

Employee Benefits



Logan City School District

September 1, 2023 - August 31, 2024



Provided by:
 MORETON & COMPANY

Employee Benefits: 2023-2024

Benefit Carrier Contact Information

Logan City School District

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MotivHealth - Medical

Group #: LOGSD09SN

Member Services: 844-234-4472

www.motivhealth.com

Pharmacy: 385-247-1030

MotivHealth H.S.A. - Health Savings Account (HSA)

844-234-4472

www.motivhealth.com/motivhealth-hsa

Samera Health - Dental & Vision

435-563-0613

www.samerahealth.com

New York Life - Life and Disability

800-362-4462

www.mynylgbs.com

Employee Assistance and Wellness Support Web ID:NYLGBS

800-344-9752

guidanceresources.com

National Benefit Services (NBS) - Reimbursement Account

800-274-0503

www.nbsbenefits.com

American Fidelity - Worksite Benefits

800-616-3576 / 702-433-5333

www.americanfidelity.com

AFLAC - Worksite Benefits

800-433-3035

www.aflacgroupinsurance.com

Denise Abbott

435-757-7834

denise_abbott@us.aflac.com

MetLife - Pet Insurance

1-800-GET-MET8

www.metlife.com/getpetquote

Horace Mann - Christopher Guymon

435 752-5175

Washington National (Conseco) - Paul Stanley

385-887-4791

Moreton & Company - Account Manager

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www.moreton.com

Welcome!

To learn more about benefits Logan City School District offers, please review the following 2023-2024 benefit materials. If you have any questions about your benefits, we are here to help!

Payroll and Benefits Department

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

Social Security Numbers

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

Medicare Part D

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

HIPAA Privacy Notice

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

IRS Regulations

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

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

Enrollment Guidelines: 2023-2024

Why is open enrollment so important?

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

Who is eligible to participate in the benefit plans?

- Employees who work 30+ hours per week;
- Employees legally married spouse, and/or dependent(s); see your Benefits Summary's definition of legally married spouse and/or dependent(s), (children who are less than 26 years of age);
- If the employer of a covered spouse creates a policy to exclude primary coverage from a benefited Logan City School District employee, then the Logan City School District enacts the same policy for that covered spouse;

When Do Benefits Begin?

- Eligible employees can receive benefits on the first day of the month following date of hire (provided the online enrollment process has been completed);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available through the Payroll and Benefits department.

Is it possible to make changes during the year?

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

Qualifying Changes: (30 Days Unless Otherwise Stated Below)

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

Glossary of Terms

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

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

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

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

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

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

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

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

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

Medical Plan 2023-2024

MotivHealth - Logan City School District offers the following two medical plans:

	HSA 2000		HSA 4000	
	Network	Non Network *	Network	Non Network *
	\$2,000 / \$4,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Deductible PPY (Individual / Family)	For Individual policies the deductible is \$2,000. For Family policies the benefits become payable for any individual that has met the embedded deductible amount of \$3,000. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.		If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	\$6,000 / \$6,850	\$12,000 / \$24,000	\$6,000 / \$12,000	\$12,000 / \$24,000
	If any family member reaches the individual out of pocket maximum then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the family out of pocket maximum, then the out of pocket maximum is satisfied for the entire family.			
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	60% / 40% AD	80% / 20% AD	60% / 40% AD
Office Visits				
Primary Care	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Preventive **	Covered 100%	Covered 100% ¥	Covered 100%	Covered 100% ¥
Specialists or Secondary Care Provider	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Chiropractic (20 Visits)	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Diagnostic Lab & X-Ray Services				
Minor (In Office)	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Pediatric Services (Through Age 18)				
Routine Eye Exam **	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Corrective Lenses **	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Hospital Services				
Outpatient	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Maternity	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Emergency Services				
Urgent Care	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Emergency Room	80 / 20 AD	See Network Benefits	80 / 20 AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits	80 / 20 AD	See Network Benefits
Mental Health Services				
Inpatient	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Outpatient - Office	80 / 20 AD	60 / 40 AD	80 / 20 AD	60 / 40 AD
Prescriptions				
Pharmacy	80 / 20 AD		80 / 20 AD	
Maintenance Drugs or Mail Order	80 / 20 AD		80 / 20 AD	
Coverage Type	HSA 2000 Employee Monthly Rates (9 Months)		HSA 4000 Employee Monthly Rates (9 Months)	
Employee (EE)	\$89.51		\$0.00	
Two Party	\$196.42		\$0.00	
Family	\$281.59		\$0.00	

AD: After Deductible

PPY: Per Plan Year

¥ Up to allowed amount.

