

employee  
benefits  
enrollment  
guide

2024



Cache  
County  
- 1857 -





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### Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 4.

If your issues are still not resolved, please contact your IMA Insurance Group Employee Advocate using the contact information on page 4.







## **At Cache County, we believe employees are the foundation of our success.**

Cache County is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

### **Who is eligible?**

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

### **When does coverage begin for New Hires?**

Coverage begins on your date of hire. You must be actively at work for your coverage to become effective.



## What do I need to consider for my enrollment?

When choosing your insurance coverage for 2024, review the benefit options available to you and make the elections that are right for you and your family.

- How much do you want to contribute to the health savings account that works with your medical plan?
- Do you need dental or vision coverage?
- Do you need to cover eligible family members under your insurance benefits?
- Do you want to purchase supplemental life insurance?
- Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?
- Who should be your beneficiary for life insurance and your Health Savings Account (HSA), if applicable?



### Important reminder

In order to enroll in, modify, or waive benefits, you **must** log into Ignite. If you do not make changes when you are first eligible, your next opportunity to make changes will be during next year's Open Enrollment period or with an IRS qualifying life event. For more details on IRS qualifying life events, visit [healthcare.gov](https://www.healthcare.gov).



**During your benefits enrollment period, you can add an eligible dependent to your coverage.**

#### IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.



## online enrollment instructions



### You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in Ignite, Cache County's online enrollment system. Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in the Ignite system.



**Step 1** Open your internet browser and navigate to [ignitebenefits.com](https://ignitebenefits.com)

Click on **New Registration** and enter your information.

**Step 2** If you already have a **Username** and **Password** please select **Login** and skip ahead to **Step 4**.

Cache County's identifier is:  
**Cache County**

Follow the instructions to set up your **Username** and **Password**.

**Step 3** Please use secure password storage practices to safeguard your personal information.

Now that you're registered and logged into the system, you can navigate to your **Profile**,

**Step 4** **Benefits, Required Tasks** (benefits or HR related items that Cache County requires you to complete), and **Resources**.





## useful contact information

### Medical & Health Savings Account

MotivHealth

[motivhealth.com](https://www.motivhealth.com)

(844) 234-4472

### Dental

Guardian

[guardianlife.com](https://www.guardianlife.com)

(800) 627-4200

### Vision

Superior Vision

[superiorvision.com](https://www.superiorvision.com)

(800) 507-3800

### Flexible Spending & Dependent Care Accounts

HealthEquity

[healthequity.com](https://www.healthequity.com)

(877) 924-3967

### Basic & Voluntary Life

PEHP

[pehp.org](https://www.pehp.org)

(800) 765-7347

### Long Term Disability

Lincoln

[lfg.com](https://www.lfg.com)

(877) 275-5462

### Accident & Hospital Indemnity

Guardian

[guardianlife.com](https://www.guardianlife.com)

(800) 627-4200

### Employee Assistance Program

Blomquist Hale

[blomquisthale.com](https://www.blomquisthale.com)

(800) 926-9619

### IMA Insurance Group Employee Advocate

[cachecounty@imaadvocate.com](mailto:cachecounty@imaadvocate.com)

(801) 325-5062

### Do you have benefit questions?

Please contact the insurance company or benefit provider using the contact information on this page.

If the provider cannot resolve your issues, please contact our IMA Insurance Group Employee Advocate.





## important medical insurance terms



### What comes out of my pay?

#### Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the number of people you cover.



### What will I pay after I meet my deductible?

#### Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.



### What will I pay when my medical coverage starts?

#### Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.



### How much will I pay out of my own pocket?

#### Out-of-pocket maximum

This is the most you would pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care.



### Will my doctor be in-network?

#### Provider network

You can confirm whether your doctor is in-network by going to the MotivHealth website, listed on page 4 of this benefit guide.



### What is Cache County contributing?

#### Cache County contribution

Cache County pays up to 100% of your monthly premium to limit your monthly cost and provide you with affordable coverage options.





## important info about medical coverage



### Here's how deductibles and maximums for employees with family coverage work.

#### High Deductible Health Plan (HDHP)

##### Annual deductible/coinsurance

Coinsurance begins:

- If one or more family members combine to meet the family deductible of \$3,200, coinsurance begins for all family members.










##### Out-of-pocket maximum

- The in-network out-of-pocket maximum is \$6,400 per family.
- If any individual on a family plan meets his/her individual out-of-pocket maximum of \$3,200, all eligible costs thereafter are covered 100% by the insurance carrier for that individual only.
- If two or more family members combine to meet the family out-of-pocket maximum of \$6,400, all eligible costs thereafter are covered 100% by the insurance carrier for all family members.



