

The Contract Employees Guide

2015 BENEFITS



Starts ~ *January 1, 2015*

Ends ~ *December 31, 2015*



Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

- World Health Organization

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Contact

SelectHealth	www.selecthealth.org 801-442-5038 or 1-800-538-5038
Regence BlueCross BlueShield of Utah	www.ut.regence.com 1-866-240-9580
Dental Select	www.dentalselect.com 801-495-3000 or 1-800-999-9789
National Benefit Services	www.nbsbenefits.com 801-532-4000 or 1-800-274-0503
Opticare of Utah	www.opticareofutah.com 1-800-363-0950
Cigna (LTD)	www.cigna.com 1-800-362-4462
L]ZYA Ud	1-800-286-1129 (claims only)
Utah Retirement Systems	www.urs.org 801-366-7720 or 1-800-688-4015
The Principal/Educators Mutual	www.principal.com 801-262-7476 or 1-800-662-5850
Allstate <i>-Claims</i>	www.allstateatwork.com https://www.allstateatwork.com/mybenefits/ 1-800-521-3535

Information

Granite School District	www.graniteschools.org
Granite Benefits Office	385-646-4528 or 385-646-4179
Granite Payroll Office	385-646-4311 or 385-646-4313
Granite Human Resources Office	385-646-4511

CHANGES FOR 2015

Beginning January 1

Great News For Granite School District. There is NO CHANGE.....our benefit package and carriers will remain the same!

Enhancement To Plan

1.	Mental Health Parity will no longer have limits on the number of visits.
2.	Allstate Voluntary Accident/Critical Illness if you are making a change, enrolling or waiving after previously electing coverage you are required to call 1-866-828-1657 to make your change effective. If currently enrolled your plan will automatically be renewed.

Due to Healthcare Reform the following changes are being implemented effective January 1, 2015.

3.	TRANSITIONAL REINSURANCE FEE—\$63 per individual imposed on Granite School District. Fee includes: employees, dependents, and retirees. Estimated Cost to district \$780,0000.
4.	PCORI FEE—\$2 per member imposed, estimated cost to district \$23,500
5.	Affordability Test—imposed, employee cost for Employee Only coverage cannot exceed 9.5% of employees income. Employees affected will be notified by benefits.

Wellness Program

6.	Discounted Gold's Gym Memberships are now being offered through payroll deduction for contract employees
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Granite School District to help further the wellness program and help provide a way for its employees to be active partnered with Gold's Gym offering discounted rates.

\$50 Late Fee will be charged to employees who fail to waive or complete their elections during Open Enrollment!





At SelectHealth, we know you have many options when choosing a health plan. Here are just some of the reasons why we may be an exceptional choice for you.

- **EXCEPTIONAL SERVICE**

Health insurance doesn't have to be complicated. We can help you with everything from finding the right doctor to understanding your benefits. We want our members to live well so we provide a number of wellness resources to supplement our health plan benefits.

- **MEMBER SERVICES**

Life doesn't stop at 5 p.m. SelectHealth Member Services offers extended hours to answer your questions and help to resolve your concerns. Member Services is available weekdays from 7:00 a.m. to 8:00 p.m. and Saturdays from 9:00 a.m. to 2:00 p.m. by calling 801-442-5038 or 800-538-5038.

- **MEMBER ADVOCATES**

Member Advocates help you find the right doctor for your needs - even on short notice! Member Advocates can assist in appointment scheduling, finding the closest doctor or facility with the nearest available appointment.

- **MY HEALTH ONLINE TOOLS**

Log on! You have 24-hour access to view your claims, review explanation of benefits, view amounts paid year-to-date, utilize decision support tools and personalized health and wellness information on our secure member website. Get connected at www.selecthealth.org/myhealth.

- **PHARMACY BENEFITS MADE SIMPLE**

Managing your prescriptions is made simple. While you can't control the cost of prescription medication, using generic drugs can lower your out-of-pocket expenses. Through the "Generic Sample" program, SelectHealth offers members their first 30-day fill of select generic prescriptions free! Additionally, at a participating "Retail-90" pharmacy, members are able to receive up to a three-month supply of medication at a more affordable copayment.

- **DISCOUNTS, DISCOUNTS AND MORE DISCOUNTS**

Members are more likely to embrace a healthy lifestyle when it costs less. Member discounts and wellness resources add more value to your health plan. SelectHealth gives you many discounts simply by presenting your SelectHealth ID card. Discount/wellness resources include, spas, LASIK eye surgery, nutritional supplements, eyewear, hearing aids, alternative medicine. For more information about these discounts, visit www.selecthealth.org/discounts.

- **HEALTHY BEGINNINGS**

Pregnancy is a special time and our free prenatal program provides support and resources for expectant mothers. In addition to pregnancy education materials, the program includes a risk assessment screening and provides high-risk case management when needed, for employees and their spouses.

- **CARE/DISEASE MANAGEMENT**

SelectHealth encourages healthy lifestyles. Helping our members to achieve and maintain healthy lives is a top priority. Trained registered nurse care managers are available to assist our members with various health concerns and can help coordinate services between providers and patients. Our disease management program provides members with educational materials, newsletters, follow-up phone calls and additional support for conditions such as allergies and rhinitis, asthma, cholesterol, congestive heart failure, depression, diabetes, high-risk pregnancy, hypertension, migraines and oncology.

- **NATIONAL ACCREDITATION**

SelectHealth was the first National Committee for Quality Assurance (NCQA) accredited commercial health plan in Utah and has held that accreditation since 1993. In rating a health plan, NCQA examines how well a plan helps its members stay healthy, get better, manage chronic illness, access qualified providers and receive care when services are needed. Our excellent accreditation status illustrates our commitment to helping members stay healthy and to provide the highest quality of care when they are sick.

MEDICAL

Select:Med

- \$25.00 office visit copayment (PRIMARY CARE)
- \$35.00 Specialty copayment (SECONDARY CARE)
- In-network coverage only
- \$750.00 per person annual deductible (up to 3 person annual deductible maximum)
- 80% covered for eligible major medical expenses after deductible
- Eligible dependents covered up to age 26

Select:Med+

- \$30.00 office visit copayment (PRIMARY CARE)
- \$40.00 Specialty copayment (SECONDARY CARE)
- In *and* out-of-network coverage available
- \$750.00 per person *in-network* annual deductible (up to 3 person annual deductible maximum)
- 80% covered for *in-network* eligible major medical expenses after deductible
- Eligible dependents covered up to age 26

As a SelectHealth member you will have access to Intermountain Healthcare's nationally recognized facilities as well as contracted hospitals and clinics that meet SelectHealth's high quality standards. So you can rest assured that you will receive the best healthcare available. The following hospitals and clinics are closest to you:

HOSPITALS

Intermountain Medical Center
LDS Hospital
Alta View Hospital
Riverton Hospital
TOSH (Orthopedic Specialty Hospital)

Primary Children's Hospital
McKay-Dee Hospital Center
Davis Hospital Center
Park City Medical Center

INTERMOUNTAIN INSTACARE & KIDSCARE CLINICS

Taylorsville InstaCare & KidsCare
West Jordan InstaCare & KidsCare
Sandy InstaCare
Sandy Kidscare
Saratoga Springs InstaCare
Riverton InstaCare & KidsCare
Murray KidsCare
Bountiful Kidscare & InstaCare

Layton InstaCare
North and South Ogden InstaCare
North Orem InstaCare
Holiday InstaCare
Ogden KidsCare
Sugar House InstaCare & KidsCare
Syracuse InstaCare
Highland InstaCare

For a complete list of SelectHealth facilities and participating physicians, visit www.selecthealth.org.

NOTE: Primary Care providers are Family Medicine, Obstetrics, Gynecology, Geriatrics, Pediatrics, and Internal Medicine,.





Regence

Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

We are 3 million members strong, being here for our families, coworkers and neighbors, helping each other be and stay healthy and provide support in time of need. And Regence BlueCross BlueShield has been here for members for more than 90 years.

- **WE ARE PROUD TO BE BLUE**

The strength of the BlueCross and BlueShield brand is unsurpassed, and our reach is global. Our members can access healthcare across the country and around the world. Our vision of a new kind of healthcare system doesn't stop with our own members. We want to transform the system for everyone, because together we can do better.

- **TOGETHER, WE CAN DO BETTER**

Regence defines success by how well we advocate for - and make a difference in - the health of our members. You have invested trust and resources in Regence, and we repay you by investing in products and services that deliver value every day, especially when you need care.

- **AN ONLINE SUPERTOOL - myREGENCE.com**

Making healthy choices can be a difficult task in our complex world. Regence members value a trusted advisor to help you navigate the healthcare system and help you live a healthier life. MyRegence.com is a member-only website designed to advise Regence members on healthcare and lifestyle options, navigate through the health care system and reward healthy choices. Using myRegence.com you are able to view your claims and personal account information, compare hospitals, find information regarding a procedure's cost and quality based on your personal needs, use the interactive health and medical encyclopedia and even engage in conversations through open forums that allow members to interact with healthcare experts and with each other.

- **REGENCE Rx**

For more than 20 years, Regence Rx has successfully managed pharmacy benefits for more than 2.2 million members of The Regence Group. Regence Rx offers a pharmacy network of more than 50,000 pharmacies nationwide including two mail-order options, education tools and information, preferred medication/formulary support, call center support and prescription claims processing - online, electronic and real-time.

- **REGENCE ADVANTAGES**

Regence offers value-added programs (not insurance benefits) that offer great savings to members from leading health-related companies and are offered by Regence in addition to your medical plan. Regence Advantages include weight management discount programs (Jenny Craig), fitness center memberships, LASIK/PRK eye surgery, cosmetic dermatology, cosmetic dentistry, acupuncture, child safety and health products, eyewear, hearing aids, and bicycle and skating helmets.

- **THE BLUECARD PROGRAM**

Across the country and around the world... we've got you covered. When you are a BlueCross BlueShield plan member with a suitcase logo on your member ID card (applicable for the ValueCare and ValueCare Plus plans), the BlueCard program gives you access to doctors and hospitals almost everywhere, giving you the peace of mind that you'll be able to find the healthcare provider you need.

