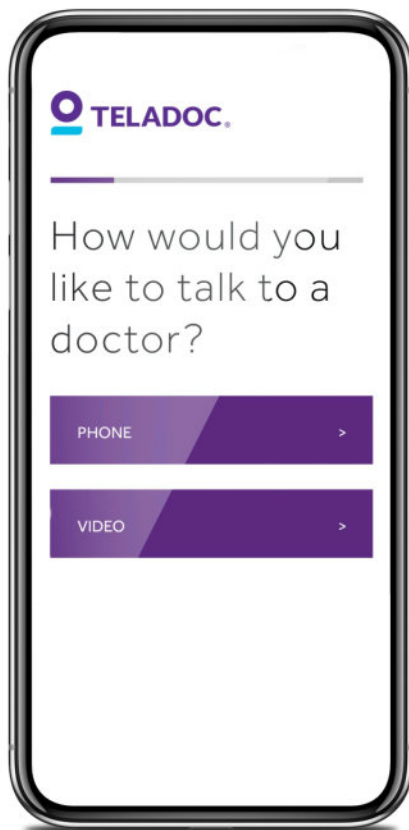
Then, check back in the app for your results and a treatment plan from your provider. You can also ask questions and chat with your Nice team all from the palm of your hand.

Use this QR code to download the Nice app and get started:





Set up your Teladoc Health account in 4 easy steps



Download the app to talk to a doctor within an hour by phone or video.

1

Download the app

Search for "Teladoc Health" in the App Store or on Google Play.

2

Set up your account

Once you've downloaded the app, select "Set up your account."

3

Enter basic contact information

Type in your name, date of birth, and postal code.

4

Type in your security information

Select your coverage, create a password, type in your phone number, and agree to the terms and conditions.

Download the app to speak to a doctor within an hour

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-835-2362 | Download the app

Medical Network



Finding Doctors and Facilities

Each health plan network includes a specific group of doctors, hospitals, and other clinicians (providers) who will provide you with the best care possible. To get the most from your benefits, be sure to see providers who are in your specific network. If you receive care from providers who aren't in your network, you may be responsible for excess charges.



Find the right doctor

1. Open the Select Health app or visit selecthealth.org/findadoctor
2. Narrow your search and filter your results by specialty, location, languages spoken, and most importantly, network. Be sure to choose the appropriate network that is listed on your member ID card!
3. Make educated choices based on patient and quality ratings that are available for most providers



Find the right facility

1. Open the Select Health app or visit selecthealth.org/facilities
2. Always search by the plan that's listed on your member ID card
3. Filter your results by facility type or location

Need help?

Call Member Advocates at
800-515-2220.



Large Employer Member Guide **Utah 2024**

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Medical Network

Network Tiers

If your employer has chosen a tiered plan, you have three benefit "tiers" of coverage and each tier is tied to a different provider network(s). You can move between tiers as needed throughout the year (cost-sharing may vary). For one service, you might use Tier 1. For another procedure, you might use Tier 2. Network tiers are designed to save you money on healthcare expenses while providing you the greatest access to providers and facilities.

Tier 1	Tier 2	Tier 3
gives you lower prices	gives you greater access	gives you unlimited access (out-of-network benefits)
<ul style="list-style-type: none"> ● Member cost-sharing: Depending on your plan, you may pay less for care through copays, coinsurance, and deductibles. ● Combined deductible/out-of-pocket: Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out-of-pocket maximum. ● Prescriptions: Any money you spend out-of-pocket to pay for covered prescriptions will count towards your deductible and out-of-pocket maximum. 	<ul style="list-style-type: none"> ● Potentially higher overall costs: Doctors and facilities may charge you more for some services. ● Greater access: There are more in-network providers and more in-network facilities when compared to Tier 1. ● Combined deductible/out-of-pocket: Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out-of-pocket maximum. ● Prescriptions: Any money you spend out-of-pocket to pay for covered prescriptions will count towards your deductible and out-of-pocket maximum. 	<ul style="list-style-type: none"> ● Total freedom: See any provider or go to any facility you want for covered services. ● Higher costs: Your copays, coinsurance, and overall costs for care will be higher when compared to Tiers 1 and 2. ● Separate deductible/out-of-pocket: None of the out-of-pocket expenses you incur on Tier 1, Tier 2, or on prescriptions drugs will count toward your Tier 3 deductible or out-of-pocket maximum. Additionally, none of the expenses you incur on Tier 3 will count towards your Tier 1 or Tier 2 deductible or out-of-pocket maximum. ● Certain services: Some services are not covered when done by an out-of-network provider. Confirm your coverage and benefits before using out-of-network providers.



Questions? Log into the Select Health app or your member account and check out your Member Payment Summary (MPS) to see your network options in each tier. If you need help, call Member Services at **800-538-5038**.



