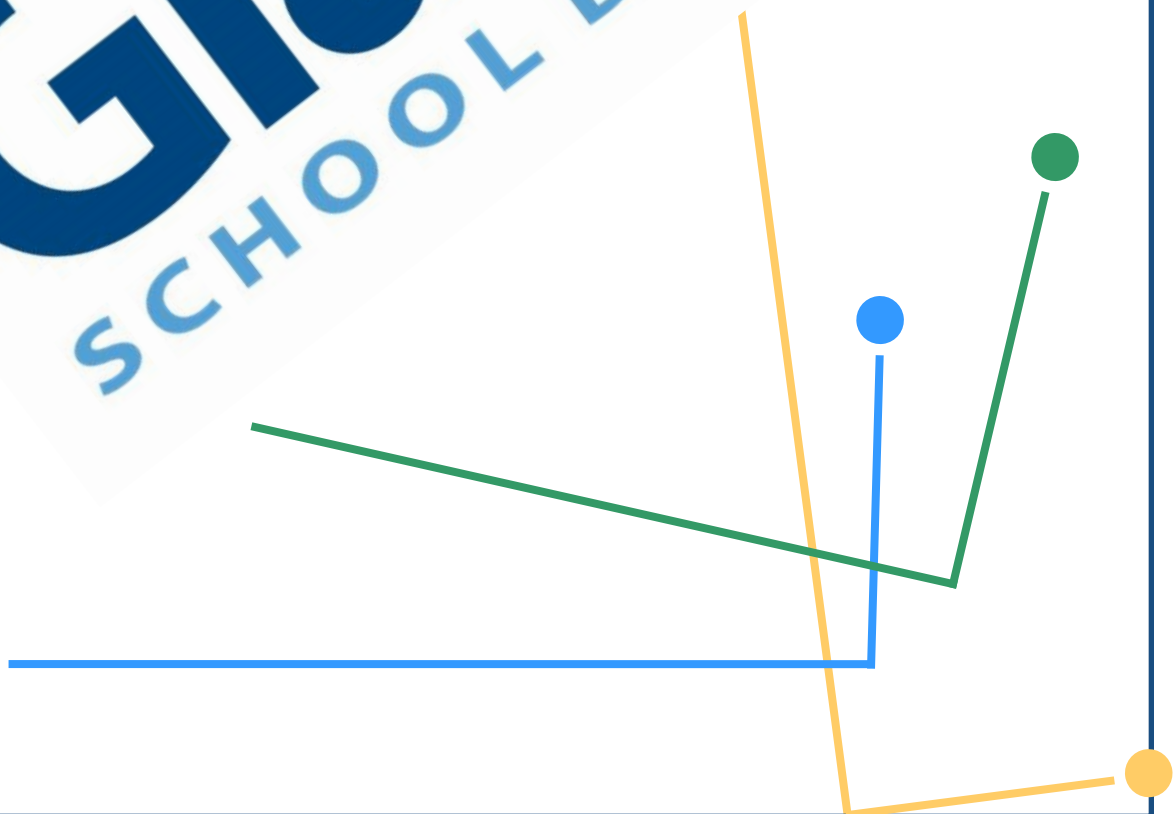


2017 Benefits Booklet

January 1, 2017 — December 31, 2017





Insurance Premium & Wellness Incentive

To avoid the \$10 monthly Granite Well-Being insurance premium increase for plan year 2017. You will need to complete steps listed below between January 1, 2016 and December 31, 2016. The Well-Being premium incentive will be an additional \$10 per month for the entire plan year of 2017.

Your doctor visit must be after January 1, 2016 and before December 31, 2016

Step 1 Login to H2U and create your own personal account.

- Login: <http://www.h2u.com/mountainstar>
- First time login users will select "No" when asked if they have participated in the wellness program before. Access Code Required # MSGSD106

Step 2 Complete the Health Risk Assessment (HRA) online at H2U.

Step 3 Complete Biometric Screening at one of our Benefit Fairs held in October.

- **You are DONE!** - No Additional Reporting is required.

OR

Complete Biometric Screening by seeing your own personal physician.

- Complete the physician form and return to Benefit Department
-Physician Form found online at :
<http://www.graniteschools.org/hr/benefits/granite-well-being/>
- **You are DONE!** - No Additional Reporting is required.

The wellness incentive will begin on your January 1, 2017 paycheck.

Granite Well-Being is committed to helping you become aware of your own personal health. Participation in the Granite Well-Being program is available to all contract employees. If you need assistance, have questions, or unable to complete the three steps.

Please contact the Benefits Department at 385-646-4528 or benefits@graniteschools.org we will be happy to help.

2017 Benefit Changes

- ◆ Employee premium monthly contribution increase 4.2%
- ◆ Office Visit Co-Pay Changes to HMO – SelectMed and Valuecare:

Generalist	\$25	\$40
Specialist	\$35	\$50
- ◆ Office Visit Co-Pay Changes to PPO – SelectMed Plus and Valuecare Plus:

Generalist	\$30	\$40
Specialist	\$40	\$50
- ◆ Annual Deductible:

	\$750	\$1,000
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Avoiding the \$10 Monthly Premium Increase

1. What must I do to avoid the \$10 increase added to regular monthly medical premiums for 2017?

Login to H2U and create an account, complete the two required activities Biometric Screening & Personal Health Assessment (PHA). First time login users will select “No” when asked if they have participated in the wellness program before. Access Code Required # **MSGSD106**. <http://www.h2u.com/mountainstar>

2. What is a biometric screening and why is it important?

A biometric health screening is a short health examination that indicates your risk for certain diseases and medical conditions. It helps you understand where you should take action to improve your health.

3. How is the biometric screening conducted and what information is being collected?

The screening uses certain body measurements and a small blood sample. Data collected:

- Height and weight, which is used to calculate body mass index (BMI)
- Systolic and diastolic blood pressure
- Total cholesterol
- HDL cholesterol
- Glucose

4. Where can I complete the biometric screening?

One of the Benefit Fairs held in October or your personal doctor.

5. What evaluation must my doctor do and is there a cost?

A routine physical is all that is needed. Annual physicals are Free (\$0 copay) if done in network.

6. How will I report seeing my doctor and is there a special form that must be completed?

Yes, there is a special form that will need to be completed and returned to the benefit department by 12/31/16. The form can be found online at the

following website: <http://www.graniteschools.org/hr/benefits/granite-well-being/>

7. What is the Personal Health Assessment (PHA)? The PHA is a health survey that you will complete online at the H2U website.

8. When must the two required activities be completed? Must be completed between 1/1/16 - 12/31/16

9. How do I report completion of the required activities? Completing the PHA online will automatically be reported, bio-screenings done at Benefit Fairs will automatically be reported. Bioscreening done by personal physician, Physician Form will need to be turned into Benefit Department.

10. Does my spouse need to complete the two requirements?
No

11. I am retired do I need to complete the activities? No, retirees will not be required to complete the activities.

12. I don't have medical insurance with the district do I need to complete the activities? No, only contract employees who have insurance with Granite School District.

13. I am a new employee, do I need to complete the activities? No, new employees hired between 7/1/16 & 12/31/16 will not be required to complete the activities for 2017 plan year.

