

# Employee Benefits



## Murray City School District

September 1, 2021 - August 31, 2022

Provided by:  
 **MORETON & COMPANY**

# Employee Benefits: 2021-2022

## Benefit Carrier Contact Information

Murray City School District

**Randi Leffel, Accounting / Employee Benefits**

801-264-7418

rleffel@murrayschools.org

www.murrayschools.org

SelectHealth - Medical

800-538-5038

801-442-5038

Group #: G1009343

www.selecthealth.org

HealthEquity - Health Savings Account (HSA)

866-346-5800

www.healthequity.com

Axis Plus Benefits - Reimbursement Account

877-872-2125

801-878-0654

www.myaxisplus.com

EMI Health - Dental

800-662-5851

801-262-7475

Group # 432

www.emihealth.com

Opticare Vision Services - Vision

800-363-0950

801-869-2020

www.opticarevisionservices.com

EMI Health - Life, LTD & Medigap Plan

800-662-5851

801-262-7475

Medigap Group # EMG-06-J

www.emihealth.com

Intermountain Healthcare - Employee Assistance Program

800-832-7733

801-442-3509

www.intermountainhealthcare.org

Moreton & Company - Account Manager

**Stacy Rindlisbaker**

208-221-6327

Toll Free: 800-594-8949

srindlisbaker@moreton.com

www.moreton.com

## Welcome!

To learn more about the benefits Murray City School District offers, please review the following 2021-2022 benefit materials. If you have any questions about your benefits, we are here to help!

## Human Resources

Please contact Human Resources for any benefits related questions, including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

## Social Security Numbers

Federal law requires you to provide a valid Social Security number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

## Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See Human Resources for more information.

## HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please speak with your Moreton & Company representative or contact Human Resources.

## IRS Regulations

**Failure to meet IRS deadlines will affect your insurance coverage!** IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and related cafeteria plan elections. This means that we cannot accept forms after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be timely notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following our receipt of the form. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change in advance. **If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have an IRS qualifying event.**

**Note:** This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

# Enrollment Guidelines: 2021-2022

## Why is open enrollment so important?

Benefits open enrollment for Murray City School District is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and, as noted above, under IRS regulations elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify Human Resources of any change of status as soon as possible, but generally within **30 days** after the event.

## Who is eligible to participate in the benefit plans?

- Employees who work 30+ hours per week;
- Employees' legally married spouse and/or dependent(s), (dependents are generally children who are less than 26 years of age); see your Benefits Summary's definition of legally married spouse and/or dependent(s);

## When do benefits begin?

- Employees will receive benefits on the first day of the month following date of hire (provided forms are properly submitted);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available through the Human Resources department.

## Is it possible to make changes during the year?

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

## Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, divorce, or legal separation;
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents);
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse);
- Loss of coverage from government plans/programs or educational institution;
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

## Glossary of Terms

**Co-pay:** Typically refers to a fixed dollar amount a member must pay for a particular service (such as a physician visit or ER visit).

**Deductible:** Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.

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

**Out of Pocket Maximum (OOPM):** The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.

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

**Network (In-Network):** Providers who have agreed to accept contracted rates from an insurance carrier.

**Non-Network (Out of Network):** Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

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

# Medical Plans: 2021-2022

Murray City School District offers the following medical plans through SelectHealth:

