

Employee Benefits

Everything you need to know about your employee benefits for the 2023 - 2024 plan year



Benefits at Nebo School District

2023 - 2024 Contacts

Medical

SelectHealth
(800) 538-5038
www.selecthealth.org

Nebo Health & Wellness Center

(801) 800-8873
www.premisehealth.com
135 West 300 South
Spanish Fork

Health Savings Account

HealthEquity
(866) 346-5800
www.healthequity.com

Dental

EMI Health
(800) 662-5851
www.emihealth.com

Vision

VSP
(800) 363-0950
www.vsp.com

EyeMed
(866) 939-3633
www.eyemed.com

Flexible Spending Account

AxisPlus
(877) 872-2125
www.myaxisplus.com

Life, AD&D, Disability

The Hartford
(888) 563-1124
www.thehartford.com

Voluntary Benefits

Accident
Critical Illness
Hospital Indemnity
MetLife
(800) 438-6388
www.metlife.com/mybenefits

Identity Theft Protection
LifeLock
(800) 607-9174
www.lifelock.com

For escalated claims and questions related to Voluntary Benefits:

GBS Voluntary Department
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Employee Assistance Program (EAP)

Blomquist Hale
(800) 926-9619
www.blomquisthale.com

Human Resources

Jim Wellburn
(801) 354-7452
jim.wellburn@nebo.edu

Table of Contents

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset.

4	Benefits Overview
7	Online Benefits Enrollment
8	Medical
12	Nebo School District Health & Wellness Center
13	Prescription Savings
14	Health Savings Account
16	Accident Insurance
17	Critical Illness
20	Hospital Plan
21	Dental
24	Vision
26	Flexible Spending Account
27	Life and AD&D
28	Disability
29	Identity Theft Plan
30	Employee Assistance Program
31	Nebo School District Wellness Program
32	Cost of Coverage



Benefits Overview

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

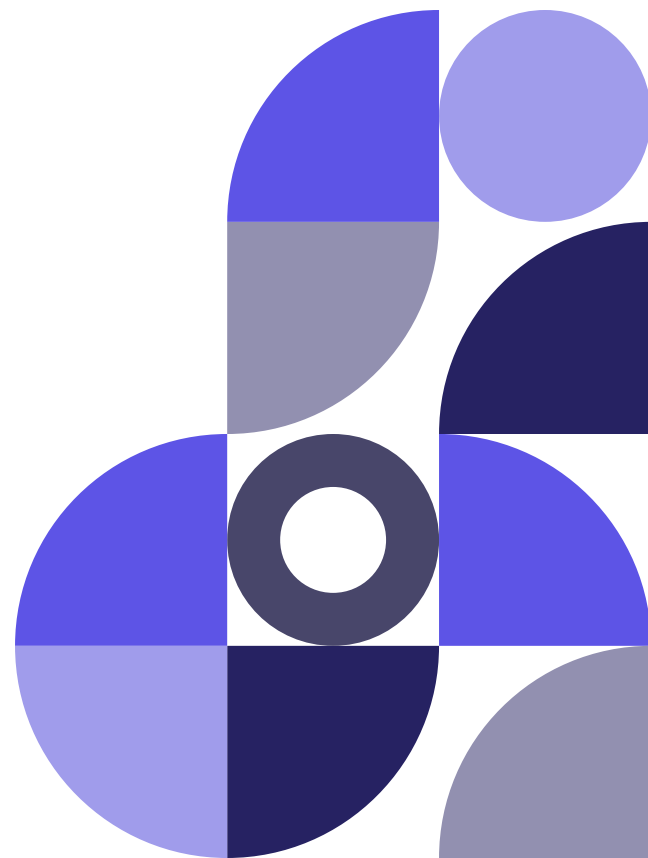
- 1. Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
- 2. Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
- 3. Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

How We Define Medical Benefits Eligibility

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

When Do I Enroll?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.





