

employee benefits guide

2025



benefit changes this year

- + new medical carrier
- + new HSA carrier





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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 Employee Advocate.



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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 Open Enrollment?

When choosing your insurance coverage for 2025, 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 care 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 ignitebenefits.com. If you do not make changes during Open Enrollment, 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.



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

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

Step 3

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

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

Step 4

Now that you're registered and logged into the system, you can navigate to your **Profile, Benefits, Required Tasks** (benefits or HR related items that Cache County requires you to complete), and **Resources**.



useful contact information

Medical

PEHP

pehp.org

(800) 765-7347

Dental

Guardian

guardianlife.com

(800) 627-4200

Vision

Superior Vision

superiorvision.com

(800) 507-3800

Health Spending Accounts / FSA / DCFSA / LPFSA

HealthEquity

healthequity.com

(877) 924-3967

Basic & Voluntary Life

PEHP

pehp.org

(800) 763-7349

Long Term Disability

Lincoln

lfg.com

(800) 423-2765

Accident & Hospital Indemnity

Guardian

guardianlife.com

(800) 627-4200

Employee Assistance Program

Blomquist Hale

blomquisthale.com

(800) 926-9619

IMA Employee Advocate

cachecounty@imaadvocate.com

(385) 341-2251

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 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 plan you choose and 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 PEHP website, listed on page 4 of this benefit guide.



What is Cache County contributing?

Cache County contribution

Cache County pays a portion of your monthly premium to limit your monthly cost and provide you with affordable coverage options.



important info about medical coverage



Understanding your deductible

Your deductible is the amount you must pay for covered services before your insurance plan begins to pay for covered services. For example, if your plan has a \$3,000 deductible, you'll pay the first \$3,000 for covered services. You can meet the deductible with an all-at-once charge for an expensive service — such as an MRI or surgery — or with charges from several small services — such as doctor visits — where you pay a small copay. Keep in mind that copays don't usually count toward your deductible.

Embedded Deductible

An embedded deductible is where each family member has an individual deductible in addition to the overall family deductible. When a family member meets their individual deductible before the family deductible is reached, the insurance company will begin paying according to the plan's coverage for that member. If only one family member meets an individual deductible, the rest of the family still has to pay their deductibles until the family deductible is met.

Non-embedded Deductible

A non-embedded deductible is more straightforward than an embedded deductible. With a non-embedded deductible, there is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible. The non-embedded deductible is most common in high deductible health plans.

Coinsurance

Once you've met your deductible, you'll pay coinsurance for covered services. Coinsurance is the percentage of costs you're responsible for paying, which counts towards your out-of-pocket maximum.

Out-of-pocket maximum

The out-of-pocket maximum is the maximum amount that you'll pay out of pocket in a plan year. Once you've paid your deductible and paid coinsurance up to the out-of-pocket maximum — all covered services will be 100% paid for by the insurance carrier for the remainder of the plan year. When considering your medical plan options, consideration for the out-of-pocket maximum is essential.

Premiums

Premiums are the per pay period costs you pay to use your benefits — think of this like paying for a gym membership — you pay a fee to use the equipment. For insurance, you're paying a membership fee for discounted services and access to specific providers.



which plan is best for me?

Electing the right plan for you and your loved ones can be confusing. Especially when your needs and circumstances change. To assist you in this election process, the following outlines key terms and factors you should consider when electing to enroll in medical insurance for this coming year.

Plan Types Offered:

- + **High-Deductible Health Plan:** A high-deductible health plan or HDHP is a form of medical insurance that offers lower monthly premiums and higher deductibles. Additionally, HDHPs can be paired with a health savings account (HSA) which allows you and your employer to put money aside, tax-free to pay for future qualified medical, dental, vision, or prescription expenses for you and your tax dependents.
- + **Traditional PPO:** Is a form of medical insurance that has higher monthly premium costs but offers lower deductibles and fixed payments (copays) when utilizing covered services.