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Medical Benefits

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VALUE AND MED NETWORKS / HSA QUALIFIED

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	SCHEDULE OF BENEFITS		
	TIER 1 VALUE <small>When using In-Network Providers, you are responsible to pay the amounts in this column. These providers might not be available in all areas.</small>	TIER 2 MED <small>When using In-Network Providers, you are responsible to pay the amounts in this column.</small>	OUT-OF-NETWORK <small>When using Out-of-Network Providers, you are responsible to pay the amounts in this column.</small>
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year			
Deductible	\$2,700		\$2,950
Out-of-Pocket Maximum	\$3,200		\$4,500
Family Coverage, 2 or more enrolled - per plan Year			
Deductible	\$5,400		\$5,900
Out-of-Pocket Maximum - per person/family	\$3200/\$6400		\$4500/\$9000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)			
INPATIENT SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Hospital Level Care at Home ⁴	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per plan Year for all therapy types combined	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries			
Primary Care Provider (PCP) ¹	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Specialist/Secondary Care Provider (SCP) ¹	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	See Office Visits Above	Not Covered
Allergy Treatment and Serum	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Major Surgery	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP) ¹	Covered 100%	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Covered 100%	Not Covered
VISION SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	Covered 100%	Not Covered
All Other Eye Exams	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
OUTPATIENT SERVICES⁴	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Ambulatory Surgical Center	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Imaging Center	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Ambulance (Air or Ground) - Emergencies Only	Covered 100% after Deductible	See In-Network Benefit	See In-Network Benefit
Emergency Room	\$75 after Deductible	See In-Network Benefit	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Intermountain KidsCare [®] Facilities	Covered 100% after Deductible	Covered 100% after Deductible	Not Available
Intermountain Connect Care [®]	\$59 after Deductible	\$59 after Deductible	Not Available
Radiation	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Dialysis	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major ²	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible

See other side for additional benefits

Medical Benefits

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**Select
Health**

VALUE AND MED NETWORKS / HSA QUALIFIED

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SCHEDULE OF BENEFITS

	TIER 1 VALUE	TIER 2 MED	OUT-OF- NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) ³	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	50% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
OTHER BENEFITS	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency ⁴			
Office Visits	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Virtual Visits	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Inpatient	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Outpatient	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Residential Treatment ²	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Chiropractic <i>(up to 20 visits per plan Year)</i>	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Injectable Drugs, Chemotherapy, and Specialty Medications ⁴	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> ⁴	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
PRESCRIPTION DRUGS			
Prescription Drug List (formulary)	RxSelect [®]		
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> ⁴			
Tier 1	Covered 100% after In-Network Deductible		
Tier 2	Covered 100% after In-Network Deductible		
Tier 3	Covered 100% after In-Network Deductible		
Tier 4	Covered 100% after In-Network Deductible		
Maintenance Drugs- <i>90 Day Supply (Mail-Order, Retail 90[®])-selected drugs</i> ⁴			
Tier 1	Covered 100% after In-Network Deductible		
Tier 2	Covered 100% after In-Network Deductible		
Tier 3	Covered 100% after In-Network Deductible		
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic		

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Summary Plan Description for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--"Healthcare Management", in your Summary Plan Description, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

6 Certain Services as noted on this document and in your Summary Plan Description are not subject to the Deductible.

7 The plan provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Medical Benefits

OGDEN CITY

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VALUE AND MED NETWORKS

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SCHEDULE OF BENEFITS

	TIER 1 VALUE <small>When using In-Network Providers, you are responsible to pay the amounts in this column. These providers might not be available in all areas.</small>	TIER 2 MED <small>When using In-Network Providers, you are responsible to pay the amounts in this column.</small>	OUT-OF-NETWORK <small>When using Out-of-Network Providers, you are responsible to pay the amounts in this column.</small>
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET ^{5,6}	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year			
Deductible	\$3,500		\$7,000
Out-of-Pocket Maximum	\$5,000		\$10,000
Family Coverage, 2 or more enrolled - per plan Year			
Deductible - per person/family	\$3500/\$7000		\$7000/\$14000
Out-of-Pocket Maximum - per person/family	\$5000/\$10000		\$10000/\$20000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)			
INPATIENT SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	20% after Deductible	30% after Deductible
Hospital Level Care at Home ⁴	20% after Deductible	20% after Deductible	Not Covered
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	20% after Deductible	20% after Deductible	30% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per plan Year for all therapy types combined	20% after Deductible	20% after Deductible	30% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	20% after Deductible	30% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries			
Primary Care Provider (PCP) ¹	\$25	\$35	30% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	\$25	\$35	Not Covered
Specialist/Secondary Care Provider (SCP) ¹	\$35	\$45	30% after Deductible
Allergy Tests	See Office Visits Above	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20%	20%	Not Covered
Major Surgery	20%	20%	30% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	20% after Deductible	30% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA ^{2,3}	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP) ¹	Covered 100%	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Covered 100%	Not Covered
VISION SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	Covered 100%	Not Covered
All Other Eye Exams	\$35	\$45	30% after Deductible
OUTPATIENT SERVICES ⁴	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility	20% after Deductible	20% after Deductible	30% after Deductible
Ambulatory Surgical Center	20% after Deductible	20% after Deductible	30% after Deductible
Imaging Center	20% after Deductible	20% after Deductible	30% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit	See In-Network Benefit
Emergency Room	\$150 after Deductible	See In-Network Benefit	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	\$35	\$45	30% after Deductible
Intermountain KidsCare [®] Facilities	\$25	\$35	Not Available
Intermountain Connect Care [®]	\$59	\$59	Not Available
Radiation	20% after Deductible	20% after Deductible	30% after Deductible
Dialysis	20% after Deductible	20% after Deductible	30% after Deductible
Diagnostic Tests: Minor ²	Covered 100%	Covered 100%	30% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	20% after Deductible	30% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	20% after Deductible	30% after Deductible
Outpatient Cardiac Rehab	Covered 100%	Covered 100%	30% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$35 after Deductible	\$45 after Deductible	30% after Deductible