	SelectHealth Value	SelectHealth Med +	
	Network	Network	Non Network *
Deductible PPY	\$1,000 Individual / \$3,000 Family	\$1,000 Individual / \$3,000 Family	\$2,000 Individual / \$6,000 Family
	If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.		
Out of Pocket Maximum (Includes Most Services)	\$3,000 Individual / \$6,000 Family	\$3,000 Individual / \$6,000 Family	\$5,000 Individual / \$10,000 Family
	If any family member reaches the individual out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the family out of pocket maximum, then the out of pocket maximum is satisfied for the entire family.		
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	80% / 20% AD	60% / 40% AD
Office Visits			
Primary Care	\$30 Co-pay	\$30 Co-pay	60 / 40 AD
Preventive **	Covered 100%	Covered 100%	Not Covered
Specialists or Secondary Care Provider	\$40 Co-pay	\$40 Co-pay	60 / 40 AD
Connect Care	Covered 100%	Covered 100%	Not Covered
Chiropractic	Not Covered	Not Covered	Not Covered
Diagnostic Lab & X-Ray Services			
Minor (In Office)	Covered 100%	Covered 100%	60 / 40 AD
Major	80 / 20 AD	80 / 20 AD	60 / 40 AD
Hospital Services			
Outpatient	80 / 20 AD	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	80 / 20 AD	60 / 40 AD
Emergency Services			
Urgent Care	\$45 Co-pay	\$45 Co-pay	60 / 40 AD
Kids Care	\$30 Co-pay	\$30 Co-pay	60 / 40 AD
Emergency Room	\$250 AD	\$250 AD	See Network Benefits
Ambulance	80 / 20 AD	80 / 20 AD	See Network Benefits
Mental Health Services			
Inpatient	80 / 20 AD	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20	80 / 20	60 / 40 AD
Outpatient - Office	\$30 Co-pay	\$30 Co-pay	60 / 40 AD
Prescriptions (Generic Required)	Tier 1 / Tier 2 / Tier 3 / Tier 4	Tier 1 / Tier 2 / Tier 3 / Tier 4	
Deductible (Separate - Does <u>NOT</u> apply to Generics)	\$250 Per Person	\$250 Per Person	
Pharmacy	\$20 / \$40 APD / \$60 APD / \$100 APD	\$20 / \$40 APD / \$60 APD / \$100 APD	
Maintenance Drugs or Mail Order	\$20 / \$80 APD / \$180 APD / NA	\$20 / \$80 APD / \$180 APD / NA	

**AD:** After Deductible

**APD:** After Pharmacy Deductible

**PPY:** Per Plan Year

\* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

\*\* Please refer to your provided SelectHealth materials for a full list of covered preventive services and limitations.

**Please Note:** Some benefits require pre-authorization and/or limitations may apply, please refer to your provided SelectHealth materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at [www.selecthealth.org](http://www.selecthealth.org).

# Medical Plans: 2021-2022

Murray City School District offers the following medical plans through SelectHealth:

	SelectHealth Med + Healthsave	
	Network	Non Network *
Deductible PPY	\$3,000 Individual / \$6,000 Family	\$4,000 Individual / \$8,000 Family
	If more than one person in a family is covered under the policy, the individual deductible does NOT apply. Instead, the Family Deductible applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met.	
Out of Pocket Maximum (Includes Most Services)	\$4,000 Individual / \$8,000 Family	\$5,500 Individual / \$11,000 Family
	If any family member reaches \$4,000 of the out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the family out of pocket maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	60% / 40% AD
Office Visits		
Primary Care	\$15 Co-pay AD	60 / 40 AD
Preventive **	Covered 100%	Not Covered
Specialists or Secondary Care Provider	\$25 Co-pay AD	60 / 40 AD
Connect Care	Covered 100%	Not Covered
Chiropractic	Not Covered	Not Covered
Diagnostic Lab & X-Ray Services		
Minor (In Office)	Covered 100% AD	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD
Hospital Services		
Outpatient	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	60 / 40 AD
Emergency Services		
Urgent Care	\$35 Co-pay AD	60 / 40 AD
KidsCare	\$15 Co-pay AD	60 / 40 AD
Emergency Room	\$75 Co-pay AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20 AD	60 / 40 AD
Outpatient - Office	\$15 Co-pay AD	60 / 40 AD
Prescriptions (Generic Required)	Tier 1 / Tier 2 / Tier 3 / Tier 4	
Pharmacy	\$7 AD / \$21 AD / \$42 AD / \$100 AD	
Maintenance Drugs or Mail Order	\$7 AD / \$42 AD / \$126 AD / NA	

**AD:** After Deductible

**PPY:** Per Plan Year

\* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

\*\* Please refer to your provided SelectHealth materials for a full list of covered preventive services and limitations.

**Please Note:** Some benefits require pre-authorization and/or limitations may apply, please refer to your provided SelectHealth materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at [www.selecthealth.org](http://www.selecthealth.org).

# Health Savings Account (HSA): 2021-2022

## What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund your HSA with pre-tax dollars. In addition, if you are an Administration Employee or Classified Employee, Murray City School District makes a contribution to your HSA as shown below.

## Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Not covered under another health plan;
- Not enrolled in Medicare A or Medicare B benefits; and,
- Not eligible to be claimed on another person's tax return.

## What is a deductible?

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

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

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

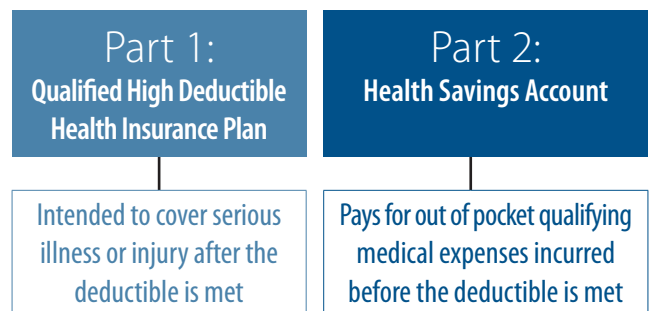
## When do I use my HSA?

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

- Use your HSA debit card or HSA check to pay for any out of pocket expenses.
- Write a personal check, receiving reimbursement at a later date.
- Save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. **Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.**

## How does a Health Savings Account Work?



## How is an HSA used to pay for medical care?

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

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

## How much can be contributed to an HSA?

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

Maximum Annual Contribution		
Type of Coverage	2021	2022
Individual	\$3,600	\$3,650
Two Party	\$7,200	\$7,300
Family	\$7,200	\$7,300

Individuals age 55 or older may be eligible to make a catch up contribution of \$1,000 in 2021-2022.

## Does my employer contribute to my HSA?

Murray City School District has elected to contribute the following amounts. These amounts apply towards your Annual Maximum Contribution:

Type of Coverage	Employer Monthly Contribution	Employer Monthly Contribution
	Administration Employees	Classified Employees
Individual	\$88.90	\$48.30
Two Party	\$200.00	\$108.80
Family	\$283.20	\$153.90

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

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

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

If you enroll in an HSA and corresponding HDHP at any time other than the start of the calendar year, so long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year (see the chart on the previous page). However, the IRS requires you to participate in the HDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.

## Why should I elect an HSA?

- Cost Savings
- Tax Benefits:
  - HSA contributions are excluded from federal income tax.
  - Interest earnings may be tax free.
  - Withdrawals for eligible expenses are exempt from federal income tax.
- You generally pay a lower plan premium for a HDHP than a traditional indemnity plan.
- Unused money is held in interest-bearing savings or investment accounts from year to year.

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

## Long-Term Financial Benefits

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

## Choice

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

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

Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income to the account holder and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the distribution amount (if for a non-eligible expense) is still considered taxable income; however, the tax penalty IS waived.

## When can I start using my HSA dollars?

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

## Can my HSA dollars be used for retirement health care costs?

Yes, for expenses eligible for reimbursement, and Medicare and other health coverage premiums after age 65.

## Can I use the money in my account to pay for my dependents' medical expenses?

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

# Reimbursement Accounts: 2021-2022

AxisPlus Benefits September 1, 2021 through August 31, 2022

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

The following accounts may be available to you:

## Flexible Spending Account (FSA)

This account allows you to set aside up to \$2,750 in pretax dollars to pay most out of pocket medical, dental, or vision care expenses, including: medical and dental deductibles and co-payments, eye glasses, dental, and orthodontic work not covered by insurance.

## Limited Purpose FSA

This account allows HSA-covered employees to pay for dental and vision expenses not covered by insurance.

## Dependent Care Assistance Plan (DCAP)

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

## The Advantages

There are some significant advantages to using the above reimbursement type accounts. Income directed to a reimbursement account is tax free. When you pay less in taxes, you receive more spendable income. These accounts can save you 10-30% or more, depending on your personal tax rate. Convenient payroll deductions help assure that you will have money available for out of pocket health and/or dependent care expenses.

## How It Works

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

## Eligibility

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

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

## The Dependent Care Assistance Plan

With the Dependent Care account you can set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you normally pay with after-tax dollars. You must meet the following criteria in order to set up this account:

- The DCAP expense is incurred to allow both you and your spouse work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student

Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped and the expense must be incurred to allow you to work. If your spouse is unemployed or doing volunteer work you cannot set up a reimbursement account. Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

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

## Grace Period (DCAP)

If you don't use all of the pre-taxed dollars you deposited into your DCAP account, you will have a 75 day Grace Period, through 11/15/2021, in which to incur eligible DCAP expenses. If you do not use all of the pre-tax dollars you deposited in your DCAP account, you will forfeit any balance in the account at the end of the Grace Period. You will have until 11/30/2021 to submit claims for reimbursement.