Benefits Overview

You are eligible for benefits if you fall into one of the following classes:

	Medical	Long-Term Disability	Life Insurance
Active CERTIFIED employees working 20 or more hours per week	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Active CLASSIFIED employees hired prior to July 1, 2013 and working 20 or more hours per week	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Active CLASSIFIED employees hired prior to July 1, 2013, and working 30 or more hours per week	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Active CLASSIFIED employees hired July 1, 2013, through February 7, 2018, and working 30 or more hours per week	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Active CLASSIFIED employees hired February 8, 2018, or later working 30 or more hours per week	Eligible for a family base medical plan under ACA. Plan premium is prorated based on hours and capped at \$100 per month for a single plan.		<input type="checkbox"/>
Active CLASSIFIED employees hired February 8, 2018, or later working 40 or more hours per week	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Active CLASSIFIED BUS DRIVERS hired July 1, 2013, or later and working 30 or more hours per week	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Coverage will begin on the first of the month following date of hire. Eligible dependents include your legal spouse and your natural, adopted or step-child(ren). The dependent age limit for children on your plan is age 26.



Benefits Overview

Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- › Change in your legal marital status
- › Change in number of dependents
- › A dependent no longer meets the eligibility requirements
- › You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- › Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- › A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- › Your regular work schedule is reduced to fewer than 30 hours per week
- › Your employment with Nebo School District ends

Your dependent(s) coverage ends:

- › When your coverage ends, or
- › The last day of the month in which the dependent is no longer eligible

Health Care Reform and You

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

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



Online Benefits Enrollment

Employee Navigator

Enrolling for benefits with Employee Navigator is easy! Follow the steps below to elect or waive coverage for the current plan year.

Information Needed When Adding Dependents

- › Name
- › Social Security Number(s)
- › Dates of Birth
- › Home Address (if separate from yours) - please see HR for a Dependent Address Change Form

Step 1: Getting Started - Existing Users

- › Click the link below or in your web browser type www.employeenavigator.com/benefits/Account.Login in the address bar.
- › Username - If you have misplaced your credentials, reach out to Human Resources.
- › Reset Password - Employees can reset passwords on login screen.

New User Set-Up

- › Click “New User Registration” (first time user)
- › Create Your Account:
 - First Name
 - Last Name
 - Company Identifier “Nebo School District”
 - Last 4 Digits of SSN
 - Birth Date
- › On the home screen (once logged in) look for “Start Enrollment”

Step 2: Verify Your Personal and Dependent Information

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

Step 3: Making Your Open Enrollment Elections

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

Step 4: Confirm Your Elections

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



Medical

SelectHealth - Share Plans

Share Network	Base Plan In-Network Only You Pay		Option Plan In-Network Only You Pay	
Deductible	\$3,000/person \$6,000/family		\$1,600/single \$3,200/family	
Out-of-Pocket Maximum	\$3,700/person \$7,400/family		\$3,250/single \$6,500/family	
Preventive Care	Covered in Full		Covered in Full	
Office Visits				
Primary Care	20% AD		20% AD	
Specialist	20% AD		20% AD	
Urgent Care	20% AD		20% AD	
ConnectCare	20% AD		20% AD	
Hospital Services				
Inpatient	20% AD		20% AD	
Outpatient	20% AD		20% AD	
Mental Health Services				
Office Visit	20% AD		20% AD	
Inpatient	20% AD		20% AD	
Outpatient	20% AD		20% AD	
Emergency Room	20% AD		20% AD	
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 30 Day Supply	Mail Order 90 Day Supply
Tier 1	\$10 AD	\$10 AD	\$10 AD	\$10 AD
Tier 2	\$25 AD	\$50 AD	\$25 AD	\$50 AD
Tier 3	\$50 AD	\$150 AD	\$50 AD	\$150 AD
Tier 4	\$100 AD	N/A	\$100 AD	N/A
Preventive Maintenance				
Tier 1	\$10	\$10	\$10	\$10
Tier 2	\$25	\$50	\$25	\$50
Tier 3	\$50	\$100	\$50	\$150
Tier 4	\$100	N/A	\$100	N/A

AD = After Deductible

[Download the Full Plan Summary](#)

[SelectHealth Provider Search](#)