See other side for additional benefits

Medical Benefits

OGDEN CITY

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VALUE AND MED NETWORKS

Administered by SelectHealth

	SCHEDULE OF BENEFITS		
	TIER 1 VALUE	TIER 2 MED	OUT-OF- NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	20% after Deductible	30% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	20% after Deductible	30% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	30% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	50% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
OTHER BENEFITS	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency ⁴			
Office Visits	\$25	\$35	30% after Deductible
Virtual Visits	\$25	\$35	30% after Deductible
Inpatient	20% after Deductible	20% after Deductible	30% after Deductible
Outpatient	20%	20%	30% after Deductible
Residential Treatment ²	20% after Deductible	20% after Deductible	30% after Deductible
Chiropractic <i>(up to 20 visits per plan Year)</i>	\$20	\$20	Not Covered
Injectable Drugs, Chemotherapy, and Specialty Medications ⁴	20% after Deductible	20% after Deductible	30% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> ⁴	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
PRESCRIPTION DRUGS			
Pharmacy Deductible - Per Person per plan Year		\$250	
Prescription Drug List (formulary)		RxSelect®	
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> ⁴			
Tier 1		\$15	
Tier 2		\$30 after pharmacy Deductible	
Tier 3		\$50 after pharmacy Deductible	
Tier 4		\$100 after pharmacy Deductible	
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90®)-selected drugs</i> ⁴			
Tier 1		\$15	
Tier 2		\$60 after pharmacy Deductible	
Tier 3		\$150 after pharmacy Deductible	
Generic Substitution Required		Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Summary Plan Description for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Summary Plan Description, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

6 Certain Services as noted on this document and in your Summary Plan Description are not subject to the Deductible.

7 The plan provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

* Not applied to Medical Out-of-Pocket Maximum.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Health Savings Account (HSA)

Understanding a Health Savings Account (HSA)

Administered by HealthEquity

Advantages of a Health Savings Account (HSA)

- **Contributions:** You decide the amount of money you will set aside for your healthcare costs. You also get to determine how your money is spent. You, as the consumer, have the advantage to determine your care based on cost and quality.
- **Tax-deductible/Tax-free:** Annual contributions to your HSA (up to the legal limit) are tax-deductible from your gross income. Money used to pay qualified medical expenses (including dental and vision) is not taxed.
- **Tax-deferred:** Funds in your HSA account earn interest and are accumulated tax-deferred.
- **HSA funds are yours to keep:** Unlike an FSA, any unused money in your HSA account at the end of the year will roll over as opposed to an FSA, where the money is forfeited once the year ends ("use it or lose it"). The unused portion will continue to accumulate in your HSA account tax-deferred.
- **Simple to use:** You can decide whether to easily swipe your HSA debit card at time of service or submit a claim to receive a reimbursement at a later date.
- **Account Access:** www.healthequity.com

HSA Maximum Contributions		
Age, Status	2024	2025
Under 55, Single	\$4,150	\$4,300
Under 55, Family	\$8,300	\$8,550
Over 55, Single	\$5,150	\$5,300
Over 55, Family	\$9,300	\$9,550

What type of expenses are covered?

- Acupuncture
- Anesthetist
- Alcohol and Drug Rehab
- Ambulance
- Artificial Limbs
- Birth Control Pills
- Blood Pressure Monitoring Device
- Contact Lenses, Solutions and Cleaner
- Co-payments, Deductibles, Coinsurance
- Chiropractor
- Dental Care
- Diabetic Supplies
- Eye Exams and Eyeglasses
- Guide Dog
- Gynecological/Obstetrics
- Hearing Aids
- Home Healthcare
- Hospital and Skilled Nursing
- Immunizations
- Medical Services
- Orthodontia Benefits
- Physical Exams
- Prescriptions
- Psychiatric Care

Please visit: www.irs.gov/publications/p502 for a complete listing of Covered/Non-Covered expenses.

Note: As a taxpayer, it is your responsibility to ensure that your HSA contributions do not exceed the maximum possible for your specific tax situation. Please consult your attorney, CPA or tax adviser about your specific tax situation before deferring monies to your Health Savings Account. The benefits of an HSA, who is qualified to have an HSA, etc. can be found in IRS Publication 969, beginning on page 2.
<https://www.irs.gov/pub/irs-pdf/p969.pdf>

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs)

Administered by National Benefit Services

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit-\$3,200

Dependent Care Spending Limit-\$5,000

Qualified FSA Expenses

- Chiropractic Services
- Copays
- Deductibles
- Dental Treatment
- Eye Glasses
- Lasik
- Orthodontia
- Prescription Copays
- X-Ray
- And More

Did you know?