MEDICAL

ValueCare

- \$25.00 office visit copayment (PRIMARY CARE)
- \$35.00 Specialty copayment (SECONDARY CARE)
- In network coverage only
- \$750.00 per person *in-network* annual deductible (up to 3 person annual deductible maximum)
- 80% covered for eligible major medical expenses after deductible
- Eligible dependents covered up to age 26

ValueCare Plus

- \$30.00 office visit copayment (PRIMARY CARE)
- \$40.00 Specialty copayment (SECONDARY CARE)
- In *and* out-of-network coverage available
- \$750.00 per person *in-network* annual deductible (up to 3 person annual deductible maximum)
- Eligible major medical expenses after deductible:
 - IN NETWORK = 80%
 - OUT NETWORK = 60%
- Eligible dependents covered up to age 26

The following Regence BlueCross BlueShield facilities are closest to you:

HOSPITALS

St. Marks Hospital
 University of Utah Medical
 Center Jordan Valley Medical
 Center Pioneer Valley Hospital
 Primary Children's Hospital
 Ogden Regional Medical Center
 Lone Peak Hospital

URGENT CARE CLINICS

After Hours Medical
 First Med Urgent Care
 IHC Insta/Kids Care
 Ogden Clinic
 Wee Care Pediatrics

NOTE: Primary Care providers are family medicine, internal medicine, pediatrics, obstetrics & gynecology.

REGENCE BCBS

A health plan is a promise: To be here for each other.

For a complete list of Regence facilities and participating physicians, visit www.ut.regence.com or 866-240-9580



Regence

Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue



2015 MEDICAL COMPARISON CHART

Insurance Company Plan Name	SelectHealth			Regence BlueCross BlueShield of Utah		
	Select: Med	Select: Med Plus		ValueCare	ValueCare Plus	
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-Network
Dependent Age Maximum	26	26		26	26	
New Hire Waiting Period	90 Days From Contract Hire Date					
Annual Deductible	\$750 per person	\$750 per person	\$1300 per person	\$750 per person	\$750 per person	\$750 per person
Deductible Toward Out-of-Pocket Maximum	3 Deductible Max. (\$2250) DOES count toward OOP Maximum	3 Deductible Max. (\$2250) DOES count toward OOP Maximum	3 Deductible Max. (\$3900) DOES count toward OOP Maximum	3 Deductible Max. (\$2250) DOES count toward OOP Maximum	3 Deductible Max. (\$2250) DOES count toward OOP Maximum	6 Deductible Max. (\$4500) DOES count toward OOP Maximum
Out-of-Pocket Maximum	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$2000 Employee & 1 \$4000 Employee & 2+ \$4500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500
Office Visits *						
Office Visit (General) **	\$25 copay per visit	\$30 copay per visit	60% after deductible	\$25 copay per visit	\$30 copay per visit	60% after deductible
Office Visit (Specialty)	\$35 copay per visit	\$40 copay per visit	60% after deductible	\$35 copay per visit	\$40 copay per visit	60% after deductible
X-Ray/Lab Tests - Minor	Included in copay	Included in copay	60% after deductible	Included in copay	Included in copay	60% after deductible
X-Rab/Lab Test - Major	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Preventative Services						
Routine Physical (1 per yr)	100%	100%	Not Covered	100%	100%	Not Covered
Pap Office Visit	100%	100%	Not Covered	100%	100%	Not Covered
Mammogram/Lab Tests	100%	100%	Not Covered	100%	100%	Not Covered
Well Child Care	100%	100%	Not Covered	100%	100%	Not Covered
Immunizations	100%	100%	Not Covered	100%	100%	Not Covered
Eye Exam	100%	100%	Not Covered	100%	100%	Not Covered
Eyewear	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program
Maternity Care ①						
Initial Prenatal Office Visit	\$25 copay (1st visit only)	\$30 copay (1st office visit)	60% after deductible	\$25 copay (1st visit only)	\$30 copay (1st visit only)	60% after deductible
Care/Delivery/Profess. Fees ③	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Newborn Adoption Benefit ④	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4000	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4,000
Inpatient Services ⑤						
Medical-Surgical Admission	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Skilled Nursing Facility ⑤	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Rehabilitation Services ⑤	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Professional Fees	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Outpatient Services						
Facility Charges	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Surgical Fees	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Rehabilitation Services ⑤	\$35 copay after deductible	\$40 copay after deductible	60% after deductible	\$35 copay after deductible	\$40 copay after deductible	60% after deductible
Home Health / Hospice ③	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Chemo/Radiation/Dialysis	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Emergency Services						
Urgent Care	\$35 copay per visit	\$40 copay per visit	60% after deductible	\$35 copay per visit	\$40 copay per visit	60% after deductible
Emergency Room	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Ground Ambulance	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Air Ambulance	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible

*All copays now apply to out of pocket maximum

** General Office Visit Includes: Family Medicine, Pediatrics, Internal Medicine, OBGYN (Geriatrics SelectHealth only)

2015 MEDICAL COMPARISON CHART

Insurance Company Plan Name	SelectHealth			Regence BlueCross BlueShield of Utah		
	Select: Med	Select: Med Plus		ValueCare	ValueCare Plus	
	In-Network	In-Network	Out-of-Network	In-Network	Category 1	Category 2
Durable Medical Equipment ③						
Inpatient or Outpatient	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Chiropractic Care ⑤						
Office Visit	Not Covered	Not Covered	60% after deductible	Not Covered	\$40 copay per visit	60% after deductible
Mental Health ③						
Inpatient Visit	80%	80%	50% after deductible	80%	80%	50% after deductible
Outpatient Visit	\$35 copay then 100%	\$40 copay then 100%	50% after deductible	\$35 copay then 100%	\$40 copay then 100%	50% after deductible
Prescription Drugs ⑥						
Retail	Up to a 30-Day Supply	Up to a 30-Day Supply		Up to a 30-Day Supply	Up to a 30-Day Supply	
Generic/Tier 1	\$20.00 per prescription	\$20.00 per prescription		\$20.00 per prescription	\$20.00 per prescription	
Preferred/Tier 2 ⑦	\$40.00 per prescription	\$40.00 per prescription		\$40.00 per prescription	\$40.00 per prescription	
Non-Preferred/Tier 3	\$70.00 per prescription	\$70.00 per prescription		\$70.00 per prescription	\$70.00 per prescription	
Mail Order	Up to a 90-Day Supply	Up to a 90-Day Supply		Up to a 90-Day Supply	Up to a 90-Day Supply	
Generic/Tier 1	\$40.00 per prescription	\$40.00 per prescription		\$40.00 per prescription	\$40.00 per prescription	
Preferred/Tier 2 ⑦	\$80.00 per prescription	\$80.00 per prescription		\$80.00 per prescription	\$80.00 per prescription	
Non-Preferred/Tier 3	\$140.00 per prescription	\$140.00 per prescription		\$140.00 per prescription	\$140.00 per prescription	
Injectable Drugs ⑥						
Received at Pharmacy	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers
Received via Home Health	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Formulary Drug List	www.selecthealth.org/pharmacy/plans			www.regencercx.com		

HOW TO FIND A PARTICIPATING PHYSICIAN OR FACILITY

Insurance Company Plan Name	SelectHealth		Regence BlueCross BlueShield of Utah	
	Select: Med	Select: Med Plus	ValueCare	ValueCare Plus
Member Services	801-442-5038	801-442-5038	1-866-240-9580	1-866-240-9580
Web Site Address	www.selecthealth.org	www.selecthealth.org	www.ut.regence.com	www.ut.regence.com
Provider Network Lookup	Select Med	Select Med Plus	ValueCare	ValueCare Plus

- ① No benefit for dependent children
- ② Specified immunizations only. Refer to the Summary Plan Description(s).
- ③ Preauthorization is required on the following: inpatient services; maternity stays longer than two days for a normal delivery or longer than four days for a cesarean; DME items: insulin pumps continuous glucose monitors, negative pressure wound therapy, electrical pump, prosthetics, motorized/customed wheelchairs, DME over \$5,000; home health nursing services; certain injectable and prescription drugs; and pain management/pain clinic services. If you fail to preauthorize, benefits are reduced to 50 percent and will not be applied to your out-of-pocket max.
- ④ Allowable adoption amount as outlined by the state of Utah. Medical deductible and copay/coinsurance applies.
- ⑤ Limited number of visits per calendar year. Refer to the Summary Plan Description(s).
- ⑥ Mandatory generic substitution enforced when a generic drug is available or you must pay the the preferred or nonpreferred copay plus the difference in cost between name brand and gene
- ⑦ There are differences in the prescription preferred drug formularies between SelectHealth and Regence. You are encouraged to study the formularies when selecting participation in a medi

THE BENEFITS LISTED ARE IN SUMMARY FORM ONLY

They are for illustrative purposes only and should not be construed to be complete in and of themselves. In case of conflict, the respective legal plan documents will apply. All deductible/copay/coinsurance amounts and plan payments are based on eligible charges only and not the provider's billed or other charges. You are responsible to pay for extra charges in excess of eligible charges for covered services obtained from non-participating providers and facilities. Such excess charges are not applied to the medical out-of-pocket maximum. Payment percentages listed will be paid according to the respective carrier's fee schedule.

