

# A Guide to Your Employee Benefits

October 1, 2022 -  
September 30, 2023



# 2022-2023 Employee Benefits

## Medical

SelectHealth  
(800) 538-5038  
selecthealth.org

## Dental

Dental Select  
(800) 999-9789  
dentalselect.com

## Voluntary Vision

Opticare  
(800) 363-0950  
opticarevisionservices.com

## Voluntary Vision

Dental Select  
(800) 999-9789  
dentalselect.com

## Health Savings Account

HealthEquity  
(866) 346-5800  
healthequity.com

## Flexible Spending Account

National Benefit Services (NBS)  
(800) 274-0503  
nbsbenefits.com

## Basic Life & AD&D/Voluntary Life

LifeMap  
(800) 794-5390  
lifemapco.com

## Short Term Disability

LifeMap  
(800) 286-1129  
lifemapco.com

## Long-Term Disability

LifeMap  
(877) 254-0085  
lifemapco.com

## Employee Assistance Program

Blomquist Hale  
(801) 262-9619  
blomquisthale.com

## Travel Assistance

LifeMap  
(800) 794-5390  
lifemapco.com

## Open Enrollment & Claims Support

Denise House, GBS Benefits  
(801) 842-0130  
denise.house@gbsbenefits.com

Marcie McRoberts, GBS Benefits  
(801) 933-2612  
marcie.mcroberts@gbsbenefits.com

*This communication highlights some of your benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. We reserve the right to change any benefit plan without notice. Benefits are not a guarantee of employment.*

# Table of Contents

## What's Inside

This guide provides information for consideration when newly enrolling, changing your elections, or reenrolling in our benefit programs.

You'll find more information online to help you make your enrollment decisions. Go to [www.employeenavigator.com/benefits/Account/Login](http://www.employeenavigator.com/benefits/Account/Login) to review Summaries of Benefits and Coverage (SBC), plan summaries, terms and conditions, online notices, Affordable Care Act (ACA) updates and other important information.

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# **Important Information**

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Weber School District

# Weber School District's Benefits and You

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## Welcome

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

## Know Your Benefits

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

### › Take Advantage Of The Tools Available

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

### › Be a Smart Shopper

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

### › Don't Miss the Deadline and Keep Record of Your Enrollment

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

## Summary of Benefits and Coverage (SBC) and Uniform Glossary

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

For the most up-to-date information regarding the ACA, please visit [www.healthcare.gov](http://www.healthcare.gov).

# Enrollment & Eligibility

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## Who is Eligible?

**Certified Employees:** Educators working 30 hours per week are eligible to enroll for medical, flexible spending, dental, vision, long term disability, short term disability and life insurance. Educators working 20 hours per week are eligible for flexible spending, dental, vision, long term disability, short term disability and life insurance. New or returning educators to the profession who have been hired to start the school year are eligible for insurance October 1<sup>st</sup>. Educators transferring to WSD from a public or a private accredited school to start the school year are eligible on September 1<sup>st</sup>. Educators hired in positions during the school year that qualify for insurance will be eligible to receive such insurance the first of the month following the first contract day worked.

**Classified Employees:** Classified employees working at least 30 hours per week are eligible for medical, flexible spending, dental, vision, long term disability, short term disability and life insurance.

New benefits eligible employees insurance will begin on the first day of the month following the first day of employment.

## How We Define Medical Benefits Eligibility

We are a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

## When to Enroll

Open Enrollment is August 1<sup>st</sup> - August 31<sup>st</sup> for an effective date of October 1<sup>st</sup>, 2022. You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

## How to Make Changes

*Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event.*

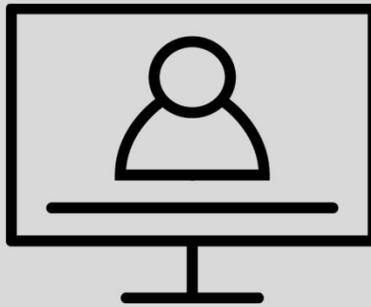
Qualified life events include, but are not limited to:

- › Change in your legal marital status
- › Birth, adoption, placement for adoption or legal guardianship of a child
- › Death of a dependent
- › Change in child's dependent status
- › You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- › Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- › A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within 30 days of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

## When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced, or you no longer meet eligibility, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.



# Online Benefits Enrollment

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## Employee Navigator

*All enrollments are handled online. If you are waiving coverage, you are still required to login and elect to waive coverage.*

# Online Benefits Enrollment

## Employee Navigator

### Information Needed When Adding Dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

### Step 1: Getting Started

- In your web browser type <https://gbsbenefits.employeenavigator.com> in the address bar.
- Username - If you have misplaced your credentials, reach out to HR.
- Reset Password - Employees can reset passwords on login screen.
- Click “New User Registration” (first time user)
- Create Your Account:
  - a) First Name
  - b) Last Name
  - c) Company Identifier: Weber School District
  - d) Last 4 Digits of SSN
  - e) Birth Date
- On the home screen (once logged in) look for “Start Enrollment”.

### Step 2: Verify Your Personal and Dependent Information

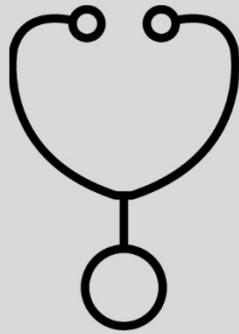
- Personal Information - Validate all information is accurate.
- Dependent Information:
  - a) To update information click “Edit”, upon completion click “Save”.
  - b) Select “Add Dependent” if you currently do not see them listed.
- Once all of your dependents have been added/updated, click “Save & Continue”.
- **Please Note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

### Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click “Save & Continue” at the end of each benefit screen.

### Step 4: Confirm Your Elections

- Upon completion, please verify everything in the “Enrollment Summary Screen”.
- Click “Click To Sign” to complete your open enrollment elections.



# Medical

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Selecthealth



VALUE AND MED NETWORKS / HSA QUALIFIED

MEMBER PAYMENT SUMMARY

	<b>TIER 1 VALUE</b> <small>When using In-Network Providers, you are responsible to pay the amounts in this column. These providers might not be available in all areas.</small>	<b>TIER 2 MED</b> <small>When using In-Network Providers, you are responsible to pay the amounts in this column.</small>	<b>OUT-OF-NETWORK</b> <small>When using Out-of-Network Providers, you are responsible to pay the amounts in this column.</small>
<b>CONDITIONS AND LIMITATIONS</b>			
Lifetime Maximum Plan Payment - <i>Per Person</i>	None		
Pre-Existing Conditions (PEC)	None		
Benefit Accumulator Period	plan Year		
Maximum Annual Out-of-Network Payment - (per plan Year)	None	None	None
<b>MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET<sup>5,6</sup></b>			
	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Self Only Coverage, 1 person enrolled - per plan Year			
Deductible	\$3,000		\$3,250
Out-of-Pocket Maximum	\$3,000		\$4,500
Family Coverage, 2 or more enrolled - per plan Year			
Deductible - per person/family	\$3000/\$6000		\$3250/\$6500
Out-of-Pocket Maximum - per person/family	\$3000/\$6000		\$4500/\$9000
<i>(Medical and Pharmacy Included in the Out-of-Pocket Maximum)</i>			
<b>INPATIENT SERVICES</b>			
	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Medical, Surgical and Hospice <sup>4</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per plan Year	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup> Up to 40 days per plan Year for all therapy types combined	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
<b>PROFESSIONAL SERVICES</b>			
	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Office Visits & Minor Office Surgeries			
Primary Care Provider (PCP) <sup>1</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Secondary Care Provider (SCP) <sup>1</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	See Office Visits Above	Not Covered
Allergy Treatment and Serum	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Major Surgery	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
<b>PREVENTIVE SERVICES AS OUTLINED BY THE ACA<sup>2,3</sup></b>			
	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	Covered 100%	Not Covered
Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Covered 100%	Not Covered
<b>VISION SERVICES</b>			
	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Preventive Eye Exams	Covered 100%	Covered 100%	Not Covered
All Other Eye Exams	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
<b>OUTPATIENT SERVICES<sup>4</sup></b>			
	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Outpatient Facility and Ambulatory Surgical	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	Covered 100% after Deductible	Covered 100% after Deductible	See In-Network Benefit
Emergency Room - <i>(In-Network facility)</i>	Covered 100% after Deductible	Covered 100% after Deductible	See In-Network Benefit
Emergency Room - <i>(Out-of-Network facility)</i>	Covered 100% after Deductible	Covered 100% after Deductible	See In-Network Benefit
Intermountain InstaCare <sup>®</sup> Facilities, Urgent Care Facilities	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Intermountain KidsCare <sup>®</sup> Facilities	Covered 100% after Deductible	Covered 100% after Deductible	Not Available
Intermountain Connect Care <sup>®</sup>	Covered 100% after Deductible	Covered 100% after Deductible	Not Available
Radiation and Dialysis	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major <sup>2</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible



VALUE AND MED NETWORKS / HSA QUALIFIED

	MEMBER PAYMENT SUMMARY		
	TIER 1 VALUE	TIER 2 MED	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency
Maternity and Adoption <sup>4,7</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices <sup>2,4</sup> <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Donor Fees for Covered Organ Transplants <sup>4</sup>	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Chemical Dependency <sup>4</sup>			
Office Visits	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Virtual Visits	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Inpatient	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Outpatient	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Residential Treatment <sup>2</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Injectable Drugs, Chemotherapy, and Specialty Medications <sup>4</sup>	Covered 100% after Deductible	Covered 100% after Deductible	40% after Deductible
Bariatric Surgery ( <i>Up to one surgery/lifetime</i> ) <sup>4</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
<b>PRESCRIPTION DRUGS</b>			
Prescription Drug List (formulary)	RxSelect®		
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>			
Tier 1	Covered 100% after In-Network Deductible		
Tier 2	Covered 100% after In-Network Deductible		
Tier 3	Covered 100% after In-Network Deductible		
Tier 4	Covered 100% after In-Network Deductible		
Maintenance Drugs- <i>90 Day Supply (Mail-Order, Retail90®)-selected drugs</i> <sup>4</sup>			
Tier 1	Covered 100% after In-Network Deductible		
Tier 2	Covered 100% after In-Network Deductible		
Tier 3	Covered 100% after In-Network Deductible		
Deductible Waiver	Certain prescription drugs are not subject to the Deductible		
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic		

1 Refer to [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

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

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

5 All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the Allowed Amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

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

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

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

# Network Tiers for Savings and Access

Your insurance plan is one of our three-tier plans, which is designed to save you money on healthcare expenses while providing you the greatest access.

## HERE'S HOW IT WORKS:

You have three benefit “tiers” of coverage. Each tier is tied to a different provider network(s). Check out your Member Payment Summary (MPS) or Schedule of Benefits to see your network options in each tier.

### TIER 1 GIVES YOU THE RICHEST BENEFITS AND THE BEST BANG FOR YOUR BUCK

# 1 TIER

- > **Lower member cost-sharing:** Depending on your plan, you may pay less for care through coinsurance and deductibles.
- > **Lower overall costs:** Doctors and facilities will charge you less for many services and procedures.
- > **Combined deductible/out-of-pocket:** Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out-of-pocket maximum.
- > **Prescriptions count:** Any money you spend out of pocket to pay for covered prescriptions will count towards your deductible and out-of-pocket maximum.