Elder care expenses can be claimed under the dependent care benefit!

Here's How an FSA Works

1. You decide the annual amount you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
5. File a claim online or check your account balance at nbs.wealthcareportal.com
6. Funds can only be used for expenses incurred during the plan year of your enrollment.
7. You have a 90 day run-out period which allows you to submit claims 90 days after the plan year ends.

Limited Flexible Spending Account

A limited-purpose flexible spending account is much like a typical health flexible spending account. However, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse, and your eligible dependents.

Roll Over Benefit

At the end of the year any balance up to \$500 will automatically roll over to use in the next plan year. Balances over \$500 will be forfeited.



Dental Benefits

OGDEN CITY

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selecthealth
DENTAL

PARTICIPATING

(In-Network)

When using participating providers, you are responsible to pay the amounts in this column

NONPARTICIPATING

(Out-of-Network)

When using nonparticipating providers, you are responsible to pay the amounts in this column

WAITING PERIODS

Preventive and Diagnostic

Basic

Major

Orthodontic

Missing Tooth¹

Any treatment, supply, or service received during the waiting period is not covered.

None

ANNUAL MAXIMUM PLAN PAYMENT

Annual maximum plan payment - per plan year

Individual

\$1,500

DENTAL DEDUCTIBLE

Deductible - per plan year

Individual/Family

\$50/\$100

PREVENTIVE AND DIAGNOSTIC

CLASSIC

NONPARTICIPATING

Oral examinations - two per plan year

Cleanings - two per plan year

X-rays

- Panoramic or complete intraoral - once every 36 months

- Bitewing - Under 18 two per plan year; 18 and older one time per plan year

Sealants - covered under age 15, limited to permanent molars and bicuspids without decay or restorations. Sealant repair/replacement is not covered within 36 months of application

Space maintainers - covered under age 15

Fluoride - two applications per plan year, covered under age 18

Covered 100%

Covered 100%

BASIC

CLASSIC

NONPARTICIPATING

Fillings and restorations - repair or replacement is not covered within 24 months of original filling or restoration

Extractions

Anesthesia and sedation - Local anesthesia not in conjunction with operative or surgical procedures; Regional block anesthesia; Trigeminal division block anesthesia

Oral surgery

Emergency care for pain relief

Endodontic services - repeat endodontic procedures not covered within 12 months of the original procedure when performed by the same provider

Periodontal treatment

- Periodontal surgery - once per quadrant every 36 months

- Debridement - once every 36 months

- Scaling/root planing - once per quadrant every 24 months

- Localized delivery of anti-microbial agents via controlled release vehicle (Arestin) -

procedure should not exceed three teeth per quadrant or 30% of the mouth per plan year

Periodontal maintenance - two times per plan year, in lieu of cleanings

20% after deductible

20% after deductible

See next page for additional benefits and footnotes

Dental Benefits

OGDEN CITY

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selecthealth
DENTAL

	PARTICIPATING (In-Network)	NONPARTICIPATING (Out-of-Network)
MAJOR	CLASSIC	NONPARTICIPATING
Anesthesia and sedation - Deep Sedation; IV conscious sedation; Non-IV conscious sedation Dentures ² - Rebasing - once every 36 months - Relining - once every 18 months Bridges ² Veneers ³ Crowns and crown buildups ³ Inlays, onlays, and cast restorations ³	50% after deductible	50% after deductible
IMPLANTS	CLASSIC	NONPARTICIPATING
Implants ²	50% after deductible	50% after deductible
ORTHODONTICS	CLASSIC	NONPARTICIPATING
Orthodontic services (covered under age 20)	50%	50%
Orthodontic lifetime maximum plan payment	\$2,000	

FOOTNOTES

1 Services to replace teeth that were missing (with no restoration or prosthetic in place) prior to the member's effective date are not covered during the missing tooth waiting period.

2 Replacement of bridges, dentures, implants, or other prosthodontic devices due to normal wear or use, loss of remaining teeth, or change in supporting tissue, is covered only after 5 years from the date of placement. Repair and/or adjustment of bridges, dentures, or other prosthodontic devices due to normal wear or use is covered only after 6 months from the date of placement. Replacement or repair due to abuse, misuse, neglect, loss, or theft is not covered.

3 Replacement is not covered within 5 years of placement.

You are responsible to pay any excess charges for covered services. Participating providers accept our allowed amount for covered services. This means you will not be responsible for charges that exceed this amount. Nonparticipating providers may charge more than our allowed amount, leaving you responsible for the additional costs. These providers may or may not bill SelectHealth for you. If not, you will be responsible to submit your claim. Refer to your plan documents or call Member Services at 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m. and Saturdays, from 9:00 a.m. to 2:00 p.m. for more information.