NO PERSONAL MEDICAL INFORMATION IS EVER SHARED WITH GRANITE SCHOOL DISTRICT

Carrier Contact Information

Select Health	Medical	www.selecthealth.org	801-442-5038
Regence BC/BS	Medical	www.ut.regence.com	866-240-9580
Dental Select	Dental	www.dentalselect.com	801-495-3000
National Benefit Services	FSA	www.nbsbenefits.com	801-532-4000
Opticare of Utah	Vision	www.opticareofutah.com	800-363-0950
Aetna	LTD	www.aetna.com	866-326-1380
LifeMap	Life Insurance	www.lifemapco.com	800-286-1129
Utah Retirement Systems	Retirement	www.urs.org	801-366-7770
Allstate	Accident/critical Illness	www.allstateatwork.com	800-521-3535

Granite School District Contact Information

Granite School District	www.graniteschools.org	385-646-5000
Benefits Office	www.graniteschools.org/hr/benefits	385-646-4528
Email	benefits@graniteschools.org	
Fax		385-646-4319
Payroll Office	www.graniteschools.org/payroll	385-646-4311
Human Resources Office	www.graniteschools.org/hr	385-646-4511

Important Information

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



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Medical—Hospitals/Kidscare/Instacare Clinics—Select Health

HOSPITALS

Alta View Hospital
 Davis Hospital Center
 Heber Valley Medical Center
 Intermountain Medical Center
 LDS Hospital
 McKay Dee Hospital Center
 Mountain West Medical Center
 Park City Medical Center
 Primary Children’s Hospital
 Riverton Hospital

TOSH (Orthopedic Specialty Hospital)

INSTACARE/KIDSCARE CLINICS

Bountiful Kidscare/Instacare
 Highland Instacare
 Holiday Instacare
 Layton Instacare
 Murray Kidscare
 North/South Ogden Instacare
 North Orem Instacare
 Ogden Kidscare

Riverton Kidscare/Instacare
 Sandy Kidscare/Instacare
 Saratoga Springs Instacare
 Sugar House Kidscare/Instacare
 Syracuse Instacare
 Taylorsville Kidscare/Instacare
 West Jordan Kidscare/Instacare

Medical—Hospitals/Kidscare/Urgent Care—Regence BC/BS

HOSPITALS

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

KIDSCARE/URGENT CARE

After Hours Medical
 First Med Urgent Care
 IHC Kidscare/Instacare
 Ogden Clinic
 Wee Care Pediatrics



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.

- **INTERMOUNTAIN HEALTH ANSWERS** *New this year! Intermountain Health Answers-Talk to a registered nurse about your health concerns. It is free and you get access to the knowledge of an expert 24/7 (844-501-6600).
- **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.
- **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. 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 health club and fitness center memberships, spas, LASIK eye surgery, nutritional supplements, eyewear, hearing aids, alternative medicine, and drug education. 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.
- **SELECT HEALTH MOBILE APP** Download our new free SelectHealth Mobile App. Just by using your smart phone, you can see your ID card, explanations of benefits and place yourself in line at the local Instacare.

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 OmedaRX**

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.

2017 MEDICAL COMPARISON CHART

Insurance Company Plan Name	SelectHealth			ValueCare		
	Select: Med Plus		ValueCare Plus		Out-Network	
	In-Network	Out-of-Network	In-Network	Out-Network		
Dependent Age Maximum Benefit Start Date	26	26	26	26	26	26
Annual Deductible	1st of Month Following Hire Date \$1000 per person 3 Deductible Max (\$3000) DOES count toward OOP Maximum	1st of Month Following Hire Date \$1500 per person 3 Deductible Max. (\$4500) DOES count toward OOP Maximum	1st of Month Following Hire Date \$1000 per person 3 Deductible Max. (\$3000) DOES count toward OOP Maximum	1st of Month Following Hire Date \$1000 per person 3 Deductible Max. (\$3000) DOES count toward OOP Maximum	1st of Month Following Hire Date \$1500 per person 6 Deductible Max. (\$4500) DOES count toward OOP Maximum	1st of Month Following Hire Date \$1500 per person 6 Deductible Max. (\$4500) DOES count toward OOP Maximum
Deductible Toward Out-of-Pocket Maximum	Employee \$2000 Employee & 1 \$3000 Employee & 2+ \$4000	Employee \$2000 Employee & 1 \$3000 Employee & 2+ \$4000	Employee \$2000 Employee & 1 \$3000 Employee & 2+ \$4000	Employee \$2000 Employee & 1 \$3000 Employee & 2+ \$4000	Employee \$2500 Employee & 1 \$4500 Employee & 2+ \$5000	Employee \$2500 Employee & 1 \$4500 Employee & 2+ \$5000
Office Visits *						
Office Visit (General) **	\$40 copay per visit	\$40 copay per visit	\$40 copay per visit	\$40 copay per visit	\$40 copay per visit	\$40 copay per visit
Office Visit (Specialty)	\$50 copay per visit	\$50 copay per visit	\$50 copay per visit	\$50 copay per visit	\$50 copay per visit	\$50 copay per visit
X-Ray/Lab Tests - Minor	Included in copay	Included in copay	Included in copay	Included in copay	Included in copay	Included in copay
X-Rab/Lab Test - Major	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Preventative Services						
Routine Physical (1 per yr)	100%	100%	100%	100%	100%	100%
Pap Office Visit	100%	100%	100%	100%	100%	100%
Mammogram/Lab Tests	100%	100%	100%	100%	100%	100%
Well Child Care	100%	100%	100%	100%	100%	100%
Immunizations	100%	100%	100%	100%	100%	100%
Eye Exam	100%	100%	100%	100%	100%	100%
Eyewear	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program
Maternity Care ①						
Initial Prenatal Office Visit	\$40 copay (1st visit only)	\$40 copay (1st office visit)	\$40 copay (1st visit only)	\$40 copay (1st visit only)	\$40 copay (1st visit only)	\$40 copay (1st visit only)
Care/Delivery/Profess. Fees ③	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% 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 \$4,000	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4,000
Inpatient Services ③						
Medical-Surgical Admission	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Skilled Nursing Facility ⑤	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Rehabilitation Services ⑤	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Professional Fees	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Outpatient Services						
Facility Charges	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Surgical Fees	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Rehabilitation Services ⑤	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
Home Health / Hospice ③	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Chemo/Radiation/Dialysis	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Emergency Services						
Urgent Care	\$35 copay per visit	\$40 copay per visit	\$35 copay per visit	\$40 copay per visit	\$35 copay per visit	\$40 copay per visit
Emergency Room	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Ground Ambulance	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Air Ambulance	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible

*All copays now apply to out of pocket maximum

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

2017 MEDICAL COMPARISON CHART

Insurance Company Plan Name	SelectHealth			Regence BlueCross BlueShield of Utah		
	Select: Med In-Network	Select: Med Plus In-Network	Select: Med Plus Out-of-Network	ValueCare In-Network	ValueCare Plus In-Network	ValueCare Plus Out-of-Network
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 ③⑤						
Inpatient Visit ⑤	80%	80%	50% after deductible	80%	70%	50% after deductible
Outpatient Visit ⑤	\$40 copay then 100%	\$40 copay then 100%	50% after deductible	\$40 copay then 100%	\$40 copay then 100%	50% after deductible
Autism ③⑤						
Inpatient Visit ⑤	80%	80%	50% after deductible	80%	70%	50% after deductible
Outpatient Visit ⑤	\$40 copay then 100%	\$40 copay then 100%	50% after deductible	\$40 copay then 100%	\$40 copay then 100%	50% after deductible
Prescription Drugs ③						
Retail						
Generic/Tier 1	Up to a 30-Day Supply \$10.00 per prescription	Up to a 30-Day Supply \$10.00 per prescription	Up to a 30-Day Supply \$10.00 per prescription	Up to a 30-Day Supply \$10.00 per prescription	Up to a 30-Day Supply \$10.00 per prescription	Up to a 30-Day Supply \$10.00 per prescription
Preferred/Tier 2 ⑦	\$50.00 per prescription	\$50.00 per prescription	\$50.00 per prescription	\$50.00 per prescription	\$50.00 per prescription	\$50.00 per prescription
Non-Preferred/Tier 3	\$80.00 per prescription	\$80.00 per prescription	\$80.00 per prescription	\$80.00 per prescription	\$80.00 per prescription	\$80.00 per prescription
Mail Order						
Generic/Tier 1	Up to a 90-Day Supply \$20.00 per prescription	Up to a 90-Day Supply \$20.00 per prescription	Up to a 90-Day Supply \$20.00 per prescription	Up to a 90-Day Supply \$20.00 per prescription	Up to a 90-Day Supply \$20.00 per prescription	Up to a 90-Day Supply \$20.00 per prescription
Preferred/Tier 2 ⑦	\$80.00 per prescription	\$80.00 per prescription	\$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	\$140.00 per prescription	\$140.00 per prescription
Injectable Drugs ③						
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.regencerx.com					

HOW TO FIND A PARTICIPATING PHYSICIAN OR FACILITY

Insurance Company Plan Name	SelectHealth		Regence BlueCross BlueShield of Utah	
	Select: Med In-Network	Select: Med Plus Out-of-Network	ValueCare In-Network	ValueCare Plus Out-of-Network
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 and 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 precertify, 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 generic drug.
- ⑦ There are differences in the prescription preferred drug formularies between SelectHealth and Regence.

Pharmacy

- 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.

Pharmacy—Select Health

- Preferred drug formulary: www.selecthealth.org
- The preferred drug formulary is subject to change on a monthly basis
- By using the Retail 90 program or the Intermountain Home Delivery Pharmacy, you can obtain a three-month supply of prescription medication for a 60-day copayment
- Most injectable medications require prior authorization and may be covered at 80% after the deductible

Pharmacy—Regence BC/BS

- Preferred drug formulary: www.omedarx.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 60 day copayment
- Most injectable medications require prior authorization and may be covered through the pharmacy benefit

Generic Prescriptions

By now, we've all heard of the national generic prescription drug programs that are being offered by national "big box" retailers like Wal-Mart, Walgreens, and Target and even some regional/local retailers like Smith's grocery store.

SO WHAT IS IN IT FOR YOU (and the District as a whole) if each of us, instead of running our generic prescriptions through the District's insurance program, choose to fill our generic prescriptions through one of the national "big box" retailer's generic prescription drug programs? You guessed it...



BIG MONEY, BIG SAVINGS

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 comparisons. 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 Do I Use "Big Box" Generic Prescription Drug Program?

- Discuss the prescription being issued with your doctor. Ask if a generic medication is available to treat you. If a generic is available, the prescription must be written for the generic drug.
- Take your prescription (or have your physician call it in) to one of the "big box" retailers offering a generic pharmacy benefit program.
- Tell the pharmacist that you would like to fill the generic prescription through their generic prescription drug program. (In doing so, you will not need to show your Granite medical ID card).
- Receive a 30-day supply of generic medication for \$4.00 (versus the \$20.00 copayment you would have had to pay if you used the District's medical insurance) or receive a 90-day supply of generic medication at \$10.00 (versus the \$40.00 copayment you would have had to pay if you used the District's medical insurance). See... big savings!

"Big Box" Store Prescription Drug Web Page.

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

Silver Plan

- 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

Gold Medium Plan

- 2025+ 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

Gold High Plan

- 2025+ 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

Platinum Plan

- 2591+ 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



Web Account Access Right at your fingertips!

Connect.

As a member you can:

- View your Claim Status
- Order ID cards
- View your Explanation of Benefits
- View your Yearly Maximum Balance
- Update your Personal Information

Right.

Portal Registration is easy,
go to www.dentalselect.com

1. Select member login from the homepage
2. Click on "Register"
3. Read and accept the terms and conditions
4. Enter Date of Birth, Member Number and your Social Security Number
5. Submit Registration

Now!

You are now able to login at anytime!



For assistance, call a Customer Service Representative at:
1-800-999-9789

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Dental—Dental Select



TWO SIMPLE WAYS TO FIND A DENTIST

1

VISIT OUR WEBSITE



CLICK "FIND A PROVIDER" ON ANY PAGE

2

DOWNLOAD OUR MOBILE APP



REFER A DENTIST

Know a dentist you'd like to have join Dental Select's network? Simply visit our website and click on the Find a Provider link at the top of the page. From there, navigate to the "Refer a Dental Provider" section to provide the dentist's name and contact information. Our team will reach out and invite them to join our network.



VISIT US AT
WWW.DENTALSELECT.COM

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Download the Dental Select Mobile ID App

Available for your iOS or Android Device.

- Search to find a dentist in your area
- Quick access to your dental and vision ID cards*
- Instantly email a copy of your ID card for your dentist's records
- Subscribers and covered family members can access

* Initial access requires Member ID

Download on the App Store | GET IT ON Google play

2015 M10.01.0000188 03/15



2016 DENTAL PLAN COMPARISON CHART

SILVER

GOLD "MEDIUM"

GOLD "HIGH"

PLATINUM

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.

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 limited out-of-network benefit whereby you can go to any dentist or your choosing. The amount listed in the out-of-network column represents the flat amount covered 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.

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 limited out-of-network benefit whereby you can go to any dentist or your choosing. The amount listed in the out-of-network column represents the flat amount covered 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.

The Platinum plan is a CONSUANCE 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.

Code	Procedure Description	Annual Deductible	Annual Coverage	Maximum Specialists	In-Network/General Dentist	Out-of-Network/Maximum	Member Copayment	General Dentist	Out-of-Network/Maximum	Payment by Dental Select	Out-of-Network/Maximum	Member Copayment	General Dentist	Out-of-Network/Maximum	Payment by Dental Select	Out-of-Network/Maximum	Member Copayment	General Dentist	Out-of-Network/Maximum	Payment by Dental Select	Out-of-Network/Maximum	Member Copayment	General Dentist	Out-of-Network/Maximum	Payment by Dental Select	Out-of-Network/Maximum		
PREVENTIVE																												
D0120	Periodic oral exam	\$15.00			\$0.00	\$17.00	No Maximum																					
D0150	Comprehensive exam	\$17.00			\$0.00	\$19.00	No Maximum																					
D0170	Re-evaluation	\$13.00			\$0.00	\$16.00	No Maximum																					
D0210	Intraoral Compl. ser. including bitewings	\$35.00			\$0.00	\$37.00	No Maximum																					
D0220	Intraoral - panoramic - first film	\$8.00			\$0.00	\$8.00	No Maximum																					
D0230	Intraoral - panoramic - each add film	\$6.00			\$0.00	\$6.00	No Maximum																					
D0240	Intraoral - occlusal film	\$6.00			\$0.00	\$6.00	No Maximum																					
D0250	Extraoral - first film	\$4.00			\$0.00	\$4.00	No Maximum																					
D0260	Extraoral - each additional	\$4.00			\$0.00	\$4.00	No Maximum																					
D0272	Bitewings - two films	\$12.00			\$0.00	\$14.00	No Maximum																					
D0330	Panoramic film	\$37.00			\$0.00	\$37.00	No Maximum																					
D1110	Prophylaxis - adults	\$37.00			\$0.00	\$37.00	20% Discount																					
D1120	Prophylaxis - child	\$25.00			\$0.00	\$25.00	20% Discount																					