2015 EMPLOYEE MEDICAL CONTRIBUTION RATES

Employees whose rates don't meet 9.5% affordability will automatically be adjusted

Insurance Company Name	Select Health Regence Blue Cross Blue Shield			
Plan Name	Select Med & Value Care		Select Med Plus & Value Care Plus	
Rates	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Full-Time (1.0 FTE)				
EE	\$17.90	\$35.80	\$18.26	\$36.52
EE & Child	\$34.89	\$69.78	\$35.60	\$71.20
EE & Children	\$51.00	\$102.00	\$52.03	\$104.06
EE & Spouse	\$82.00	\$164.00	\$83.66	\$167.32
EE & Sp & Child(ren)	\$115.10	\$230.20	\$117.44	\$234.87
Part-Time (.8750 FTE)				
EE	\$31.95	\$63.90	\$32.60	\$65.20
EE & Child	\$62.31	\$124.62	\$63.57	\$127.14
EE & Children	\$91.06	\$182.12	\$92.90	\$185.80
EE & Spouse	\$87.48	\$174.96	\$89.26	\$178.52
EE & Sp & Child(ren)	\$123.60	\$247.20	\$126.10	\$252.20
Part-Time (.83 FTE)				
EE	\$43.46	\$86.92	\$44.33	\$88.66
EE & Child	\$84.74	\$169.48	\$86.45	\$172.90
EE & Children	\$123.85	\$247.70	\$126.35	\$252.70
EE & Spouse	\$92.99	\$185.98	\$94.87	\$189.74
EE & Sp & Child(ren)	\$132.10	\$264.20	\$134.77	\$269.54
Part-Time (.80 FTE)				
EE	\$51.12	\$102.24	\$52.16	\$104.32
EE & Child	\$99.69	\$199.38	\$101.70	\$203.40
EE & Children	\$145.70	\$291.40	\$148.64	\$297.28
EE & Spouse	\$109.40	\$218.80	\$111.61	\$223.22
EE & Sp & Child(ren)	\$155.41	\$310.82	\$158.55	\$317.10
Part-Time (.75 FTE)				
EE	\$63.91	\$127.82	\$65.20	\$130.40
EE & Child	\$124.61	\$249.22	\$127.13	\$254.26
EE & Children	\$182.13	\$364.26	\$185.80	\$371.60
EE & Spouse	\$136.75	\$273.50	\$139.52	\$279.04
EE & Sp & Child(ren)	\$194.27	\$388.54	\$198.19	\$396.38

2015 EMPLOYEE MEDICAL CONTRIBUTION RATES

Employees whose rates don't meet 9.5% affordability will automatically be adjusted

Insurance Company Name Plan Name Rates	Select Health Regence Blue Cross Blue Shield			
	Select Med & Value Care		Select Med Plus & Value Care Plus	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Part-Time (.69 FTE)				
EE	\$79.24	\$158.48	\$80.84	\$161.68
EE & Child	\$154.52	\$309.04	\$157.64	\$315.28
EE & Children	\$225.83	\$451.66	\$230.40	\$460.80
EE & Spouse	\$169.57	\$339.14	\$173.00	\$346.00
EE & Sp & Child(ren)	\$240.89	\$481.78	\$245.76	\$491.52
Part-Time (.67 FTE)				
EE	\$84.35	\$168.70	\$86.06	\$172.12
EE & Child	\$164.49	\$328.98	\$167.81	\$335.62
EE & Children	\$240.40	\$480.80	\$245.26	\$490.52
EE & Spouse	\$180.52	\$361.04	\$184.16	\$368.32
EE & Sp & Child(ren)	\$256.43	\$512.86	\$261.61	\$523.22
Part-Time (.6250 FTE)				
EE	\$95.86	\$191.72	\$97.79	\$195.58
EE & Child	\$186.92	\$373.84	\$190.69	\$381.38
EE & Children	\$273.19	\$546.38	\$278.71	\$557.42
EE & Spouse	\$205.13	\$410.26	\$209.27	\$418.54
EE & Sp & Child(ren)	\$291.40	\$582.80	\$297.29	\$594.58
Part-Time (.562 FTE)				
EE	\$111.83	\$223.66	\$114.09	\$228.18
EE & Child	\$218.07	\$436.14	\$222.47	\$444.94
EE & Children	\$318.72	\$637.44	\$322.16	\$644.32
EE & Spouse	\$239.32	\$478.64	\$244.15	\$488.30
EE & Sp & Child(ren)	\$339.96	\$679.92	\$346.83	\$693.66
Part-Time (.50 FTE)				
EE	\$127.81	\$255.62	\$130.39	\$260.78
EE & Child	\$249.22	\$498.44	\$254.26	\$508.52
EE & Children	\$364.25	\$728.50	\$371.61	\$743.22
EE & Spouse	\$273.51	\$547.02	\$279.03	\$558.06
EE & Sp & Child(ren)	\$388.53	\$777.06	\$396.38	\$792.76

Pharmacy Benefit

- Your selection of a medical insurance carrier determines your prescription drug carrier. There are differences in the preferred drug formularies between SelectHealth and Regence BlueCross BlueShield of Utah. It is strongly recommended that in making your medical insurance plan selection, you also review and compare the differing prescription drug formularies and the injectable benefit carefully.
- The prescription drug benefit covers most commonly prescribed medications approved by the FDA. As with other health plan benefits, the coverage provided by the prescription drug benefit has limitations and exclusions. For certain drugs, the plan normally provides coverage up to specific dispensing limits. To determine if a specific drug or quantity is covered and/or if a particular drug requires prior authorization or step therapy, contact the medical insurance carrier directly.
- To get the maximum value from the prescription drug benefit program, **YOU ARE REQUIRED TO USE GENERIC DRUGS** when available. If no generic drug is available, ask your physician to prescribe a drug from the preferred drug listing. If you insist on a brand name drug when a generic is available, you will be assessed the applicable brand name copayment *plus* the difference in the cost between the brand name drug and the generic drug.



selecthealthSM

- Preferred drug formulary: (www.selecthealth.org/Forms%20and%20Documents/pharmacy/RXSELECT.pdf)
- The preferred drug formulary is subject to change on a monthly basis
- Generic Incentive program eliminates your copayment for the first 30-day fill of select generic prescriptions at a retail pharmacy
- By using the Retail 90 program or the Medco By Mail pharmacy benefit, you can obtain a three-month supply of prescription medication for a 60-day copayment
- Most injectable medications require prior authorization. Some are covered through the pharmacy benefit; others are covered through the medical benefit. Call SelectHealth Member Services for details about specific injectables.



Regence

- Preferred drug formulary: www.regencerox.com
- The preferred drug formulary is subject to change on a quarterly basis
- Generic Incentive program eliminates your copayment for the first 30-day fill of select generic prescriptions at a retail pharmacy
- By using the Mail Order pharmacy benefit, you can obtain a three-month supply of prescription medication for a sixty-day copayment
- Most injectable medications require prior authorization and may be covered through the pharmacy benefit

GENERIC PRESCRIPTIONS

\$4 30-Day Supply or \$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 SelectHealth shopping. One of the better places to do this is at 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 below or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's \$4-Generic Drug List.

Target

<http://sites.target.com/site/en/health/page.jsp?contentId=WCMP04-040590>

Wal-Mart & Sam's Club

http://i.walmartimages.com/i/if/hmp/fusion/customer_list.pdf

Walgreens

<https://webapp.walgreens.com/MYWCARDWeb/pdf/Value-PricedGenericsList.pdf>

Smiths Pharmacy

http://www.smithsfoodanddrug.com/generic/Pages/alpha_listing.aspx

GBS Benefits, Inc. Pharmacy Services

Rx Comparison Tool

Save Money on Your Prescription Drugs!



Stop paying too much for your prescriptions! With the GBS Benefits Rx 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 GBS Rx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: www.gbsbenefits.com/rxcomparisontool.html

Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies. You'll find:

- Huge savings on prescriptions not covered by your insurance
- Discounted prices for many generics that may be less than your copay
- Savings tips, coupons, and helpful information about your prescriptions
- A pharmacy locator with 24-hour pharmacies and other helpful information

Best of all, these discounts work for every member of your family – even pets!

2. On your phone

On the pricing tool main page (www.gbsbenefits.com/rxcomparisontool.html) you can select the mobile browser version from your phone. You will be prompted to install a GBS Rx bookmark (icon) on your phone's desktop. The next time you want to access the GBS Rx Pricing Tool, simply tap the icon on your phone's desktop and the mobile version of the tool will open in your phone's browser.

Please Note:

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



Go Generic!

WHAT EXACTLY IS A GENERIC DRUG?

A generic drug is the same as a brand name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. It has gone through the same rigorous FDA testing that brand-name drugs go through before coming to market.

IF BRAND-NAME DRUGS AND GENERIC DRUGS HAVE THE SAME ACTIVE INGREDIENTS, WHY DO THEY LOOK DIFFERENT?

In the United States, trademark laws do not allow generic drugs to look exactly like the brand-name drug. However, the generic drug must have the same active ingredients. Colors, flavors, and certain other parts may be different, but these things don't effect the way the drug works and how they are looked at by the FDA.

WHY DO GENERICS COST SO MUCH LESS THAN BRAND-NAME DRUGS?

Creating a drug costs a lot of money. When new drugs are first made, the pharmaceutical company patents them. Most drug patents are protected for 17 years and they protect the company that made the drug first by not allowing anyone else to make or sell the drug during the period of time the patent is in force. When the patent expires, other drug companies can start selling the generic version of the drug after testing the generic and receiving FDA approval. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to the market are less. Ironically, it is possible that your generic is made by the same company that makes the brand-name drug. Brand-name firms are responsible for manufacturing approximately 50 percent of generic drugs.

DO GENERIC DRUGS TAKE LONGER TO WORK IN THE BODY?

Nope! All generic drugs must show the FDA that it performs in the same way as the brand-name drug - including working in the same way (strong, pure, stable) and in the same amount of time as brand-name drugs.

WHAT IS THE BEST SOURCE OF INFORMATION ABOUT GENERIC DRUGS?

Contact your doctor, pharmacist or other healthcare worker for information on your generic drugs. You can also visit the FDA website at: www.fda.gov/cder and click on "consumer education."