Participating benefits are administered and underwritten by SelectHealth, Inc.SM (domiciled in Utah). Nonparticipating benefits are administered by SelectHealth, Inc.SM (domiciled in Utah) and underwritten by SelectHealth Benefit Assurance CompanySM.

Voluntary Vision Benefits



OGDEN CITY CORPORATION

Unum Vision®



Plan features:

- Our network offers members access to a large national network, including independent optometrists and retail stores like Walmart, Sam's Club, Target Optical, America's Best and many more.
- Search for providers and manage your benefits online at unumvisioncare.com.

Covered benefits:

Exam: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid at right.

Materials: Each member has coverage for covered services and materials. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed at right. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal, trifocal, and specialty lenses are generally covered after any applicable materials copay. If covered by plan allowance, you are responsible for any cost greater than the plan's benefit.
- **Contact lens benefit:** Members electing contact lenses instead of eye glass lenses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference.

Laser vision correction: Discounts are available with participating surgery providers across the country. (not an insured benefit)

Unum Vision benefits:

Vision Care Services	In-network Providers	Out-of-network Allowances
Exam (1 per 12 months)	\$10 co-pay	Up to \$35
Materials	\$10 co-pay	See allowances below
Standard Plastic Lenses (1 per 12 months)		
Single Vision	Covered by co-pay	Up to \$25
Bifocal	Covered by co-pay	Up to \$40
Trifocal	Covered by co-pay	Up to \$50
Lenticular	Covered by co-pay	Up to \$50
Progressive	\$70 allowance	Up to \$40
Lens Options		
Scratch Resistant Coating	Covered by co-pay (at Walmart only)	Not covered
Polycarbonate Lenses for children to age 19	Covered by co-pay	Not covered
Frames (1 per 12 months)		
Members choose from any frame available at provider locations.	\$130 allowance	Up to \$50
Contact Lenses (1 per 12 months) In lieu of eyeglass lenses & frames (Includes fit*, follow-up and materials)	No co-pay	See allowances below
Elective	\$130 allowance	Up to \$100
Medically Necessary	Covered	Up to \$210

*Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

Life and AD&D Insurance

Life and AD&D Insurance

Insured by USABLE Life

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Ogden City. **The company provides basic life insurance of \$25,000 for employees, \$2,000 for spouse and \$2,000 for children (up to age 26) at no cost to you.**

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. **Ogden City provides AD&D coverage of \$25,000 for employees at no cost to you. This coverage is in addition to your company-paid life insurance described above.**

Voluntary Life and AD&D Insurance

Insured by USABLE Life

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your spouse and dependent child(ren) (up to age 26) if you purchase additional coverage for yourself.

Employee—Minimum amount you can purchase is \$10,000 up to a lesser of \$500,000 or 5X annual earnings, \$10,000 increments, guarantee issue \$400,000.

Step Up Guarantee: If an employee purchases an amount of \$10,000 or greater during their initial open enrollment, they can always increase coverage each year by \$20,000 up to the GI amount during future annual enrollments without answering medical questions.

Spouse—Minimum amount you can purchase is \$5,000 up to a \$300,000 maximum, \$5,000 increments (not to exceed 100% of employee selected amount), Guarantee Issue \$50,000

Children—\$2,000 increments to a maximum of \$10,000, Guarantee Issue \$10,000.

Age	Employee or Spouse Rates*
<25	\$0.066
25-29	\$0.074
30-34	\$0.090
35-39	\$0.098
40-44	\$0.130
45-49	\$0.202
50-54	\$0.306
55-59	\$0.474
60-64	\$0.570
65-69	\$1.106
70-74	\$2.226
75 and over	\$6.170

Dependent Child(ren)*

\$0.0960 per \$1,000 of benefit regardless of the number of children in the family

* Rates include Life and AD&D

Monthly Premium Calculation

Employee and Spouse premiums are calculated separately.
Spouse premiums will be calculated based on the spouse's age.

To calculate your monthly deduction, use the formula below:

$$\frac{\text{Desired Benefit}}{\$1,000} \times \text{Rate from the Table} = \text{Estimated Monthly Deduction}$$

For Example:

A 40 year old purchases \$100,000 of Voluntary Life Insurance $\$100,000 / \$1,000 \times \$0.130 = \$13/\text{month}$ or \$6.00/ per pay period.



Disability Insurance

Voluntary Short-Term Disability

Insured by USABLE Life

To ensure your income will continue if you cannot work due to a disability, Ogden City provides Short-Term disability (STD) through USABLE Life. Benefits are payable for a non-occupational injury or illness that keep you from performing the regular duties of your job. If a medical condition is job-related, it is considered Workers' Compensation rather than STD.

Rates: \$0.18 Per \$10 of Weekly Gross Benefit

Calculate: _____ X .60 / 10 X \$0.18 = Monthly Rate (multiple monthly rate by 12 and divide by 26 for per pay period rate)
(Weekly Gross Income)

Example:

John Smith makes \$40,000 a year. To calculate his weekly earnings divide \$40,000 / 52 weeks = \$769.23

To calculate his premium you take his weekly earnings of \$769.23 x .60 = \$461.54 / \$10 = \$46.15 x \$0.18 = \$8.31 per month (\$8.31 X 12 / 26 = \$3.83 per period).