Important Terms to Know:










- + **Premium:** the financial amount that is withheld from your paycheck to pay for access to medical insurance.
- + **Deductible:** the amount you pay individually or collectively out-of-pocket for eligible expenses before insurance begins to pay.
- + **Coinsurance:** the amount you will pay, usually in a fixed percentage (20%) once your deductible has been met until your out-of-pocket maximum has been met.
- + **Out of Pocket Maximum:** is the maximum amount you will pay per individual or family for in-network care. Once met, the health plan pays 100% of eligible costs.
- + **Copay:** a fixed dollar amount you will pay each time you utilize most medical services. Copays are only available when enrolled in a traditional PPO plan.
- + **Network:** eligible providers and facilities in which you receive a discount when accessing eligible healthcare services.
- + **Health Savings Account (HSA):** a personal medical savings account that allows you to save and pay for qualified healthcare expenses tax-free.

How do Plans Compare:

	Lower Monthly Premium	Higher Monthly Premium	Has a Deductible	Has Coinsurance	Has Copays	Has a Max-Out-of-Pocket	Cover Preventive Services 100%	Is HSA Eligible	Embedded
HDHP	X		X	X		X	X	X	
PPO		X	X	X	X	X	X		X



medical plan options

	PEHP - HIGH DEDUCTIBLE PLAN ADVANTAGE & SUMMIT		PEHP - TRADITIONAL COPAY PLAN ADVANTAGE & SUMMIT	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
 Annual Deductible Jan 1 - Dec 31	You pay up to \$1,650 per individual \$3,300 per family <i>Non-Embedded</i>	You pay up to \$3,300 per individual \$6,600 per family <i>Non-Embedded</i>	You pay up to \$1,500 per individual \$1,500 per member / \$3,000 per family <i>Embedded</i>	You pay up to \$3,000 per individual \$3,000 per member / \$6,000 per family <i>Embedded</i>
 Coinsurance	You pay 20% AD	You pay 40% AD	You pay 20% AD	You pay 40% AD
 Out-of-pocket Maximum Jan 1 - Dec 31	You pay no more than \$3,300 per individual \$3,300 per member / \$6,600 per family <i>Embedded</i>	No more than \$6,600 per individual \$6,600 per member / \$13,200 per family <i>Embedded</i>	You pay no more than \$4,500 per individual \$4,500 per member / \$9,000 per family <i>Embedded</i>	No more than \$6,000 per individual \$6,000 per member / \$12,000 per family <i>Embedded</i>
 Preventive Services	You pay \$0 according to government guidelines	Covered 100% AD	You pay \$0 according to government guidelines	Covered 100% AD
 Office Visits Primary Care Specialist	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD	You pay \$30 copay You pay \$50 copay	You pay 40% AD You pay 40% AD
 Mental Health Services Office Visit Inpatient	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD	You pay \$30 copay You pay 20% AD	You pay 40% AD You pay 40% AD
 Emergency Services Urgent Care Emergency Room	You pay 20% AD You pay 20% AD	You pay 40% AD Covered as In-Network	You pay \$50 copay You pay \$350 copay AD	You pay 40% AD Covered as In-Network
 Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD	You pay 20% AD You pay 20% AD	You pay 40% AD You pay 40% AD
 Prescription Medication Retail (30-day supply)	Generic / Preferred / Non-preferred You pay \$15 AD / \$30 AD / \$65 AD You pay up to 2.5x Retail		Generic / Preferred / Non-preferred You pay \$15 / \$30 / \$65 You pay up to 2.5x Retail	
	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance.		Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance.	

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 15



your pehp network options

We understand the importance of having confidence in your health care provider.

You've built a trusting relationship and you want to keep it. But, did you know that you can also save money by using an in-network provider? That's why you will be able to choose a provider network that is right for you and your family's health and wellbeing.

We offer two provider networks for you to choose from:

Advantage Network

Intermountain Healthcare (IHC) providers and facilities. You can also see Summit providers on the Advantage network, but your benefits will pay less.

Summit Network

CommonSpirit*, MountainStar, and University of Utah Healthcare providers and facilities. You can also see Advantage providers on the Summit network, but your benefits will pay less.