DENTAL

DENTALSELECT™



Silver

- 1050+ participating dental providers
- This is not a dental insurance product but rather, a fee-for-service product. In-network benefits only
- No annual deductible
- No annual maximum benefit
- Benefits largely based on a copayment structure
- Includes a 20% discount on orthodontia (children and adults) with no waiting period and no lifetime maximum benefit
- Discounts on cosmetic procedures offered
- Eligible dependents covered to age 26

Gold Medium

- 1420+ participating dental providers
- Copayment plan. In and out-of-network benefits
- No annual deductible
- No annual maximum benefit
- Fixed low copayment structure
- 100% in-network coverage for most preventive care dental services
- 50% orthodontics benefit (child and adult) with no waiting period / \$1000 lifetime benefit
- Discount on cosmetic procedures offered
- Eligible dependents covered to age 26

Gold High

- 1812+ participating dental providers
- Copayment plan. In and out-of-network benefits
- No annual maximum or deductible.
- Fixed low copayment structure
- 100% *in-network* coverage for most preventive care dental services
- Includes paid benefit for many major services
- 50% *in-network* orthodontics benefit (child and adult) with no waiting period / \$1000 lifetime benefit
- Discounts on cosmetic procedures offered
- Eligible dependents covered to age 26

Platinum

- 2373+ participating dental providers
- Coinsurance plan. Includes both an in and out-of-network benefit
- \$50/\$150 annual deductible
- \$1,000 per member, per year maximum benefit
- 80% *in and out-of-network* coverage for preventive dental services
- 70% *in-network* coverage for basic care dental services
- 40% *in and out-of-network* orthodontia benefits (child and adult) with no waiting period / \$1000 lifetime benefit
- Discounts on cosmetic procedures offered
- Eligible dependents covered to age 26

2015 Monthly Premiums	Dental Select							
	Silver		Gold Medium		Gold High		Platinum	
DENTAL PLANS	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Rates								
Single	\$1.00	\$2.00	\$7.00	\$14.00	\$10.00	\$20.00	\$16.00	\$32.00
Two Party	\$2.00	\$4.00	\$13.00	\$26.00	\$17.00	\$34.00	\$30.00	\$60.00
Family	\$4.50	\$9.00	\$21.00	\$42.00	\$27.00	\$54.00	\$52.00	\$104.00

	SILVER	GOLD "MEDIUM"	GOLD "HIGH"	PLATINUM
	<p>The Silver plan is a fee-for-service DISCOUNT plan that requires you to receive services from a participating (in-network) Silver provider. The Silver plan is not an insurance product. In-network specialists offer a 20% discount on covered services. No benefit will be paid.</p> <p>In-Network / General Dentist Member Payment</p> <p>Annual Deductible \$0.00 Annual Coverage Maximum No Maximum Specialists 20% Discount</p>	<p>The Gold "Medium" plan is a COPAY plan that offers you the flexibility to receive services from a Gold participating (in-network) provider. The "Medium" plan also provides a <i>limited</i> out-of-network benefit whereby you can go to any dentist of your choosing. The amount listed in the out-of-network column represents the flat amount Dental Select will pay toward services received using an out-of-network provider. In-network specialists offer a 20% discount on covered services. No benefit will be paid. However, a paid benefit is available for limited services from Pediatric Specialists. See complete co-pay schedule for specifics.</p> <p>In-Network General Dentist Member Copayment Out-of-Network Maximum Payment by Dental Select</p> <p>\$0.00 No Maximum 20% Discount \$0.00 No Maximum No Benefit</p>	<p>The Gold "High" plan is a COPAY plan that offers you the flexibility to receive services from a Gold participating (in-network) provider. The "High" plan also provides a <i>limited</i> out-of-network benefit whereby you can go to any dentist of your choosing. The amount listed in the out-of-network column represents the flat amount Dental Select will pay toward services received using an out-of-network provider. In-network specialists offer a 20% discount on covered services. No benefit will be paid. However, a paid benefit is available for limited services from Pediatric Specialists. See complete co-pay schedule for specifics.</p> <p>In-Network General Dentist Member Copayment Out-of-Network Maximum Payment by Dental Select</p> <p>\$0.00 No Maximum 20% Discount \$0.00 No Maximum No Benefit</p>	<p>The Platinum plan is a COINSURANCE plan that offers you total freedom and flexibility to receive services from a provider that is in or out of the Platinum network. The percentages listed reflect the amount that is covered under the Platinum plan. See Plan Notes for Specialist payment information.</p> <p>In-Network Payment by Dental Select Out-of-Network Payment by Dental Select</p> <p>\$50.00 Individ. / \$150.00 Family \$50.00 Individ. / \$150.00 Family \$1,000.00 \$1,000.00 See Plan Notes See Plan Notes</p>
PREVENTIVE				
D0120 Periodic oral exam	\$17.00	\$0.00	\$17.00	80% of Fee Schedule
D0150 Comprehensive exam	\$15.00	\$0.00	\$19.00	80% of Fee Schedule
D0170 Re-evaluation	\$11.00	\$0.00	\$16.00	80% of Fee Schedule
D0210 Intraoral Compl. ser. including bitewings	\$35.00	\$0.00	\$37.00	80% of Fee Schedule
D0220 Intraoral - periapical - first film	\$8.00	\$0.00	\$8.00	80% of Fee Schedule
D0230 Intraoral - periapical - each add film	\$6.00	\$0.00	\$6.00	80% of Fee Schedule
D0240 Intraoral - occlusal film	\$5.00	\$0.00	\$6.00	80% of Fee Schedule
D0250 Extraoral - first film	\$4.00	\$0.00	\$4.00	80% of Fee Schedule
D0260 Extraoral - each additional	\$4.00	\$0.00	\$4.00	80% of Fee Schedule
D0272 Bitewings - two films	\$12.00	\$0.00	\$14.00	80% of Fee Schedule
D0330 Panoramic film	\$37.00	\$0.00	\$37.00	80% of Fee Schedule
D1110 Prophylaxis - adults	\$37.00	\$0.00	\$37.00	80% of Fee Schedule
D1120 Prophylaxis - child	\$25.00	\$0.00	\$25.00	80% of Fee Schedule
BASIC				
D0140 Limited oral examination	\$10.00	\$0.00	\$12.00	70% of Fee Schedule
D1351 Sealant - per tooth (14 & under)	\$19.00	\$12.00	\$8.00	70% of Fee Schedule
AMALGAM (Silver) FILLINGS				
D2140 Amalgam - 1 surf. primary or permanent	\$41.00	\$11.00	\$32.00	70% of Fee Schedule
D2150 Amalgam - 2 surf. primary or permanent	\$51.00	\$19.00	\$34.00	70% of Fee Schedule
D2160 Amalgam - 3 surf. primary or permanent	\$62.00	\$26.00	\$38.00	70% of Fee Schedule
D2161 Amalgam - 4 surf. primary or permanent	\$71.00	\$34.00	\$39.00	70% of Fee Schedule
ANTERIOR COMPOSITE (White) FILLINGS				
D2330 Resin - 1 surf. anterior	\$63.00	\$33.00	\$32.00	70% of Fee Schedule
D2331 Resin - 2 surf. anterior	\$74.00	\$36.00	\$40.00	70% of Fee Schedule
D2332 Resin - 3 surf. anterior	\$84.00	\$42.00	\$44.00	70% of Fee Schedule
D2335 Resin - 4 surf. or involving incis. Angle	\$99.00	\$50.00	\$51.00	70% of Fee Schedule
POSTERIOR COMPOSITE (White) FILLINGS				
D2391 Resin - 1 surf. posterior prim. or perm.	\$63.00	\$32.00	\$32.00	70% of Fee Schedule
D2392 Resin - 2 surf. posterior prim. or perm.	\$84.00	\$48.00	\$39.00	70% of Fee Schedule
D2393 Resin - 3 surf. posterior prim. or perm.	\$102.00	\$60.00	\$45.00	70% of Fee Schedule
D2394 Resin - 4+ surf. post. prim. or post.	\$108.00	\$66.00	\$48.00	70% of Fee Schedule
INLAYS / ONLAYS				
D2642 Onlay - porc./ceram. - 2 surfaces	\$326.00	\$328.00	\$0.00	40% of Fee Schedule
D2643 Onlay - porc./ceram. - 3 surfaces	\$367.00	\$371.00	\$0.00	40% of Fee Schedule
D2644 Onlay - porc./ceram. - 4 surfaces	\$412.00	\$418.00	\$0.00	40% of Fee Schedule
CROWNS				
D2740 Crown - porc./ceram. substrate	\$416.00	\$431.00	\$0.00	40% of Fee Schedule
D2750 Crown - porc. fused to high noble metal	\$460.00	\$472.00	\$0.00	40% of Fee Schedule
D2751 Crown - porc. fused to predom base metal	\$437.00	\$441.00	\$0.00	40% of Fee Schedule
D2752 Crown - porc. fused to noble metal	\$442.00	\$446.00	\$0.00	40% of Fee Schedule
D2790 Crown - full cast high noble metal	\$415.00	\$417.00	\$0.00	40% of Fee Schedule
D2791 Crown - full cast predom. base metal	\$349.00	\$355.00	\$0.00	40% of Fee Schedule
D2792 Crown - full cast noble metal	\$353.00	\$360.00	\$0.00	40% of Fee Schedule
D2930 Prefab stainl. stl. crown - primary tooth	\$64.00	\$65.00	\$0.00	40% of Fee Schedule
D2931 Prefab stainl. stl. crown - perm tooth	\$66.00	\$67.00	\$0.00	40% of Fee Schedule