Short-Term Disability Benefits	
Benefit Percentage	60% of weekly earnings
Minimum Weekly Benefit	\$25
Maximum Weekly Benefit	\$1,500
Elimination Period	Accident: 1st day / Illness: 8th day
Maximum Benefit Duration	17 Weeks

Long-Term Disability

Insured by USABLE Life

Meeting your basic living expenses can be a challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for one of your most valuable assets—your ability to earn an income. **Ogden City provides Long-Term Disability insurance (LTD) coverage, at no cost to you.**

Long-Term Disability Insurance Benefits	
Benefit Percentage	70% of monthly pre-disability
Minimum Benefit	The greater of \$100 or 10% of the gross monthly benefit
Maximum Monthly Benefit	\$6,000 per month
Elimination Period	120 Days
Maximum Benefit Duration	Reducing Benefit Duration (RBD)

Additional Long-Term Disability Benefit for Police Officers

If you are a Police Officer employed with Ogden City you will receive 100% benefit with a monthly maximum benefit of \$8,571 if accident is in the Line of Duty.

Employee Assistance Program (EAP)

WHEN LIFE GETS CHALLENGING

We Can Help

The Blomquist Hale Solutions Program provides direct, **face-to-face** guidance to address virtually any stressful life situation or problem. Not to mention there is absolutely **no cost** to you. Meeting with our team is simple. Call to schedule an appointment today. **(800) 926-9619**



Count On:

- ✓ 24/7 Crisis Service
- ✓ 100% Confidential
- ✓ Professional, Friendly Team
- ✓ Convenient Locations
- ✓ Extended Hours
- ✓ No Co-pay Required

WE CAN HELP WITH

- Marital & Family Counseling
- Stress, Anxiety or Depression
- Personal & Emotional Challenges
- Grief or Loss
- Financial or Legal Problems
- Substance Abuse or Addictions
- Senior Care Planning

BLOMQUIST HALE APP: Your Direct Connection to Mental Health Resources



You can now download the Blomquist Hale app to your smart phone!

The Blomquist Hale app gives you direct access to mental health resources such as webinars, informational handouts, articles and more! Simply search Blomquist Hale on the app store.

Blomquist Hale
SOLUTIONS

To register for workshops, please visit us at:
<https://blomquisthale.com/workshops/>

Voluntary Accident Insurance



Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

Practical benefits for everyday living.®

*Please refer to the Exclusions and Limitations section of this brochure. †National Safety Council, Injury Facts®, 2019 Edition

DID YOU KNOW ?

The number of injuries suffered by workers in one year off-the-job includes:†

OFF-THE-JOB (in millions)

 **Home**
25.0

 **Non-Auto**
12.6

 **Auto**
4.3

Voluntary Accident Insurance

Group Voluntary Accident (GVAP6)

Off-the-Job Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement (pays once/year)		\$1,000
Daily Hospital Confinement (pays daily)		\$200
Intensive Care (pays daily)		\$400
RIDER BENEFITS		PLAN 1
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	\$200
	Air	\$600
Accident Physician's Treatment		\$100
X-ray		\$200
Urgent Care		\$100
Dislocation or Fracture Rider ¹		\$4,000
Emergency Room Services Rider		\$200
Outpatient Physician's Benefit Rider (OPT) (pays daily)		\$50
Accidental Death, Dismemberment ¹ and Functional Loss ¹ Rider		\$40,000
Common Carrier (fare-paying passenger)		\$100,000
BENEFIT ENHANCEMENT RIDER		PLAN 1
Accident Follow-Up Treatment (pays daily)		\$100
Lacerations		\$100
Burns	< 15% body	\$200
	15% or more	\$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100
Paralysis (pays once)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance		\$20,000
Open Abdominal or Thoracic Surgery		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Spinal Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma		\$600
Appliance		\$250
Medical Supplies		\$10.00
Medicine		\$10.00
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical, Occupational or Speech Therapy (pays daily)		\$60
Rehabilitation Unit (pays daily)		\$200
Non-Local Transportation		\$500
Family Member Lodging (pays daily)		\$200
Post-Accident Transportation (pays once/year)		\$400
Broken Tooth		\$200
Residence/Vehicle Modification		\$1,000
Pain Management (Epidural Injection)		\$100
Miscellaneous Outpatient Surgery		\$200

¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1
Hip joint	\$4,000
Knee or ankle joint [*] , bone or bones of the foot [*]	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand [*] , collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1
Hip, thigh (femur), pelvis ^{**}	\$4,000
Skull ^{**}	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot ^{**} , hand or wrist ^{**}	\$1,400
Lower jaw ^{**}	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280
LOSS	PLAN 1
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
One eye, hand, arm, foot, or leg	\$20,000
One or more entire toes or fingers	\$4,000