No-Pay Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. See List of No-Pay Providers at pehp.org

* Formerly Steward

	Advantage	Summit
Alta View Hospital	X	
American Fork Hospital	X	
Ashley Regional Medical Center	X	X
Bear River Valley Hospital	X	X
Beaver Valley Hospital	X	X
Blue Mountain Hospital	X	X
Brigham City Hospital		X
Cache Valley Hospital		X
Castleview Hospital	X	X
Cedar City Hospital	X	X
Central Valley Medical Center	X	X
Holy Cross Hospital Davis	X	X
Delta Community Medical Center	X	X
St. George Regional	X	X
Fillmore Community Hospital	X	X
Garfield Memorial Hospital	X	X
Gunnison Valley Hospital	X	X
Heber Valley Medical Center	X	X
Huntsman Cancer Hospital		X
Intermountain Medical Center	X	
Holy Cross Hospital Jordan Valley		X
Holy Cross Hospital Jordan Valley West		X
Kane County Hospital	X	X
Lakeview Hospital		X
Layton Hospital	X	
LDS Hospital	X	
Logan Regional Hospital	X	
Lone Peak Hospital		X
McKay Dee Hospital	X	
Milford Memorial Hospital	X	X

	Advantage	Summit
Moab Regional Hospital	X	X
Holy Cross Hospital Mountain Point		X
Mountain West Medical Center	X	X
Mountain View Hospital		X
Ogden Regional Medical Center		X
Orem Community Hospital	X	
Park City Medical Center	X	X
Primary Children's Hospital	X	X
Riverton Children's Unit	X	X
Riverton Hospital	X	
Salt Lake Regional Medical Center		X
San Juan County Hospital	X	X
Sanpete Valley Hospital	X	X
Sevier Valley Medical Center	X	X
St. Mark's Hospital		X
The Orthopedic Specialty Hospital (TOSH)	X	
Timpanogos Regional Hospital		X
Uintah Basin Medical Center	X	X
University of Utah Hospital		X
University of Utah Orthopaedic Center		X
Utah Valley Regional Medical Center	X	
Franklin County Medical Center	X	X



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 is the maximum amount that Cache County and I combined can put in this account?	<p>\$4,300 Employee-only coverage</p> <p>\$8,550 Family coverage</p> <p>If you'll be at least 55 years old in 2025, you can make an additional \$1,000 catch-up contribution.</p>	\$3,300 is the IRS pretax contribution limit	\$3,300 is the IRS pretax contribution limit	<p>\$5,000 if you are single</p> <p>\$5,000 if you are married filing jointly</p> <p>\$2,500 if you are married & filing separate tax returns</p>
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.	\$3,300 is the IRS pretax contribution limit	Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camp, before & after school programs, and child day care.
What does Cache County contribute?	<p>Employee (EE) \$825</p> <p>Family \$1,650</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 \$2,000 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 contributions not available at the beginning of the year or when coverage starts.</p> <p>Cache County's contributions are available at the beginning of the year.</p>	Your entire contribution amount is available at the beginning of the year.	Your entire contribution amount is available at the beginning of the year.	Your contribution amount is available as it comes out of your paycheck each pay period - not at the beginning of the year.
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>	Up to \$640 in unused funds will roll over automatically to pay for eligible expenses in the following year, any excess funds will be forfeited. Members have until March 31 to submit reimbursements for services incurred during the prior year. If an employee is no longer employed any unused funds will be forfeited.	Up to \$640 in unused funds will roll over automatically to pay for eligible expenses in the following year, any excess funds will be forfeited. Members have until March 31 to submit reimbursements for services incurred during the prior year. If an employee is no longer employed any unused funds will be forfeited.	Any unused funds at the end of the plan year are forfeited per IRS regulations. You have 90 days starting 01/01/2025 to submit claims for expenses incurred in 2024. If a participant is no longer employed during the plan year, claims for reimbursement must be submitted within 30 days after termination of employment.



dental plan option

Guardian is the carrier for our dental plan.

Visit guardianlife.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.

See rates on page 15



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 and adults



Orthodontic Lifetime Maximum

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 and adults	Covers up to 50%	Plan pays up to 50% of R&C
Orthodontic Lifetime Maximum	\$1,500 per individual	\$1,500 per individual

AD: After Deductible

R&C: Reasonable & Customary

* 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.



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.