### TIER 2 GIVES YOU GREATER ACCESS

# 2 TIER

- > **Slightly higher overall costs:** Doctors and facilities may charge you slightly more for some services.
- > **Greater access:** There are more in-network providers and more in-network facilities when compared to Tier 1.
- > **Combined deductible/out-of-pocket:** Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out-of-pocket maximum.
- > **Prescriptions count:** Any money you spend out of pocket to pay for covered prescriptions will count towards your deductible and out-of-pocket maximum.

### TIER 3 GIVES YOU UNLIMITED ACCESS (OUT-OF-NETWORK BENEFITS) AT HIGHER COSTS

# 3 TIER

- > **Total freedom:** See any provider or go to any facility you want for covered services.
- > **Higher costs:** Your coinsurance and overall costs for care will be higher when compared to Tiers 1 and 2 and providers and facilities may ask you to pay the difference between what they charge and the SelectHealth allowed amount.
- > **Separate deductible/out-of-pocket:** None of the out-of-pocket expenses you incur on Tier 1, Tier 2, or on prescriptions drugs will count toward your Tier 3 deductible or out-of-pocket maximum. Additionally, none of the expenses you incur on Tier 3 will count towards your Tier 1 or Tier 2 deductible or out-of-pocket maximum.
- > **Certain services:** Some services (such as preventive care) are not covered when done by an out-of-network provider. We recommend calling Member Services at **800-538-5038** to confirm your coverage and benefits before using out-of-network providers.

## OUR COST ESTIMATOR CAN SHOW YOU SPECIFIC PRICING BETWEEN TIERS ALONG WITH PROVIDER RATINGS

Log in to your SelectHealth account either through our website ([selecthealth.org](https://selecthealth.org)) or via our mobile app. Then, use our cost estimator tool to see pricing information based on tier.

- > When using the website, log in to your account and click “Medical Cost Estimator”
- > When using the app, log in and choose “Estimate Costs”

Once you have accessed the tool, use the search bar to search for the service or procedure you want (e.g., “knee replacement,” “baby delivery,” “endoscopy”).

Once you choose the service/procedure, you will see options with cost estimates. You can evaluate available providers based on their patient reviews and quality ratings and see the price differences based on your benefits and tiers.

## YOU HAVE FLEXIBILITY

You can move between tiers as needed throughout the year. For one service, you might use Tier 1. For another procedure, you might use Tier 2. In addition to our cost estimation tool, you can access our provider search tool at [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) to find in-network doctors. Search your Tier 1 network to find a provider that works for what you need. If you can’t find a Tier 1 provider to meet your needs, then search for providers on your Tier 2 network(s).

## NEED MORE HELP?

If you are having trouble finding the right providers, you can call our Member Advocates team at **800-515-2220**. They can help direct you to the most appropriate place to get care considering your insurance benefits. They can even help you make appointments with in-network providers.

Questions about these tiers or other insurance benefits?  
Call Member Services at **800-538-5038**.

# Everything you need to know about the 3 Tier Network with Select Health

Current

## IN-NETWORK

### SelectValue | SelectMed

Providers in-network agree to the insurance contracted rates, and you will pay the least amount out of pocket

## OUT-OF-NETWORK

### Non-contracted Providers

Providers do not have to accept the insurance company's payment so you may be balanced billed. Your out-of-pocket costs will be higher.

## TIER 1

In-Network High Value

### SelectValue

**No Change** to Deductible, Out-of-pocket maximum, and coinsurance.

## TIER 2

In-Network

### SelectMed

**No change** to Deductible, Out-of-pocket maximum, and coinsurance.

## TIER 3

Out-of-Network

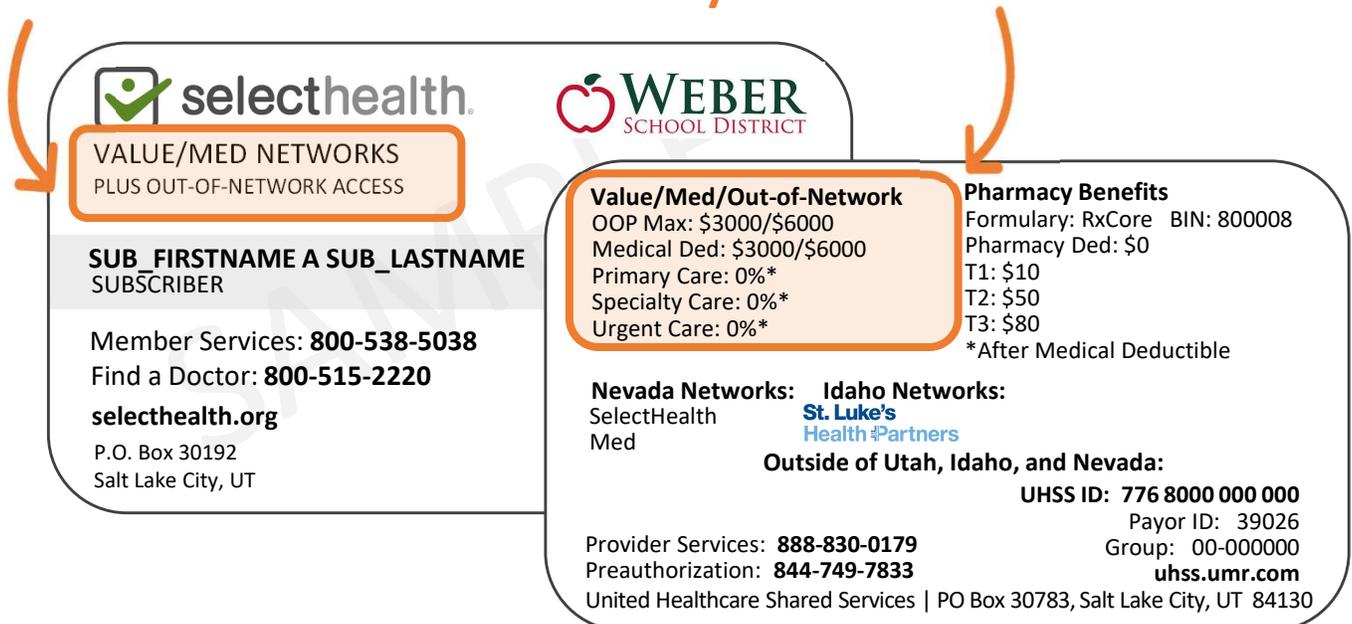
### Non-contracted Providers

**No change** to OON Deductible, Out-of-pocket maximum and coinsurance on current SelectMed plan.

**Enhanced benefit for those on the SelectValue plan.**

New

## What it will look like on your ID card



**selecthealth.**

**VALUE/MED NETWORKS PLUS OUT-OF-NETWORK ACCESS**

**WEBER SCHOOL DISTRICT**

**Value/Med/Out-of-Network**  
 OOP Max: \$3000/\$6000  
 Medical Ded: \$3000/\$6000  
 Primary Care: 0%\*  
 Specialty Care: 0%\*  
 Urgent Care: 0%\*

**Pharmacy Benefits**  
 Formulary: RxCore BIN: 800008  
 Pharmacy Ded: \$0  
 T1: \$10  
 T2: \$50  
 T3: \$80  
 \*After Medical Deductible

**SUB\_FIRSTNAME A SUB\_LASTNAME**  
SUBSCRIBER

Member Services: **800-538-5038**  
 Find a Doctor: **800-515-2220**  
**selecthealth.org**  
 P.O. Box 30192  
 Salt Lake City, UT

**Nevada Networks:** Idaho Networks:  
 SelectHealth **St. Luke's**  
 Med **Health Partners**

**Outside of Utah, Idaho, and Nevada:**  
**UHSS ID: 776 8000 000 000**  
 Payor ID: 39026  
 Group: 00-000000  
**uhss.umr.com**

Provider Services: **888-830-0179**  
 Preauthorization: **844-749-7833**  
 United Healthcare Shared Services | PO Box 30783, Salt Lake City, UT 84130

## FAQs

### **Why haven't we made this change sooner?**

This tiered network product is brand new and only became available in January of 2022.

### **Do I have to make a plan selection?**

No, you simply go to any provider on the SelectValue or SelectMed network if you are enrolled on SelectHealth.

### **Am I losing any benefits?**

No, you are not losing any benefits.

### **Does this change my benefits?**

This does not change your deductible, coinsurance or maximum out-of-pocket.

# Stretching Your Rx Dollar

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## GoodRx Comparison Tool

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

### Isn't health insurance all I need?

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

### How can I find these savings?

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

#### › On the Web: <https://www.goodrx.com/>

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

##### Please Note:

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

#### › On Your Phone

Available on the app store or with Android on Google play. Or, just go to [m.goodrx.com](http://m.goodrx.com) from any mobile phone.

## Generic Prescriptions

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

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

### Did You Know?

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

### Tips

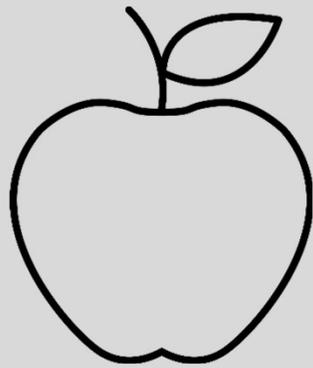
- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the \$4- Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance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

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

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

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

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



# Wellness

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Weber School District



## Weber School District Wellness Program

Weber School District believes our employees are our greatest asset. We also believe the greatest asset any individual can have is their health. We value your health and strive to continue to identify programs and tools that can assist you in managing your overall well-being. We are in the early stages of rebranding our wellness program and will continue to develop the program to best suit the needs and interests of our group.

### What does our wellness program offer?

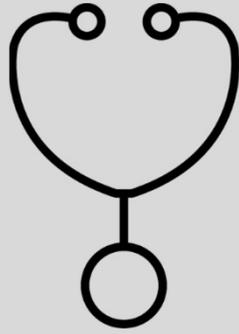
All employees are invited and encouraged to participate in -

- **Wellness Activities and Educational Campaigns:** The district will be hosting 5 wellness events and campaigns throughout the year. The District Wellness will be in charge of 5 Wellness Campaigns, others will be school based.
- **Onsite Health Screening and Flu Shots:** We will be hosting onsite screenings and flu shot clinics in partnership with Select Health. Employees and dependents are invited to attend. Events will be held in the fall. More information to come.

### Rewards

Employees who participate in the district promoted wellness activities are eligible to receive wellness incentives such as... power bank, Bluetooth speaker, lantern). Employees who complete screenings are eligible to earn \$25 or convert 2 sick days to 1 personal day. Spouses and retirees who are enrolled on Weber School District Insurance and attend will be awarded a \$25 gift card. Rewards for participating in the wellness program are available to ALL employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Sue Mecham at [sumechem@wsd.net](mailto:sumechem@wsd.net). Don't miss out on the opportunity to improve your overall wellbeing while also being rewarded for doing so!





**Kannact**

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## Introducing a Special Health Benefit for Eligible Weber County School District Employees & Covered Dependents

- Better Health
- Free Supplies
- No Cost to You

A lot of things can get in the way of improving your health. We get it.

That's why your employer is making it easier with our proven program to support your health between doctor visits.

With Kannact, you'll get your own health coach and access to our nurses and pharmacists to answer your questions. You'll get free testing supplies shipped to your door. And you'll get digital tools to use with your phone or laptop.