		SILVER	GOLD "MEDIUM"		GOLD "HIGH"		PLATINUM	
ENDODONTICS (ROOT CANALS)								
D3110	Pulp cap - direct excl. final rest.	\$19.00	\$20.00	\$0.00	\$20.00	\$0.00	40% of Fee Schedule	40% of R&C
D3120	Pulp cap - indirect excl. final rest.	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	40% of Fee Schedule	40% of R&C
D3220	Therapeutic pulpotomy	\$48.00	\$49.00	\$0.00	\$49.00	\$0.00	40% of Fee Schedule	40% of R&C
D3310	Root Canal therapy - anterior	\$246.00	\$247.00	\$0.00	\$165.00	\$82.00	40% of Fee Schedule	40% of R&C
D3320	Root Canal therapy - bicuspid	\$308.00	\$310.00	\$0.00	\$220.00	\$90.00	40% of Fee Schedule	40% of R&C
D3330	Root Canal therapy - molar	\$395.00	\$395.00	\$0.00	\$303.00	\$92.00	40% of Fee Schedule	40% of R&C
D3346	Retreatment root canal - anterior	\$217.00	\$220.00	\$0.00	\$168.00	\$52.00	40% of Fee Schedule	40% of R&C
D3347	Retreatment root canal - bicuspid	\$268.00	\$270.00	\$0.00	\$202.00	\$68.00	40% of Fee Schedule	40% of R&C
D3348	Retreatment root canal - molar	\$341.00	\$342.00	\$0.00	\$257.00	\$85.00	40% of Fee Schedule	40% of R&C
PERIODONTICS								
D4341	Perio - root planing - per quad	20% discount	\$98.00	\$0.00	\$79.00	\$19.00	40% of Fee Schedule	40% of R&C
D4355	Full mouth debridement	\$62.00	\$63.00	\$0.00	\$54.00	\$9.00	40% of Fee Schedule	40% of R&C
D4910	Perio. Maint. proc. after active therapy	\$71.00	\$72.00	\$0.00	\$55.00	\$17.00	40% of Fee Schedule	40% of R&C
PROSTHODONTICS (DENTURES)								
D5110	Complete denture - upper	\$510.00	\$512.00	\$0.00	\$401.00	\$111.00	40% of Fee Schedule	40% of R&C
D5120	Complete denture - lower	\$510.00	\$512.00	\$0.00	\$401.00	\$111.00	40% of Fee Schedule	40% of R&C
D5130	Immediate denture - upper	\$530.00	\$532.00	\$0.00	\$421.00	\$111.00	40% of Fee Schedule	40% of R&C
D5140	Immediate denture - lower	\$530.00	\$532.00	\$0.00	\$421.00	\$111.00	40% of Fee Schedule	40% of R&C
D5211	Maxil. part. denture - resin base	20% discount	\$419.00	\$0.00	\$326.00	\$93.00	40% of Fee Schedule	40% of R&C
D5212	Mand. part. denture - resin base	20% discount	\$419.00	\$0.00	\$326.00	\$93.00	40% of Fee Schedule	40% of R&C
ORAL SURGERY								
D7111	Extraction primary tooth	\$37.00	\$22.00	\$17.00	\$22.00	\$17.00	70% of Fee Schedule	60% of R&C
D7140	Extraction erupted tooth	\$46.00	\$27.00	\$20.00	\$27.00	\$20.00	70% of Fee Schedule	60% of R&C
D7210	Surgical removal of erupted tooth	\$83.00	\$59.00	\$26.00	\$59.00	\$26.00	70% of Fee Schedule	60% of R&C
D7220	Removal impacted tooth - soft tissue	\$102.00	\$78.00	\$28.00	\$78.00	\$28.00	70% of Fee Schedule	60% of R&C
D7230	Remov. Impacted tooth - partial bony	20% discount	\$98.00	\$34.00	\$98.00	\$34.00	70% of Fee Schedule	60% of R&C
D7240	Remov. Impacted tooth - complete bony	20% discount	\$115.00	\$34.00	\$115.00	\$34.00	70% of Fee Schedule	60% of R&C
D7510	Incision & drainage intraoral abscess	20% discount	\$62.00	\$0.00	\$62.00	\$0.00	70% of Fee Schedule	60% of R&C
ORTHODONTIA								
D8010	Children and Adults	20% discount	50%	50%	50%	50%	40% of Fee Schedule	40% of R&C
through	Additional In-Network Discount	n/a	20% discount	n/a	20% discount	n/a	20% discount	n/a
D8680	Lifetime Maximum	No Maximum	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
MISCELLANEOUS								
D0999	OSHA infection and sterilization	\$10.00	\$10.00	\$0.00	\$10.00	\$0.00	n/a	n/a
D9110	Palliative Treatment	\$29.00	\$30.00	\$0.00	\$30.00	\$0.00	70% of Fee Schedule	60% of R&C
D2940	Sedative Fillings	\$30.00	\$30.00	\$0.00	\$30.00	\$0.00	70% of Fee Schedule	60% of R&C
D9430	Office visit - no other services	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	70% of Fee Schedule	60% of R&C
D9440	Office visit - after hours	\$36.00	\$37.00	\$0.00	\$37.00	\$0.00	70% of Fee Schedule	60% of R&C
D9972	External bleaching per arch	20% discount	\$100.00	\$0.00	\$100.00	\$0.00	20% discount	No Benefit

PLAN NOTES

THE BENEFITS LISTED ARE IN SUMMARY FORM ONLY. The above should not be construed to be a complete list of procedures. Copayments and coinsurance percentages listed will be paid according to Dental Select's fee schedules outlined for the 2015 plan year. The summary of fees above are valid through December 31, 2015

R&C - Reasonable and Customary Fees for Utah

Platinum Plan Notes

In-Network Specialists - After 20% discount, all payments made by the plan are based on the Platinum Fee Schedule. Member is responsible for the difference between the plan payment and the discounted specialist's fee.

Out-of-Network General Dentists and Specialists - Payments are based on R&C. Member is responsible for the difference between the plan payment and the dentist's fee.

To find a participating provider, please visit Dental Select's online provider directory at www.DentalSelect.com, or call 800-999-9789 for assistance in locating a provider in your area.



VISION

Benefits Review for vision plan 70 C

Opticare of Utah and **Standard Optical** are happy to announce **\$1,000** off LASIK surgery (\$500 per eye) good at **Standard Optical** only. With Opticare of Utah you have the choice to use your benefits *anywhere* you want! It's important to remember vision insurance is a retail product, so it is very different from your dental and medical insurance. This means that it is important to shop around for the best price and the best eyewear suitable for your needs.

We give you options to shop *anywhere* you would like, so choose any of the three networks below to purchase your eyewear.

- **Select Network** - Any **Standard Optical location**. Pay nothing out-of-pocket for standard plastic lenses, scratch resistant coating & ultra violet protection. Pick a frame under \$70.00 and you now just received a pair of glasses and paid nothing out-of-pocket. Instead of glasses you prefer to wear contacts you pay nothing for anything under \$70.00. If you wear both glasses and contacts, it's best to use your contact lens benefit first and then receive up to 50% off unlimited backup pairs of eye glasses throughout the year (**Standard Optical locations only**). These benefits are every 12 months. **LASIK discounts of \$500 off per eye (Standard Optical only)**.
- **Broad Network** - Any Shopko, Eye Masters, America's Best and over 45 Independent shops statewide. Standard plastic lenses have just a \$10 co-pay, and scratch resistant coating and ultra violet protection for just another \$20 co-pay. Pick a frame under \$60 and pay nothing out-of-pocket for that frame. You now just received a pair of glasses for \$30 in the Broad Network. Instead of glasses you prefer to wear contacts there is no cost for anything under \$60.00. If you wear both glasses and contacts, it's best to use your contact lens benefit first and then receive up to 25% off unlimited backup pairs of eye glasses throughout the year (Broad Network only). These benefits are every 12 months.
- **Out of Network** - Any provider not listed on the provider list is considered Out-of-Network (i.e. Wal-Mart, Costco, Sam's Club, etc.). So if you would like to purchase your eyewear somewhere not found on our provider list, that's fine. We will reimburse you directly. You can be reimbursed up to \$70 for any lens options, \$50 on frames or instead of glasses you prefer to wear contacts you will be reimbursed \$50 on contact lenses. Reimbursement form is found online at www.opticareofutah.com.

Remember for unlimited backup pairs of eyeglasses you can get up to 50% off within the Select (Standard Optical locations only) and up to 25% off within the Broad Network.

Please see Summary of Benefits for more details on how the plan works. Feel free to go online for updated provider listings at www.opticareofutah.com.

Important NOTE: Eye exams are **NOT** covered under this voluntary vision insurance program. Rather an eye exam is covered under each of the **District's medical insurance** plans.



Eye care is a critical part of overall health care. An eye exam is more than just a means to prescription eyewear; regular comprehensive eye exams can give early detection to many eye and systemic diseases, lowering overall healthcare costs. Approximately 50% of the U.S. population requires corrective vision as well as 80% over the age of 45. Vision insurance is a vehicle to help fund the cost of these expenses.



2015 Vision Rates		
Plans	Semi-Monthly	Monthly
Single	\$1.56	\$3.12
Two Party	\$3.02	\$6.04
Family	\$3.96	\$7.92

<i>Granite School District</i>	Select Network	Broad Network	Out-of-network
Eye Exam			
No Eye Examination Benefit			
Standard Plastic Lenses			
Single Vision	100% Covered	\$20 Co-pay	◆\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$20 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$20 Co-pay	
Lens Options			
*Progressive (<i>Standard plastic no-line</i>)	\$50 Co-pay	\$75 Co-pay	
*Premium Progressive Options	20% Discount	No Discount	
*Glass lenses	15% Discount	15% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	\$70 Allowance	\$60 Allowance	◆\$50 Allowance
Additional Eyewear			
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
<i>Contact benefits is in lieu Of lens and frame benefit.</i>	\$70 Allowance	\$60 Allowance	◆\$50 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	\$500 Off Per Eye	Not Covered	Not Covered

*Co-pays for Progressive lenses may vary. This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

Discounts

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

** 50% discount at Standard Optical locations only. All other Network discounts vary from 20% - 35%.

***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** – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.

For more Information please visit www.opticareofutah.com or call 800-363-0950




Visit Our Providers

Want to visit an Opticare of Utah participating preferred provider?

We have over 100 providers located in the State of Utah and over 18,000 nationwide.

To locate a provider in your area view our website:

www.opticareofutah.com

From the home page, click  an Opticare Provider and search by network choice (Select or Broad).

There you will find a selection of optical chains and independent private practice offices.

Needing to visit one of our nationwide providers?

Simply find a provider by searching with the Out-of-State network option searchable by zip code.

Need help or have questions?

Contact us:

(801) 869-2020 or (800) 363-0950

service@opticareofutah.com



FLEX SPENDING

Remember it is

a *USE IT* or *LOSE IT*

Program

- **WHAT IS A FLEXIBLE SPENDING ACCOUNT?**

Sometimes referred to as a Cafeteria Plan, Flex Plan or a Section 125 Plan, a Flexible Spending Account (FSA) lets you set aside a certain amount of your paycheck into a health care reimbursement account or a dependent day care reimbursement account - before paying federal, state, or Social Security taxes. This can save you 20-30% on out-of-pocket costs, depending on your personal tax rate.