Finding a network provider made easy

Online or on the go - Guardian® makes it easy to find a provider at 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

DOWNLOAD ON THE
APPLE APP STORE



GET IT ON
GOOGLE PLAY



Contact Guardian

guardiananytime.com | (800) 627-4200









vision plan option



Superior Vision is our vision carrier.

Visit superiorvision.com to find a provider in the network.

See rates on page 15

		SUPERIOR VISION - SUPERIOR NATIONAL NETWORK	
		In-Network	Out-of-Network
	Routine Vision Exams	\$10 copay	\$10 copay, plan reimburses up to \$39
	Contact Lens Fitting Exam	\$30 copay	Not Covered
Frequency			
	Exams (Vision & Contacts)	Once per calendar year	
	Contact Lenses	Once per calendar year	
	Frames	Once per calendar year	
	Lenses	Once per calendar year	
Eyeglasses			
	Single Vision Lenses ¹	\$10 copay	\$10 copay, plan reimburses up to \$32
	Bifocal Lenses ¹	\$10 copay	\$10 copay, plan reimburses up to \$46
	Trifocal Lenses ¹	\$10 copay	\$10 copay, plan reimburses up to \$60
	Frame Allowance	\$10 copay; \$140 allowance based on retail pricing ²	\$10 copay, plan reimburses up to \$68
	Contact Lenses		
	Prescription Medically Necessary	Covered in full	Plan reimburses up to \$210
	Prescription Elective (in lieu of eyeglasses)	\$120 allowance based on retail pricing ³	Not Covered

¹ Limited to standard, uncoated plastic lenses.

² A **20%** discount is applied to frames over the **\$140** allowance

³ A **20%** discount is applied to conventional contacts over the **\$120** allowance



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:

- + America's Best
- + Costco Optical
- + Eyeglass World
- + LensCrafters
- + Pearle Vision
- + Sam's Club Optical
- + Shopko Optical
- + Target Optical
- + Visionworks
- + 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

PEHP - High Deductible Plan, Advantage Network

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Per Pay Period Cost
Employee (EE) Only	\$654.78	\$654.78	\$0.00	\$0.00
EE + 1 Dependent	\$1,381.58	\$1,215.79	\$165.79	\$82.89
EE + Family	\$1,885.76	\$1,659.47	\$226.29	\$113.15

PEHP - Traditional Copay Plan, Advantage Network

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Per Pay Period Cost
Employee (EE) Only	\$719.46	\$719.46	\$0.00	\$0.00
EE + 1 Dependent	\$1,518.06	\$1,335.89	\$182.17	\$91.08
EE + Family	\$2,072.04	\$1,823.40	\$248.64	\$124.32

PEHP - High Deductible Plan, Summit Network

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Per Pay Period Cost
Employee (EE) Only	\$670.48	\$670.48	\$0.00	\$0.00
EE + 1 Dependent	\$1,414.68	\$1,244.92	\$169.76	\$84.88
EE + Family	\$1,930.94	\$1,699.23	\$231.71	\$115.86

PEHP - Traditional Copay Plan, Summit Network

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Per Pay Period Cost
Employee (EE) Only	\$736.70	\$736.70	\$0.00	\$0.00
EE + 1 Dependent	\$1,554.44	\$1,367.91	\$186.53	\$93.27
EE + Family	\$2,121.70	\$1,867.10	\$254.60	\$127.30

Guardian - Dental PPO

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Per Pay Period Cost
Employee (EE) Only	\$59.60	\$29.80	\$29.80	\$14.90
EE + 1 Dependent	\$81.53	\$40.77	\$40.77	\$20.38
EE + Family	\$123.34	\$61.67	\$61.67	\$30.84

Superior Vision - Vision Plan

	Total Monthly Premium	Cache County Monthly Cost	Employee Monthly Cost	Per Pay Period Cost
Employee (EE) Only	\$10.47	\$0.00	\$10.47	\$5.24
EE + 1 Dependent	\$15.86	\$0.00	\$15.86	\$7.93
EE + Family	\$22.34	\$0.00	\$22.34	\$11.17

Waiving Coverage

	Annual	Monthly	Per Paycheck
401k Stipend	\$4,022.88	\$335.24	\$167.62

Premium Deduction Frequency: 1st two paychecks per month (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.