# medical plan

## MOTIVHEALTH - 1600 HIGH DEDUCTIBLE HEALTH PLAN (HDHP) MOTIV NETWORK

	In-Network	Out-of-Network *
 <b>Annual Deductible</b> Jan 1 - Dec 31	You pay up to Employee only coverage: <b>\$1,600</b> Family coverage: <b>\$3,200</b> per family <i>Non-Embedded</i>	You pay up to Employee only coverage: <b>\$3,200</b> Family coverage: <b>\$6,400</b> per family <i>Non-Embedded</i>
 <b>Coinsurance</b>	You pay <b>20%</b> AD	You pay <b>40%</b> AD
 <b>Out-of-pocket Maximum</b> Jan 1 - Dec 31	No more than Employee only coverage: <b>\$3,200</b> Family coverage: <b>\$3,200</b> per member / <b>\$6,400</b> per family <i>Embedded</i>	No more than Employee only coverage: <b>\$6,400</b> Family coverage: <b>\$6,400</b> per member / <b>\$12,800</b> per family <i>Embedded</i>
 <b>Preventive Services</b>	You pay <b>\$0</b> according to government guidelines	Plan covers <b>100%</b> of covered services up to the allowed amount
 <b>Office Visits</b> Primary Care Specialist	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
 <b>Mental Health Services</b> Office Visit Inpatient	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
 <b>Emergency Services</b> Urgent Care Emergency Room	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD Covered as <b>In-Network</b>
 <b>Inpatient &amp; Outpatient</b> Inpatient Hospital Outpatient Surgery	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD
 <b>Prescription Medication</b> Retail (30-day supply)	<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>\$10 AD / \$35 AD / \$60 AD / 20%</b> AD	<b>Generic / Preferred / Non-preferred / Specialty</b> You pay <b>40%</b> AD

AD: After Deductible

\* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

See rates on page 16





## access telehealth and plan information with motivhealth's app

### Accessing your benefits just got easier.

#### Convenience

Use your phone to access Premier Telehealth and benefit information

#### Identify

Easily search for in-network doctors, facilities, and procedures and compare them by cost and quality.

#### Engage

Explore incentive programs to see how we can contribute to your HSA or lower/eliminate your upfront out of pocket costs.

**Download the mobile app by visiting [motivhealth.com/app-download/](https://motivhealth.com/app-download/).**

#### Contact MotivHealth

[motivhealth.com](https://motivhealth.com) | (844) 234-4472



#### Health insurance can be confusing

With easy access to your health plan details and savings opportunities, you can make more informed decisions that will save you money. **As a MotivHealth member you can use your app to:**

#### Access Premier Telehealth at no extra cost

- Connect with a licensed medical professional who can treat, diagnose and prescribe for most non-emergent situations from 8am-8pm 7 days a week.
- When unable to help, these providers will be able to direct you to in-network providers who can.
- To access this service just log into your MotivHealth member portal, click on "Telemedicine Visits," and schedule a desired time for your free visit

#### Access benefit and provider information

- Find in-network doctors near you based on your current location.
- View your HSA balance.
- Access your Benefits ID card.
- View your insurance details, such as coverage information, deductible, and out-of-pocket maximum.
- View claims history and details.
- Receive reminders and personalized recommendations.



## motivhealth programs



MotivHealth offers several programs available to all members which incentivize wellness and help members save money.

### Steps Incentive Program

**Getting started:** Create an account on [motivhealth.com](https://motivhealth.com), choose a steps device (use your own or receive a Garmin free), and sync your device.

**Earn money:** Hit the step goals below and MotivHealth will have money deposited directly into your HSA.

- 8,000 steps/day = \$1/day
- 10,000 steps/day = \$2/day
- 12,000 steps/day = \$3/day

### RX Assistance Program

**Prescription assistance:** If you or a covered dependent is taking a medication that costs more than \$200 a month, MotivHealth may be able to help lower or eliminate your out-of-pocket prescription costs.

**Qualifying:** To find out whether you qualify, call (385) 247-1030.

### SmartPay Program

**Call to save:** Calling ahead of a planned procedure can help you save significantly by finding you the best care at the best price.

**How to save:** Call 855-582-4472 to connect with a Personal Health Assistant (PHA) prior to scheduling a planned medical procedure. Your PHA will help you choose an in-network, high-quality provider offering the best rates for the procedure needed.