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

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

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

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Payroll and Benefits Department or at www.motivhealth.com.

Healthplan Services 2023-2024

MotivHealth Smart Pay Discount Program

What is the Smart Pay Discount Program?

The Smart Pay Discount program is designed to reward members when they elect to have certain planned medical procedures and/or high cost diagnostic studies performed by a high value Provider when they work with our SmartPay team.

Where Does the Savings Come From?

Savings are created when MotivHealth and the member work together with our SmartPay providers and, if necessary, pay in advance.

How Do I Benefit from Smart Pay?

Because MotivHealth has such great contract rates with our high quality SmartPay providers, we pass along a portion of the savings to you in the form of reduced out-of-pocket expense, a HSA contribution, or a check. Smart Pay Incentives vary between \$100-\$3,000 depending on the eligible procedure or study.

How and When Can My Smart Pay Contributions be Used?

Smart Pay HSA contributions are yours and can be used to lower your out of pocket cost, or, if you prefer, you can save it in your HSA and use to cover future healthcare expenses.

Important Things to Consider:

- Call the Smart Pay Discount Program Team prior to scheduling your planned medical procedure in order to qualify for and receive a Smart Pay Incentive.
- Participation with Smart Pay Discount Program is optional. However, should you choose to participate, make sure you contact our SmartPay team to move forward.
- If you choose to receive treatment without Smart Pay, your providers will go through the usual process and submit claims to MotivHealth, and your standard in and out of network deductible and cost sharing will apply.

MotivHealth Steps Incentive Program

The **MotivHealth Steps Incentive Program** is designed to help our members stay active and engaged in their health care. The Steps Incentive program pays members for each step they take. Once enrolled, members and their covered spouse can each earn a \$1.00 a day for each day they walk 8,000 or more steps up to 20 days a month. *Now that's growing YOUR health savings!*

Why Participate in the Steps Incentive Program?

- Free Cash Deposits into Your HSA
- Free Wofit Device
- Improve Your Health

To Easily Participate with the Steps Incentive Program:

- Step 1** - Create Member Account
- Step 2** - Request Free Wofit Device
- Step 3** - Sync Wofit or Applicable Device
- Step 4** - Begin Earning Cash for Cardio

Phone: 844-234-4472 • Website: [motivhealth.com](https://www.motivhealth.com)

Utah Resident Telehealth 2023-2024

MotivHealth - 100% Company Paid for those under the HDHP Medical Plan

Our Premier Family Medical licensed medical professionals are available 8AM to 8PM, 7 days a week and are here to help you.

How to Access This Service

1. Log into your MotivHealth member portal online at:
www.member.motivhealth.com
2. Click on "Telemedicine Visits"
3. Schedule desired time for free telehealth visit
4. No cost to members

Common conditions treated:

- Allergies
- Bronchitis
- Sinusitis
- Ear Ache
- UTI

After Hours Care:

1. If you are needing to utilize services After Hours, please reach out to Teledoc Health via your member portal. You can also go directly to <https://www.teladoc.com/how-it-works/> or call 1-800-Teladoc to get started.
2. You will be required to enter personal information to create an account the first time.
3. Members will need to pay up-front for these services and then reach out to Motiv's Personal Health Assistance to get reimbursed.

Please Note: Members that reside outside of Utah are required to continue using HealthiestYou. *See page 6 for details.*



Non-Utah Resident Telehealth 2023-2024

HealthiestYou - 100% Company Paid for those under the HDHP Medical Plan

Our concierge doctors are available 24 hours a day 7 days a week via phone or video, and are here to help you.