## Rollover Option (FSA/LPFSA)

If you don't use all the pre-tax dollars you deposited in your FSA account during the plan year, you may roll-over up to \$500 into the next plan year. (The roll-over amount does not count toward the \$2,750 yearly maximum FSA contribution limit.) Any remaining unused balance at the end of the plan year will be forfeited. You have until 11/30/2021 after the plan year ends to submit claims for expenses incurred during that plan year (Sept. 1 to Aug 31).

## Once Enrolled, You May Not Change

Once you have designated how much you want to contribute on an annual basis to one or both of your reimbursement accounts, you cannot stop or change your contributions unless you have a Qualifying Change Event as defined and limited by the IRS. See Qualifying Change rules earlier in this guide.

## Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For healthcare, this will include receipts showing the amount you paid and the date(s) on which you or a dependent received services. For dependent care, this may include any contracts, letters, or receipts. You may send this information to AxisPlus Benefits via email, fax, or standard mail.

Email: [info@myaxisplus.com](mailto:info@myaxisplus.com)

Fax: 866-872-2125 Local: 801-878-0654

Mailing Address: 860 E. 9085 S., Sandy, UT 84094



# Dental Plans: 2021-2022

Murray City School District offers the following dental plans through EMI Health.

Choice PPO			
	In-Network (Advantage Plus Network)	In-Network (Premier Network)	Non Network *
Deductible	None	None	\$25 Single / \$75 Family
Maximum Annual Benefit PPY- <i>Dental</i>	\$2,000 Per Individual	\$1,500 Per Individual	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below		
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays	No Waiting Period		
	Covered 100%	Covered 100%	Up to 70 / 30 of Premier Network FS
Basic Services Fillings, Oral Surgery	No Waiting Period		
	80 / 20	80 / 20	Up to 70 / 30 of Premier Network FS - AD
Major Services Bridges, Crowns, Prosthodontics	No Waiting Period		
	50 / 50	50 / 50	Up to 40 / 60 of Premier Network FS - AD
Endodontic & Periodontic Services	Covered under Basic Services		
Maximum Lifetime Benefit - <i>Orthodontia</i>	\$1,000 Per Individual		
Orthodontic Services Dependents to Age 19	No Waiting Period		
	50 / 50		
Orthodontic Services Adults	No Waiting Period		
	Up to 25% Discount †		
Specialists	Paid Same as General Dentist		
Coverage Type	Choice PPO Semi-Monthly Employee Rate		
Single	\$19.70		
Two-Party	\$44.70		
Family	\$64.25		

Advantage Co-Pay		
	Network	Non Network *
Deductible	None	
Maximum Annual Benefit- <i>Dental</i>	None	
Coinsurance	Member Pays - See Amounts Below	
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays	No Waiting Period	
	Covered 100%	See Claim Payment Schedule
Basic Services Fillings, Oral Surgery	No Waiting Period	
	See Co-Pay Schedule	See Claim Payment Schedule
Major Services Crowns, Bridges, Prosthodontics	No Waiting Period	
	See Co-Pay Schedule	See Claim Payment Schedule
Endodontic & Periodontic Services	Covered under Major Services - See Co-Pay Schedule	
Specialists	20% Discount Only (See Co-Pay Schedule) †	
Coverage Type	Advantage Co-Pay Semi-Monthly Employee Rate	
Single	\$9.95	
Two-Party	\$22.50	
Family	\$32.40	

**AD:** After Deductible

**PPY:** Per Plan Year

**FS:** Network Fee Schedule

**† Discount Only:** No benefit will be paid

\* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Human Resources or at [www.emihealth.com](http://www.emihealth.com).