- **HOW DOES REIMBURSEMENT ACCOUNTS WORK?**

During open enrollment, you decide how much of your pay you want to deposit into your reimbursement account(s). When you have determined how much expense you will have for the upcoming plan year (January 1, 2015 – December 31, 2015), that amount is divided evenly over 12 pay periods and is automatically deducted from your paycheck before taxes are assessed. Once eligible expenses are incurred, you simply file a request to receive reimbursement from your account.

- **HOW DO I USE MY FLEXIBLE SPENDING MONEY?**

For a health care reimbursement account, you have two ways of paying for eligible expenses with money you contributed to your flex account. You can elect to have a NBS Flex Card and the service provider is paid directly from your flex funds at the point of service OR you can pay for the expense out of your own pocket and then submit a claim seeking reimbursement by providing the receipt(s) to NBS. NBS processes claims daily so you will receive your reimbursement funds quickly. At your request, NBS can also set you up on a continual reimbursement program so that predictable expenses, such as day care, can be reimbursed automatically on a monthly basis.

- **CAN I CHANGE OR CANCEL MY FLEX CONTRIBUTIONS DURING THE PLAN YEAR?**

Contributions cannot be changed or stopped during the plan year for medical flex unless a qualified life status change occurs. These are outlined in the FAQs section of this booklet. Please note that if employment with the District is discontinued, you will not be able to receive reimbursement for expenses incurred after you have discontinued employment. There is an exception for making changes with dependent daycare.

- **DO I NEED TO SPEND ALL OF THE MONEY THIS PLAN YEAR?**

Careful planning is important! At the end of the plan year (December 31, 2015), if you have money “left over” in your health care reimbursement account, you can continue to incur claims and use your debit card (if applicable) or submit claims for those qualified health care expenses until March 15 following the plan year. The Internal Revenue Code does not allow the plan to return your unused contributions to you after March 15 following the plan year. Any contributions remaining after March 15 will be forfeited by the participant. **USE IT OR LOSE IT!!!**



Health Care Reimbursement Account

A health care reimbursement account can be used to reimburse you for out-of-pocket medical and dental expenses that are not paid by the District's medical and dental insurance programs.

The maximum annual contribution to a health care expense account is \$208.34 per month = \$2,500 per year

Maximum Contribution \$2,500

Dependent Day Care Reimbursement Account

The dependent day care reimbursement account reimburses you for qualified day care expenses in order for you and your spouse (if married) to work and/or go to school.

The maximum annual contribution to a dependent day care expense account is \$416.66 per month = \$5,000 per year

Optional Only For Medical

NBS Debit Card



Monthly fee to have the convenience of a NBS Debit Card = \$3.50

Monthly fee to have a flex account without a Debit Card = \$2.00

Common expenses that qualify for reimbursement include:

- Annual deductibles
- Office visit copayments
- Coinsurance amounts
- Prescriptions and medical supplies
- Over-the-counter medications (**Note: OTC medications will no longer be eligible without a doctor's prescription**)
- Eye surgery, glasses and contacts
- Mental health/psychiatric care
- Chiropractic services
- Orthodontics
- Rx weight loss programs
- Smoking cessation programs
- Physical and speech therapy

To qualify for dependent day care, your dependent(s) must be:

- A child under the age of 13, or
- A child, spouse, or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Dependent day care reimbursement is paid when you have received qualified dependent care with an accompanying paid receipt or invoice. A continual reimbursement option is available.

Note: If your family's annual income is over \$20,000, this reimbursement option will most likely save you more money than the dependent care tax credit you take on your tax return. Contact your own personal financial planner for additional details.

Talk About Convenience!

The NBS Flex Card is a Master Card that is credited with the annual amount you elect to contribute toward a health care reimbursement account only (dependent day care reimbursement accounts are not eligible for the NBS Flex Card program). When you incur an eligible health care expense, you simply present your NBS Flex Card to the merchant and have them run the NBS Flex Card as a Master credit card. As you use the NBS Flex Card, your annual election balance will be reduced by the amount of your qualified purchases.



Basic Life Insurance

What Is The Cost Of Basic Life Insurance

- **Full-time** contract employees of the District, the cost of coverage under the plan is **PAID BY THE DISTRICT**
- **Part-time** contract employees who elect to participate in basic term life insurance coverage will be assessed a proportional share of the cost of coverage based on their FTE status.

GSD-
SPONSORED
BASIC TERM
LIFE INSURANCE
for employees

Basic Term Life Benefit

The amount of a District-sponsored basic life insurance policy is equal to an employee's base contract salary, rounded to the next higher thousand to a maximum of \$100,000.

Included In The Policy

The District-sponsored basic term life policy contains a personal accidental death and dismemberment feature which may provide a benefit *in addition* to the amount of the basic term life policy amount. The personal accidental death and dismemberment provision may be available in accidental situations of: Loss of life • Loss of sight • Loss of hearing • Loss of limb (hand, foot, arm, leg) • Paralysis • An airbag use benefit • A seat belt use benefit • A coma benefit

Travel Assistance — You and dependents traveling with you, when 100 or more miles away from home, or outside of your home country, can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world. You can find out more about this benefit by visiting our website at www.lifemapco.com or or by contacting FrontierMEDEX directly at 1 -800-537-2029, your FrontierMEDEX ID Number is 333191. This product is not insured by LifeMap Assurance Company. It is a service provided through FrontierMEDEX, a leading provider of international travel assistance services.

Voluntary Life

EMPLOYEE POLICY

- Policies issued in increments of: \$10,000
- Minimum policy amount: \$10,000
- Guarantee (New Hires Only) up to **\$400,000**
- Maximum policy amount: \$500,000
- Age limitation: None
- Statement of health: Required for any increase (except for new hires up to guarantee issue)
- Rate based on: Employee's age and the policy amount desired



EMPLOYEE COVERAGE must equal or be greater than spouse!

SPOUSE POLICY

- Policies issued in increments of: \$5,000
- Minimum policy amount: \$5,000
- Maximum policy amount: Cannot exceed the policy amount elected by the employee up to \$100,000 whichever is less
- Guarantee (New Hires Only) **\$50,000**
- Age limitation: None
- Rate based on: Employee's age (not the spouse's age) and the policy amount desired
- Statement of health: Required for any increase (except) for new hires up to the guarantee issue

CHILD POLICY

- Policies issued in increments of: \$1,000
- Minimum policy amount: \$1,000
- Maximum policy amount: **\$10,000**
- Age limitation: Age 26 (unmarried)
- Rate based on: Policy desired amount
- Statement of health: Required for any increase except for new hires



EMPLOYEE POLICY		
Changes in age band rates take place on the next payroll following the age change. Rates per \$10,000		
Age range	Semi-monthly	Monthly
< 25	\$0.21	\$0.42
25-29	\$0.22	\$0.44
30-34	\$0.31	\$0.62
35-39	\$0.40	\$0.80
40-44	\$0.50	\$1.00
45-49	\$0.73	\$1.46
50-54	\$1.12	\$2.24
55-59	\$1.86	\$3.72
60-64	\$3.21	\$6.42
65-69	\$5.85	\$11.64
70-74	\$9.42	\$18.84
75-79	\$15.25	\$30.50
80-84	\$15.25	\$30.50
85 >	\$15.25	\$30.50

SPOUSE POLICY		
Changes in age band rates take place on the next payroll following EE age change. Rates per \$5,000		
Age range	Semi-monthly	Monthly
<25	\$0.11	\$0.22
25-29	\$0.17	\$0.34
30-34	\$0.20	\$0.40
35-39	\$0.22	\$0.44
40-44	\$0.25	\$0.50
45-49	\$0.39	\$0.78
50-54	\$0.69	\$1.38
55-59	\$1.13	\$2.26
60-64	\$2.07	\$4.14
65-69	\$3.54	\$7.08
70 >	\$5.78	\$11.56

CHILD POLICY		
Not based on age but rather policy amount elected. Rates per \$1,000		
Policy Amt	Semi-monthly	Monthly
\$1,000	\$0.10	\$0.20
\$2,000	\$0.19	\$0.38
\$3,000	\$0.29	\$0.58
\$4,000	\$0.38	\$0.76
\$5,000	\$0.47	\$0.94
\$6,000	\$0.57	\$1.14
\$7,000	\$0.66	\$1.32
\$8,000	\$0.75	\$1.50
\$9,000	\$0.85	\$1.70
\$10,000	\$0.94	\$1.88



TO DETERMINE THE MONTHLY PREMIUM FOR A VOLUNTARY TERM LIFE INSURANCE POLICY:

1. Find the employees age bracket in the respective table below.

Remember! An employee's age is used for calculating rates for both an employee policy and a spouse policy.

Write the rate shown in the age bracket here

2. Determine the policy amount you would like.

Write the policy amount you would like here

3. Divide the policy amount you would like by the respective policy increment in which a policy is issued (employee policies issued in increments of \$10,000; spouse policies issued in increments of \$5,000).

State the policy amount in increments

4. Multiply the age bracket rate (1) by the policy increment (3).

This is the monthly premium for optional term life policy coverage.....

EMPLOYEE POLICY	SPOUSE POLICY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Only when an employee purchases a voluntary life insurance policy on themselves can they purchase additional life insurance for their spouse and dependent children.

Where both spouses work for the District, each employee and dependent(s) may not be covered more than once.





What is AD&D Insurance?

An accidental death and dismemberment policy (also known as AD&D) is a form of insurance covering very specific types of injuries or death as a result of an accident. In the event of accidental death, an AD&D policy will pay benefits *in addition* to any life insurance held. There are some exclusions to an AD&D policy such as death by illness, natural causes or suicide.

Voluntary AD&D Provisions

ACCIDENTAL LOSS OF	BENEFIT
Life	100%
A hand	50%
A foot	50%
Sight in one eye	50%
Any combination of the above	100%
Thumb and index finger on same hand	25%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Paralysis of one arm and one leg/same side	50%
Paralysis of both legs	50%
Paralysis of both arms and both legs	100%

Additional Benefits

Other features of the voluntary AD&D plan include a coma benefit, child care benefit, child education benefit, spouse education benefit, continuation of coverage benefit and beneficiary critical period benefit.

Where both spouses work for the District, each employee and dependent(s) may not be covered more than once.