24x7 Unlimited Doctor Access

Are you sick? Call HealthiestYou first! Our Physician network can diagnose, treat, and prescribe via phone or video with no consult fees, anytime, anywhere.

Health Management Content

Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.

How to Use This Service

1. Call 866-703-1259
2. Identify yourself by name and company
3. Explain the reason for your call. You will be asked some medical history questions along with any questions that pertain to your current symptoms.
4. A physician will call you back within 3 hours at the number you specify

Using the HealthiestYou App

1. Download the app from the "HealthiestYou" App Store or Google Play.
2. Set up your account by tapping "Register," then select "Employee" as your membership type.
3. Follow the prompts to register your account.
4. Once your account is active, you can initiate visits directly through the app.

When can you use this service?

- Our service is available 24 hours a day 7 days a week 365 days a year for you to speak with a doctor.
- There are no limits to the number of calls you can make and no cost per call.
- Use the service whenever you have a health question that requires the attention of a physician, and whenever you are experiencing symptom of acute illness.
- No consultation fee
- \$0 Co-pay

Some common conditions that are frequently treated using tele-health services:

- General Health Questions
- Strep
- Bronchitis
- Respiratory Infections
- Earache
- Urinary Tract Infections
- Sore Throat
- Second Opinions
- Pink Eye
- Allergies
- Sinusitis

Getting the MOST From This Benefit

We recommend that you download the HealthiestYou app to streamline your access to virtual healthcare. Save money by reducing your use of higher cost alternatives like urgent care facilities and emergency departments for non-emergency care. Minimizes travel time and expenses while waiting in the comfort of your own home or office. Get the peace of mind that comes from confirming health choices with a medical doctor.

Please Note: Members that reside in Utah are required to use Premier Family Medical. See page 5 for details.

Health Savings Account (HSA): 2023-2024

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund your HSA with pre-tax dollars.

Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

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

What is a deductible?

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

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

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

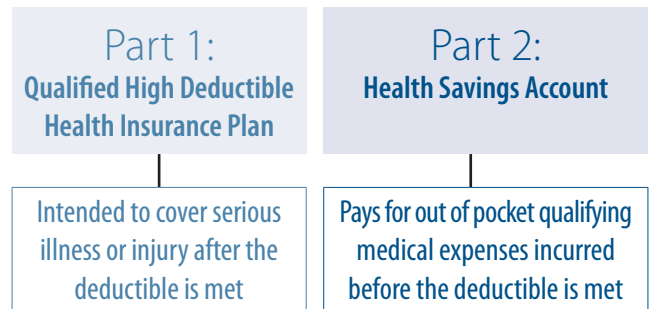
When do I use my HSA?

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

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

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

How does a Health Savings Account Work?



How is an HSA used to pay for medical care?

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

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

How much can be contributed to an HSA?

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

Maximum Annual Contribution		
Type of Coverage	2023	2024
Individual	\$3,850	\$4,150
Two Party	\$7,750	\$8,300
Family	\$7,750	\$8,300

Individuals age 55 or older may be eligible to make a catch up contribution of \$1,000 in 2023-2024.

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

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

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

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

Why should I elect an HSA?

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

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

Long-Term Financial Benefits

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

Choice

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

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

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

When can I start using my HSA dollars?

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

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

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

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

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

Reimbursement Accounts: 2023-2024

National Benefit Services (NBS) September 1, 2023 through August 31, 2024

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

The following accounts may be available to you:

Flexible Spending Account (FSA)

This account allows you to set aside up to \$3,050 in pretax dollars to pay most out of pocket medical, dental, or vision care expenses, including: medical and dental deductibles and co-payments, eye glasses, dental, and orthodontic work not covered by insurance.

Limited Purpose FSA

This account allows HSA-covered employees to pay for dental and vision expenses not covered by insurance. This plan **does not** allow you to pay for other medical expenses until you have reached your High Deductible Health Plan (HDHP) medical deductible. Only after your medical deductible has been met can you submit any medical-plan related expenses. **Before the HDHP deductible is met, you can use HSA dollars for your medical expenses.**

Dependent Care Assistance Plan (DCAP)

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

The Advantages

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

How It Works

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

Eligibility

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

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

The Dependent Care Assistance Plan

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

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

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

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

Use it or Lose it

If you don't use all of the pre-taxed dollars you deposited into your FSA and/or DCAP, you will forfeit any balance in the account(s) at the end of the plan year. You have 70 days after the plan year ends to incur expenses covered by your FSA (not your DCAP). You have an additional 90 days (or number of days provided in plan) to submit claims for reimbursement.

