

BENEFITS ENROLLMENT GUIDE

Effective | January 1, 2020

BENEFIT PROGRAM INFORMATION



For information about	Go to
Your Benefits **Please click the box below to hyperlink to the page.	Becky Bradshaw Sandy City HR 801.568.7150
Customer Service Support	NFP Client Services 800.553.3903 NFPUTClientServices@nfp.com
Medical Plan Pages 4-5	PEHP 800.765.7347 www.pehp.org
Health Savings Account Pages 6-8	HealthEquity 866.960.8058 www.healthequity.com
Dental Plan Pages 9-12	Ameritas 800.487.5553 www.ameritas.com
Vision Plan Pages 13-14	EyeMed 866.939.3633 www.eyemedvisioncare.com
Flexible Spending Accounts Page 15	HealthEquity 866.960.8058 www.healthequity.com
Life & Disability Page 16	OneAmerica Benefits Questions: 1.800.553.5318 Claims Questions: 1.855.517.6365 www.oneamerica.com
Voluntary Life Benefits Page 17	OneAmerica Benefits Questions: 1.800.553.5318 Claims Questions: 1.855.517.6365 www.oneamerica.com
Worksite Benefits (Accident, Hospital, Critical Illness) Pages 18-21	Eli Swenson Worksite Benefit Specialist 385.352.9379 eli.swenson@nfp.com
Sandy City Scope Page 22-23	Dr. Hulburt (Onsite Clinic) 801.568.4664 www.sandycityclinic.com
Employee Assistance Program Page 24	Intermountain EAP 800.832.7733 www.intermountainhealthcare.org/eap
Retirement Plan 401(k) / 457 Pages 25-26	Utah State Retirement Systems 801.366.7770 www.urs.org
	ICMA-RC 800.669.7400 www.icmarc.org

BENEFIT PROGRAM INFORMATION



BENEFITS OVERVIEW

Sandy City offers a comprehensive benefits package to promote health and wellness along with financial security for both you and your family. The complete benefit package is briefly summarized in this enrollment guide. Please be sure to review it carefully so that you are able to elect the coverage that is most appropriate for your personal situation. If there is any discrepancy between the insurance carrier's certificate of coverage and this guide, the insurance carrier's certificate of coverage is the prevailing document.

ELIGIBILITY

Coverage begins for enrolled eligible employees on date of hire for medical, dental, vision, flexible spending account, life, long-term disability, and employee assistance program. Coverage for the Accident, Hospital and Critical Illness plans will begin on the first of the month following date of hire.

To obtain benefits you must satisfy the following:

- You must be in a benefits-eligible position working 20 hours or more per week
- If eligible, you may enroll your spouse and dependent children on the offered benefit plans.
 Your spouse is only eligible if not covered by another health plan.
- Dependent children are eligible if less than 26 years of age

ELIGIBLE DEPENDENTS

- Legally married spouse
- Children until they turn 26 regardless of student, marital, or employment status. This includes natural children, stepchildren, adopted (or placed for adoption) and children for whom you are legal guardian.

OPEN ENROLLMENT

The medical, dental, vision and flexible spending account plan year is from Jul. 1, 2020, through Jun. 30, 2021. The next open enrollment period will be held in May.

During open enrollment, you may enroll in or make changes to your benefit programs. Open enrollment is the only time that you may add or change benefits during the year unless you have a qualifying life event. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year.

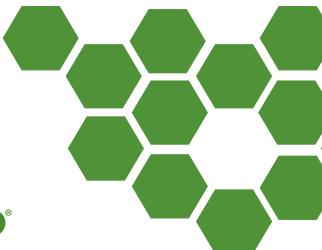
QUALIFYING CHANGES

The following events allow you a **30-day** special enrollment period to complete and submit a change request to update your benefits outside of the open enrollment period:

- You get married, divorced or legally separated
- You add a child through birth, adoption or change in custody
- · Your spouse or child dies
- Your spouse or child(ren) lose eligibility for coverage

The following events allow you a **60-day** special enrollment period to complete and submit a change request to update your benefits outside the open enrollment period:

- You, your spouse or child loses coverage under either a Medicaid plan under Title XIX or under a state child health plan (CHIP) under Title XXI of the Social Security Act due to a loss of eligibility for that program's coverage
- You, your spouse, or child becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid plan under Title XIX (such as Utah's Premium Partnership) or under a state child health plan (CHIP) under Title XXI of the Social Security Act (see enclosed disclosure)