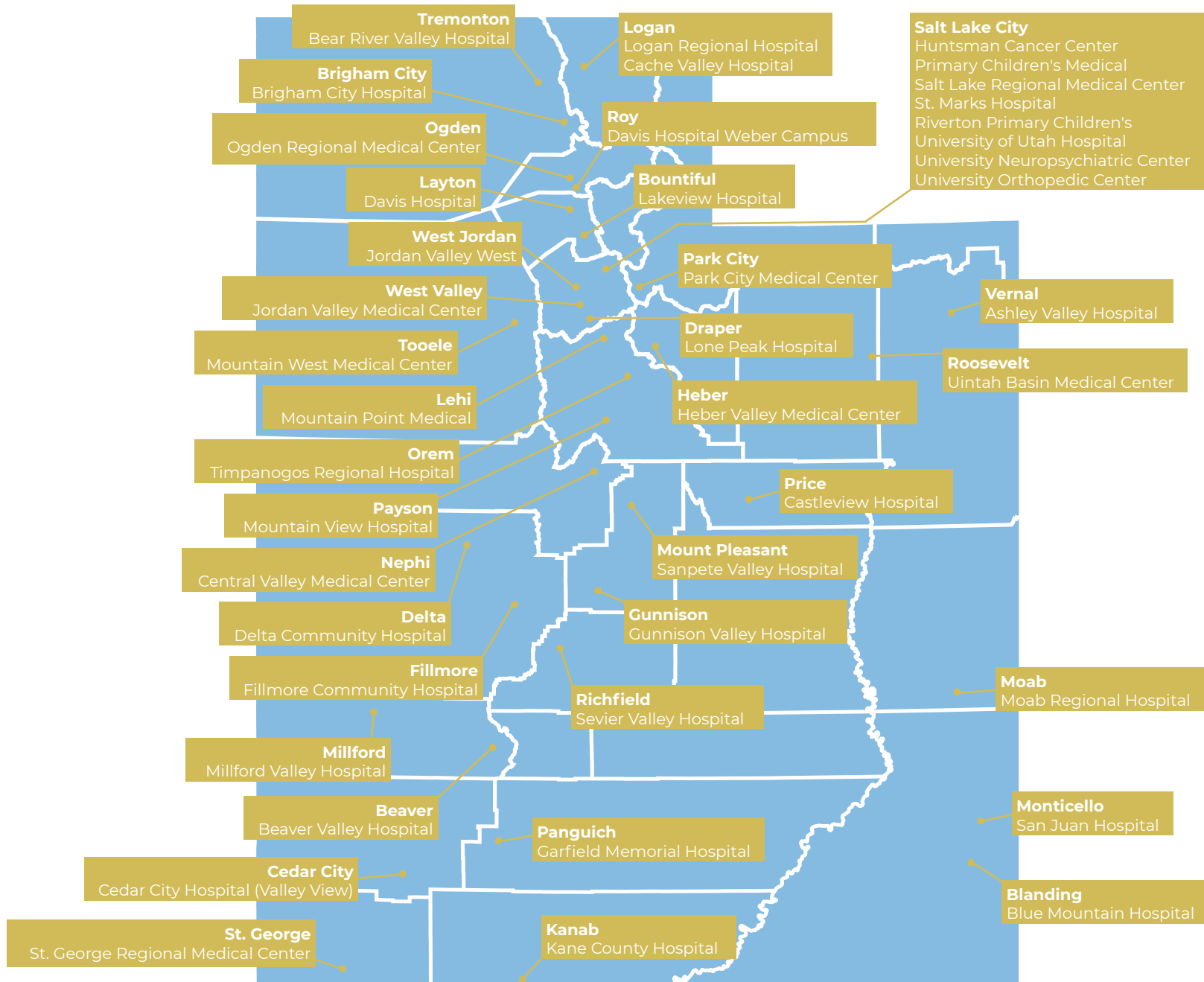
#### Contact MotivHealth

[motivhealth.com](https://motivhealth.com) | (844) 234-4472





# motivhealth hospitals on the motiv network





# health care account options

## Offset your out-of-pocket health care expenses with a health care account.

	Health Savings Account (HSA)	Limited Purpose Flexible Spending Account (LPFSA)	Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DCFSA)
Do I need to be enrolled in a medical plan?	Yes	Yes	No	No
What would I use this account for?	To save for future health care expenses, but also to pay for eligible health care expenses, including dental, vision and prescription medication, now.	This health care account has to be paired with an HSA, and you can only use it for eligible preventative care, vision and dental expenses.	Eligible health care expenses, including dental, vision and prescription medication.	Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camp, before & after school programs, and child day care.
What is the maximum amount that Cache County and I combined can put in this account?	<p><b>\$4,150</b> Employee-only coverage</p> <p><b>\$8,300</b> Family coverage</p> <p>If you'll be at least 55 years old in 2024, you can make an additional \$1,000 catch-up contribution.</p>	<b>\$3,050</b> is the IRS pretax contribution limit	<b>\$3,050</b> is the IRS pretax contribution limit	<p><b>\$5,000</b> if you are single</p> <p><b>\$5,000</b> if you are married filing jointly</p> <p><b>\$2,500</b> if you are married &amp; filing separate tax returns</p>
What does the company contribute?	<p>Employee (EE)           \$750</p> <p>EE + 1                   \$1,500</p> <p>EE + Family           \$1,500</p> <p>Contributions made by Cache County for newly eligible employees are pro-rated based on your eligibility date.</p>	Cache County does not contribute to this account.	Cache County does not contribute to this account.	Cache County does not contribute to this account.
Are there investment options?	Yes, if you have more than <b>\$2,000</b> in your HSA, you can invest it, and any growth is generally tax free.	No	No	No
When are the funds available?	<p>Your contribution amount is available as it comes out of your paycheck each pay period — so the entire contribution amount is <b>not available at the beginning of the year</b> or when coverage starts.</p> <p>Cache County's contributions are <b>available at the beginning of the year.</b></p>	Your entire contribution amount is <b>available at the beginning of the year.</b>	Your entire contribution amount is <b>available at the beginning of the year.</b>	Your contribution amount is available as it comes out of your paycheck each pay period - <b>not at the beginning of the year.</b>