Once Enrolled, You May Not Change

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

Reimbursements

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

Website: www.nbsbenefits.com

Email: service@nbsbenefits.com

Phone: 800-274-0503, Option # 2

Mailing Address: National Benefit Services, LLC

Flexible Benefits Department

430 W 7th Street, Suite 219393, Kansas City, MO 64105

Dental Plan: 2023-2024

Logan City School District offers the following dental plan through Samera Health:

	Opulent PPO	
	Network	Non Network *
Deductible	\$75 Single / \$225 Family	
Maximum Annual Benefit - <i>Dental</i>	\$1,000 Per Individual	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services	No Waiting Period	
Exams, Cleanings, X-rays, Fluoride (Up to age 19)	Covered 100%	70 / 30 of FS
Basic Services	No Waiting Period	
Fillings, Extractions, Oral Surgery	80 / 20 AD	70 / 30 of FS - AD
Major Services	No Waiting Period	
Bridges, Crowns, Dentures	50 / 50 AD	40 / 60 of FS - AD
Endodontic & Periodontic Services	Covered under Basic Services	
Orthodontic Services		
Dependents to Age 19	Negotiated Discount Available †	No Benefit
Adults	Negotiated Discount Available †	No Benefit
	Opulent PPO Employee Monthly Rates (9 Months)	
Coverage Type		
Single	\$41.31	
Two Party	\$82.29	
Family	\$138.24	

AD: After Deductible

FS: Network Fee Schedule

† Certain providers have agreed to a negotiated rate for all Logan School District employees. Contact Samera Health for further details.

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

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Payroll and Benefits Department or at www.samerahealth.com.



Vision Plan: 2023-2024

Logan City School District offers the following two vision plans through Samera Health:

	Silver Vision E150 Any Provider (Plan Pays)	Silver Vision 150 Any Provider (Plan Pays)
Eye Exam Eyeglass or Contact Exam	One Time Per Plan Year Up to \$50	Not Covered
Frames Allowance Based on Retail Pricing	One Time Per Plan Year Up to \$150	One Time Per Plan Year Up to \$150
Lenses Single Vision, Bifocal, Trifocal, Progressive	One Time Per Plan Year Up to \$75	One Time Per Plan Year Up to \$75
Lens Options Tint (Solid or Gradient), UV Coating, Standard Scratch Resistance, Standard Polycarbonate, Standard Anti-Reflective	Up to \$100	Up to \$100
Contacts (In Lieu of Glasses) Conventional, Disposable	One Time Per Plan Year Up to \$150	One Time Per Plan Year Up to \$150

Coverage Type	Silver Vision E150 Employee Monthly Rates (9 Months)	Silver Vision 150 Employee Monthly Rates (9 Months)
Single	\$12.89	\$8.40
Two Party	\$25.08	\$16.23
Family	\$39.91	\$25.91

This is a reimbursement plan. Use any provider.

For reimbursement, locate a form at www.samerahealth.com/claim-reimbursement, complete and submit along with your itemized receipt to:

**Samera Health
PO Box 126
Smithfield, UT 84335
Fax: 435-563-4035**

Or scan and email the claim to: vision@samerahealth.com

You can also submit reimbursement through the **Samera Health App**.
Download via the App Store or Google Play



Life Insurance Plans: 2023-2024

New York Life Basic Life, AD&D - 100% Company Paid

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Reduction schedule varies by age. Please refer to the certificate of coverage for more detailed information. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic Term Life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits. Spousal benefits terminate at age 75.