It's easy and free - the cost is covered fully for eligible employees and family members.

The result? You'll feel better and be on the path to better health.

Learn more about this powerful benefit.



### Testimonials

*"Kannact helps me stay accountable to my goals."*

*"Kannact gives me a safe place and the support I need to address my health."*

*"I like the App and find it easy to use."*

**If you have any of these conditions, Kannact can help**



Diabetes



Cardiovascular Disease



Hypertension

# Your Road to Better Health



- **Free** Diabetes Testing Supplies
- **Free** automated devices – glucometer, blood pressure cuff, etc.
- **Flexible coaching** – By phone or messaging



## Let's Connect

We are available to answer your questions and help you take the first steps to a better, healthier you.

- Find answers to common questions about how our program works.
- Enroll in just minutes.

Visit our **Weber County School District** website at [www.kannact.com/wsd/](http://www.kannact.com/wsd/)



# Health Savings Account

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Health Equity

# Health Savings Account

## About Health Savings Accounts

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

## The HSA Advantage

- › It's a Tax Saver
  - Contributions are excluded from federal income tax
  - Your money grows tax-free
  - Withdrawals used to pay for qualified health care expenses are also tax-free
- › Ownership: The money in your HSA is always yours. Unspent balances simply roll over from year to year until spent.
- › Flexibility: You decide when and how much to contribute to your account.
- › Portable: Your money stays put even if you change health plans or employers, or if you retire.

## Who is eligible?

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

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

## How much can I contribute to my HSA?

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

	<u>2022</u>	<u>2023</u>
Self-Only	\$3,650	\$3,850
Family	\$7,300	\$7,750

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

## Determining Your Annual Contribution

Your allowed annual contribution is calculated based on the number of months covered by a qualified HDHP plan and your coverage type (self-only or family). For example, if you have self-only coverage 8 months of the year, your maximum contribution limit is \$2,433. Formula:  $\$2,433 = 8 \times (\$3,650 / 12)$ .

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

## Our Banking Partner

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

# Health Savings Account

## Qualified Health Care Expenses

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

### Qualified expenses include, but are not limited to:

- Acupuncture
- Alcoholism (rehab)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs
- Birth control pills/prescription contraceptives
- Body scans
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed)
- Nursing home medical care
- Nursing services
- Optometrist
- Lasik surgery
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants
- Weight-loss program (prescribed)
- Wheelchairs
- Wigs (prescribed)
- Over-the-counter drugs without a prescription

**Non-qualified expenses include any expenses incurred before you establish your HSA.**

### Other non-qualified expenses include, but are not limited to:

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

### The following insurance premiums may be reimbursed from your HSA:

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

### › Important

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

## Documentation is Key

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

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

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

# HEALTH SAVINGS ACCOUNT

HSAs are tax-advantaged member-owned accounts that let you save pre-tax<sup>1</sup> dollars for future qualified medical expenses (QME). You can only contribute to an HSA if you're enrolled in a qualified health plan.

- ✓ No 'use-it-or-lose-it', keep your HSA forever
- ✓ Create a healthcare emergency safety net
- ✓ Invest<sup>2</sup> your HSA tax-free, like a 401(k)



## Annual tax saving potential<sup>3</sup>

(when you contribute the max)

**\$2,190**

Family plan

**\$1,095**

Individual plan

### 2022 IRS Contribution Limits

\$7,300  
Family plan

\$3,650  
Individual plan

Members 55+ can contribute an extra \$1,000

## Expect remarkable.

- Mobile-optimized<sup>4</sup> account management, with easy claims and reimbursement
- Step-by-step on-screen tutorials in the member dashboard
- Help Center with comprehensive user guides and how-to articles
- 24/7 call or chat with our 100% US-based Member Services team

866.735.8195 | [HealthEquity.com/learn](https://HealthEquity.com/learn)

## Save big on thousands of qualified medical expenses, including:



Pain  
relievers



Doctor  
visits



Dental  
cleaning



Sleep  
aids



Eyeglasses/  
contacts



Cold/cough  
medicine



Chiropractic  
care



Insulin testing  
supplies

See the full list at [HealthEquity.com/qme](https://HealthEquity.com/qme)

HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions. | <sup>1</sup>HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | <sup>2</sup>Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus. | <sup>3</sup>Estimated savings are based on an assumed combined federal and state income tax bracket of 30%. Actual savings will depend on your taxable income and tax status. | <sup>4</sup>Accounts must be activated via the HealthEquity website in order to use the mobile app. | Copyright © 2021 HealthEquity, Inc. All rights reserved. OE\_HSA\_1-pager\_May\_2021



# Dental

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Dental Select

Summary of Benefits for:

## Weber County School District

### Co-Pay Plan

Gold Network

	Contracted Dentist	Non-Contracted Dentist
<b>Preventive</b> Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
<b>Basic</b> Fillings, extractions, oral surgery	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
<b>Major</b> Crowns, bridges, dentures, endodontics, periodontics	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
<b>Orthodontics</b> All Members: Lifetime Maximum: Waiting Period:	Discounts May Apply; See Plan Notes No Maximum No Waiting Period	No Benefit
<b>Maximum Benefit</b>		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: Per Member Effective Date	No Maximum
<b>Deductible</b>		
<i>Applies to Basic and Major Services</i>	Per Year:	No Deductible

Summary of Benefits for:

## Weber County School District

### Co Insurance MAC Classic

Platinum Network

	Contracted Dentist	Non-Contracted Dentist
<b>Preventive</b>		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	60% of Fee Schedule
<b>Basic</b>		
Composite fillings, extractions, endodontics, periodontics, oral surgery, space maintainers, sealants No Waiting Period	80%	60% of Fee Schedule
<b>Major</b>		
Crowns, bridges, dentures  12 Month Waiting Period	50%	30% of Fee Schedule
<b>Orthodontics</b>		
Children under 19	50%	30%
Waiting Periods		12 Month Waiting Period
Lifetime Maximum		\$1,000
<i>All Members:</i>	Discounts May Apply; See Plan Notes	No Benefit
<b>Maximum Benefit</b>		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: Per Member Effective Date Per Year	\$1,500.00
<b>Deductible</b>		
<i>Applies to Basic and Major Services</i>	<i>Per Benefit Period</i> Per Person:	\$0.00
	Family Maximum:	\$0.00

Summary of Benefits for:

## Weber County School District

### Co Insurance MAC Classic

Platinum Network

	Contracted Dentist	Non-Contracted Dentist
<b>Preventive</b>		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	No Benefit
<b>Basic</b>		
Composite fillings, extractions, oral surgery, space maintainers, sealants	60%	No Benefit
No Waiting Period		
<b>Major</b>		
Crowns, bridges, dentures, endodontics, periodontics	40%	No Benefit
12 Month Waiting Period		
<b>Orthodontics</b>		
All Members:	0% (Discounts May Apply; See Plan Notes)	0% (No Benefit)
<b>Maximum Benefit</b>		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: Per Member Effective Date Per Year	\$1,000.00
<b>Deductible</b>		
<i>Applies to Basic and Major Services</i>	<i>Per Benefit Period</i> Per Person: Family Maximum:	No Benefit
	\$50.00 \$150.00	



# **Voluntary Vision**

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Dental Select

Summary of Benefits for:

## Weber County School District

### Vision 13

EyeMed Insight Network

	In-Network (Member Cost)	Out-of-Network (Reimbursement)
<b>Exam with Dilation as Necessary</b>	\$10	Up to \$35
<b>Retinal Imaging Benefit</b>	Up to \$39	N/A
<b>Contact Lens Options</b>		
Standard fit & follow-up	Up to \$55	Not covered
Premium fit & follow-up	10% off retail price	Not covered
<b>Frames</b>		
Any frame at provider location	\$0 copay, \$100 allowance; 20% off balance over \$100	Up to \$50
<b>Standard Plastic Lenses</b>		
Single Vision	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$55
Lenticular	20% off Retail Price	N/A
Standard progressive	\$75	Up to \$40
Premium Progressive		
Tier 1	\$75	
Tier 2	\$105	Up to \$40
Tier 3	\$120	
Tier 4	\$75, 80% of Retail less than \$120	
<b>Lens Options</b>		
UV Coating	\$10	Not covered
Tint (Solid and Gradient)	\$15	Not covered
Standard Scratch-Resistance	\$10	Not covered
Standard Polycarbonate- Adults	\$40	Not covered
Standard Polycarbonate- Kids under 19	\$40	Not covered
Standard Anti-Reflective	\$45	Not covered
Premium Anti-Reflective Coating		
Tier 1	\$57	
Tier 2	\$68	
Tier 3	20% off retail Price	Not Covered
Polarized	20% off retail Price	Not Covered
Plastic Photocromatic/Transition	\$75	Not Covered
Other Add-ons and Services	20% off retail price	Not covered
<b>Contact Lenses</b> <i>-- Declining Balance Allowance --</i>		
Conventional	\$0 copay: \$115 allowance; 15% off balance over \$115	Up to \$100
Disposables	\$0 copay: \$115 allowance; member responsible for balance over \$115	Up to \$100
Medically Necessary	\$0 copay: paid in full	Up to \$200
<b>Laser Correction (US Laser Network)</b>		
Lasik or PRK	15% off retail price -or- 5% off promotional price	Not covered
<b>Additional Pairs Benefit:</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
<b>Frequency</b>		
Examination	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months

Summary of Benefits for:

## Weber County School District

### Vision 14

EyeMed Insight Network

	In-Network (Member Cost)	Out-of-Network (Reimbursement)
<b>Exam with Dilation as Necessary</b>	\$10	Up to \$35
<b>Retinal Imaging Benefit</b>	Up to \$39	N/A
<b>Contact Lens Options</b>		
Standard fit & follow-up	Up to \$40	Not covered
Premium fit & follow-up	10% off retail price	Not covered
<b>Frames</b>		
Any frame at provider location	\$0 copay, \$120 allowance; 20% off balance over \$100	Up to \$80
<b>Standard Plastic Lenses</b>		
Single Vision	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$55
Lenticular	20% off Retail Price	N/A
Standard progressive	\$75	Up to \$40
Premium Progressive		
Tier 1	\$75	
Tier 2	\$105	Up to \$40
Tier 3	\$120	
Tier 4	\$75, 80% of Retail less than \$120	
<b>Lens Options</b>		
UV Coating	\$10	Not covered
Tint (Solid and Gradient)	\$15	Not covered
Standard Polycarbonate- Adults	\$40	Not covered
Standard Polycarbonate- Kids under 19	\$40	Not covered
Standard Anti-Reflective	\$45	Not covered
Premium Anti-Reflective Coating		
Tier 1	\$57	
Tier 2	\$68	
Tier 3	20% off retail Price	Not Covered
Polarized	20% off retail Price	Not Covered
Plastic Photocromatic/Transition	\$75	Not Covered
Polarized	20% off retail price	Not covered
Other Add-ons and Services	20% off retail price	Not covered
<b>Contact Lenses</b> -- Declining Balance Allowance --		
Conventional	\$0 copay; \$120 allowance; 15% off balance over \$120	Up to \$80
Disposables	\$0 copay; \$120 allowance; member responsible for balance over \$120	Up to \$80
Medically Necessary	\$0 copay; paid in full	Up to \$200
<b>Laser Correction (US Laser Network)</b>		
Lasik or PRK	15% off retail price -or- 5% off promotional price	Not covered
<b>Additional Pairs Benefit:</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	Not covered
<b>Frequency</b>		
Examination	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Lenses AND Contact Lenses	Once every 12 months	Once every 12 months