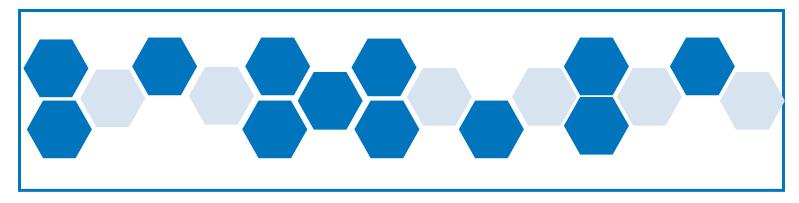
MEDICAL



PEHP—Star Advantage and	d Summit HSA Qualified High	Deductible Health Plan
	In-Network	Out-of-Network*
Preventive Care Services		
Primary Care Provider	Covered 100%	20% AD
Specialist Physician	Covered 100%	20 % AD
Diagnostic Tests (Lab, X-Ray)		
Deductible	You Pay	You Pay
(Employee Only/Family)	\$2,000	0/\$4,000
Out of Pocket Maximum		
(Employee Only/Family)	\$4,000	0/\$8,000
Includes Copays, Coinsurance & Deductibles		
Office Visits	You Pay	You Pay
Primary Care Provider	20% AD	40% AD
Specialist Physician	20% AD	40% AD
Urgent Care	20% AD	40% AD
Prescriptions	Tier 1 / Tier 2	/ Tier 3 / Tier 4
30 Day Supply	\$10 AD / 25%	6 AD / 50% AD
Mail Order- 90 Day Supply	<u> </u>	
Diagnostic Lab/X-Ray Services	You Pay	You Pay
Minor	20% AD	40% AD
Major	20% AD	40% AD
Hospital Services**	You Pay	You Pay
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment**	20% AD	40% AD
Emergency Room	20%	% AD
Mental Health Services**	You Pay	You Pay
Office Visits	20% AD	40% AD
Inpatient / Outpatient	20% AD	40% AD
Chiropractic (20 Visits Per Year)	20% AD	Not Covered

AD: After Deductible; HDHP: High Deductible Health Plan

This plan may offer in-network and out-of-network benefits. However, to receive the maximum benefits from the plan you should always use participating providers. To find a provider, use the respective contact information shown in the beginning of this guide.



^{*}Member pays balance of billed charges above In-Network Rate.

^{**}Preauthorization may be required

MEDICAL PLAN RATES



PEHP HSA Medical Plan	Employer Cost Per Pay Period (24)	Employee Cost Per Pay Period (24)	Employer Cost Per Pay Period (24)	Employee Cost Per Pay Period (24)
	FT (40 hrs.) / PT (3	30-39 Hrs./Week)	PT (20-29	Hrs./Week)
Employee Only	\$261.70	\$0.00	\$130.85	\$130.85
EE + Spouse	\$541.72	\$0.00	\$270.86	\$270.86
EE + Child(ren)	\$497.23	\$0.00	\$248.62	\$248.62
Family	\$732.75	\$0.00	\$366.38	\$366.38



If waiving the Medical Plan you will receive the applicable amount below as additional taxable compensation:

Coverage	FT (40 hrs.) / PT (30-39 Hrs./Week)		PT (20-29 Hrs./Week)	
	Per Pay Period	Annual	Per Pay Period	Annual
Employee Only	\$62.50	\$1,500	\$31.25	\$750
Spouse	\$20.83	\$500	\$10.42	\$250
Child(ren)	\$20.83	\$500	\$10.42	\$250



HEALTH SAVINGS ACCOUNT

What is a Health Savings Account (HSA)?

A qualified high deductible health plan with a Health Savings Account is an alternative to traditional health insurance plans. The HSA is a savings product that offers a different way for consumers to pay for their health care costs. HSAs enable you to pay for current qualified expenses and save for future medical and retiree health expenses on a tax-free basis.

You must be covered by a Qualified High Deductible Health Plan (QHDHP) to be able to contribute to an HSA. You own and control the money in your HSA. As your account balances grow, you may also decide what types of investments to make with your HSA money.

You and/or your employer may contribute to your HSA, up to the legal maximum. In 2020, the maximum annual contribution for single enrollee set by the IRS is \$3,550, and the maximum family contribution is \$7,100. A catch-up contribution, up to an additional \$1,000, is allowed for individuals who are 55 years or older. Please see the contribution chart on page 7 to determine the amount contributed to your HSA by your employer.

What you can do with your HSA

- Pay qualified health care expenses: Use the HealthEquity online PayChoice payment platform at www.MyHealthEquity.com to pay for qualified health care expenses. You can use your debit card, request a check by phone or online, or transfer funds online
- Save money for future medical expenses: You may not have significant health care expenses every year, but saving the maximum amount every year helps you build a sizeable savings for when you are faced with larger medical expenses
- Save for post-retirement expenses: Once you reach age 65, you can use your HSA funds to pay for anything you wish. Qualified medical expenses are still not taxed; any other expenses are subject to tax but not penalties

Your HSA is *your* money. Whatever you do not spend in a given year rolls over to the next. If you change jobs or retire, your HSA balance goes with you.

HSA/HDHP Annual Limits			
	Employee Only Coverage	Two-Party Coverage	Family Coverage
2020 Maximum Contribution to HSA	\$3,550	\$7,100	\$7,100
Catch-up Contribution (age 55 & older)	\$1,000	\$1,000	\$1,000