Benefits

Employee Life Insurance	\$50,000
Accidental Death & Dismemberment (AD&D) - Employee Only	\$50,000
Accidental Death & Dismemberment (AD&D) - Spouse / Dependent Child	\$5,000
Seatbelt Benefit - Employee Only (Paid for a death resulting from an auto accident while properly wearing a seatbelt.)	10% of Principal Sum Up to \$5,000 Max
Spouse Life Insurance	\$5,000
Child(ren) Life Insurance - Live birth to age 26	\$5,000

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

Voluntary Supplemental Life - 100% Employee Paid

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

Coverage

Coverage	Benefits	Increments	Guaranteed Issue
Employee Voluntary Life Insurance	Any amount up to \$500,000	\$10,000	\$250,000
Spouse Voluntary Life Insurance	Not exceed 50% of the Employee's Supplemental Coverage amount up to \$200,000	\$5,000	\$50,000
Unmarried Dependent Child(ren) Life Insurance			
Live birth to 14 Days	\$500 of coverage	—	\$10,000
15 Days to 6 months	\$1,000 of coverage		
6 months of age to age 26	\$2,500 to \$10,000 of coverage		

All Supplemental Insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health Form. Insurance will become effective on the first of the month following underwriting approval by New York Life. Benefits terminate upon retirement. Please note spousal coverage will terminate when employee/spouse turns age 75. Supplemental Life offers a Right of Conversion. Enrollment forms are available from Payroll and Benefits Department. Reduction schedule varies by age. Please refer to the certificate of coverage for more detailed information

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

Please Note: During this year's open enrollment employees can purchase additional life insurance up to the guaranteed maximum amount of \$250,000 without having to answer any medical questions.

- Your spouse is also eligible to purchase additional life insurance up to the guaranteed maximum amount of \$50,000, without having to answer any medical questions.

Voluntary AD&D

Rates are \$0.02 per \$1,000 for employee, spouse and child(ren).

Employee	Units of \$10,000 to \$500,000
Spouse	Units of \$5,000 to \$200,000
Dependent Child(ren)	Units of \$2,500 to \$10,000

Monthly Rates Per \$1,000 of Coverage*

Age	Non Tobacco	Tobacco
29 & Under	\$0.06	\$0.10
30 to 34	\$0.08	\$0.10
35 to 39	\$0.09	\$0.13
40 to 44	\$0.11	\$0.16
45 to 49	\$0.17	\$0.25
50 to 54	\$0.23	\$0.35
55 to 59	\$0.43	\$0.59
60 to 64	\$0.66	\$0.69
65 to 69	\$1.27	\$1.27
70 to 74	\$2.06	\$3.67
75 & Over	\$2.06	\$3.67
Monthly Dependent Life	\$0.05 per \$1,000 of coverage (Rate is fixed - Regardless of number of children)	

* Spouse rates are based on spouse's age.

Disability Insurance Plan: 2023-2024

New York Life Long-Term Disability - 100% Company Paid

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

Benefits

Monthly Benefit	60% of your Monthly Salary up to \$10,000
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)
Elimination Period	120 Consecutive Days of Disability
Definition of Disability	Unable to Perform Material Duties of Regular Occupation and Unable to earn 80% or more of Indexed Earnings for the first 24 months. Then benefits continue if unable to perform "any" occupation and unable to earn more than 60% of Indexed Earnings.
Mental & Nervous / Substance Abuse	Lifetime Max of 24 Months
Definition of Earnings	Your Wage or Salary, not including Bonuses, Commissions, or Overtime Pay
Pre-Existing Condition Restrictions	3 Months prior / 12 Months on Plan

Employee Assistance & Wellness Support: 2023-2024

New York Life Group Benefit Solutions - 100% Company Paid

Employee Assistance & Wellness Support:

Is included in your New York Life plan. It helps with work/life support, referrals to counseling and community services for employees' and household members' life challenges.

Services included:

Employee Assistance, you and your dependents will have access to various counseling services including legal, financial, and work life-balance assistance

All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs.

Provides a maximum of three sessions, per issue, per year.

Guidance Resources:

Visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto.

Access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions

Call 1-800-344-9752

Visit guidanceresources.com

Web ID: NYLGBS

To reach Employee Assistance and Wellness Support

Call 1-800-344-9752

All services are free and accessible
24 hours a day, 365 days a year.