Cache County provides Long-term Disability Insurance at no cost to employees.



Long-term Disability (LTD) Insurance

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

Monthly Benefit: 66.7% 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.

* **Pre-existing Condition Limits:** Pre-existing conditions include bodily injury, sickness, mental illness, pregnancy, and substance abuse. Lincoln reserves the right to review medical records up to 3 months prior to your effective date to evaluate pre-existing conditions upon filing a claim.



required notice

IMPORTANT: You may have access to benefits such as Hospital Indemnity or Accident Insurance. Please note that this is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you are sick or hospitalized. You are still responsible for paying the cost of your care.

- + The payment you get is not based on the size of your bill.
- + There may be a limit on how much this policy will pay each year.
- + This policy is not a substitute for comprehensive health insurance.
- + Since this policy is not health insurance, it does not have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- + Visit ***HealthCare.gov*** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health care options
- + There might be a limit on how much this policy will pay each year.

Questions about this policy?

- + For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Department."
- + If you have this policy through your job, or a family member's job, contact the employer.
- + There might be a limit on how much this policy will pay each year.



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 or for non-medical expenses*.

- + \$1,500 Hospital admission and \$200 daily hospitalization benefits
- + Intensive Care Unit benefit for up to 15 days
- + Premiums are waived if hospitalized for more than 30 days
- + Guaranteed acceptance for new hires & during open enrollment
- + There are no pre-existing condition limitations

EMPLOYEE COST PER PAY PERIOD

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

PEHP Life & Accident

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

PEHP Life & Accident

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	Family Plan
	Monthly Cost	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 \$0.50 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.

PEHP Life & Accident

Accidental Death and Dismemberment (AD&D)

Additional AD&D Coverage and Cost

Coverage Amount	INDIVIDUAL PLAN		FAMILY PLAN	
	Bi-Weekly Cost	Semi-Monthly Cost	Bi-Weekly Cost	Semi-Monthly Cost
25,000	0.20	0.25	0.50	0.29
50,000	0.39	0.50	1.00	0.58
75,000	0.59	0.75	1.50	0.86
100,000	0.78	1.00	2.00	1.15
125,000	0.98	1.25	2.50	1.44
150,000	1.17	1.50	3.00	1.73
175,000	1.37	1.75	3.50	2.01
200,000	1.57	2.00	4.00	2.30
			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 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. Or request a copy by emailing publications@pehp.org.



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? Want to set up an appointment?

Contact Blomquist Hale today

(801) 262-9619



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 copayment, deductible, or insurance approval required.



your employee advocate is here for you



IMA 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.

Contact your Employee Advocate

(385) 341-2251 | cachecounty@imaadvocate.com

Schedule a call: calendly.com/breanne-moore



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



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.

Medical coverage assistance options

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might

help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled.

This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

Health Insurance Marketplace

healthcare.gov

1 (800) 318-2596



general participation guidelines and notices

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.

Women’s health and cancer rights act enrollment notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- + All stages of reconstruction of the breast on which the mastectomy was performed;
- + Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- + Prostheses; and
- + Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

Newborns’ and Mothers’ Health Protection Act

The Newborns’ and Mothers’ Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

Privacy policy

Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

1. make sure that any medical information that identifies you is kept private;
2. provide you with rights with respect to your medical information;
3. give you a notice of our legal duties and privacy practices; and
4. follow all privacy practices and procedures currently in effect.

How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.



general participation guidelines and notices

Your rights regarding your medical information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Nomi offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, 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.

CMS Part D Notice of Creditable or Non-Creditable Coverage

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- + A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- + The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- + When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal

coverage ends, not when retiree or COBRA coverage ends).

- + The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Cache County has determined all Medical plans to be, considered Creditable Coverage.

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

Remember: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

These are only summaries. Full statements are available from Human Resources.



MORE THAN JUST **INSURANCE**

Based in North America, IMA Financial Group, Inc. is an integrated financial services company focused on protecting the assets of its widely varied client base through insurance, risk management, employee benefits and wealth management solutions. As an employee-owned company, IMA's 2,000-plus associates are empowered to provide customized solutions for their clients' unique needs.