BASIC

D0140	Limited oral examination	\$10.00			\$0.00	\$12.00	No Maximum																					
D1351	Sealant - per-tooth (14 & under)	\$19.00			\$13.00	\$8.00	No Maximum																					

AMALGAM (Silver) FILLINGS

D2140	Amalgam - 1 surf. primary or permanent	\$41.00			\$17.00	\$32.00	No Maximum																					
D2150	Amalgam - 2 surf. primary or permanent	\$51.00			\$23.00	\$34.00	No Maximum																					
D2160	Amalgam - 3 surf. primary or permanent	\$62.00			\$31.00	\$38.00	No Maximum																					
D2181	Amalgam - 4 surf. primary or permanent	\$71.00			\$38.00	\$39.00	No Maximum																					

ANTERIOR COMPOSITE (White) FILLINGS

D2330	Resin - 1 surf. anterior	\$63.00			\$37.00	\$32.00	No Maximum																					
D2331	Resin - 2 surf. anterior	\$74.00			\$41.00	\$40.00	No Maximum																					
D2332	Resin - 3 surf. anterior	\$84.00			\$48.00	\$44.00	No Maximum																					
D2335	Resin - 4 surf. or involving incis. Angle	\$94.00			\$54.00	\$52.00	No Maximum																					

POSTERIOR COMPOSITE (White) FILLINGS

D2391	Resin - 1 surf. posterior prim. or perm.	\$63.00			\$36.00	\$32.00	No Maximum																					
D2392	Resin - 2 surf. posterior prim. or perm.	\$84.00			\$54.00	\$39.00	No Maximum																					
D2393	Resin - 3 surf. posterior prim. or perm.	\$102.00			\$65.00	\$45.00	No Maximum																					
D2394	Resin - 4+ surf. post. prim. or post.	\$108.00			\$75.00	\$48.00	No Maximum																					

INLAYS / ONLAYS

D2642	Onlay - porcel/ceram. - 2 surfaces	\$330.00			\$340.00	\$0.00	No Maximum																					
D2643	Onlay - porcel/ceram. - 3 surfaces	\$372.00			\$396.00	\$0.00	No Maximum																					
D2644	Onlay - porcel/ceram. - 4 surfaces	\$416.00			\$437.00	\$0.00	No Maximum																					

CROWNS

D2740	Crown - porcel/ceram. substrate	\$420.00			\$472.00	\$0.00	No Maximum																					
D2750	Crown - porcel/ceram. fused to high noble metal	\$460.00			\$529.00	\$0.00	No Maximum																					
D2751	Crown - porcel/ceram. fused to predom. base metal	\$437.00			\$468.00	\$0.00	No Maximum																					
D2752	Crown - porcel/ceram. fused to noble metal	\$442.00			\$472.00	\$0.00	No Maximum																					
D2790	Crown - full cast high noble metal	\$420.00			\$416.00	\$0.00	No Maximum																					
D2791	Crown - full cast predom. base metal	\$357.00			\$407.00	\$0.00	No Maximum																					
D2792	Crown - full cast noble metal	\$360.00			\$360.00	\$0.00	No Maximum																					
D2890	Prefab stanni. st. crown - primary tooth	\$66.00			\$75.00	\$0.00	No Maximum																					
D2931	Prefab stanni. st. crown - perm. tooth	\$88.00			\$80.00	\$0.00	No Maximum																					

CONTINUED ON REVERSE SIDE ➔

	SILVER	GOLD "MEDIUM"	GOLD "HIGH"	PLATINUM
ENDODONTICS (ROOT CANALS)				
D3110	\$20.00	\$26.00	\$26.00	40% of Fee Schedule
D3120	\$15.00	\$15.00	\$0.00	40% of R&C
D3220	\$49.00	\$55.00	\$49.00	40% of R&C
D3310	\$246.00	\$275.00	\$185.00	40% of Fee Schedule
D3320	\$308.00	\$336.00	\$240.00	40% of R&C
D3330	\$395.00	\$428.00	\$325.00	40% of R&C
D3346	\$222.00	\$227.00	\$174.00	40% of Fee Schedule
D3347	\$272.00	\$278.00	\$209.00	40% of R&C
D3348	\$346.00	\$352.00	\$266.00	40% of R&C
PERIODONTICS				
D4341	20% discount	\$106.00	\$86.00	40% of Fee Schedule
D4355	\$64.00	\$67.00	\$9.00	40% of R&C
D4910	\$71.00	\$77.00	\$17.00	40% of R&C
PROSTHODONTICS (DENTURES)				
D5110	\$508.00	\$533.00	\$415.00	40% of R&C
D5120	\$508.00	\$533.00	\$415.00	40% of R&C
D5130	\$540.00	\$551.00	\$438.00	40% of R&C
D5140	\$540.00	\$551.00	\$438.00	40% of R&C
D5211	20% discount	\$438.00	\$343.00	40% of R&C
D5212	20% discount	\$438.00	\$343.00	40% of R&C
ORAL SURGERY				
D7111	\$39.00	\$27.00	\$17.00	70% of Fee Schedule
D7140	\$47.00	\$35.00	\$20.00	70% of R&C
D7210	\$82.00	\$68.00	\$26.00	70% of R&C
D7220	\$101.00	\$88.00	\$28.00	70% of Fee Schedule
D7230	20% discount	\$108.00	\$34.00	70% of R&C
D7240	20% discount	\$130.00	\$34.00	70% of R&C
D7510	20% discount	\$75.00	\$75.00	70% of Fee Schedule
ORTHODONTIA				
D8010	20% discount	50%	50%	40% of Fee Schedule
D8680	n/a	n/a	n/a	20% discount
	No Maximum	\$1,000.00	\$1,000.00	\$1,000.00
MISCELLANEOUS				
D8989	\$10.00	\$10.00	\$10.00	n/a
D9110	\$26.00	\$38.00	\$38.00	70% of Fee Schedule
D2940	\$31.00	\$30.00	\$0.00	70% of R&C
D9430	\$26.00	\$26.00	\$0.00	70% of Fee Schedule
D9440	\$37.00	\$38.00	\$38.00	70% of R&C
D9972	20% discount	\$103.00	\$103.00	20% discount
PLAN NOTES				
Lab Fees Not Included				
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.				

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 2016 plan year. The summary of fees above are valid through December 31, 2016



Vision—Opticare of Utah

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.