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

# Vision Plan: 2021-2022

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

Opticare 0-10-110C+ Plan			
	Select Preferred Network	Broad Preferred Network	Non Network
Eye Exam	Once Every 12 Months		
Eyeglass and Contact Exam	Covered 100%	\$10 Co-pay	\$45 Allowance
Routine Dilation	Covered 100%	Covered 100%	Included Above †
Contact Fitting	Covered 100%	Retail	Included Above †
Lenses	Once Every 12 Months		
Plastic Single Vision, Bifocal, and Trifocal	Covered 100%	\$10 Co-pay	\$85 Allowance for Lenses, Options and Coatings †
Progressive Lenses (Standard No-Line)	\$10 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate	\$20 Co-pay	\$40 Co-pay	
High Index	\$80 Co-pay	Up to 25% Discount	
Coatings			
Scratch Resistant Coating	Covered 100%	\$10 Co-pay	
Ultraviolet Filter	Covered 100%	\$10 Co-pay	
Anti-Reflective Coating	\$40 Co-pay	\$45 Co-pay	
Other Options: Edge Polish, Tints, Mirrors, etc.	Up to 25% Discount	Up to 25% Discount	
Frames	Once Every 12 Months		
Allowance based on retail pricing	\$110 Allowance	\$100 Allowance	\$70 Allowance †
Back-Up or Multiple Pairs of Glasses *	Once Every 12 Months		
	Up to 50% Discount	Up to 50% Discount	Not Covered
Contacts (In Lieu of Glasses)	Once Every 12 Months		
Benefit Allowance	\$110 Allowance	\$100 Allowance	\$80 Allowance †
Additional Contact Purchases:			
Conventional **	Retail	Retail	
Disposable **	Retail	Retail	
<b>Coverage Type</b>	<b>Opticare 0-10-110C+ Plan Employee Semi-Monthly Rates</b>		
Single		\$2.66	
Two-Party		\$4.96	
Family		\$5.97	

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

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

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

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

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

For a complete description of benefits, limitations, and exclusions, consult your Summary Plan Description, available from Human Resources or at [www.opticarevisionservices.com](http://www.opticarevisionservices.com) or call 1-800-363-0950.

# Vision Plan: 2021-2022

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

Opticare 0-10-140C+ Plan			
	Select Preferred Network	Broad Preferred Network	Non Network
<b>Once Every 12 Months</b>			
Eye Exam			
Eyeglass and Contact Exam	Covered 100%	\$10 Co-pay	\$45 Allowance
Routine Dilation	Covered 100%	Retail	Included Above †
Contact Fitting	Covered 100%	Retail	Included Above †
<b>Once Every 12 Months</b>			
Lenses			
Plastic Single Vision, Bifocal, and Trifocal	Covered 100%	\$10 Co-pay	\$85 Allowance for Lenses, Options and Coatings †
Progressive Lenses (Standard No-Line)	\$10 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate	\$20 Co-pay	\$40 Co-pay	
High Index	\$80 Co-pay	Up to 25% Discount	
Coatings			
Scratch Resistant Coating	Covered 100%	\$10 Co-pay	
Ultraviolet Filter	Covered 100%	\$10 Co-pay	
Anti-Reflective coating	\$40 Co-pay	\$45 Co-pay	
Other Options: Edge Polish, Tints, Mirrors, etc.	Up to 25% Discount	Up to 25% Discount	
<b>Once Every 12 Months</b>			
Frames			
Allowance based on retail pricing	\$140 Allowance ¥	\$130 Allowance ¥	\$85 Allowance †
<b>Once Every 12 Months</b>			
Back-Up or Multiple Pairs of Glasses *			
	Up to 50% Discount	Up to 50% Discount	Not Covered
<b>Once Every 12 Months</b>			
Contacts (In Lieu of Glasses)			
Benefit Allowance	\$140 Allowance	\$130 Allowance	\$105 Allowance †
Additional Contact Purchases			
Conventional **	Retail	Retail	
Disposable **	Retail	Retail	
<b>Coverage Type      Opticare 0-10-140C+ Plan Employee Semi-Monthly Rates</b>			
Single		\$5.39	
Two-Party		\$9.56	
Family		\$11.28	

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

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

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

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

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

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

For a complete description of benefits, limitations, and exclusions, consult your Summary Plan Description, available from Human Resources or at [www.opticarevisionservices.com](http://www.opticarevisionservices.com) or call **1-800-363-0950**.