^{*}Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of hand (except fingers). ^{**}Pelvis (except coccyx). Skull (except bones of face or nose (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$11.65	\$20.16	\$35.93	\$48.18

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Voluntary Critical Illness



Allstate
BENEFITS

Protection when faced with
a critical illness diagnosis
and you need treatment

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

**DID YOU
KNOW ?**



Every **40** seconds,
an American will have
a heart attack¹



Every **40** seconds,
someone in the U.S.
has a stroke²

Voluntary Critical Illness

Group Critical Illness (GVCIP4)

Critical Illness Insurance from Allstate Benefits

Offered to the employees of:

Ogden City

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000(Plan 1) chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1
Heart Attack (100%)	\$10,000
Stroke (100%)	\$10,000
End Stage Renal Failure (100%)	\$10,000
Major Organ Transplant (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Waiver of Premium (employee only)	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1
Invasive Cancer (100%)	\$10,000
Carcinoma In Situ (25%)	\$2,500
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	PLAN 1
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes
RIDER BENEFITS	PLAN 1
Skin Cancer Rider	\$250
Cardiopulmonary Enhancement Rider†	
Sudden Cardiac Arrest (25%)	\$2,500
Pulmonary Embolism (25%)	\$2,500
Pulmonary Fibrosis (25%)	\$2,500
Specified Chronic Illness Rider† (50%)	\$5,000
Specified Chronic Illness or Injury Rider†	
Illness (50%)	\$5,000
Injury (100%)	\$10,000
Supplemental Critical Illness Rider†	
Advanced Alzheimer's Disease (100%)	\$10,000
Advanced Parkinson's Disease (100%)	\$10,000
Benign Brain Tumor (100%)	\$10,000
Coma (100%)	\$10,000
Complete Loss of Hearing (100%)	\$10,000
Complete Loss of Sight (100%)	\$10,000
Complete Loss of Speech (100%)	\$10,000
Paralysis (100%)	\$10,000
Fixed Wellness Rider (per year)	\$50

MONTHLY ATTAINED AGE

PREMIUMS

AGE	EE, EE+CH EE+SP, F	
	Uni-Tobacco	
18-24	\$3.56	\$5.98
25-29	\$4.29	\$7.11
30-34	\$5.57	\$9.08
35-39	\$8.12	\$12.93
40-44	\$10.77	\$16.98
45-49	\$14.73	\$23.04
50-54	\$20.14	\$31.28
55-59	\$26.48	\$40.93
60-64	\$37.34	\$57.43
65-69	\$52.02	\$79.78
70-74	\$70.78	\$108.30
75-79	\$97.05	\$147.87
80+	\$146.96	\$222.81

EE = Employee

EE + SP = Employee + Spouse

EE + CH = Employee + Child(ren)

F = Family

Voluntary Hospital Indemnity



Allstate
BENEFITS

Protection for hospital
stays when a sickness
or injury occurs

Hospital Indemnity Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which may mean costly out-of-pocket expenses.

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.

Here's How It Works

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you unless assigned, and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization. **Practical benefits for everyday living.**[®]

*Please refer to the Exclusions and Limitations section of this brochure.

¹<https://www.healthsystemtracker.org/brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries/>

²<https://www.debt.org/medical/hospital-surgery-costs/>

³<https://newsroom.heart.org/news/poll-surprise-medical-bills-pose-significant-financial-burden>

DID YOU KNOW ?



Americans pay
nearly **60% more**
for hospital stays
than patients in
Europe or Canada.¹

\$11,700
per hospital stay

The average cost of a 24-hour
hospital stay in the United
States is \$11,700.²

About two-thirds of Americans
received an **unexpected
medical bill** following a hospital
stay in 2020.³

Voluntary Hospital Indemnity

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and children.

Hospital Indemnity (GIM2)

Group Hospital Indemnity Insurance from Allstate Benefits

Benefits

HOSPITALIZATION BENEFITS

First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated in the rate insert. Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy at bottom left for complete details)

Daily Hospital Confinement - up to the maximum number of days for each confinement.* Hospitalization due to pregnancy is covered, subject to the 10-month Pregnancy Waiting Period (see rate insert). Not paid for any day the First Day Hospital Confinement benefit is paid (see How We Pay the Daily Hospital Confinement Benefit on back of brochure)

MISCELLANEOUS BENEFITS

Mental/Nervous Disorder - confinement in a hospital or residential treatment facility for treatment of mental and/or nervous disorders, up to the maximum number of days for each confinement.* Not paid for any day the Daily Hospital Confinement benefit or Drug/Alcohol Rehabilitation benefit is paid

Drug/Alcohol Rehabilitation - daily confinement in a hospital or residential treatment facility for treatment of drug and/or alcohol addictions, up to the maximum number of days for each confinement.* Not paid for any day the Daily Hospital Confinement benefit or Mental/Nervous Disorder benefit is paid

*See the maximum number of days for each confinement on the rate insert.