Vision—Coverage

	Select Network	Broad Network	Out-of-Network
Eye Exams			
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 (Standard plastic no-line)	\$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	Up to 25%	Up to 25%	
A/R, edge polish, tints, mirrors, etc.			
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			
Contact benefits is I lieu of lens and frame benefit.			
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 78% 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

In Network Providers

Opticare of Utah has over 150 providers located in the State of Utah and over 20,000 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

In Network will allow you to locate providers in your area by zip code in the state of Utah.

Out of State will allow you to search our Nationwide Network to find a provider Out side of the state of Utah by zip code.

Out of Network Options

You may view instructions and download forms for Out of Network Claims using the Locate a Provider/Out-of-Network drop-down tab.

For any questions or concern please contact us at:

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

service@opticareofutah.com

Select In Network



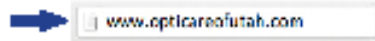
Broad In Network



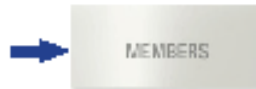
Printing member ID cards is simple! This guide will walk you through each step of the process.

1 Access the member portal

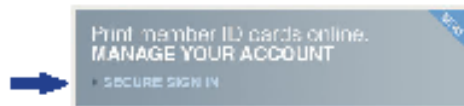
1a Go to www.opticareofutah.com



1b Click the "MEMBERS" link in the left navigation



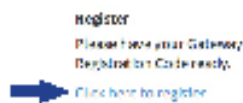
1c Click the "MANAGE YOUR ACCOUNT" banner



2 Register as a new user

* If you have already registered, skip to step 3.
 * Have your gateway registration code ready. (This is your full Member ID - Please contact us if you need this for your initial registration - 1-800-363-0950)

2a Click on "Click here to register"



2b Click the drop down menu, select "Member"

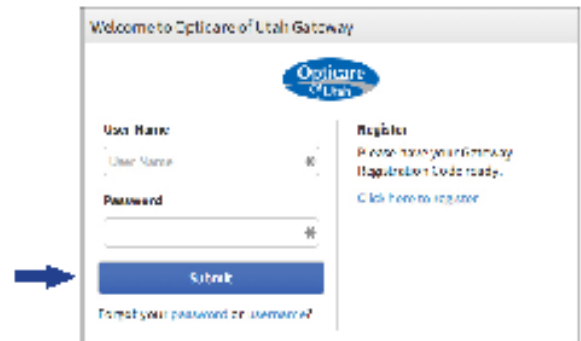


2c Fill out the form with the necessary details, then click the "Submit" button



3 Obtain ID Cards

3a Log into your account



3b Hover over the menu icon, select "Print Temp. ID Card"



3c Print Temporary ID Card. Scroll down and click "Print"



FLEX SPENDING-FSA

Remember it is

USE IT or LOSE IT

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 Do Flexible Spending 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– December 31, 2017), 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 Make Changes During The Plan Year?

Contributions cannot be changed or stopped during the plan year 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.

What If I Don't Use All My FSA Money This Plan Year?

Careful planning is important! At the end of the plan year (December 31, 2017), 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!!!

FSA Health Care Account

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

**The maximum annual contribution to a health care expense account is
\$212.50 per month = \$2,550 per year**

For a listing of eligible health care reimbursements go to: www.nbsbenefits.com

FSA Dependent Day Care 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.

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

- ◆ A Child under the age of 13
- ◆ 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

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

FSA Debit Card

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

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

Cards do not work for Dependent Daycare



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



Contact Employees

- **Full-time** contract employees of the District, the cost of coverage for Basic Life 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.

Granite School District basic life insurance policy is equal to an employee’s base contract salary, rounded to the next higher number with maximum benefit of \$100,000.

Travel Assistance — You and dependents, 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 the LifeMap website at LifeMapCo.com, click on Employers and Employees, then click on Our Plans at the far top left and click on Travel Assistance or by contacting United Healthcare Global Assistance Services directly at 1 -800-537-2029, your Global Assistance ID Number is 333191.

This product is not insured by LifeMap Assurance Company. It is a service provided and administered through UHC Global Assistance Services, a leading provider of international travel assistance services.

Voluntary Life Insurance

Employee Policy		Spouse Policy	
Policies issued in increments of:	\$10,000	Policies issued in increments of:	\$5,000
Minimum policy amount:	\$10,000	Minimum policy amount:	\$5,000
Guarantee issue amount new hires	\$400,000	Guarantee issue amount new hires	\$50,000
Maximum policy amount:	\$500,000	Maximum policy amount:	\$100,000
Age limitation:	None	Age limitation:	None
Statement of health required for any increase (new and existing) beyond the \$400,000 guarantee issue.		Maximum policy amount can't exceed the elected amount by the employee.	
Rate based on employee's age and the policy amount desired.		Statement of health required for any increase (new and existing) beyond the \$50,000 guarantee issue.	
		Rate based on employee's age and not the spouse's age and the policy amount desired.	
Unmarried Child Policy		Policies issued in increments of:	\$1,000
		Minimum policy amount:	\$1,000
		Maximum policy amount:	\$10,000
		Age limitation:	Age 26
		Statement of health not required for child policy.	
		Rate based on policy desired amount.	

Voluntary Life Insurance Rates

EMPLOYEE POLICY	
Changes in age band rates take place on the next payroll following the age change. Rates per \$10,000	
< 25	\$0.41
25-29	\$0.44
30-34	\$0.61
35-39	\$0.80
40-44	\$1.00
45-49	\$1.46
50-54	\$2.24
55-59	\$3.71
60-64	\$6.42
65-69	\$11.63
70-74	\$18.83
75-79	\$30.50
80-84	\$30.50
85 >	\$30.50

SPOUSE POLICY	
Changes in age band rates take place on the next payroll following the age change. Rates per \$5,000	
< 25	\$0.22
25-29	\$0.33
30-34	\$0.39
35-39	\$0.44
40-44	\$0.50
45-49	\$0.77
50-54	\$1.38
55-59	\$2.26
60-64	\$4.13
65-69	\$7.08
70 >	\$11.55

CHILD POLICY	
Not based on age but rather policy amount elected. Rates per \$1,000	
\$1,000	\$0.19
\$2,000	\$0.38
\$3,000	\$0.57
\$4,000	\$0.75
\$5,000	\$0.94
\$6,000	\$1.13
\$7,000	\$1.31
\$8,000	\$1.50
\$9,000	\$1.69
\$10,000	\$1.87



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.

To Determine The Monthly Premium

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

Voluntary 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.

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 only covers the employee only*

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

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%

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.....>
4. Multiply the increments (2) by the rate (3)
This is the monthly premium for coverage...>

EMPLOYEE POLICY	FAMILY POLICY
_____	_____
_____	_____
\$0.17	\$0.25
_____	_____

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.

Long Term Disability

- 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 for teachers, classified and secretarial employees; 60% of base contract salary for middle managers and administrators. Max benefit normal retirement age.
- 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 that existed 3 months prior to the start of your coverage unless the disability began after being covered for twelve consecutive months under the disability program.**

Short Term Disability

- 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 Insurance



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.

Teachers:

- Participation in the disability insurance program is voluntary and you must elect to have and pay for disability coverage.
- The benefit maximum is to normal social security retirement age
- The cost of disability insurance coverage is listed below.

	Semi-Monthly	Monthly
<\$34,999	\$9.00	\$18.00
\$35,000—\$49,999	\$9.25	\$18.50
\$50,000—\$64,999	\$9.50	\$19.00
>\$65,000	\$10.00	\$20.00

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 except for teachers.