EMPLOYEE ONLY POLICY

- Policies issued in increments of: \$10,000
- Rate per ten thousand: \$0.17
- Minimum policy amount: **\$20,000**
- Maximum policy amount: \$500,000
- *Policy covers the employee only*



To determine the monthly premium of a Employee Only policy:

1. Determine the policy amount you desire ...> _____
2. Divide the policy amount by \$10,000 increments.....> _____
3. Rate per \$10,000.....> \$0.17
4. Multiply the increments (2) by the rate (3)
This is the monthly premium for coverage...> _____

FAMILY PROTECTION POLICY

- Policies issued in increments of: \$10,000
- Rate per ten thousand: \$0.25
- Minimum policy amount: **\$20,000**
- Maximum policy amount: \$500,000
- *Policy that lists employee, spouse and children:*
Spouse eligible for 40% of the policy amount; children eligible for 10% of the policy amount
- *Policy that lists the employee and their spouse:*
Spouse eligible for 50% of the policy amount
- *Policy that lists children only:*
Children eligible for 15% of the policy amount

To determine the monthly premium of a Family Protection Plus policy:

1. Determine the policy amount you desire ...> _____
2. Divide the policy amount by \$10,000 increments.....> _____
3. Rate per \$10,000.....> \$0.25
4. Multiply the increments (2) by the rate (3)
This is the monthly premium for coverage...> _____





Why Have Disability Insurance?

Accidents and illnesses tend to be unpredictable events. If you become disabled, your ability to make a living could be restricted. What would happen if you were unable to work for weeks, months or even years? Disability coverage replaces a percentage of your income on a monthly basis in the event you are unable to work due to an accident or illness.

Granite’s disability insurance program is a **“bundled”** program. If you participate in disability insurance coverage, you will be enrolled in both short and long-term disability coverage.

How Much Does Disability Coverage Cost?

TEACHERS:

Participation in the disability insurance program is voluntary and you must elect to have and pay for disability coverage. The cost of disability insurance coverage is

	Semi-Monthly	Monthly
< \$30,000	\$9.50	\$19.00
\$30,000 - \$49,999	\$10.00	\$20.00
\$50,000 - \$64,999	\$10.50	\$21.00
> \$65,000	\$11.00	\$22.00

CLASSIFIED/SECRETARIAL MIDDLE MANAGER/ADMINISTRATOR:

Participation in the disability insurance program is provided by the District at no cost to you.



Is The Disability Benefit Taxable?

Short-term disability benefit payments are taxable for all classes of employees. Long-term disability benefit payments are taxable for all classes of employees



Long Term Disability

LONG-TERM DISABILITY BENEFITS Administered by CIGNA

- For permanent and continuous disability (greater than 120 calendar days in duration calculated from last day worked)
- Claim considered once the "LTD Elimination Period" has been reached - an absence greater than 120 calendar days calculated from last day worked
- Subject to submitting a comprehensive application and medical history documenting the incapacitation and permanence of the disability
- Paid benefits subject to medical health underwriting and approval from the carrier
- Paid benefit subject to ongoing medical re-certification as established by the carrier
- Benefit rate: 66 2/3% of base contract salary or teachers, classified and secretarial employees; 60% of base contract salary for middle managers and administrators
- If claim is awarded, employee loses employment status with GSD as of the date of the award
- Medical insurance and basic term life insurance coverage, for the former employee only (not spouse/children), continues for 24 months (only) from date of award at no cost to former employee
- For duration of award status, former employee continues to accrue years of service credit toward a future full retirement with Utah Retirement Systems
- **NOTE: The long-term disability plan does not cover pre-existing conditions unless the disability began after being covered for twelve consecutive months under the disability**

Short Term Disability

SHORT-TERM DISABILITY BENEFITS Administered by Granite School District

- For temporary disability (defined as 120 calendar days or less in duration calculated from first contract day missed)
- Provisional contract employees are not eligible to participate in STD coverage
- Intended to serve as an "income bridge" for employees with little or no accrued leave balances. "Bridges" the period of time between a temporary disability and a return to work OR toward fulfilling the "LTD Elimination Period" in order to submit a claim for long-term disability benefits
- Subject to submitting an initial application and medical statement documenting the temporary disability and a short waiting period without pay
- Paid benefit subject to medical re-certification on a monthly basis
- Benefit rate: 80% of daily rate
- Employee remains deemed an active employee
- Insurance coverage elections continue while receiving short-term disability benefits
- Sick leave, personal/vacation leave and years of service do not accrue while receiving short-term disability benefits
- **NOTE: The short-term disability plan does not provide coverage for any short-term disability resulting from or related to a condition which existed prior to the effective date of coverage**

Disability

Voluntary

Group Accident Insurance (Off-the-Job)



Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With Allstate Benefits Group Accident Insurance you can have peace of mind knowing

- Coverage is guaranteed issue for new hires– no evidence of insurability required at initial enrollment.
- Benefits are paid directly to you unless assigned to someone else
- Benefits are paid in addition to any other coverage
- Coverage is portable and may be continued if the employee leaves the group Employee or Family coverage available

Plan highlights include*

- Accidental Death & Dismemberment coverage up to \$40,000
- Dislocation & Fracture benefits up to \$4,000
- Initial Hospital Confinement of \$1,500
- Daily Hospital Confinement of \$200 a day
- Physical Therapy of \$30 day for up to 6 treatments per accident
- Outpatient Physician's Treatment Benefit of \$50 available for visiting a doctor on an outpatient basis for any reason (can be claimed up to 2 per calendar year, per person with maximum of 4 visits per calendar year with eligible dependent coverage)

Monthly Premiums –

	EE	EE + SP	EE + CH	Family
Semi - Monthly	\$5.82	\$8.52	\$11.75	\$14.69
Monthly	\$11.64	\$17.04	\$23.50	\$29.38

For a complete description of benefits, please refer to brochure of plan design or certificate of coverage. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation.

Voluntary



Group Critical Illness Insurance

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

With Allstate Benefits Group Critical Illness Insurance you can have peace of mind knowing

- Coverage is GUARANTEED ISSUE for new hire employees – no evidence of insurability required at initial enrollment (enrolling after the initial enrollment period requires evidence of insurability).
- Benefits are paid directly to you unless assigned.
- Coverage that supplements your existing medical benefits.
- Coverage is portable and may be continued if Employee leaves the group.
- Covered dependents receive 50% of the basic-benefit amount shown in your employer-selected plan, and 100% of the Wellness Benefit.

Plan Highlights include*

- Coverage for diagnosis of Heart Attack, Stroke, Coronary Artery By-Pass Surgery, Major Organ Transplant, End Stage Renal Failure, Invasive Cancer, Carcinoma In Situ.
- Wellness Benefit pays \$50 per covered person, per year, for completing a covered wellness exam.
- Waiver of Premium included.

Monthly Premiums

LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT									LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT							
non-tobacco									tobacco							
Ages	EE semi-monthly	EE monthly	EE+SP semi-monthly	EE+SP monthly	EE+CH semi-monthly	EE+CH monthly	Family semi-monthly	Family monthly	EE semi-monthly	EE monthly	EE+SP semi-monthly	EE+SP monthly	EE+CH semi-monthly	EE+CH monthly	Family semi-monthly	Family monthly
18-35	\$3.98	\$7.96	\$6.03	\$12.06	\$3.98	\$7.96	\$6.03	\$12.06	\$6.28	\$12.56	\$9.48	\$18.96	\$6.28	\$12.56	\$9.48	\$18.96
36-50	\$9.08	\$18.16	\$13.68	\$27.36	\$9.08	\$18.16	\$13.68	\$27.36	\$15.43	\$30.86	\$23.20	\$46.40	\$15.43	\$30.86	\$23.20	\$46.40
51-60	\$18.93	\$37.86	\$28.45	\$56.90	\$18.93	\$37.86	\$28.45	\$56.90	\$32.28	\$64.56	\$48.48	\$96.96	\$32.28	\$64.56	\$48.48	\$96.96
61-63	\$29.53	\$59.06	\$44.35	\$88.70	\$29.53	\$59.06	\$44.35	\$88.70	\$46.58	\$93.16	\$69.93	\$139.86	\$46.58	\$93.16	\$69.93	\$139.86
64+	\$43.83	\$87.66	\$65.80	\$131.60	\$43.83	\$87.66	\$65.80	\$131.60	\$69.48	\$138.96	\$104.28	\$208.56	\$69.48	\$138.96	\$104.28	\$208.56

HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT									HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT							
non-tobacco									tobacco							
Ages	EE semi-monthly	EE monthly	EE+SP semi-monthly	EE+SP monthly	EE+CH semi-monthly	EE+CH monthly	Family semi-monthly	Family monthly	EE semi-monthly	EE monthly	EE+SP semi-monthly	EE+SP monthly	EE+CH semi-monthly	EE+CH monthly	Family semi-monthly	Family monthly
18-35	\$6.83	\$13.66	\$10.31	\$20.62	\$6.83	\$13.66	\$10.31	\$20.62	\$11.42	\$22.84	\$17.20	\$34.40	\$11.42	\$22.84	\$17.20	\$34.40
36-50	\$17.03	\$34.06	\$25.61	\$51.22	\$17.03	\$34.06	\$25.61	\$51.22	\$29.73	\$59.46	\$44.65	\$89.30	\$29.73	\$59.46	\$44.65	\$89.30
51-60	\$36.73	\$73.46	\$55.16	\$110.32	\$36.73	\$73.46	\$55.16	\$110.32	\$63.43	\$126.86	\$95.20	\$190.40	\$63.43	\$126.86	\$95.20	\$190.40
61-63	\$57.93	\$115.86	\$86.95	\$173.90	\$57.93	\$115.86	\$86.95	\$173.90	\$92.04	\$184.08	\$138.11	\$276.22	\$92.04	\$184.08	\$138.11	\$276.22
64+	\$86.53	\$173.06	\$129.85	\$259.70	\$86.53	\$173.06	\$129.85	\$259.70	\$137.83	\$275.66	\$206.81	\$413.62	\$137.83	\$275.66	\$206.81	\$413.62

*For a complete description of benefits, please refer to brochure of plan design or certificate of coverage. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation.

WELFARE ASSOCIATION

How Does It Work?