# **Voluntary Vision**

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Opticare Vision Services

# OPTICARE PLAN:

70B

Weber School District

Products/Services	In-Network	Out-Of-Network
<b>Standard Plastic Lenses</b>		
Single Vision	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
<b>Lens Options</b>		
Progressive (Standard plastic no-line)	\$75 Co-pay	
Premium Progressive Options	\$125 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
<b>Coatings</b>		
Scratch Resistant Coating	\$10 Co-pay	
Ultra Violet protection	\$10 Co-pay	
Other Options	Up to 25% Discount	
A/R, edge polish, tints, mirrors, etc.		
<b>Frames</b>		
Allowance Based on Retail Pricing	\$70 Allowance	\$50 Allowance
<b>Additional Eyewear</b>		
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
<b>Contacts</b>		
Contact benefits is in lieu of lens and frame benefit.	\$70 Allowance	\$50 Allowance
Additional contact purchases:		
Conventional	Up to 20% Discount	
Disposables	Up to 10% Discount	
<b>Frequency</b>		
Lenses, Frames, Contacts	Every 12 months	Every 12 months
<b>Refractive Surgery</b>		
LASIK	20% off Retail	Not Covered

## DISCOUNTS

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

- Up to 20% Discount off balance above Frame Allowance
- 50% discount varies by provider, ask provider for details.
- Must purchase full year supply to receive discounts on select brands. See provider for details.
- LASIK (Refractive surgery) Standard Optical Locations ONLY.
- LASIK services are not an insured benefit – this is a discount only.

All pre & post-operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

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

# OPTICARE PLAN:

120B

Weber School District

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

## DISCOUNTS

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

- Up to 20% Discount off balance above Frame Allowance
- 50% discount varies by provider, ask provider for details.
- Must purchase full year supply to receive discounts on select brands. See provider for details.
- LASIK (Refractive surgery) Standard Optical Locations ONLY.
- LASIK services are not an insured benefit – this is a discount only.

All pre & post-operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

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



# Flexible Spending Account

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National Benefit Services

# FLEXIBLE BENEFITS PLAN

Weber School District  
Employer ID NBS759236

## PLAN HIGHLIGHTS

Login at: [my.nbsbenefits.com](http://my.nbsbenefits.com)



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

### DETERMINING CONTRIBUTIONS

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

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

### GENERAL PLAN INFORMATION

Plan Year End:.....September 30th  
Run-out Period:.....90 Days  
Admin fees are assessed during the run out period

Maximum Medical Limit.....Current IRS limit \$2,850  
...See Code Section 125(i)(2) or current enrollment information

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

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

### WHEN AM I ELIGIBLE TO PARTICIPATE

You will be eligible to join the Plan as of your date employment. Teachers will be eligible to participate if they work 20 hours or more per week. Classified Employee hired before July 1, 2013 will be eligible to participate if they work at least 20 hours per week. Classified Employees hired on or after July 1, 2013 are eligible to participate if they work at least 30 hours per week.

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

### WHAT TYPE OF BENEFITS ARE AVAILABLE

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

#### Health Flexible Spending Account:

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

#### Health Savings Account:

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

#### Limited Health Flexible Spending Account:

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

#### NBS Welfare Benefit Service Center

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



#### Weber School District Cafeteria Plan Weber School District

#### Plan Contact Person:

Robert D. Petersen  
5320 South Adams Ave. Parkway  
Ogden, Utah 84405  
(801) 476-7800

# Flexible Benefits Plan Highlights Continued

## **Dependent Care Flexible Spending Account:**

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns); (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

## **Premium Expense Plan:**

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

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

## **HOW DO I RECEIVE REIMBURSEMENTS**

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

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

## **NBS Flexcard – FSA Pre-paid MasterCard**

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

Orthodontic expenses that are paid fully up-front at the time of banding are reimbursable in full after the initial service has been performed and payment has been made. Ongoing orthodontia payments are reimbursable only as they are paid.

## **WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES**

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

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

Updated: 2/7/2022

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# Basic Life and AD&D/ Voluntary Life

LifeMap

## Weber School District Active Certified and Classified Employees Eligible for the Medical Plan

<b>Life and Accidental Death &amp; Dismemberment (AD&amp;D) Employer Paid</b>																												
Basic Life Insurance	\$30,000																											
Basic AD&D Insurance	\$30,000																											
Age Reduction	If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce according to the following scale. <u>Benefits reduce to:</u> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 40px;">65%</td> <td style="text-align: right;"><u>At age:</u></td> </tr> <tr> <td>50%</td> <td style="text-align: right;">65</td> </tr> <tr> <td></td> <td style="text-align: right;">70</td> </tr> </table>	65%	<u>At age:</u>	50%	65		70																					
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AD&D Schedule	If due to an accident you die, lose a limb, sight of an eye or become paralyzed, the following benefits are available. <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 40px;"><u>100% of the Basic AD&amp;D</u></td> <td style="padding-right: 40px;"><u>75% of the Basic AD&amp;D</u></td> <td><u>50% of the Basic AD&amp;D</u></td> </tr> <tr> <td>Life</td> <td>Paraplegia</td> <td>One hand</td> </tr> <tr> <td>Both hands</td> <td>Triplegia</td> <td>One foot</td> </tr> <tr> <td>Both feet</td> <td></td> <td>Sight of one eye</td> </tr> <tr> <td>Sight of both eyes</td> <td><u>25% of the Basic AD&amp;D</u></td> <td>Speech</td> </tr> <tr> <td>One hand and one foot</td> <td>Thumb and Index finger</td> <td>Hemiplegia</td> </tr> <tr> <td>One hand and sight of one eye</td> <td>Uniplegia</td> <td>Hearing</td> </tr> <tr> <td>One foot and sight of one eye</td> <td></td> <td></td> </tr> <tr> <td>Quadriplegia</td> <td></td> <td></td> </tr> </table>	<u>100% of the Basic AD&amp;D</u>	<u>75% of the Basic AD&amp;D</u>	<u>50% of the Basic AD&amp;D</u>	Life	Paraplegia	One hand	Both hands	Triplegia	One foot	Both feet		Sight of one eye	Sight of both eyes	<u>25% of the Basic AD&amp;D</u>	Speech	One hand and one foot	Thumb and Index finger	Hemiplegia	One hand and sight of one eye	Uniplegia	Hearing	One foot and sight of one eye			Quadriplegia		
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Seat Belt Benefit	If you die in an automobile accident and were wearing your seat belt, your beneficiary (ies) will collect an amount equal to the AD&D benefit to a maximum of \$ 10,000 in addition to the Basic Life and Basic AD&D benefits described above.																											
Accelerated Benefit	You may collect part of your Basic Life insurance prior to death if you are diagnosed as terminally ill and have a life expectancy of less than 12 months. You may apply for up to 80% of the Basic Life insurance in force, to a \$24,000 maximum. The remaining benefit you do not elect is payable to your beneficiary upon your death.																											
Total Disability	If you become totally disabled (as defined by the policy) prior to age 60 and are disabled for at least 6 consecutive months, your Basic Life insurance may be continued until you reach age 65 without further premium payment by either your employer or you. At age 65 coverage terminates, however you may continue coverage by applying for a conversion policy at that time.																											
Additional Benefits Included	Adaptive Home/Vehicle, AirBag, Child Education, Coma, Day Care, Exposure and Disappearance, Felonious Assault, Rehabilitation, Repatriation, Spouse Education.																											
Basic Life Insurance Exclusions	None																											
AD&D Insurance Exclusions	Benefits are not payable for losses due to suicide or attempted suicide, riot, war or act of war, military service, felony, voluntary use of a controlled substance.																											
Conversion	You may convert your Basic Life insurance to an individual policy if your coverage is terminated due to termination of employment or other loss of eligibility. You have 31 days from the earliest of, the date your employment terminates or other loss of eligibility to apply for the Conversion policy.																											

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this document and the master policy, master policy provisions will prevail.

## Weber School District Active Certified and Classified Employees Eligible for the Medical Plan

<b>Dependent Life Employer Paid</b>	
Dependent Life Benefits	\$10,000 Spouse, \$10,000 per Child
Eligible Dependents	Legal spouse and children to age 26. Please see certificate for definition of eligible dependent child.
Exclusions	None
Conversion	You may convert your Dependent Life insurance to an individual policy if your coverage is terminated due to termination of employment or other loss of eligibility. You have 31 days from the earliest of, the date your employment terminates or other loss of eligibility to apply for the Conversion policy.



Insurance for every step of life.

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## Weber School District

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Underwriting and Effective Date	<p><b>Employee</b> - Employees may apply for up to \$400,000 guarantee issue (no health statement "EOI" required) if applied for WITHIN 31 days of initial eligibility. Amounts of coverage over \$400,000 applied for WITHIN 31 days of initial eligibility requires a health statement.</p> <p><b>Spouse</b> - Spouses may apply for up to \$50,000 guarantee issue (no health statement "EOI" required) if applied for WITHIN 31 days of initial eligibility. Amounts of coverage over \$50,000 applied for WITHIN 31 days of initial eligibility requires a health statement.</p> <p><b>Child(ren)</b> - All amounts of coverage are guarantee issue (no health statement required) if coverage is applied for WITHIN 31 days of initial eligibility.</p> <p>All amounts of coverage applied for AFTER the initial 31 day eligibility period, including during annual enrollment periods, require a health statement to be submitted and approved by LifeMap Assurance Company.</p> <p>Any coverage requiring approval of a health statement is not effective until approved in writing by LifeMap Assurance Company. The effective date of approved coverage will be assigned by LifeMap Assurance Company.</p> <p>In some cases, we may request a Paramed Exam. If requested, the Paramed Exam will be at LifeMap Assurance Company's expense.</p>																								
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Cost - Rates	<p style="text-align: center;"><b><u>Employee and *Spouse Monthly Rate per \$1,000 of Coverage</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Age</u></th> <th style="text-align: left;"><u>Rate</u></th> <th style="text-align: left;"><u>Age</u></th> <th style="text-align: left;"><u>Rate</u></th> </tr> </thead> <tbody> <tr> <td>Under 34</td> <td>.06</td> <td>55-59</td> <td>.37</td> </tr> <tr> <td>35-39</td> <td>.08</td> <td>60-64</td> <td>.44</td> </tr> <tr> <td>40-44</td> <td>.10</td> <td>65-69</td> <td>.72</td> </tr> <tr> <td>45-49</td> <td>.16</td> <td>70-74</td> <td>1.35</td> </tr> <tr> <td>50-54</td> <td>.22</td> <td>75+</td> <td>2.35</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>*Spouse's premium will be based on the employee's date of birth.</p> </div> <p style="margin-left: 200px;"><b>Child(ren)</b> - \$5,000 option - \$ .78/family \$10,000 option - \$1.56/family</p>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	Under 34	.06	55-59	.37	35-39	.08	60-64	.44	40-44	.10	65-69	.72	45-49	.16	70-74	1.35	50-54	.22	75+	2.35
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>																						
Under 34	.06	55-59	.37																						
35-39	.08	60-64	.44																						
40-44	.10	65-69	.72																						
45-49	.16	70-74	1.35																						
50-54	.22	75+	2.35																						
Exclusions	Benefits are not payable for losses due to suicide or attempted suicide during the first two years of coverage.																								
Conversion	You may convert your Voluntary Life insurance to an individual policy if your coverage is terminated due to termination of employment or other loss of eligibility. You have 31 days from the earliest of, the date your employment terminates or other loss of eligibility to apply for the Conversion policy.																								
Portability (Total Disability and Accelerated Benefits not available under the Portability provision)	Portability allows you and your covered dependents to continue your Voluntary Life insurance if your coverage ends, provided you are under age 65 and are not disabled. The rates charged will be the current Weber School District rates plus a billing fee. To elect coverage, please complete the Portability Application and return it with your premium check to LifeMap Assurance Company within 31 days from the date your group coverage ends. If elected, Portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.																								