What happens if I don't use the money during the year?	<p>All unused funds will roll over to the next year.</p> <p>You can take HSA funds with you when you leave the company or retire.</p>	<p>Up to \$610 in unused funds will roll over automatically to pay for eligible expenses in the following year, any excess funds will be forfeitted.</p> <p>Members have until March 31 to submit reimbursements for services incurred during the prior year. If an employee is terminated any unused funds will be forfeitted.</p>	<p>Up to \$610 in unused funds will roll over automatically to pay for eligible expenses in the following year, any excess funds will be forfeitted.</p> <p>Members have until March 31 to submit reimbursements for services incurred during the prior year. If an employee is terminated any unused funds will be forfeitted.</p>	Members have a 30 day grace period, meaning they can incur eligible expenses for the plan year until January 31st of the following plan year. Reimbursements must be submitted by March 31 for expenses incurred during the prior plan year and grace period. Any remaining funds will be forfeitted.





# dental plan

## Guardian is the carrier for our dental plan.

Visit [guardianlife.com.com](https://guardianlife.com.com) to find a provider in the network.

### Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the 80th percentile of reasonable & customary (R&C) charges for a particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the reasonable & customary charge plus the applicable coinsurance and deductible.



**Annual Deductible**  
January - December



**Annual Maximum**  
January - December



**Waiting Period**



**Preventive Services**  
Cleanings, exams, fluoride, and x-rays



**Basic Services**  
Extractions, fillings, sealants, oral surgery, endodontics, periodontics, and space maintainers



**Major Services**  
Bridges, crowns, dentures, implants, inlays, and onlays



**Orthodontic Services**  
Children & Adults



**Orthodontic Lifetime Maximum**

AD: After Deductible

R&C: Reasonable & Customary

	DENTAL PPO - DENTALGUARD PREFERRED NETWORK	
	In-Network	Out-of-Network
Annual Deductible January - December	No deductible	No deductible
Annual Maximum January - December	\$2,000 per individual	\$2,000 per individual
Waiting Period	None for Preventive Services, Basic, Major, & Orthodontic Services	
Preventive Services Cleanings, exams, fluoride, and x-rays	Plan pays 100% of covered services,	Plan pays 80% of R&C
Basic Services Extractions, fillings, sealants, oral surgery, endodontics, periodontics, and space maintainers	You pay 20%	You pay 40% of R&C
Major Services Bridges, crowns, dentures, implants, inlays, and onlays	You pay 50%	You pay 70% of R&C
Orthodontic Services Children & Adults	Plan pays up to 50%	Plan pays up to 50% of R&C
Orthodontic Lifetime Maximum	\$1,500 per individual	\$1,500 per individual

See rates on page 16



## simplify your wallet with the guardian® mobile app

### The Guardian® mobile app offers a more convenient way to access your benefits.

Guardian® is committed to ensuring that members have the right tools and resources to get the most from their benefits. This starts with making it easy to find a network provider online or in the free mobile app.

Download the app by visiting the Apple Store or Google Play.