When a Welfare Association member passes away, all other current participating Association members make a one-time \$5.00 contribution via payroll deduction to the designated beneficiary of the deceased member.

The Benefit Of Being A Member

Because membership in the Welfare Association is voluntary, benefit payments vary depending on the number of members currently participating in the Association on a member's date of death.

Eligibility To Be A Member

- Welfare Association membership is applicable only to an employee - spouses and dependent children are not covered.
- Membership in the Welfare Association is completely voluntary and can be cancelled at any time.
- There is no cost for participation in the Welfare Association unless a current participating Association member passes away.
- No Welfare Association benefit will be payable during the first twelve (12) months of membership unless the death is deemed accidental as per a Certified Death Certificate.
- Participation and benefits in the Association end when you terminate employment and/or retire employment from the District. No continuation privileges are available when employment ends.



GOLD'S GYM & GRANITE SCHOOL DISTRICT PARTNER FOR A HEALTHIER LIFESTYLE

GRANITE EMPLOYEE GOLD

\$0 enrollment
\$0 processing

\$18/month*
24 month plan

GRANITE EMPLOYEE SILVER

\$0 enrollment
\$20 processing

\$20/month*
12 month plan

FREE VIP UPGRADE

FREE Childcare
FREE Racquetball

*Payroll Deducted. Family add-on same as employee rate. Maximum family rate \$80/mo on 1 yr. & \$75/mo on 2 yr.

AMENITIES

- Full use of all 17 Utah facilities
- Unlimited aerobics and group cycling
- Steam, sauna, hot tub & pool
- Basketball, racquetball & cardio cinema*
- Onsite childcare with KID FIT classes*
- Travel benefits to over 650
- Gold's Gyms worldwide
- Customized Body Transformation Plan
- \$100 value!
- Women's Only section*

*Amenities vary by location.



ENROLL TODAY: <https://gsdsites.graniteschools.org>

Contact Gold's Gym at 801-938-5134

Powered by UTCCorporateWellness.com

FAQs



• **ARE THERE PLANS THAT REQUIRE ME TO RE-ENROLL FROM YEAR-TO-YEAR?**

YES!!! Flexible spending reimbursement account elections never “automatically” continue from year-to-year. If you participate in a flexible spending reimbursement account, you must re-enroll for the 2015 plan/calendar year.

• **WHEN IS THE LAST DAY I CAN ENROLL?**

The open enrollment period ends on October 22, 2014 at 12:00 p.m. No exceptions will be made to the deadline regardless of the circumstance provided for missing or being late after the deadline.

• **HOW MUCH DOES GRANITE CONTRIBUTE TOWARD MEDICAL INSURANCE?**

Overall, Granite contributes 93% of the medical insurance contribution for full-time employees and their non-spouse dependents. For full-time employees who elect to cover their spouse, the District contributes 78% of the medical insurance contribution.

• **HOW CAN I GET A LIST OF PARTICIPATING DOCTORS AND DENTISTS?**

The most current list of participating providers (for medical and dental insurance plans) can be found on the respective company’s web site. See the “Contact Information” page of this booklet for each insurance company’s customer service telephone number and/or website address. The District Benefits Office does **NOT** have printed provider directories to give you.

• **HOW OLD IS TOO OLD FOR MY DEPENDENT CHILD(REN) TO BE COVERED?**

MEDICAL PLANS

Select:Med	=	Age 26
SelectMed Plus	=	Age 26
ValueCare	=	Age 26
ValueCare Plus	=	Age 26

DENTAL PLANS

Silver	=	Age 26
Gold Medium	=	Age 26
Gold High	=	Age 26
Platinum	=	Age 26

OPTIONAL TERM LIFE	=	Age 26
<i>Unmarried Children</i>		

VOLUNTARY AD&D	=	Age 26
<i>Unmarried Children</i>		

• **WHAT HAPPENS IF I FAIL TO REMOVE AN INELIGIBLE DEPENDENT?**

Failure to remove an ineligible dependent (ex-spouse or child) from the plan within 30 calendar days of their loss of eligibility is considered insurance fraud. Employees who fail to remove ineligible dependents in a timely manner: 1) will be responsible to pay the actual claims payments made by the plan for any care or services received by the ineligible dependent after the loss of eligibility, 2) waive the right to premium contribution adjustments that have been made by the employee through payroll deduction after the dependent was ineligible, 3) may waive the right to COBRA for the ineligible dependent and, 4) could subject the employee to District disciplinary action.

• **WHAT IS MEANT BY A “QUALIFIED LIFE STATUS CHANGE” AND HOW DOES IT EFFECT MY BENEFIT ELECTIONS?**

Once you enroll, your elections are binding until the next annual open enrollment period in accordance with Section 125 of Internal Revenue Service (IRS) regulations. The only exception allowed is if you experience a “life status change” that qualifies you to make a change and the change is consistent with the event. Qualifying events include life-altering events such as marriage, divorce or legal separation, birth or adoption of a child, death of a spouse or dependent child, or gain or loss of employment and benefits for you, your spouse or your dependent child or if you are increasing/cancelling voluntary life insurance.

Employees who experience a qualified life status change outlined above have 30 calendar days from the date the qualified event occurred to complete the applicable change form with the District Benefits Office in order to modify the level of coverage (not the type of coverage) they participate in.

- **WHAT PLANS HAVE LIMITATIONS, RESTRICTIONS, OR EXCLUSIONS?**

VOLUNTARY TERM LIFE INSURANCE

Coverage may be declined based upon medical health underwriting by the insurance carrier. Coverage that is subject to medical health underwriting is not effective until approval is received from the insurance company. The District will not begin to assess premium contributions until approval is received from the insurance carrier.

SHORT-TERM DISABILITY

Provisional employees of the District are not eligible for coverage under the short-term disability plan. Coverage for teachers may be declined based upon medical health underwriting by the insurance carrier. Coverage subject to medical health underwriting is not effective until approval is received from the insurance company. The District will not begin to assess premium contributions until approval is received from the insurance carrier. The plan does not provide coverage for any short-term disability resulting from or related to a condition which existed prior to the effective date of coverage.

LONG-TERM DISABILITY

Coverage is subject to medical health underwriting by the insurance company and is not effective until approved. The District will not begin to assess premium contributions until approval is received from the insurance carrier. The plan does not cover pre-existing conditions unless the disability began after being covered under the long-term disability plan for 12 consecutive months.

- **WILL I RECEIVE NEW ID CARDS FOR 2015?**

It depends. You will receive new ID cards for medical and dental. You will only receive new ID cards for vision, or flex spending if you changed plans or enrolling for the first time. If you misplace your ID cards or desire an extra ID card, you can request them by contacting the insurance company directly. See the "Contact Information" pages of this booklet for each insurance company's customer service telephone number and/or web site address.

- **MY SPOUSE ALSO WORKS FOR GSD AS A CONTRACT EMPLOYEE. HOW DOES INTERNAL DUAL COVERAGE WORK?**

If an employee is eligible for coverage under the District's medical plan and is also eligible as the spouse of another covered employee, the two coverages will supplement one another so that the benefit payments for such individuals with internal dual coverage will be made up to 100% of the eligible medical expense.

Internal dual coverage status is not automatic. For internal dual coverage medical benefits to apply, each eligible employee seeking internal dual coverage status must re-enroll in the dual coverage during the mandatory on-line enrollment for 2015. Both employees must select the same medical insurance company administering coverage under a Regence BlueCross BlueShield plan or SelectHealth plan.

- **HOW CAN I CHANGE MY BENEFICIARY?**

Employees may change beneficiary designations for basic life insurance, voluntary life insurance, voluntary accidental death and dismemberment insurance. Change forms are available online or at the District Benefits Office. To change beneficiaries for your 401(k) plan, please contact Utah State Retirement 801-366-7770, or login to URS.org and change online.

- **WILL I HAVE TO KNOW THE SOCIAL SECURITY NUMBERS (SSNs) FOR COVERED DEPENDENTS WHEN I RE-ENROLL?**

Yes, the District is required to comply with the Center for Medicare & Medicaid (CMS) Medicare Secondary Payer Mandatory Reporting requirements effective January 1, 2010. SSNs for **all** subscribers and **existing** dependents are required by CMS (Center for Medicare & Medicaid).

FAQs



GLOSSARY

DEDUCTIBLE

A deductible is a fixed dollar amount during the plan year (calendar year) that an insured person pays before the insurer starts to make payments for covered services.

COINSURANCE

A fixed percentage that a participant pays for medical expenses after the deductible amount is paid.

COPAYMENT

A fixed dollar amount that a participant pays when a specified medical service is received, regardless of the total charge for the service. The insurer (Granite School District) is responsible for the rest of the total charge.

FORMULARY

A formulary is a list of prescription drugs that are preferred by a health plan for use. A formulary may include generic and brand-name drugs and is subject to change as determined by the health plan.

GENERIC REQUIREMENT

Granite's policy requiring a participant to receive generic drugs when available.

HEALTH MAINTENANCE ORGANIZATION (HMO) HEALTH PLAN

A health care system in which participants obtain comprehensive health care services from a specified list of "in-network" providers/facilities who receive a fixed prepayment from the insurer.

INDEMNITY PLAN

A type of medical plan that allows the participant to choose any provider without effect on reimbursement. These plans reimburse the patient and/or providers as expenses are incurred.

IN-NETWORK/PREFERRED PROVIDER

A medical provider (doctor, hospital, pharmacy) who is a member of a health plan's network.

OUT-OF-POCKET (OOP) ANNUAL MAXIMUM

The maximum dollar amount per calendar year of eligible medical charges payable by a member directly to providers, such as deductibles, copayments and coinsurance. Except as otherwise noted in the plan, the plan will pay up to 100% of medical charges during the remainder of the plan year once the out-of-pocket annual maximum is satisfied.

PREFERRED PROVIDER ORGANIZATION (PPO) HEALTH PLAN

A plan where coverage is provided to participants through a network of selected health care providers (physicians, hospitals, pharmacies). The participant is allowed the flexibility to receive services "out-of-network" but will incur larger costs in the form of higher deductibles, higher coinsurance rates or non-discounted charges from the provider.