# Weber School District



Insurance for every step of life.

## Voluntary Life Insurance

### Monthly Payroll Deductions

Rates per \$1000	\$0.06	\$0.08	\$0.10	\$0.16	\$0.22	\$0.37	\$0.44	\$0.72	\$1.35	\$2.35
Age	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Benefit										
\$ 5,000.00	\$ 0.30	\$ 0.40	\$ 0.50	\$ 0.80	\$ 1.10	\$ 1.85	\$ 2.20	\$ 3.60	\$ 6.75	\$ 11.75
\$ 10,000.00	\$ 0.60	\$ 0.80	\$ 1.00	\$ 1.60	\$ 2.20	\$ 3.70	\$ 4.40	\$ 7.20	\$ 13.50	\$ 23.50
\$ 15,000.00	\$ 0.90	\$ 1.20	\$ 1.50	\$ 2.40	\$ 3.30	\$ 5.55	\$ 6.60	\$ 10.80	\$ 20.25	\$ 35.25
\$ 20,000.00	\$ 1.20	\$ 1.60	\$ 2.00	\$ 3.20	\$ 4.40	\$ 7.40	\$ 8.80	\$ 14.40	\$ 27.00	\$ 47.00
\$ 25,000.00	\$ 1.50	\$ 2.00	\$ 2.50	\$ 4.00	\$ 5.50	\$ 9.25	\$ 11.00	\$ 18.00	\$ 33.75	\$ 58.75
\$ 30,000.00	\$ 1.80	\$ 2.40	\$ 3.00	\$ 4.80	\$ 6.60	\$ 11.10	\$ 13.20	\$ 21.60	\$ 40.50	\$ 70.50
\$ 35,000.00	\$ 2.10	\$ 2.80	\$ 3.50	\$ 5.60	\$ 7.70	\$ 12.95	\$ 15.40	\$ 25.20	\$ 47.25	\$ 82.25
\$ 40,000.00	\$ 2.40	\$ 3.20	\$ 4.00	\$ 6.40	\$ 8.80	\$ 14.80	\$ 17.60	\$ 28.80	\$ 54.00	\$ 94.00
\$ 45,000.00	\$ 2.70	\$ 3.60	\$ 4.50	\$ 7.20	\$ 9.90	\$ 16.65	\$ 19.80	\$ 32.40	\$ 60.75	\$ 105.75
\$ 50,000.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 8.00	\$ 11.00	\$ 18.50	\$ 22.00	\$ 36.00	\$ 67.50	\$ 117.50
\$ 55,000.00	\$ 3.30	\$ 4.40	\$ 5.50	\$ 8.80	\$ 12.10	\$ 20.35	\$ 24.20	\$ 39.60	\$ 74.25	\$ 129.25
\$ 60,000.00	\$ 3.60	\$ 4.80	\$ 6.00	\$ 9.60	\$ 13.20	\$ 22.20	\$ 26.40	\$ 43.20	\$ 81.00	\$ 141.00
\$ 65,000.00	\$ 3.90	\$ 5.20	\$ 6.50	\$ 10.40	\$ 14.30	\$ 24.05	\$ 28.60	\$ 46.80	\$ 87.75	\$ 152.75
\$ 70,000.00	\$ 4.20	\$ 5.60	\$ 7.00	\$ 11.20	\$ 15.40	\$ 25.90	\$ 30.80	\$ 50.40	\$ 94.50	\$ 164.50
\$ 75,000.00	\$ 4.50	\$ 6.00	\$ 7.50	\$ 12.00	\$ 16.50	\$ 27.75	\$ 33.00	\$ 54.00	\$ 101.25	\$ 176.25
\$ 80,000.00	\$ 4.80	\$ 6.40	\$ 8.00	\$ 12.80	\$ 17.60	\$ 29.60	\$ 35.20	\$ 57.60	\$ 108.00	\$ 188.00
\$ 85,000.00	\$ 5.10	\$ 6.80	\$ 8.50	\$ 13.60	\$ 18.70	\$ 31.45	\$ 37.40	\$ 61.20	\$ 114.75	\$ 199.75
\$ 90,000.00	\$ 5.40	\$ 7.20	\$ 9.00	\$ 14.40	\$ 19.80	\$ 33.30	\$ 39.60	\$ 64.80	\$ 121.50	\$ 211.50
\$ 95,000.00	\$ 5.70	\$ 7.60	\$ 9.50	\$ 15.20	\$ 20.90	\$ 35.15	\$ 41.80	\$ 68.40	\$ 128.25	\$ 223.25
\$ 100,000.00	\$ 6.00	\$ 8.00	\$ 10.00	\$ 16.00	\$ 22.00	\$ 37.00	\$ 44.00	\$ 72.00	\$ 135.00	\$ 235.00
\$ 105,000.00	\$ 6.30	\$ 8.40	\$ 10.50	\$ 16.80	\$ 23.10	\$ 38.85	\$ 46.20	\$ 75.60	\$ 141.75	\$ 246.75
\$ 110,000.00	\$ 6.60	\$ 8.80	\$ 11.00	\$ 17.60	\$ 24.20	\$ 40.70	\$ 48.40	\$ 79.20	\$ 148.50	\$ 258.50
\$ 115,000.00	\$ 6.90	\$ 9.20	\$ 11.50	\$ 18.40	\$ 25.30	\$ 42.55	\$ 50.60	\$ 82.80	\$ 155.25	\$ 270.25
\$ 120,000.00	\$ 7.20	\$ 9.60	\$ 12.00	\$ 19.20	\$ 26.40	\$ 44.40	\$ 52.80	\$ 86.40	\$ 162.00	\$ 282.00
\$ 125,000.00	\$ 7.50	\$ 10.00	\$ 12.50	\$ 20.00	\$ 27.50	\$ 46.25	\$ 55.00	\$ 90.00	\$ 168.75	\$ 293.75
\$ 130,000.00	\$ 7.80	\$ 10.40	\$ 13.00	\$ 20.80	\$ 28.60	\$ 48.10	\$ 57.20	\$ 93.60	\$ 175.50	\$ 305.50
\$ 135,000.00	\$ 8.10	\$ 10.80	\$ 13.50	\$ 21.60	\$ 29.70	\$ 49.95	\$ 59.40	\$ 97.20	\$ 182.25	\$ 317.25
\$ 140,000.00	\$ 8.40	\$ 11.20	\$ 14.00	\$ 22.40	\$ 30.80	\$ 51.80	\$ 61.60	\$ 100.80	\$ 189.00	\$ 329.00
\$ 145,000.00	\$ 8.70	\$ 11.60	\$ 14.50	\$ 23.20	\$ 31.90	\$ 53.65	\$ 63.80	\$ 104.40	\$ 195.75	\$ 340.75
\$ 150,000.00	\$ 9.00	\$ 12.00	\$ 15.00	\$ 24.00	\$ 33.00	\$ 55.50	\$ 66.00	\$ 108.00	\$ 202.50	\$ 352.50
\$ 155,000.00	\$ 9.30	\$ 12.40	\$ 15.50	\$ 24.80	\$ 34.10	\$ 57.35	\$ 68.20	\$ 111.60	\$ 209.25	\$ 364.25
\$ 160,000.00	\$ 9.60	\$ 12.80	\$ 16.00	\$ 25.60	\$ 35.20	\$ 59.20	\$ 70.40	\$ 115.20	\$ 216.00	\$ 376.00
\$ 165,000.00	\$ 9.90	\$ 13.20	\$ 16.50	\$ 26.40	\$ 36.30	\$ 61.05	\$ 72.60	\$ 118.80	\$ 222.75	\$ 387.75
\$ 170,000.00	\$ 10.20	\$ 13.60	\$ 17.00	\$ 27.20	\$ 37.40	\$ 62.90	\$ 74.80	\$ 122.40	\$ 229.50	\$ 399.50
\$ 175,000.00	\$ 10.50	\$ 14.00	\$ 17.50	\$ 28.00	\$ 38.50	\$ 64.75	\$ 77.00	\$ 126.00	\$ 236.25	\$ 411.25
\$ 180,000.00	\$ 10.80	\$ 14.40	\$ 18.00	\$ 28.80	\$ 39.60	\$ 66.60	\$ 79.20	\$ 129.60	\$ 243.00	\$ 423.00
\$ 185,000.00	\$ 11.10	\$ 14.80	\$ 18.50	\$ 29.60	\$ 40.70	\$ 68.45	\$ 81.40	\$ 133.20	\$ 249.75	\$ 434.75
\$ 190,000.00	\$ 11.40	\$ 15.20	\$ 19.00	\$ 30.40	\$ 41.80	\$ 70.30	\$ 83.60	\$ 136.80	\$ 256.50	\$ 446.50
\$ 195,000.00	\$ 11.70	\$ 15.60	\$ 19.50	\$ 31.20	\$ 42.90	\$ 72.15	\$ 85.80	\$ 140.40	\$ 263.25	\$ 458.25
\$ 200,000.00	\$ 12.00	\$ 16.00	\$ 20.00	\$ 32.00	\$ 44.00	\$ 74.00	\$ 88.00	\$ 144.00	\$ 270.00	\$ 470.00
\$ 205,000.00	\$ 12.30	\$ 16.40	\$ 20.50	\$ 32.80	\$ 45.10	\$ 75.85	\$ 90.20	\$ 147.60	\$ 276.75	\$ 481.75
\$ 210,000.00	\$ 12.60	\$ 16.80	\$ 21.00	\$ 33.60	\$ 46.20	\$ 77.70	\$ 92.40	\$ 151.20	\$ 283.50	\$ 493.50
\$ 215,000.00	\$ 12.90	\$ 17.20	\$ 21.50	\$ 34.40	\$ 47.30	\$ 79.55	\$ 94.60	\$ 154.80	\$ 290.25	\$ 505.25
\$ 220,000.00	\$ 13.20	\$ 17.60	\$ 22.00	\$ 35.20	\$ 48.40	\$ 81.40	\$ 96.80	\$ 158.40	\$ 297.00	\$ 517.00
\$ 225,000.00	\$ 13.50	\$ 18.00	\$ 22.50	\$ 36.00	\$ 49.50	\$ 83.25	\$ 99.00	\$ 162.00	\$ 303.75	\$ 528.75
\$ 230,000.00	\$ 13.80	\$ 18.40	\$ 23.00	\$ 36.80	\$ 50.60	\$ 85.10	\$ 101.20	\$ 165.60	\$ 310.50	\$ 540.50
\$ 235,000.00	\$ 14.10	\$ 18.80	\$ 23.50	\$ 37.60	\$ 51.70	\$ 86.95	\$ 103.40	\$ 169.20	\$ 317.25	\$ 552.25
\$ 240,000.00	\$ 14.40	\$ 19.20	\$ 24.00	\$ 38.40	\$ 52.80	\$ 88.80	\$ 105.60	\$ 172.80	\$ 324.00	\$ 564.00
\$ 245,000.00	\$ 14.70	\$ 19.60	\$ 24.50	\$ 39.20	\$ 53.90	\$ 90.65	\$ 107.80	\$ 176.40	\$ 330.75	\$ 575.75
\$ 250,000.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 40.00	\$ 55.00	\$ 92.50	\$ 110.00	\$ 180.00	\$ 337.50	\$ 587.50
\$ 260,000.00	\$ 15.60	\$ 20.80	\$ 26.00	\$ 41.60	\$ 57.20	\$ 96.20	\$ 114.40	\$ 187.20	\$ 351.00	\$ 611.00
\$ 270,000.00	\$ 16.20	\$ 21.60	\$ 27.00	\$ 43.20	\$ 59.40	\$ 99.90	\$ 118.80	\$ 194.40	\$ 364.50	\$ 634.50
\$ 280,000.00	\$ 16.80	\$ 22.40	\$ 28.00	\$ 44.80	\$ 61.60	\$ 103.60	\$ 123.20	\$ 201.60	\$ 378.00	\$ 658.00
\$ 290,000.00	\$ 17.40	\$ 23.20	\$ 29.00	\$ 46.40	\$ 63.80	\$ 107.30	\$ 127.60	\$ 208.80	\$ 391.50	\$ 681.50