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS	PLAN 1
First Day Hospital Confinement	\$1,000
Limit to number of occurrences	One per Year
Daily Hospital Confinement (daily)	\$100
If First Day Hospital Confinement Benefit is not payable	Days 1 - 10
Hospital Intensive Care (daily)	\$100
Maximum Days Payable	10 Days
ADDITIONAL CONDITIONS AND LIMITATIONS	PLAN 1
Mental and Nervous Disorders Covered	Yes
Drug Addiction and Alcoholism Covered	Yes
BENEFIT LIMITATION	PLAN 1
Pregnancy Waiting Period	None

Premiums

MODE	EE	EE + SP	EE + CH	F
Monthly	\$8.84	\$27.17	\$12.48	\$34.58

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP= Employee + Spouse;

EE + CH= Employee + Child(ren); F = Family

Legal Services & Identity Theft Protection



Affordable Legal and Identity Theft Protection

LegalShield and IDShield provide the legal and identity theft protection you and your family need and deserve.

LegalShield Plan Benefits*:

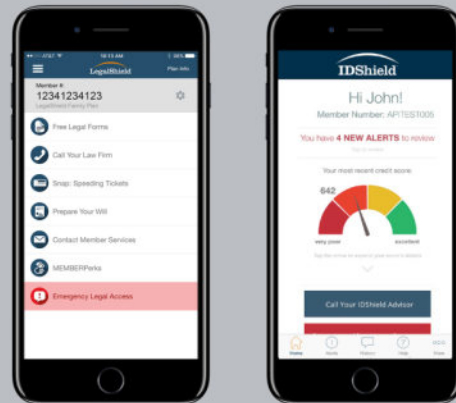
- Legal Consultation and Advice
- Dedicated Law Firm
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Access
- And More!

IDShield Plan Benefits*:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring
- Complete Identity Restoration
- Identity Threat and Credit Inquiry Alerts
- 24/7 Emergency Access
- And More!

We have an app for that!

With the LegalShield and IDShield mobile apps, you can easily prepare your Will, call your law firm, track your identity and credit score and have on-the-go access, 24/7.



Affordable legal and identity theft protection

LegalShield
SINGLE/FAMILY
\$ 6.80
Per Pay Period

IDShield
SINGLE/FAMILY
\$ 5.98
Per Pay Period

Combined
SINGLE/FAMILY
\$ 11.40
Per Pay Period

For More Information, Contact
Your Independent Associate:

George Wilkinson
www.legalshield.com/info/ogdencity
wgpaulla@msn.com
801.205.5132

Impact Suite



Free Mental Health Tools

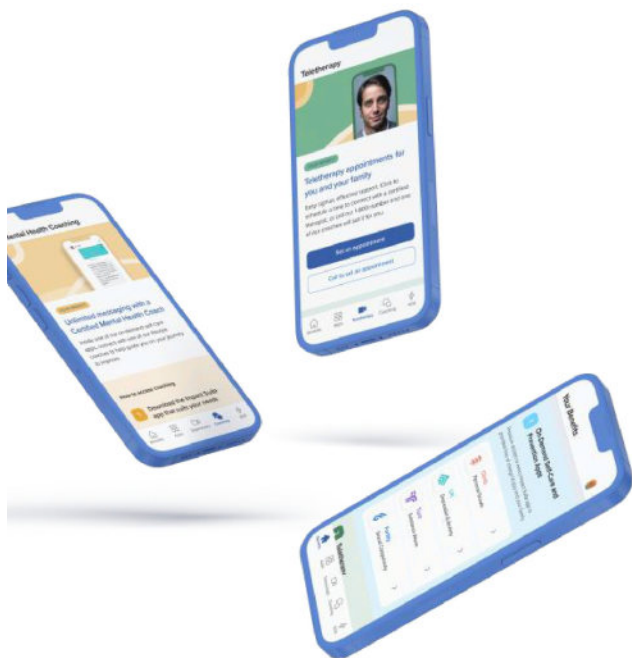
by Impact Suite

Free Support for Your Entire Family

We have partnered with Impact Suite to offer FREE access to award-winning tools for personal growth, parenting, depression, anxiety, and addiction for you and your entire family.

Scan the QR code below or visit:

get.impactsuite.com/ogdencity
Access Code: ogdencity



Download the Impact Suite app to get started

Access Code: OgdenCity

Let's Get Started

Getting the tools and education you need to start improving your mental health has never been easier. Follow these simple steps to access free resources available to you and your family.

Download the Impact Suite App

The Impact Suite app is available on the App Store and Google Play Store. You'll use the app to meet with a therapist, message a lifestyle coach, access a full suite of on-demand wellness tools, and 24/7 crisis support.

TIP:

Download the app right now. It's the best way to have these resources immediately available to you.

Login with your Access Code

When you log in to the app for the first time, you'll enter your organization's code and mark yourself as an 'Employee'. When anyone from your household logs in, they will select 'Family Member'.

Enjoy Immediate Access

Congratulations! You now have access to professional teletherapy, 24/7 crisis support, coaching, guided meditations, goal tracking, mental health education, and our entire suite of apps.



impactsuite.com



Goldenwest Financial Services dba

Goldenwest
HEALTH INSURANCE