#### Contact Guardian

[guardiananytime.com](https://guardiananytime.com) | (800) 627-4200



#### Finding a network provider made easy

Online or on the go - Guardian® makes it easy to find a provider at [guardiananytime.com](https://guardiananytime.com) or in the mobile app.

#### Helping you every day, online

- Find a dentist
- Submit and check claims
- Download forms
- Learn about oral health
- Estimate cost of dental care

#### Find a dentist using the mobile app

- Search for participating dental providers by name or location
- View, download or email your ID card
- View in map and get directions



# vision plan



## Superior Vision is our vision carrier.

Visit [superiorvision.com](https://superiorvision.com) and select the Superior National Network to find an eye care provider in the network.

		SUPERIOR VISION - SUPERIOR NATIONAL NETWORK	
		In-Network	Out-of-Network
	<b>Vision Exams</b>		
	Routine Vision Exam	\$10 copay	\$10 copay, plan reimburses up to \$39
	<b>Frequency</b>		
	Vision Exams		Once per calendar year
	Frames		Once per calendar year
	Lenses		Once per calendar year
	Contact Lens Fitting Exam		Once per calendar year
	Contact Lenses		Once per calendar year
<b>Eye Glasses - Frames and Lenses <sup>1</sup></b>			
	Frames	\$10 copay, \$140 allowance based on retail pricing <sup>2</sup>	\$10 copay, plan reimburses up to \$68
	Single Vision Lens	\$10 copay	\$10 copay, plan reimburses up to \$32
	Bifocal Lens	\$10 copay	\$10 copay, plan reimburses up to \$46
	Trifocal Lens	\$10 copay	\$10 copay, plan reimburses up to \$60
<b>Contact Lenses <sup>3</sup></b>			
	Medically Necessary Prescription	Covered in full	Plan reimburses up to \$210
	Elective Prescription	\$120 allowance based on retail pricing	Plan reimburses up to \$100
	Contact Lens Fitting Exam <sup>4</sup>	\$30 copay	Not Covered

<sup>1</sup> Limited to standard, uncoated plastic lenses.

<sup>2</sup> An additional 20% discount may be applied for any amount spent over the \$140 allowance.

<sup>3</sup> Contacts may be purchased in lieu of eyeglasses. An additional 20% discount may be applied for any amount spent over the \$120 allowance for conventional contacts, or 10% for disposable contacts.

<sup>4</sup> Standard fit exams are covered in full after \$30 copay, speciality fit exams have a \$50 allowance after copay. Specialty exam applies to new contact wearers.

See rates on page 16



## utilize superior vision's broad provider network

### Vision care is a very impactful investment in overall wellness

Superior Vision offers a broad provider network. With Superior Vision, you'll enjoy:

- Benefit allowances that remain the same across the full provider network so you receive the same level of benefits regardless of the in-network provider chosen.
- More one-hour and same-day service options providing members with swift solutions to vision care.
- Freedom to choose the same or different providers for exam & materials.



#### Superior National Network

Superior Vision's nationwide network of refractive surgeons offers Superior National Network members a discount on services. These discounts may vary by provider and should be verified prior to service. Some providers in the network include:

- Sam's Club
- Costco Optical
- Eyemart Express
- Eye Pros
- Gibson Vision
- Shopko Optical
- Logan Eye Institute
- Krystal Vision & Sunwear
- Eye Care for You
- Walmart Vision Centers

#### Create an Online Account

Log in with the user name and password you use to access your Member account on [SuperiorVision.com](https://www.superiorvision.com), or you can download the Superior Vision app from the Apple Store or Google Play. In the app or online, you can:

#### View your vision benefits

- Review your vision benefits and the benefits for any dependents
- See when you are eligible for services

#### Locate a Provider

- Find a provider in your network
- Get directions
- Call the provider

#### Get your Member ID Card

- View your ID card full screen
- Print or email your ID card





# medical, dental, and vision rates



## Medical Insurance Rates

### MotivHealth - 1600 HDHP

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period*
<b>EMPLOYEE (EE) ONLY</b>	\$607.41	\$607.41	\$0.00	\$0.00
<b>EE + 1</b>	\$1,281.65	\$1,127.85	\$153.80	\$76.90
<b>EE + FAMILY</b>	\$1,749.39	\$1,539.46	\$209.93	\$104.96



## Vision Insurance Rates

### Superior Vision - Vision Plan

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period*
<b>EMPLOYEE (EE) ONLY</b>	\$10.47	\$0.00	\$10.47	\$5.24
<b>EE + 1</b>	\$15.86	\$0.00	\$15.86	\$7.93
<b>EE + FAMILY</b>	\$22.34	\$0.00	\$22.34	\$11.17



## Dental Insurance Rates

### Guardian - DPPO plan

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period*
<b>EMPLOYEE (EE) ONLY</b>	\$59.60	\$29.80	\$29.80	\$14.90
<b>EE + 1</b>	\$81.53	\$40.77	\$40.76	\$20.38
<b>EE + FAMILY</b>	\$123.34	\$61.67	\$61.67	\$30.84

### Premium Deduction Frequency

Cache County takes premiums for benefits out of the first two paychecks of the month. Premiums are only taken out of 24 pay periods per year.