Dependent Child Rates: \$5,000 option - \$.78 per month \$10,000 option - \$1.56 per month

- Employees elect amounts between \$10,000 and \$1,000,000 in \$10,000 increments.
- Spouses elect amounts between \$5,000 and \$250,000 in \$5,000 increments.
- Spouse's premium will be based on the Employee's Date of Birth

# Weber School District



## Voluntary Life Insurance

### Monthly Payroll Deductions Effective

Rates per \$1000	\$0.06	\$0.08	\$0.10	\$0.16	\$0.22	\$0.37	\$0.44	\$0.72	\$1.35	\$2.35
Age	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$ 300,000.00	\$ 18.00	\$ 24.00	\$ 30.00	\$ 48.00	\$ 66.00	\$ 111.00	\$ 132.00	\$ 216.00	\$ 405.00	\$ 705.00
\$ 310,000.00	\$ 18.60	\$ 24.80	\$ 31.00	\$ 49.60	\$ 68.20	\$ 114.70	\$ 136.40	\$ 223.20	\$ 418.50	\$ 728.50
\$ 320,000.00	\$ 19.20	\$ 25.60	\$ 32.00	\$ 51.20	\$ 70.40	\$ 118.40	\$ 140.80	\$ 230.40	\$ 432.00	\$ 752.00
\$ 330,000.00	\$ 19.80	\$ 26.40	\$ 33.00	\$ 52.80	\$ 72.60	\$ 122.10	\$ 145.20	\$ 237.60	\$ 445.50	\$ 775.50
\$ 340,000.00	\$ 20.40	\$ 27.20	\$ 34.00	\$ 54.40	\$ 74.80	\$ 125.80	\$ 149.60	\$ 244.80	\$ 459.00	\$ 799.00
\$ 350,000.00	\$ 21.00	\$ 28.00	\$ 35.00	\$ 56.00	\$ 77.00	\$ 129.50	\$ 154.00	\$ 252.00	\$ 472.50	\$ 822.50
\$ 360,000.00	\$ 21.60	\$ 28.80	\$ 36.00	\$ 57.60	\$ 79.20	\$ 133.20	\$ 158.40	\$ 259.20	\$ 486.00	\$ 846.00
\$ 370,000.00	\$ 22.20	\$ 29.60	\$ 37.00	\$ 59.20	\$ 81.40	\$ 136.90	\$ 162.80	\$ 266.40	\$ 499.50	\$ 869.50
\$ 380,000.00	\$ 22.80	\$ 30.40	\$ 38.00	\$ 60.80	\$ 83.60	\$ 140.60	\$ 167.20	\$ 273.60	\$ 513.00	\$ 893.00
\$ 390,000.00	\$ 23.40	\$ 31.20	\$ 39.00	\$ 62.40	\$ 85.80	\$ 144.30	\$ 171.60	\$ 280.80	\$ 526.50	\$ 916.50
\$ 400,000.00	\$ 24.00	\$ 32.00	\$ 40.00	\$ 64.00	\$ 88.00	\$ 148.00	\$ 176.00	\$ 288.00	\$ 540.00	\$ 940.00
\$ 410,000.00	\$ 24.60	\$ 32.80	\$ 41.00	\$ 65.60	\$ 90.20	\$ 151.70	\$ 180.40	\$ 295.20	\$ 553.50	\$ 963.50
\$ 420,000.00	\$ 25.20	\$ 33.60	\$ 42.00	\$ 67.20	\$ 92.40	\$ 155.40	\$ 184.80	\$ 302.40	\$ 567.00	\$ 987.00
\$ 430,000.00	\$ 25.80	\$ 34.40	\$ 43.00	\$ 68.80	\$ 94.60	\$ 159.10	\$ 189.20	\$ 309.60	\$ 580.50	\$ 1,010.50
\$ 440,000.00	\$ 26.40	\$ 35.20	\$ 44.00	\$ 70.40	\$ 96.80	\$ 162.80	\$ 193.60	\$ 316.80	\$ 594.00	\$ 1,034.00
\$ 450,000.00	\$ 27.00	\$ 36.00	\$ 45.00	\$ 72.00	\$ 99.00	\$ 166.50	\$ 198.00	\$ 324.00	\$ 607.50	\$ 1,057.50
\$ 460,000.00	\$ 27.60	\$ 36.80	\$ 46.00	\$ 73.60	\$ 101.20	\$ 170.20	\$ 202.40	\$ 331.20	\$ 621.00	\$ 1,081.00
\$ 470,000.00	\$ 28.20	\$ 37.60	\$ 47.00	\$ 75.20	\$ 103.40	\$ 173.90	\$ 206.80	\$ 338.40	\$ 634.50	\$ 1,104.50
\$ 480,000.00	\$ 28.80	\$ 38.40	\$ 48.00	\$ 76.80	\$ 105.60	\$ 177.60	\$ 211.20	\$ 345.60	\$ 648.00	\$ 1,128.00
\$ 480,000.00	\$ 28.80	\$ 38.40	\$ 48.00	\$ 76.80	\$ 105.60	\$ 177.60	\$ 211.20	\$ 345.60	\$ 648.00	\$ 1,128.00
\$ 490,000.00	\$ 29.40	\$ 39.20	\$ 49.00	\$ 78.40	\$ 107.80	\$ 181.30	\$ 215.60	\$ 352.80	\$ 661.50	\$ 1,151.50
\$ 500,000.00	\$ 30.00	\$ 40.00	\$ 50.00	\$ 80.00	\$ 110.00	\$ 185.00	\$ 220.00	\$ 360.00	\$ 675.00	\$ 1,175.00
\$ 510,000.00	\$ 30.60	\$ 40.80	\$ 51.00	\$ 81.60	\$ 112.20	\$ 188.70	\$ 224.40	\$ 367.20	\$ 688.50	\$ 1,198.50
\$ 520,000.00	\$ 31.20	\$ 41.60	\$ 52.00	\$ 83.20	\$ 114.40	\$ 192.40	\$ 228.80	\$ 374.40	\$ 702.00	\$ 1,222.00
\$ 530,000.00	\$ 31.80	\$ 42.40	\$ 53.00	\$ 84.80	\$ 116.60	\$ 196.10	\$ 233.20	\$ 381.60	\$ 715.50	\$ 1,245.50
\$ 540,000.00	\$ 32.40	\$ 43.20	\$ 54.00	\$ 86.40	\$ 118.80	\$ 199.80	\$ 237.60	\$ 388.80	\$ 729.00	\$ 1,269.00
\$ 550,000.00	\$ 33.00	\$ 44.00	\$ 55.00	\$ 88.00	\$ 121.00	\$ 203.50	\$ 242.00	\$ 396.00	\$ 742.50	\$ 1,292.50
\$ 560,000.00	\$ 33.60	\$ 44.80	\$ 56.00	\$ 89.60	\$ 123.20	\$ 207.20	\$ 246.40	\$ 403.20	\$ 756.00	\$ 1,316.00
\$ 570,000.00	\$ 34.20	\$ 45.60	\$ 57.00	\$ 91.20	\$ 125.40	\$ 210.90	\$ 250.80	\$ 410.40	\$ 769.50	\$ 1,339.50
\$ 580,000.00	\$ 34.80	\$ 46.40	\$ 58.00	\$ 92.80	\$ 127.60	\$ 214.60	\$ 255.20	\$ 417.60	\$ 783.00	\$ 1,363.00
\$ 590,000.00	\$ 35.40	\$ 47.20	\$ 59.00	\$ 94.40	\$ 129.80	\$ 218.30	\$ 259.60	\$ 424.80	\$ 796.50	\$ 1,386.50
\$ 600,000.00	\$ 36.00	\$ 48.00	\$ 60.00	\$ 96.00	\$ 132.00	\$ 222.00	\$ 264.00	\$ 432.00	\$ 810.00	\$ 1,410.00
\$ 650,000.00	\$ 39.00	\$ 52.00	\$ 65.00	\$ 104.00	\$ 143.00	\$ 240.50	\$ 286.00	\$ 468.00	\$ 877.50	\$ 1,527.50
\$ 700,000.00	\$ 42.00	\$ 56.00	\$ 70.00	\$ 112.00	\$ 154.00	\$ 259.00	\$ 308.00	\$ 504.00	\$ 945.00	\$ 1,645.00
\$ 750,000.00	\$ 45.00	\$ 60.00	\$ 75.00	\$ 120.00	\$ 165.00	\$ 277.50	\$ 330.00	\$ 540.00	\$ 1,012.50	\$ 1,762.50
\$ 800,000.00	\$ 48.00	\$ 64.00	\$ 80.00	\$ 128.00	\$ 176.00	\$ 296.00	\$ 352.00	\$ 576.00	\$ 1,080.00	\$ 1,880.00
\$ 850,000.00	\$ 51.00	\$ 68.00	\$ 85.00	\$ 136.00	\$ 187.00	\$ 314.50	\$ 374.00	\$ 612.00	\$ 1,147.50	\$ 1,997.50
\$ 900,000.00	\$ 54.00	\$ 72.00	\$ 90.00	\$ 144.00	\$ 198.00	\$ 333.00	\$ 396.00	\$ 648.00	\$ 1,215.00	\$ 2,115.00
\$ 950,000.00	\$ 57.00	\$ 76.00	\$ 95.00	\$ 152.00	\$ 209.00	\$ 351.50	\$ 418.00	\$ 684.00	\$ 1,282.50	\$ 2,232.50
\$ 1,000,000.00	\$ 60.00	\$ 80.00	\$ 100.00	\$ 160.00	\$ 220.00	\$ 370.00	\$ 440.00	\$ 720.00	\$ 1,350.00	\$ 2,350.00

**Dependent Child Rates: \$5,000 option - \$.78 per month \$10,000 option - \$1.56 per month**

- Employees elect amounts between \$10,000 and \$1,000,000 in \$10,000 increments.
- Spouses elect amounts between \$5,000 and \$250,000 in \$5,000 increments.
- Spouse's premium will be based on the Employee's Date of Birth



# Long-Term Disability

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LifeMap



Insurance for every step of life.