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, Employee Assistance and Wellness Support Program is there for you. It can help you and your family find solutions and restore your peace of mind. Our advocates are available to discuss the issues you face in your life, including:

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

Worksite Products: 2023-2024

MetLife Pet Insurance - 100% Employee Paid

These benefits generally are NOT sponsored or endorsed by your employer including for purposes of federal and state law, so Federal ERISA law is inapplicable.

MetLife Insurance Plans offer robust annual benefit amount options, chronic care coverage and no lifetime or per-incident limits for pets of all ages. You can customize your deductible and reimbursement rates, so they work best for your pet's needs and your budget. Get a quote and customize a pet health plan that's just right for you and your pet.

What Is Pet Insurance?

Pet insurance is a lot like your own health insurance. For a low monthly fee, your policy may help cover some of the cost of your pet's healthcare, including:

- Unexpected accidents, such as a broken bone or ingested foreign object
- Unexpected illnesses, including viral infections, parasites, and dental diseases
- Medication
- Surgery
- Lab work, including blood tests, x-rays, and more
- Emergency exams
- Hospital boarding
- Alternative therapies

That way, you can give your furry family members the care they need without worrying about the expense.

How Does Pet Insurance Work? The Basics

Take your dog or cat to the vet

Visit any licensed vet, emergency clinic or specialist in the U.S. There's no network of providers to worry about.

Get money back quickly

MetLife will follow-up with your vet for any missing info. Most claims are processed in less than 2 weeks.

Send us your claim

Pay your bill at the vet and send us your claim along with vet records and invoice from the visit.

Fetch a Quote

If you want to learn more about enrolling your cat or dog in a MetLife Pet Insurance policy, or need help with your existing plan, MetLife's friendly pet advocates are here to help you get on the right track.

www.metlife.com/getpetquote or call 1-800-438-6388

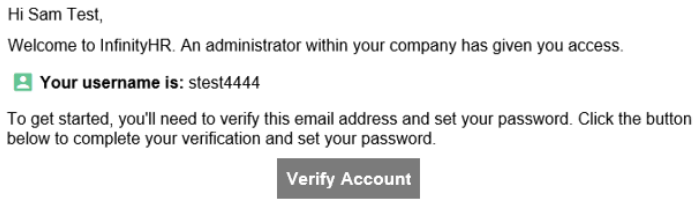
Online Enrollment: 2023-2024

InfinityHR Enrollment System - Instructions for enrolling in your benefits online

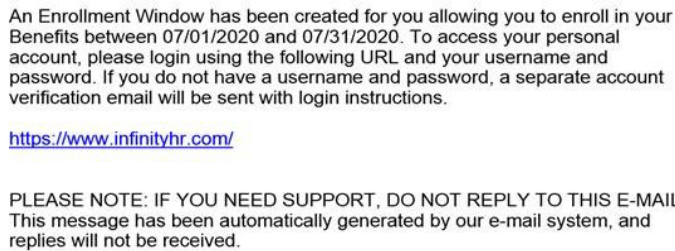
If you have previously logged into the system you can start this process on step 3 in order to log in for open enrollment.

1 - You will receive two emails from the system:

The first email is an account verification email that will provide a Username and include a link to verify your account. You can set up your password by clicking the "Verify Account" button:



The second email will outline the enrollment window dates and provide the URL for the Arcoro site. (See example email below).



2- Once you have created a new password, you can use the URL below to access the site: www.infinityhr.com

3- Once you are in the site you will see the following box. You will use the username that was emailed to you and the password that you just created to log in. Once you enter your username and password and click "Sign In", you will be logged into the site.

ARCORO

Step 1

Username

Password

[SHOW](#)

[SIGN IN](#)

Remember Me

[Forgot your password?](#)
[Forgot your username?](#)

- If you have forgotten your password you can click on "Forgot your password", which will email you a link to reset your password.
- If you have forgotten your username you can click on "Forgot your username", which will email you a link that will allow you to follow a process to get your username.

4- Once you have logged into the Arcoro system, you will be taken to the your company's home page. From here you will see "New Hire Event or Open Enrollment Event" in the drop down box, click on "Begin Event" to make your elections.