Accident\Critical Illness Insurance

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.

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

Accident\Critical Illness Insurance You Can Have Peace Of Mind

- ◆ Coverage is guaranteed issue – 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 that supplements your existing medical benefits
- ◆ Coverage is portable and may be continued if the employee leaves the group.
- ◆ Employee or Family coverage available.

Accident Plan Highlights Include

- ◆ Accidental Death & Dismemberment coverage up to \$40,000
- ◆ Dislocation & Fracture benefits up to \$4,000/\$6,000
- ◆ Initial Hospital Confinement of \$1,500/\$2,000, Daily Hospital Confinement of \$200/\$300 a day
- ◆ Physical Therapy of \$30/day for up to 6 treatments per accident
- ◆ Outpatient Physician's Treatment Benefit of \$50/\$100 available for visiting a doctor on an outpatient basis for any reason (can be claimed up to twice per calendar year, per person or four times with dependent coverage)

Critical Illness 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.

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.

Accident\Critical Illness Insurance



	Low Plan	High Plan
Accidental Death & Dismemberment Coverage (Benefit amount payable is multiplied by 5 when accidental death is the result of a Common Carrier)	Up to \$40,000 Employee; \$20,000 Spouse; \$10,000 Children	Up to \$60,000 Employee; \$30,000 Spouse; \$15,000 Children
Dislocations & Fractures	Up to \$4,000	Up to \$6,000
Ambulance	\$200 Regular/\$600 Air	\$300 Regular/\$900 Air
Accident Physician's Treatment	\$100	\$150
X-Rays	\$200	\$300
Emergency Room Services	\$200	\$300
Hospital Confinement	\$1,000 (\$200/day)	\$1,500 (\$300/day)
Outpatient Physician's Treatment Benefit	\$50	\$50

Monthly Premiums

	EE	EE+SP	EE+CH	F
Low Plan	\$7.60	\$17.36	\$26.94	\$36.82
High Plan	\$10.2	\$23.82	\$35.97	\$47.49



Accident\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 **GUARANTEE ISSUE** – Allstate extended the guarantee issue offer – no health questions asked even if you’ve declined this plan in past years

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.

LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

Ages	EE	EE+SP	EE+CH	F
18-35	\$7.95	\$12.05	\$7.95	\$12.05
36-50	\$18.15	\$27.35	\$18.15	\$27.35
51-60	\$37.85	\$56.90	\$37.85	\$56.90
61-63	\$59.05	\$88.70	\$59.05	\$88.70
64+	\$87.65	\$131.60	\$87.65	\$131.60

LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

tobacco

Ages	EE	EE+SP	EE+CH	F
18-35	\$12.55	\$18.95	\$12.55	\$18.95
36-50	\$30.85	\$46.40	\$30.85	\$46.40
51-60	\$64.55	\$96.95	\$64.55	\$96.95
61-63	\$93.15	\$139.85	\$93.15	\$139.85
64+	\$138.95	\$208.55	\$138.95	\$208.55

HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT

non-tobacco

Ages	EE	EE+SP	EE+CH	F
18-35	\$13.66	\$20.61	\$13.66	\$20.61
36-50	\$34.06	\$51.21	\$34.06	\$51.21
51-60	\$73.46	\$110.31	\$73.46	\$110.31
61-63	\$115.85	\$173.90	\$115.85	\$173.90
64+	\$173.05	\$259.70	\$173.05	\$259.70

HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT

tobacco

Ages	EE	EE+SP	EE+CH	F
18-35	\$22.84	\$34.39	\$22.84	\$34.39
36-50	\$59.45	\$89.30	\$59.45	\$89.30
51-60	\$126.85	\$190.40	\$126.85	\$190.40
61-63	\$184.07	\$276.22	\$184.07	\$276.22
64+	\$275.66	\$413.61	\$275.66	\$413.61

Wellness Benefit pays \$50 per covered person, per year, for completing a covered wellness exam.

Welfare Association

Is a way for employees to help take care of employees. 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. Membership in the Welfare Association is voluntary, benefit payments may vary depending on the number of members

Being 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 during.
- ◆ 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.

Insurance Rates

Dental Select Rates

Plans	Silver		Gold Medium		Gold High		Platinum	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly
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

Vision Rates

Plans	Semi-Monthly	Monthly
Single	\$1.00	\$2.00
Two-Party	\$2.00	\$4.00
Family	\$4.50	\$9.00

2017 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	GSD	GWB Incentive Monthly	Semi-Monthly	Monthly	GSD	GWB Incentive Monthly

Full-Time (1.0 FTE)

EE	\$19.70	\$39.40	\$523.49	\$49.40	\$20.10	\$40.20	\$534.07	\$50.20
EE & Child	\$38.42	\$76.84	\$1,020.81	\$86.84	\$39.20	\$78.39	\$1,041.43	\$88.39
EE & Children	\$56.15	\$112.30	\$1,491.95	\$122.30	\$57.29	\$114.57	\$1,522.09	\$124.57
EE & Spouse	\$90.29	\$180.58	\$1,024.02	\$190.58	\$92.11	\$184.22	\$1,044.70	\$194.22
EE & Sp & Child(ren)	\$126.74	\$253.47	\$1,457.73	\$263.47	\$129.30	\$258.59	\$1,487.18	\$268.59

Part-Time (.8750 FTE)

EE	\$35.18	\$70.36	\$492.53	\$80.36	\$35.89	\$71.78	\$502.48	\$81.78
EE & Child	\$68.61	\$137.21	\$960.44	\$147.21	\$69.99	\$139.98	\$979.84	\$149.98
EE & Children	\$100.27	\$200.53	\$1,403.72	\$210.53	\$102.29	\$204.58	\$1,432.08	\$214.58
EE & Spouse	\$98.40	\$196.79	\$1,007.84	\$206.79	\$100.38	\$200.77	\$1,028.16	\$210.77
EE & Sp & Child(ren)	\$139.27	\$278.55	\$1,432.65	\$288.55	\$142.09	\$284.18	\$1,461.59	\$294.18

Part-Time (.83 FTE)

EE	\$47.85	\$95.69	\$467.20	\$105.69	\$48.82	\$97.63	\$476.64	\$107.63
EE & Child	\$93.30	\$186.60	\$911.05	\$196.60	\$95.19	\$190.37	\$929.45	\$200.37
EE & Children	\$136.36	\$272.72	\$1,331.53	\$282.72	\$139.12	\$278.23	\$1,358.43	\$288.23
EE & Spouse	\$102.39	\$204.78	\$999.81	\$214.78	\$104.46	\$208.92	\$1,020.01	\$218.92
EE & Sp & Child(ren)	\$145.45	\$290.90	\$1,420.30	\$300.90	\$148.39	\$296.78	\$1,448.99	\$306.78

Part-Time (.80 FTE)

EE	\$56.29	\$112.58	\$450.32	\$122.58	\$57.43	\$114.85	\$459.41	\$124.85
EE & Child	\$109.77	\$219.53	\$878.12	\$229.53	\$111.98	\$223.96	\$895.85	\$233.96
EE & Children	\$160.43	\$320.85	\$1,283.40	\$330.85	\$163.67	\$327.33	\$1,309.33	\$337.33
EE & Spouse	\$120.46	\$240.92	\$963.68	\$250.92	\$122.90	\$245.79	\$983.14	\$255.79
EE & Sp & Child(ren)	\$171.12	\$342.24	\$1,368.96	\$352.24	\$174.58	\$349.15	\$1,396.61	\$359.15