## Long Term Disability Insurance

### For Weber School District (Class 1)

#### How the Plan Works

Long Term Disability coverage is a big help in times of need. You get a monthly check if you can't do your regular job because of the illness or injury, whether it's work-related or not, though pre-existing conditions may be excluded.

- Eligibility Requirement**  
 If you are an active Grandfathered Aide, or Cook working between 20 and 29.95 hours per week, you will be eligible for these benefits.
- Who pays for the coverage?**  
 Long Term Disability Insurance premiums are shared by you and your employer.
- Collecting Your Benefit**  
 Once you satisfy the plan's requirements for partial or total disability, you'll receive a benefit once a month for as long as your disability lasts or for your policy's maximum disability duration, whichever comes first.
- What is Total Disability?**  
 You are considered totally disabled if you are unable to do the material duties of your own occupation and have at least a 20% loss of earnings.
- Initial Enrollment**  
 You may enroll during your initial 31 day eligibility period without answering any medical questions.
- Future Enrollment** if you waive enrollment when initially eligible, you may enroll during any future annual enrollment period without answering any medical questions.

**LifeMapCo.com**  
**1 (800) 794-5390**

#### Benefits Summary

##### Plan Benefits

Monthly Benefits Begin	Benefits begin the later of 120 days of disability or end of accumulated sick leave. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage	66.67% of your monthly pre-disability earnings
Maximum Benefit	\$10,000 per month
Minimum Benefit	The greater of \$100 or 10% of the gross monthly benefit
Maximum Benefit Period	If you become disabled prior to age 60, benefits are payable up to your social security normal retirement age. If you become disabled at age 60 or older, benefits are payable based on your age at the time of disability. (See Certificate for the maximum period of payment table)

##### Plan Features

Partial Disability	If you become disabled and can work part time (but not full time), you may be eligible for partial disability benefits.
Activities of Daily Living (ADL) Disability Benefit	If you are disabled and continuously not able to perform at least two Activities of Daily Living, as defined in your policy, without stand-by help; or you have a Cognitive Impairment; we will pay an additional benefit equal to 10% of your pre-disability earnings to a maximum of \$3,000 per month.
Alcoholism or Drug Abuse	The per occurrence maximum period of payment for all disabilities due to alcoholism or drug abuse is 24 months.
Mental Illness	The per occurrence maximum period of payment for all disabilities due to mental illness is 24 months.
Cost of Living Adjustment	We will make a Cost of Living Adjustment (COLA) after you have received one full year of monthly payments. Each month, we will add a Cost of Living Adjustment to your monthly payment.
Survivor Benefit	If you have been disabled for more than 180 days, upon confirmation of your death, we will pay your eligible survivor a lump sum benefit equal to three times your gross monthly benefit.

*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*

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Insurance for every step of life.

### Plan Features (cont.)

Vocational Rehabilitation	We have Vocational Rehabilitation Services available to assist you in returning to work to the extent of your ability.
Family Member Care Expense Benefit	If you are receiving monthly payments under the policy; and you are participating in a vocational rehabilitation plan, you will be eligible for an additional Child Care Expense Benefit. We will pay a Benefit of \$500 per Child or Family Member not to exceed a maximum of \$1,000 per month for 12 months.
Employee Assistance Program	You, your dependents and all household members have access to an Employee Assistance Program (EAP). The EAP provides services to help people privately resolve problems that may interfere with work, family and life.

### Limitations & Exclusions

Benefits are not payable for losses resulting from:

- loss of professional license, occupational license, or certification
- participation in a felony, commission of a crime
- intentionally self-inflicted injuries, attempted suicide
- being legally intoxicated or under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor
- participation in a war
- active participation in a riot
- active military duty
- engaging in any illegal or fraudulent activity
- elective surgery except when required for the appropriate care as a result of your injury or sickness
- traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes

**Pre-existing Condition Exclusion:** Disabilities that begin within the first 12 months after your effective date will not be covered if you have received treatment for the disability within the 3 months prior to your effective date.

**LifeMapCo.com**  
**1 (800) 794-5390**

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Insurance for every step of life.

## Long Term Disability Insurance

### For Weber School District (Class 2)

#### How the Plan Works

Long Term Disability coverage is a big help in times of need. You get a monthly check if you can't do your regular job because of the illness or injury, whether it's work-related or not, though pre-existing conditions may be excluded.

- **Eligibility Requirement**

If you are an active Certified employee working between 20 and 37.5 hours per week or a Classified employee working between 30 and 37.75 hours per week, you will be eligible for these benefits.

- **Who pays for the coverage?**

Long Term Disability Insurance premiums are shared by you and your employer.

- **Collecting Your Benefit**

Once you satisfy the plan's requirements for partial or total disability, you'll receive a benefit once a month for as long as your disability lasts or for your policy's maximum disability duration, whichever comes first.

- **What is Total Disability?**

You are considered totally disabled if you are unable to do the material duties of your own occupation and have at least a 20% loss of earnings.

- **Initial Enrollment**

You may enroll during your initial 31 day eligibility period without answering any medical questions.

- **Future Enrollment** if you waive enrollment when initially eligible, you may enroll during any future annual enrollment period without answering any medical questions.

[LifeMapCo.com](http://LifeMapCo.com)

1 (800) 794-5390

#### Benefits Summary

##### Plan Benefits

Monthly Benefits Begin	Benefits begin the later of 120 days of disability or end of accumulated sick leave. Waiting period may be served with total or partial disability or a combination of both..
Benefit Replacement Percentage	66.67% of your monthly pre-disability earnings
Maximum Benefit	\$10,000 per month
Minimum Benefit	The greater of \$100 or 10% of the gross monthly benefit
Maximum Benefit Period	If you become disabled prior to age 60, benefits are payable up to your social security normal retirement age. If you become disabled at age 60 or older, benefits are payable based on your age at the time of disability. (See Certificate for the maximum period of payment table)

##### Plan Features

Partial Disability	If you become disabled and can work part time (but not full time), you may be eligible for partial disability benefits.
Activities of Daily Living (ADL) Disability Benefit	If you are disabled and continuously not able to perform at least two Activities of Daily Living, as defined in your policy, without stand-by help; or you have a Cognitive Impairment; we will pay an additional benefit equal to 10% of your pre-disability earnings to a maximum of \$3,000 per month.
Alcoholism or Drug Abuse	The per occurrence maximum period of payment for all disabilities due to alcoholism or drug abuse is 24 months.
Mental Illness	The per occurrence maximum period of payment for all disabilities due to mental illness is 24 months.
Cost of Living Adjustment	We will make a Cost of Living Adjustment (COLA) after you have received one full year of monthly payments. Each month, we will add a Cost of Living Adjustment to your monthly payment.
Survivor Benefit	If you have been disabled for more than 180 days, upon confirmation of your death, we will pay your eligible survivor a lump sum benefit equal to three times your gross monthly benefit.

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Insurance for every step of life.

### Plan Features (cont.)

Vocational Rehabilitation	We have Vocational Rehabilitation Services available to assist you in returning to work to the extent of your ability.
Family Member Care Expense Benefit	If you are receiving monthly payments under the policy; and you are participating in a vocational rehabilitation plan, you will be eligible for an additional Child Care Expense Benefit. We will pay a Benefit of \$500 per Child or Family Member not to exceed a maximum of \$1,000 per month for 12 months.
Employee Assistance Program	You, your dependents and all household members have access to an Employee Assistance Program (EAP). The EAP provides services to help people privately resolve problems that may interfere with work, family and life.

### Limitations & Exclusions

Benefits are not payable for losses resulting from:

- loss of professional license, occupational license, or certification
- participation in a felony, commission of a crime
- intentionally self-inflicted injuries, attempted suicide
- being legally intoxicated or under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor
- participation in a war
- active participation in a riot
- active military duty
- engaging in any illegal or fraudulent activity
- elective surgery except when required for the appropriate care as a result of your injury or sickness
- traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes

**Pre-existing Condition Exclusion:** Disabilities that begin within the first 12 months after your effective date will not be covered if you have received treatment for the disability within the 3 months prior to your effective date.

**LifeMapCo.com**  
**1 (800) 794-5390**

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## Long Term Disability Insurance

### For Weber School District (Class 3)

#### How the Plan Works

Long Term Disability coverage is a big help in times of need. You get a monthly check if you can't do your regular job because of the illness or injury, whether it's work-related or not, though pre-existing conditions may be excluded.

- **Eligibility Requirement**

If you are a full-time active employee working greater than 37.5 hours per week, you will be covered for these benefits.

- **Who pays for the coverage?**

Long Term Disability Insurance premiums are paid for you by your employer.

- **Collecting Your Benefit**

Once you satisfy the plan's requirements for partial or total disability, you'll receive a benefit once a month for as long as your disability lasts or for your policy's maximum disability duration, whichever comes first.

- **What is Total Disability?**

You are considered totally disabled if you are unable to do the material duties of your own occupation and have at least a 20% loss of earnings.

**LifeMapCo.com**  
**1 (800) 794-5390**

#### Benefits Summary

##### Plan Benefits

Monthly Benefits Begin	Benefits begin the later of 120 days of disability or end of accumulated sick leave. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage	66.67% of your monthly pre-disability earnings
Maximum Benefit	\$10,000 per month
Minimum Benefit	The greater of \$100 or 10% of the gross monthly benefit
Maximum Benefit Period	If you become disabled prior to age 60, benefits are payable up to your social security normal retirement age. If you become disabled at age 60 or older, benefits are payable based on your age at the time of disability. (See Certificate for the maximum period of payment table)

##### Plan Features

Partial Disability	If you become disabled and can work part time (but not full time), you may be eligible for partial disability benefits.
Activities of Daily Living (ADL) Disability Benefit	If you are disabled and continuously not able to perform at least two Activities of Daily Living, as defined in your policy, without stand-by help; or you have a Cognitive Impairment; we will pay an additional benefit equal to 10% of your pre-disability earnings to a maximum of \$3,000 per month.
Alcoholism or Drug Abuse	The per occurrence maximum period of payment for all disabilities due to alcoholism or drug abuse is 24 months.
Mental Illness	The per occurrence maximum period of payment for all disabilities due to mental illness is 24 months.
Cost of Living Adjustment	We will make a Cost of Living Adjustment (COLA) after you have received one full year of monthly payments. Each month, we will add a Cost of Living Adjustment to your monthly payment.
Survivor Benefit	If you have been disabled for more than 180 days, upon confirmation of your death, we will pay your eligible survivor a lump sum benefit equal to three times your gross monthly benefit.

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Insurance for every step of life.

### Plan Features (cont.)

Vocational Rehabilitation	We have Vocational Rehabilitation Services available to assist you in returning to work to the extent of your ability.
Family Member Care Expense Benefit	If you are receiving monthly payments under the policy; and you are participating in a vocational rehabilitation plan, you will be eligible for an additional Child Care Expense Benefit. We will pay a Benefit of \$500 per Child or Family Member not to exceed a maximum of \$1,000 per month for 12 months.
Employee Assistance Program	You, your dependents and all household members have access to an Employee Assistance Program (EAP). The EAP provides services to help people privately resolve problems that may interfere with work, family and life.