## disability insurance



**Disability insurance can help to replace a portion of your income when you are unable to work.**

For many people, unplanned time away from work can make it difficult to manage household costs. If you are unable to work due to a covered injury, illness, or even childbirth, disability insurance can provide an ongoing benefit to help keep your finances stable.



### Long-term Disability (LTD) Insurance

**Benefits Begin:** There is a waiting period before benefits are payable. Benefits begin on the 91st day of disability.

**Monthly Benefit:** 66.67% of monthly earnings, not to exceed the plan's maximum monthly benefit amount, less other income sources.

**Maximum Benefit Period:** Social Security Normal Retirement Age

**Maximum Monthly Benefit:** \$8,000

**Pre-existing Condition Limits:** Coverage is excluded for disabilities that occurred during the 3 months prior to coverage beginning throughout the first 12 months of coverage.

This benefit is provided through **Lincoln** and **Cache County** pays **100% of the premium.**





## additional voluntary benefit options



### Cache County offers these additional voluntary benefits through Guardian to help you navigate life's challenges.

Guardian's goal is to help you and your family cope with and recover from the financial stress of a serious accident or illness. These plans are not major medical insurance; they are insurance for daily living expenses and pay cash directly to you.



### Accident Insurance

This plan pays toward injury related ER visits, hospitalizations, follow up visits, physical therapy, and coverage for off-the-job accidents\*.

- Provides a **\$50** annual wellness benefit per covered member
- Pays injury benefits from **\$25** to **\$12,000**
- Guaranteed acceptance

#### EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$6.08	\$10.29	\$10.36	\$14.57



### Hospital Indemnity Insurance

Benefits are paid directly to you when you need it most and can be used however you choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles.

- \$1,500 hospital admission and \$200 daily hospitalization benefits
- Intensive Care Unit benefit for up to 15 days
- Premiums are waived if you are hospitalized for more than 30 days
- Guaranteed acceptance for new hires & during open enrollment

#### EMPLOYEE COST PER PAY PERIOD

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$12.08	\$27.76	\$19.87	\$35.55



## life and accident with pehp

# Life & Accident

Cache County

Are your loved-ones covered in the event of your death or disability?



PROUDLY SERVING UTAH PUBLIC EMPLOYEES

### Group Term Life Coverage

#### EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	50,000
Age 71 to 75	25,000
Age 76 and over	12,500



#### LINE-OF-DUTY DEATH BENEFIT

If you're enrolled in basic coverage, you get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

#### ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional \$10,000 Accidental Death Benefit, subject to the provisions of the PEHP Group Accident Plan, at no extra cost. Enrollment is automatic.

#### EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

- » You want more coverage than the guaranteed issue;
- » You apply for any amount of coverage 60 days after your hire date.

After you apply for coverage, PEHP will guide you through the necessary steps to get evidence of insurability. They may include:

- » Completing a health questionnaire;
- » Basic biometric testing and blood work;
- » Furnishing your medical records.

#### EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can purchase up to \$200,000 as guaranteed issue. After 60 days, or for coverage greater than \$200,000 you must provide evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 35	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 36 to 40	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 41 to 45	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 46 to 50	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 51 to 55	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 56 to 60	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 61 to 70	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000





# life and accident with pehp

**SPOUSE BASIC COVERAGE:** Your employer funds \$10,000 of spouse basic coverage at no charge to you.

**SPOUSE ADDITIONAL TERM COVERAGE**

You can buy up to \$500,000 in spouse coverage. If you apply within 60 days of your hire date or marriage date, up to \$50,000 is guaranteed issue. After 60 days, and for all amounts above \$50,000, you must complete a health statement.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 35	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 36 to 40	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 41 to 45	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 46 to 50	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 51 to 55	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 56 to 60	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 61 to 70	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

**DEPENDENT CHILDREN COVERAGE**

If you apply within 60 days of your hire date, you can purchase any available amount of coverage for dependent children. After 60 days, any new application for coverage, or increase in coverage, will require evidence of insurability. All eligible children will be covered at the same level.