# Life Insurance Plans: 2021-2022

## EMI Health Basic Life, AD&D - 100% Company Paid for Full Time Employees

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Benefits reduce to 65% at the insured's age 65 and to 50% at age 70. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits. If Teachers or Administrators are not working Full Time, they have to pay a portion of the expense. Please see Business Department for complete rates.

Benefits	Class 1	Class 2
Life Insurance - Employee	\$50,000	\$50,000 or \$100,000 (if additional \$50,000 is purchased)
Seatbelt Benefit - Employee Only (Paid for a death resulting from an auto accident while properly wearing a seatbelt.)	10% to maximum of \$16,667 plus an additional 5% to maximum of \$8,333 if Airbag deployed.	
Life Insurance - Spouse	\$2,000	
Life Insurance - Child(ren) Live birth to age 26	\$2,000 (to age 26); \$500 (Birth to 14 days)	
Accidental Death & Dismemberment (AD&D) - Employee	\$50,000	\$100,000
Accidental Death & Dismemberment (AD&D) - Spouse	\$5,000	
Accidental Death & Dismemberment (AD&D) - Dependent Child(ren)	\$2,000	
The cost for the additional \$50,000 is \$0.156 per \$1,000 of coverage or \$7.80 for \$50,000.		

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

## Voluntary Supplemental Life - 100% Employee Paid

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

Employees may select any amount up to \$500,000 of coverage in increments of \$10,000. Spouse coverage may be equal to but not exceed 100% of the Employee's Supplemental Coverage amount up to \$200,000 in increments of \$10,000. Dependent children from birth to 14 days are eligible for \$500 of coverage; dependent children age 15 days to 6 months are eligible for \$1,000 and unmarried dependent children age 6 months to age 26 are eligible for \$10,000 in increments of \$2,500.

All Supplemental Insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health Form. Insurance will become effective on the first of the month following underwriting approval by EMI Health. Supplemental Life benefits will reduce to 65% at the insured's age of 65 and 50% at age 70. Benefits terminate upon retirement. Supplemental Life offers a Right of Conversion. Enrollment forms are available from the Business Department.

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

Supplemental Life Guaranteed Issue (Guaranteed Issue Applies to New Employees Only)	
Employee	\$200,000
Spouse	\$50,000
Dependent Child(ren)	\$10,000

Monthly Rates Per \$1,000 of Coverage		
Age	Employee and Spouse	
	Non Tobacco	Tobacco
19 & Under	\$0.063	\$0.095
20 to 24	\$0.063	\$0.095
25 to 29	\$0.063	\$0.095
30 to 34	\$0.080	\$0.095
35 to 39	\$0.090	\$0.126
40 to 44	\$0.105	\$0.158
45 to 49	\$0.168	\$0.252
50 to 54	\$0.231	\$0.347
55 to 59	\$0.430	\$0.588
60 to 64	\$0.660	\$0.693
65 to 69	\$1.270	\$1.270
70 to 74	\$2.060	\$2.100
75 & Over	\$2.060	\$3.670
Monthly Dependent Life	\$0.20 per \$1,000 of coverage (Rate is fixed - Regardless of number of children)	

### Estimated Premium Calculations

$\div 1,000 =$	$\times$	$=$	$\times 12 =$	$\div 24 =$
Desired Amount of Employee Coverage	Number of 1,000's	Rate from Table	Estimated Monthly Premium **	Number of Pay Periods
Desired Amount of Spouse Coverage	Number of 1,000's	Rate from Table	Estimated Monthly Premium **	Estimated Premium Per Pay Period **

\*\* The premiums calculated are estimates ONLY. Please refer to your EMI Health plan documents for full premium breakdowns.

# Life & Disability Insurance Plans: 2021-2022

## EMI Health Voluntary Supplemental AD&D - 100% Employee Paid

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

Employees may select up to \$500,000 of coverage in increments of \$10,000. Benefit amounts in excess of \$150,000 are limited to 10x salary. Spouse coverage, if no Dependent Children are insured, may be 60% of the Employee's Principal Sum to a Maximum of \$300,000 in increments of \$10,000. If one or more Dependent Children are Insured, spouse coverage may be 50% of the Employee's Principal Sum to a Maximum \$300,000 in increments of \$10,000. Dependent children under the age of 26 are eligible for 25% of the Employee's Principal Sum to a Maximum of \$75,000.