### Limitations & Exclusions

Benefits are not payable for losses resulting from:

- loss of professional license, occupational license, or certification
- participation in a felony, commission of a crime
- intentionally self-inflicted injuries, attempted suicide
- being legally intoxicated or under the influence of any narcotic, unless the narcotic is taken under the direction of and as directed by a doctor
- participation in a war
- active participation in a riot
- active military duty
- engaging in any illegal or fraudulent activity
- elective surgery except when required for the appropriate care as a result of your injury or sickness
- traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes

**Pre-existing Condition Exclusion:** Disabilities that begin within the first 12 months after your effective date will not be covered if you have received treatment for the disability within the 3 months prior to your effective date.

**LifeMapCo.com**  
**1 (800) 794-5390**

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# Short-Term Disability

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LifeMap



## Short Term Disability

### For Weber School District Classes 1, 2, 3, 4

#### How the Plan Works

Short Term Disability Coverage insures your paycheck and pays you a weekly benefit should you become disabled as defined by the policy.

- Eligibility Requirement**  
 If you are a grandfathered aid or cook (CL1) working a minimum of 20 hours per week; certified employee (CL 2) working a minimum of 20 hours per week; classified employee (CL 2) or bus driver (CL 4) working a minimum of 30 hours per week; or if you are an employee not otherwise defined above (CL 3) working a minimum of 37.75 hours per week, you will be covered for these benefits.
- Who pays for the coverage?**  
 Short Term Disability Insurance premiums are paid for by your employer.
- Collecting Your Benefit**  
 If you satisfy the plan's requirements for disability, there's just one form for you, your employer and your doctor to fill out to get your claim processing. To find it, go to [LifeMapCo.com](http://LifeMapCo.com) and search "Short Term Disability Claim".

**LifeMapCo.com**  
**1 (800) 794-5390**

#### Benefits Summary

##### Plan Benefits

Weekly Benefits Begin	On the 15th calendar day of disability caused by an accident or illness. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage	66 2/3% per week
Maximum Benefit	\$2,500 per week
Minimum Benefit	\$25 per week
Maximum Benefit Period	Benefits are payable for a maximum of 15 weeks

##### Plan Features

Reasonable Accommodation Expense	The Plan may pay a Reasonable Accommodation Expense Benefit to your employer if you return to work in any occupation, excluding self-employment, as a result of a reasonable accommodation your employer has made for you.
Vocational Rehabilitation	During a period of disability you may be eligible to participate in a vocational rehabilitation plan. We will review your disability claim to determine if you are eligible to participate in these services. If we determine that you are qualified to participate in a rehabilitation plan, we will provide you with a written plan to be agreed upon by you. The Plan may pay for all or some of the expenses incurred as part of the rehabilitation plan.
Survivor Benefit	Upon confirmation of your death while receiving a weekly benefit, the Plan will pay a lump sum benefit equal to 3 times your gross weekly benefit to your Eligible Survivor.
Partial Disability	If you return to work on a part-time basis you may qualify for a partial disability benefit.

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### Limitations & Exclusions

Benefits are not payable for disability that results from:

- any injury/illness sustained in the course of any employment for wage or profit
- participation in an assault or felony
- intentionally self-inflicted injuries, attempted suicide
- participation in a war, declared or undeclared, or any act of war
- elective cosmetic or plastic surgery unless required due to injury or sickness; except complications of cosmetic or plastic surgery
- elective sterilization, except complications of an elective sterilization

In addition, no benefits will be paid for any period of disability:

- during which you are not under the Regular Care of a Physician;
- during which you have received 100% of your Pre-disability Earnings under your Employer's Sick Leave plan, except that the minimum weekly benefit shown in the coverage outline will be payable;
- during which you are incarcerated in a corrections facility; or
- during which you are receiving; or are eligible to receive Workers' Compensation benefits, regardless of the cause of the disability; or for a disability that would be covered by Workers' Compensation if you had filed a claim.

### Limitations & Exclusions, cont'd

The Short Term Disability Proceeds will be reduced by the amount of any benefit for loss of income from the following sources which is provided as a result of the period of disability for which benefits are being claimed under the Policy:

1. any state disability program;
2. any Federal Social Security Benefits you, your spouse, and/or your children receive or are eligible to receive because of your disability or retirement;
3. any sick leave or salary continuation plan paid by the Employer which, when added to the Short Term Disability Benefit, exceeds 100% of your Pre-disability Earnings;
4. Any loss of income benefits received from "no-fault" auto insurance Worker's Compensation, or similar legislation;
5. Any group insurance plan sponsored by the employer; and
6. any governmental law or program, including unemployment.

If a lump sum payment is made for any of Items 1-4 above, we will pro-rate the lump sum:

1. over the period of time it would have been paid if not paid in a lump sum; or
2. if the period of time cannot be determined, over a period of 60 months.

**LifeMapCo.com**  
**1 (800) 794-5390**



# Travel Assistance

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LifeMap



# TRAVEL ASSISTANCE PROGRAM

***Gives you peace of mind, before, during and after travel.***

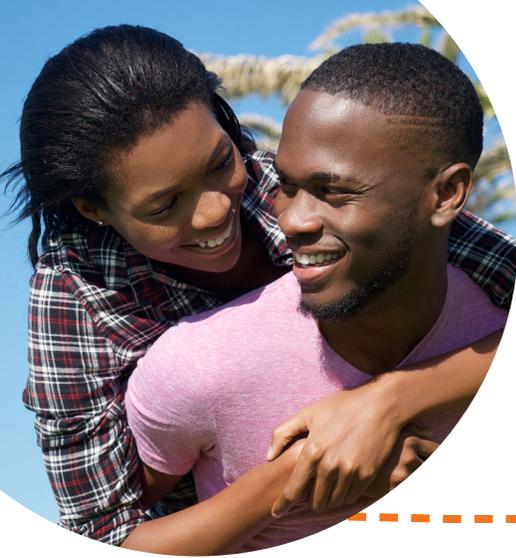
So cruise the Caribbean with your family. Take that honeymoon in Italy. Or fly to Denmark for work. No matter your whereabouts, we're here to help.



**Travel  
Assistance  
Program**

Within the United States  
**1 (800) 230-5170**  
Outside the United States  
**+1 (630) 766-7772**





# TRAVEL ASSISTANCE PROGRAM

Travel is exciting, but there are so many details to consider when planning a trip. That's why your LifeMap Life Insurance includes the Travel Assistance program—so you'll have a team that can help keep you well and informed when traveling 100 or more miles away from home for up to 120 days. Think of it as your worldwide team of personal concierges.

## HOW IT WORKS

LifeMap has partnered with AXA Assistance USA, Inc. to offer you and your loved ones the best in travel aid. Your no-cost Travel Assistance program includes help with travel and medical services.

## WHAT TO EXPECT

As a worldwide leader in travel assistance, you'll get no less than the best from AXA—no matter what you need.

### Pre-trip help

Be it help with an embassy, your passport, currency exchange or even the weather, you'll have someone to turn to 24/7.

### Travel assistance

Need a translator or a legal referral while abroad? Whatever it is, your AXA team will get it done.

### Medical Services

Call for doc referrals, replacement medications, medical record transfers or Critical Care Monitoring.

### Repatriation

Should you need to come home for medical reasons, AXA will bring you back safely.

Travel assistance services are subject to specific terms, conditions and limitations. For questions about the program, call 1 (800) 230-5170 or collect at +1 (630) 766-7772.

1

### Just pick up the phone

When traveling 100+ miles away from home—or outside the country—your AXA team is simply a call away.

2

### Help 24/7

Whether traveling for business or pleasure, AXA has the professional staff and resources to provide you with around-the-clock support.

3

### One for all (and all for one)

Immediate family members have access to the program when they travel, too. That means they can also receive emergency medical and travel assistance 24 hours a day—anywhere in the world.

● [LifeMapCo.com](http://LifeMapCo.com)

## CALL AXA IF YOU REQUIRE:

- Medical and Dental Referrals
- Medical Evacuation or Repatriation
- Hospital Admission and Critical Care Monitoring
- Return of Mortal Remains
- Dispatch of Prescription Medication
- Lost Document and Luggage Assistance
- Emergency Cash and Bail Assistance
- General Travel Information

**THIS IS NOT A MEDICAL INSURANCE CARD. ALL SERVICES MUST BE AUTHORIZED AND PROVIDED BY AXA ASSISTANCE USA, INC. NO CLAIMS FOR REIMBURSEMENT WILL BE ACCEPTED**

*No claims for reimbursement for out-of-pocket expenses will be accepted. All additional costs are the responsibility of the member. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. Members subject to eligibility verification. Services will be provided as permitted under applicable law. Travel Assistance services are not insurance.*

*AXA Assistance USA, Inc. is an independent company and not a member of LifeMap Assurance Company®. Each organization is solely responsible for its own obligations.*



# Employee Assistance Program

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Blomquist Hale

# WHEN LIFE GETS CHALLENGING

## We Can Help

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

### Count On:

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

### WE CAN HELP WITH

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

## SUPPORT NOW: Talk with a Licensed Therapist Instantly

We recognize that none of us are immune to the stresses that life brings. It is important to have the opportunity to discuss the things that are on your mind with a licensed professional. Through the Blomquist Hale Support Now program, employees instantly connect with a licensed therapist via **phone, text, email** or **video**. No appointment is necessary. To connect, simply contact us during typical business hours: Monday – Friday, 9:00 a.m. – 5:00 p.m. MDT

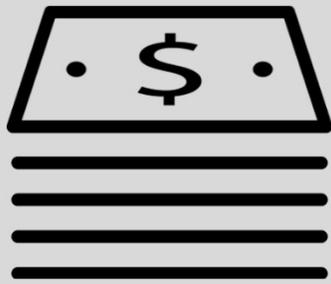
 **Text:**  
801.383.0580

 **Call:**  
801.262.9619

 **Email:**  
supportnow@blomquisthale.com

**Blomquist Hale**  
SOLUTIONS

To register for our **no cost** online webinars, please go to:  
<https://blomquisthale.com/Work-Shops.html>



# Premiums

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# Weber School District 2022 - 2023 Employee Premiums

## MEDICAL

SelectHealth Monthly Premiums	
Status	3 Tier Plan
Single	\$102.91
Employee +1	\$247.19
Family	\$374.70

## Weber School District - HSA Contributions

Single : \$843.00      Two-Party : \$1,031.00      Family : \$1,200.00

Lump sum will be provided mid October

## DENTAL

Dental Select			
Status	Gold Co - Pay Plan	Platinum EPO Classic Plan	Platinum PPO Classic Plan
Single	\$21.63	\$25.75	\$35.02
Employee +1	\$43.26	\$55.62	\$65.92
Family	\$66.95	\$80.34	\$122.57

## VISION

Opticare Vision Services		
Status	70B	120B
Single	\$2.71	\$4.11
Employee +1	\$5.31	\$8.06
Family	\$7.99	\$12.12

EyeMed Network (Dental Select)	
Choice Vision 13	Choice Vision 14
\$3.86	\$6.74
\$7.45	\$13.05
\$9.82	\$17.12