Coverage Amount	10,000	15,000
Monthly cost	0	0.52

## Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death, loss of use of limbs, speech, hearing or eye sight due to an accident, subject to the limitations of the policy.

**INDIVIDUAL PLAN**

Your employer funds \$50,000 of AD&D coverage at no charge to you. Select additional coverage from \$25,000 to \$200,000 for a maximum coverage of \$250,000.

Employee's Coverage Amount	Individual Plan Monthly Cost	Family Plan Monthly Cost
50,000	0	0.50

**FAMILY PLAN**

» Upgrade your individual AD&D plan to a family plan. Convert your employee-funded \$50,000 individual plan to a \$50,000 family plan at a cost of 0.64 per month.

- » Select a coverage amount ranging from \$25,000 to \$200,000, and your spouse and dependents will be automatically covered as follows:
  - » Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
  - » Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.
- » If injury to an insured person covered for this benefit results within one year of the date of the accident in any of the losses set forth, the plan will pay the sum specified opposite such loss, but the total amount payable for all such losses as a result of any one accident will not exceed the Principal Sum applicable to the insured person. The Principal Sum applicable to the insured person is the amount specified on the enrollment form.

## Accidental Death and Dismemberment (AD&D)

**Additional AD&D Coverage and Cost**

Coverage Amount	INDIVIDUAL PLAN			FAMILY PLAN		
	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost
25,000	0.20	0.25	0.50	0.29	0.38	0.75
50,000	0.39	0.50	1.00	0.58	0.75	1.50
75,000	0.59	0.75	1.50	0.86	1.13	2.25
100,000	0.78	1.00	2.00	1.15	1.50	3.00
125,000	0.98	1.25	2.50	1.44	1.88	3.75
150,000	1.17	1.50	3.00	1.73	2.25	4.50
175,000	1.37	1.75	3.50	2.01	2.63	5.25
200,000	1.57	2.00	4.00	2.30	3.00	6.00

**AD&D Payment Schedule**

FOR LOSS OF	BENEFIT PAYABLE
Life	Principal Sum
Two Limbs	Principal Sum
Sight of Two Eyes	Principal Sum
Speech and Hearing (both ears)	Principal Sum
One Limb or Sight of One Eye	Half Principal Sum
Speech or Hearing (both ears)	Half Principal Sum
Use of Two Limbs	Principal Sum
Use of One Limb	Half Principal Sum
Thumb and Index Finger On Same Hand	Quarter Principal Sum
Thumb or Index Finger	Eighth Principal Sum
Any Two Fingers on One Hand	Tenth Principal Sum

\*Total benefit for loss of digits on one hand shall not exceed 25%. Benefits may not be combined upon the loss of multiple digits.

**LIMITATIONS AND EXCLUSIONS**

Refer to the Group Term Life and Accident Plan Master Policy for details on plan limitations and exclusions. Call 801-366-7495 or visit [www.pehp.org](http://www.pehp.org) for details.

## Master Policy

This brochure provides only a brief overview. Complete terms and conditions are available in the Group Term Life and Accident Plan Master Policy. It's available when you log in to PEHP for Members at [www.pehp.org](http://www.pehp.org). Or request a copy by emailing [publications@pehp.org](mailto:publications@pehp.org).

**PEHP**  
Health & Benefits  
[www.pehp.org](http://www.pehp.org)  
560 East 200 South  
Salt Lake City, UT 84102-2004  
801-366-7495 | 800-753-7495

## Accident Weekly Indemnity

- » Employee coverage only
- » If you enroll in AD&D coverage, you may also purchase Accident Weekly Indemnity coverage, which will provide a weekly income if you are totally disabled due to an accident that is not job-related.
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may purchase a lower amount of coverage than the eligible monthly gross salary, but may not buy coverage for more than the eligible monthly gross salary.

**Accident Weekly Indemnity Coverage and Cost**

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BI-WEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
250 and under	25	0.12	0.14	0.28
251 to 599	50	0.24	0.26	0.52
600 to 700	75	0.35	0.38	0.76
701 to 875	100	0.46	0.50	1.00
876 to 1,050	125	0.58	0.64	1.28
1,051 to 1,200	150	0.70	0.76	1.52
1,201 to 1,450	175	0.81	0.88	1.76
1,451 to 1,600	200	0.93	1.02	2.04
1,601 to 1,800	225	1.04	1.14	2.28
1,801 to 2,164	250	1.16	1.26	2.52
2,165 to 2,499	300	1.39	1.50	3.02
2,500 to 2,899	350	1.62	1.76	3.52
2,900 to 3,599	400	1.86	2.02	4.04
3,600 and over	500	2.32	2.52	5.04

## Accident Medical Expense

- » Employee coverage only
- » This benefit is available to help you pay for medical expenses that are in excess of those covered by all group insurance plans and no-fault automobile insurance.
- » This benefit will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job-related.