All Voluntary Supplemental AD&D Insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health Form. Insurance will become effective on the first of the month following underwriting approval by EMI Health. Voluntary Supplemental AD&D benefits will reduce to 65% at the insured's age 65, and to 50% at age 70. Benefits terminate upon retirement. Supplemental Life offers a Right of Conversion. Enrollment forms are available from the Business Department.

Monthly Rates Per \$1,000 of Coverage	
Employee Only	\$0.025
Family	\$0.030

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

## EMI Health Long-Term Disability - 100% Company Paid

Long Term Disability (LTD) insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by EMI Health, for more detailed benefit information.

### Eligibility in

**Class 1:** All active Contract Employees of the Employer regularly working a minimum of 30 hours per week and Contract Bus Drivers regularly working 25 hours per week, who are eligible to participate in the Utah Retirement System, who are citizens or permanent resident aliens of the United States.

**Class 2:** All active non-Contract Employees of the Employer regularly working a minimum of 30 hours per week, who are eligible to participate in the Utah Retirement System, who are citizens or permanent resident aliens of the United States.

Benefits	
<b>Monthly Benefit</b>	Up to 66.67% of your monthly covered earnings to \$10,000 maximum
<b>Maximum Benefit Period</b>	The later of Social Security Normal Retirement Age (SSNR) or the following schedule; <b>Age at Disability</b>
	<ul style="list-style-type: none"> <li>• Age 63 - 36 months</li> <li>• Age 64 - 30 months</li> <li>• Age 65 - 24 months</li> <li>• Age 66 - 21 months</li> <li>• Age 67 - 18 months</li> <li>• Age 68 - 15 months</li> <li>• Age 69+ - 12 months</li> </ul>
<b>Elimination Period</b>	120 Consecutive Days of Disability
<b>Definition of Disability</b>	Unable to Perform Material Duties of Regular Occupation and Unable to Earn 80% or more of Indexed Earnings
<b>Mental &amp; Nervous / Substance Abuse</b>	Lifetime Maximum of 24 Months
<b>Definition of Earnings</b>	Your Wage or Salary, not including Bonuses, Commissions, or Other Extra Compensation
<b>Pre-Existing Condition Restrictions</b>	3 Months Prior / 12 Months on Plan

# Employee Assistance Plan: 2021-2022

Intermountain Healthcare - 100% Company Paid

## What is an Employee Assistance Program (EAP)?

An Employee Assistance Program provides short-term, confidential counseling for you and your spouse or significant other, and dependent children (up to age 26), regardless of whether you and/or they are covered under your health insurance plan at no out-of-pocket expense to you.

## Is it Confidential?

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

Employee Assistance Program counselors are experienced, caring professionals who hold a master's degree in counseling or a related field. They are certified or licensed by the appropriate state agency.

Counselors use a solution-focused therapy model and teach you how to resolve your unique problem while providing caring support along the way.

The entire cost of EAP services is covered in a monthly fee paid by Murray City School District. All EAP services are free to you with no co-pay or deductible required.

Short-term counseling sessions are available for each household member either virtually, by phone, or in-person. Should you elect to receive mental health services through your medical benefit, Intermountain Healthcare will not absorb the cost.

## How do I make an Appointment?

Setting up an appointment is as simple as calling the office. You will be offered an appointment time, generally within 5 working days of your initial call. **Crisis calls will be answered over the phone the same day, unless there is an open appointment then they can be seen face to face.** No prior approval is needed and there is no charge. Counselors are available around the clock for emergency and crisis situations.

Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life.

Call 1-800-832-7733 or 1-800-442-3509

Visit [intermountainhealthcare.org](http://intermountainhealthcare.org)

## To reach an EAP Representative

Call 1-800-832-7733 or  
1-800-442-3509

All services are free and phone lines are open  
**24 hours a day, 365 days a year.**

The EAP is your resource for everything from the everyday to the unexpected.

At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Our professional counselors are available to discuss the issues you face in your life, including:

Life Changes	Legal Advice
Birth / Adoption	Finances
Child Care	Elder Care
Parenting	Relationships
Family Conflicts	Grief
Stress	Aging
Depression	Drugs / Alcohol
Job Pressures	Eating Disorders