Part-Time (.75 FTE)

EE	\$70.36	\$140.72	\$422.17	\$150.72	\$71.79	\$143.57	\$430.70	\$153.57
EE & Child	\$137.21	\$274.41	\$823.23	\$284.41	\$139.98	\$279.95	\$839.86	\$289.95
EE & Children	\$200.53	\$401.06	\$1,203.19	\$411.06	\$204.58	\$409.16	\$1,227.49	\$419.16
EE & Spouse	\$150.58	\$301.15	\$903.45	\$311.15	\$153.62	\$307.23	\$921.70	\$317.23
EE & Sp & Child(ren)	\$213.90	\$427.80	\$1,283.40	\$437.80	\$218.22	\$436.44	\$1,309.33	\$446.44

Contract Employees on Granite's medical insurance will need to complete their Biometric Screening and HRA during the 2017 plan year, 1/1/17-12/31/17.

Employees who do not complete the Biometric Screening & HRA will be charged an extra \$10 per month for the 2018 Plan Year.

2017 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	GSD	GWB Incentive Monthly	Semi-Monthly	Monthly	GSD	GWB Incentive Monthly
Part-Time (.69 FTE)								
EE	\$87.25	\$174.50	\$388.40	\$184.50	\$89.01	\$178.02	\$396.24	\$188.02
EE & Child	\$170.14	\$340.27	\$757.38	\$350.27	\$173.57	\$347.14	\$772.67	\$357.14
EE & Children	\$248.66	\$497.32	\$1,106.93	\$507.32	\$253.68	\$507.36	\$1,129.29	\$517.36
EE & Spouse	\$186.71	\$373.42	\$831.17	\$383.42	\$190.49	\$380.97	\$847.96	\$390.97
EE & Sp & Child(ren)	\$265.24	\$530.47	\$1,180.73	\$540.47	\$270.60	\$541.19	\$1,204.58	\$551.19
Part-Time (.67 FTE)								
EE	\$92.88	\$185.76	\$377.14	\$195.76	\$94.76	\$189.51	\$384.76	\$199.51
EE & Child	\$181.11	\$362.22	\$735.42	\$372.22	\$184.77	\$369.54	\$750.28	\$379.54
EE & Children	\$264.70	\$529.40	\$1,074.85	\$539.40	\$270.05	\$540.10	\$1,096.56	\$550.10
EE & Spouse	\$198.76	\$397.52	\$807.08	\$407.52	\$202.78	\$405.55	\$823.38	\$415.55
EE & Sp & Child(ren)	\$282.35	\$564.70	\$1,146.51	\$574.70	\$288.05	\$576.10	\$1,169.66	\$586.10
Part-Time (.6250 FTE)								
EE	\$105.55	\$211.09	\$351.81	\$221.09	\$107.68	\$215.35	\$358.92	\$225.35
EE & Child	\$205.81	\$411.62	\$686.03	\$421.62	\$209.97	\$419.93	\$699.89	\$429.93
EE & Children	\$300.80	\$601.59	\$1,002.66	\$611.59	\$306.88	\$613.75	\$1,022.91	\$623.75
EE & Spouse	\$225.86	\$451.72	\$752.87	\$461.72	\$230.43	\$460.85	\$768.08	\$470.85
EE & Sp & Child(ren)	\$320.85	\$641.70	\$1,069.50	\$651.70	\$327.33	\$654.66	\$1,091.11	\$664.66
Part-Time (.562 FTE)								
EE	\$123.28	\$246.55	\$316.35	\$256.55	\$125.77	\$251.53	\$311.37	\$261.53
EE & Child	\$240.39	\$480.77	\$616.88	\$490.77	\$245.24	\$490.48	\$607.17	\$500.48
EE & Children	\$351.33	\$702.66	\$901.59	\$712.66	\$358.43	\$716.86	\$887.40	\$726.86
EE & Spouse	\$263.81	\$527.61	\$676.98	\$537.61	\$269.14	\$538.27	\$666.33	\$548.27
EE & Sp & Child(ren)	\$374.76	\$749.51	\$961.70	\$759.51	\$382.33	\$764.65	\$946.56	\$774.65
Part-Time (.50 FTE)								
EE	\$134.61	\$281.45	\$281.45	\$291.45	\$137.33	\$287.14	\$287.14	\$297.14
EE & Child	\$262.49	\$548.83	\$548.83	\$558.83	\$267.79	\$559.91	\$559.91	\$559.91
EE & Children	\$383.63	\$802.13	\$802.13	\$812.13	\$391.38	\$818.33	\$818.33	\$828.33
EE & Spouse	\$288.06	\$602.30	\$602.30	\$612.3	\$293.88	\$614.47	\$614.47	\$624.47
EE & Sp & Child(ren)	\$409.21	\$855.60	\$855.60	\$865.60	\$417.48	\$872.89	\$872.89	\$882.89

Contract Employees on Granite's medical insurance will need to complete their Biometric Screening and HRA during the 2017 plan year, 1/1/17-12/31/17.

Employees who do not complete the Biometric Screening & HRA will be charged an extra \$10 per month for the 2018 Plan Year.



Frequently Asked Questions

- **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 2017 plan/calendar year.

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

The open enrollment period ends on October 19, 2016 at 5:00 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?**

Dependents can be covered up to age 26, insurance will end at midnight the day of their birthday.

- **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.



Frequently Asked Questions... Cont.



• 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

After the 2017 open enrollment, coverage for teachers 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. The plan does not cover pre-existing conditions that existed 3 months prior to the start of your coverage unless the disability began after being covered under the long-term disability plan for 12 consecutive months.

• WILL I RECEIVE NEW ID CARDS FOR 2017?

It depends. You will receive new ID cards for medical. You will only receive new ID cards for vision, or flex spending if you changed plans from 2016 to 2017 or enrolled in these plans 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 2017. Both employees must select the same medical tier and insurance company administering coverage (i.e., both employees must select coverage under a Regence BlueCross BlueShield plan or both must select coverage under a 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, 401(k) participation and Utah State Retirement defined benefit plans at any time. Change forms are available from the District Benefits Office. You can also change this during the online enrollment

• 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, 2017. SSNs for all subscribers and existing dependents are required by CMS (Center for Medicare & Medicaid).

Definitions

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.

Initial Notice of COBRA Continuation Coverage

All family members must read this notice carefully. This notice applies to any employee, spouse and/or dependent covered by the employer's group health plan. If you have questions regarding any of the information contained in this notice, it is your responsibility to contact the employer or Plan administrator.

"You" in this notice refers to the employee, spouse or dependent child who is (or becomes) covered under the health plan.