**Accident Medical Expense Coverage and Cost**

MEDICAL EXPENSE COVERAGE	BI-WEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
\$ 2,500	\$ 0.46	\$ 0.59	\$ 1.18



## get support from the employee assistance program

### The Blomquist Hale Employee Assistance Program provides direct, face-to-face guidance to address any problem.

#### Get help with:

- Stress, anxiety, depression, grief, and loss
- Personal and emotional challenges
- Marital, relationship, and family counseling
- Financial or legal difficulties
- Substance abuse and other addictions
- Senior care planning

**Blomquist Hale**  
SOLUTIONS

#### Need help? Contact Blomquist Hale today

Call to set up an appointment (800) 926-9619

**Logan**

**Ogden**

**Salt Lake**

**Orem**

435-752-3241

801-392-6833

801-262-9619

801-225-9222



#### **Brief, Solution-Focused Therapy**

Licensed clinicians use a brief, solution-focused therapy model to resolve problems quickly. Using this approach, you learn to identify core issues and how to create and participate in a long-term solution.

#### **Guaranteed Confidentiality**

Blomquist Hale practices strict adherence to all professional, state and federal privacy guidelines. Confidentiality is guaranteed to all participants.

#### **Direct Care - No Set Session Limits**

There is no set limit on the number of sessions provided. However, cases which require care beyond the scope of the EAP are referred to appropriate community providers.

#### **Simple 24/7 Accessibility**

EAP Counselors are available during regular and extended hours, and Crisis Line support is available 24/7. Simply call the office nearest you to set up an appointment, no paperwork or approval is needed.

#### **No Copay Required**

Services are offered to all associates and their eligible dependents. The cost of EAP services provided by Blomquist Hale are free, with no co-payment, deductible, or insurance approval required.

#### **Download the Blomquist Hale app**

The 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.



## your employee advocate is here for you



**IMA Insurance has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.**

Our Employee Advocates will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

### **Our Employee Advocates can:**

- Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- Explain network access and payment process for in and out-of-network providers
- Work with providers to file paperwork if claims have been denied due to lack of required authorization
- Clarify the total and out-of-pocket cost for services provided
- Assist with referrals and prior authorizations
- Help with all levels of appeals
- Ensure services are being coordinated when multiple doctors or coverages are involved
- Help gain access to care and services
- Define preventive care and associated guidelines
- Assist in finding a specialist for a condition or diagnosis
- Explain benefit plan details and coverage provisions

### **Contact your Employee Advocate**

(801) 325-5062 | [calendly.com/lparkinson-3/cache](https://calendly.com/lparkinson-3/cache)  
[cachecounty@imaadvocate.com](mailto:cachecounty@imaadvocate.com)





# general participation guidelines and notices

Cache County recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

## Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

## General definitions

### Special enrollment rights (other than open enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

### A qualifying change of status occurs for the following:

- You get married, legally separated, or divorced;
- You add a dependent child through birth, adoption, or change in custody;

- Your parent/spouse or child dies which affects your coverage;
- Your work schedule permanently changes i.e., permanent reduction of hours;
- You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
- Your parent/spouse begins or terminates employment which affects benefit coverage;
- Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- You receive a qualified medical child support order (QMCSO);
- Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

### Or

You have a 60-day special election period for the following:

- You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

### When does coverage begin for new hires?

Coverage begins on your date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 14 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

### When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with Cache County. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- Your employment with Cache County ends;
- The group policy ends;
- You are no longer eligible under the plan;
- Your death;
- You retire;
- You enter the armed forces of any country on a full-time basis.

### Dependent eligibility verification notice

Cache County reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **"Who is eligible"** section.





## general participation guidelines and notices

### Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary life, long-term disability (LTD), Health Savings Account (HSA), and Flexible Spending Accounts (FSA).

Cache County may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

### Summary of benefits coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations and describe how much coverage the plan would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

### Waiving coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

### ACA notices about eligibility and coverage periods

- Cache County has adopted a 12 month "initial measurement period" and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour, or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.
- You are being offered the opportunity to enroll yourself and your dependents (if any) in Cache County's health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- If you "waive" or "decline" coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Cache County's cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.





The information in this guide has been provided for you by:



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(801) 325-5000 | [imacorp.com/saltlakecity](http://imacorp.com/saltlakecity)