This notice contains a summary of your health insurance continuation rights under federal COBRA law. **This notice DOES NOT change or alter your current status on the insurance plan(s) in any way.** If you are (or become) insured under the employer's group health plan as the employee, spouse or dependent child of the employee, you may be eligible for continuation coverage if you would lose coverage due to a qualifying event such as:

1. Employee's Voluntary Termination
2. Employee's Involuntary Termination
3. Employee's Reduction of Hours
4. Death of the Employee
5. Employee's Medicare Entitlement
6. Divorce or Legal Separation
7. A Dependent Child Ceasing to be a Dependent
8. The Bankruptcy of the Employer *Title XI, U.S. Code

PLAN INFORMATION: For detailed plan information, please refer to your insurance booklet. Your "insurance booklet" may be referred to as a Summary Plan Description (SPD), benefits booklet or Certificate of Coverage which may be available by contacting the employer or plan administrator listed above. The information contained in the insurance booklet may not be altered by any statements made by representatives of the employer. Some states also have health insurance continuation rules. Please check your insurance booklet for further information regarding specific state continuation laws that may apply to you.

YOUR REPORTING RESPONSIBILITIES: The employee, spouse and/or dependent child would have the responsibility to inform the employer or plan administrator of a divorce or legal separation or a dependent child ceasing to be a dependent child within 60 days. Plan terms regarding a dependent's eligibility status may be found in your insurance booklet. The 60-day period would run from the later of the event date of the date coverage is lost due to the event. If the employer or plan administrator does not become informed of one of these events by the end of the 60-day period, continuation coverage might not have to be offered. The employer has a form in his/her office that may be completed and submitted to the employer or plan administrator if you or a family member would experience one of these events.

COBRA QUALIFYING EVENT NOTICE: If a loss of group health insurance coverage would occur due to a qualifying event, the employer or plan administrator would notify you of your right to elect continuation coverage (subject in certain instances to you informing the employer or plan administrator that an event occurred as outlined in the previous paragraph).

COBRA QUALIFIED BENEFICIARIES: Each employee, spouse and dependent child covered under the group health plan at the time of a qualifying event would be a qualified beneficiary and would have independent rights under COBRA. Additionally, a child born to or placed for adoption with the covered employee during the period of continuation coverage will be provided beneficiary status under COBRA if the covered employee elects to continue coverage and if the child is enrolled in the plan. Incapacitated qualified beneficiaries would have special rights. If a qualified beneficiary were incapacitated, other specific individuals could elect on his/her behalf by contacting the employer or plan administrator listed on page one. COBRA qualified beneficiaries may also be allowed all options that active employees have under the plan, under the same terms and condition as active employees.

COBRA ELECTIONS: You would be allowed 60 days to make an election of continuation coverage (60-days from the later of the date of the notice or the date your group health insurance coverage would end due to the qualifying event). In most instances, if continuation coverage were elected and paid for within the proper time frames, your coverage would continue without interruption. The employer or plan administrator does reserve the right to verify your eligibility if you did elect continuation coverage, and if you were not eligible, they reserve the right to terminate that coverage retroactively. Under certain circumstances, COBRA time frames could be extended beyond those outlined in this notice. If you sign a waiver regarding your continuation coverage, you may revoke the waiver during the election period. Any claims that occur within the waiver period might not be covered.

HMO INFORMATION: If you participated in an HMO or a walk-in clinic, and you used the provider's services during the election period, the employer's plan may allow the employer, at the employer's option, to treat such use as a constructive election of COBRA continuation coverage. You would be obligated to pay any applicable charge for the coverage within 45 days of the constructive election. Not all employers recognize constructive elections. HMOs may provide region specific coverage. For a COBRA qualified beneficiary moving outside the region, coverage may be reduced similarly to that of active employees outside of the region; however, if an existing plan would cover active employees in that region, qualified beneficiaries must be allowed the option of coverage on that plan. In certain circumstances, coverage may be eliminated or provided for emergency services only. Please refer to your insurance booklet for specific information.

Initial Notice of COBRA Continued

PREMIUM PAYMENTS: If you were to elect, you would be allowed 45 days from the date you elect COBRA continuation coverage to pay the premiums due from the loss of coverage date (retroactive premium). The 45-day period would begin on the date your election was sent to the employer or plan administrator. In order to maintain your eligibility for continuation coverage, the retroactive premium should be paid by the 45th day. Premium payments may be made in monthly increments. Under certain circumstances, COBRA premiums may be paid on a pre-tax basis under a Section 125 (cafeteria) plan established by the employer. The employer may charge up to 102% of the regular group health premium for continuation coverage. You would be allowed a 30-day grace period on each monthly premium (longer than 30 days if the employer or an active employee has a longer period). Failure to pay any premium (retroactive, monthly, etc.) could cause your continuation of coverage to be retroactively terminated.

DURATION OF COVERAGE: If you were to continue your group health insurance coverage under COBRA, you would be provided the same coverage as similarly situated employees. Under COBRA, health insurance coverage may be continued for 18 months if the qualifying event were termination or a reduction in hours. The other events (excluding bankruptcy) would allow 36 months of continuation coverage. Bankruptcy of the employer has special rules that would pertain to the company's retirees. The continuation coverage time periods will run from the date of the qualifying event.

COBRA EXTENSIONS: The 18-month period (following a termination or reduction in hours) could be extended if another qualifying event (death of the employee, divorce or legal separation, employee's Medicare entitlement or a dependent child ceasing to be a dependent) were to occur during that 18-month period. You would need to notify the employer or plan administrator if you were to experience a second qualifying event and would like to extend your coverage. If any qualified beneficiary were to be deemed disabled by the Social Security Administration before the end of the first 60 days of continuation coverage, all qualified beneficiaries may be eligible to extend their COBRA coverage up to 29 months from the date of the termination or reduction of hours. To receive this additional coverage, the employer or plan administrator must be notified of the disability determination before the expiration of the 18 months and within 60 days of the determination. The employer or plan administrator would also need to be notified that qualified beneficiaries were deemed no longer disabled within 30 days of that determination. If deemed no longer disabled, all qualified beneficiaries would no longer be eligible for the additional 11 months of continuation coverage. From the 19th month to the 29th month, up to 150% of the applicable group health premium for this extension of coverage could be charged if the disabled qualified beneficiary is part of the coverage extension.

REASONS CONTINUATION COVERAGE COULD TERMINATE EARLY (Prior to the maximum coverage period):

The employer no longer provides group health coverage;

The premium for your continuation coverage is not paid in a timely manner;

After the date you elect COBRA continuation coverage, you become covered under another group health plan:

That does not contain any exclusions or limitation with respect to any pre-existing condition that applies to you,

Where the pre-existing condition limitation does not apply to you,

When you have satisfied any pre-existing condition clauses that did apply to you; or

After the date you elect COBRA continuation of coverage, you become entitled to Medicare.

Your COBRA continuation coverage may be retroactively terminated for cause (i.e., fraudulent activity) on the same basis that the plan terminates the coverage of a similarly situated active employee for cause. Additionally, Health FSA's (Section 125 or cafeteria plan) may have a separate, earlier expiration date.

ADDITIONAL INFORMATION: If you would experience a qualifying event, you would not have to show that you were insurable in order to continue your insurance coverage under COBRA. Coverage might also extend if you are covered under a retiree plan and would lose that coverage due to a COBRA qualifying event. The employer or plan administrator must allow you to enroll in a conversion plan, if such plan is available under the employer's group health insurance plan.

COBRA notifications will be sent to your last known address. This makes it imperative that you keep the employer informed of your current address and address changes. Please also notify the employer if you add a spouse or dependent to your group health insurance coverage.

"You" in this notice refers to the employee, spouse or dependent child who is (or becomes) covered under the health plan.