Medical

SelectHealth - Dual Employee Share Plans

Share Network	Dual Employee Base Plan		Dual Employee Option Plan	
	In-Network Only		In-Network Only	
	You Pay		You Pay	
Deductible	\$6,000/family		\$3,200/family	
Out-of-Pocket Maximum	\$6,000/family		\$3,200/family	
Preventive Care	Covered in Full		Covered in Full	
Office Visits				
Primary Care	Covered in Full AD		Covered in Full AD	
Specialist	Covered in Full AD		Covered in Full AD	
Urgent Care	Covered in Full AD		Covered in Full AD	
ConnectCare	Covered in Full AD		Covered in Full AD	
Hospital Services				
Inpatient	Covered in Full AD		Covered in Full AD	
Outpatient	Covered in Full AD		Covered in Full AD	
Mental Health Services				
Office Visit	Covered in Full AD		Covered in Full AD	
Inpatient	Covered in Full AD		Covered in Full AD	
Outpatient	Covered in Full AD		Covered in Full AD	
Emergency Room	Covered in Full AD		Covered in Full AD	
Pharmacy	Retail	Mail Order	Retail	Mail Order
	30 Day Supply	90 Day Supply	30 Day Supply	90 Day Supply
Tier 1				
Tier 2	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Tier 3	AD For All Tiers	AD For All Tiers	AD For All Tiers	AD For All Tiers
Tier 4				
Preventive Maintenance				
Tier 1				
Tier 2	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Tier 3	For All Tiers	For All Tiers	For All Tiers	For All Tiers
Tier 4				

AD = After Deductible

[Download the Full Plan Summary](#) 

[SelectHealth Provider Search](#) 



Medical

SelectHealth Share Program Overview

Welcome to SelectHealth Share, let's get started on your journey to better healthcare!

As part of SelectHealth Share, there are several, what we call, *engagements* that are required. You're going to hear this word a lot now that you're part of team Share. There are two different time frames in which you must complete your engagements. The first 90 days and the first nine months of your plan year.

Now, we don't expect you to remember everything you have to do. That's why we've created a checklist. Keep it handy and check things off as you complete them. And you know what? As you complete each of these, you will be on your way to living your healthiest life possible. And that's the whole point! So, let's dig in. Read about each of the engagements, and remember to complete them on time!

SelectHealth Share Network Service Area

SelectHealth Share members have access to 5,100+ participating providers, including many Intermountain Medical Group physicians and thousands more affiliated providers. Additionally, you can use 20 Intermountain Healthcare hospitals in Utah, including:

- › Cedar City Hospital
- › Heber Valley Hospital
- › Logan Regional Hospital
- › Park City Hospital
- › Primary Children's Hospital

- › Intermountain Medical Center
- › The Orthopedic Specialty Hospital (TOSH)
- › Utah Valley Hospital
- › Intermountain Spanish Fork Hospital
- › McKay-Dee Hospital
- › Dixie Regional Medical Center
- › Mountain West Medical Center

SelectHealth also includes:

- › **Intermountain Health Answers** - a 24/7 nurse line that allows you to speak to a registered nurse who will listen to your concerns, answer your medical questions, and help you decide what course of action to take. All you need is your phone.
- › **Intermountain Connect Care** - use your computer, tablet, or phone to video connect with a doctor or nurse practitioner anytime (24/7 access). Visit intermountainconnectcare.org or download the ConnectCare app. It's a great option for colds, sore throats, earaches, and more.
- › **Intermountain InstaCare/KidsCare** - They're open late - and are a great choice for sore throats, broken bones, sprains, and other urgent medical conditions. With nearly 40 locations, there's a site near you. Use our app to reserve your spot in line!



Medical

SelectHealth Share Program Overview

Your First Ninety Days

Create an online *My Health* account. This is key to accessing your Healthy Living tools and tracking your engagements. It's your health hub.

Pick your Primary Care Provider (PCP). Once you choose your doctor, make sure to tell us via *My Health* or by calling Member Services at 800-538-5038. Establishing a PCP is critical. From getting care quickly when you need it to referrals, your PCP is your #1.

Attend a work-site health screening event or obtain the screening from a physician. This is how we establish your health baseline and figure out the best plan for you.

Complete the annual online health assessment on the Healthy Living website (via your *My Health* account). Your assessment can identify health risks so you can address those risks sooner rather than later.

Establish a Health Savings Account (HSA). This is for those of you who have a high-deductible health plan. It's recommended that you contribute at least 25 percent of your annual deductible. Consider this your health bucks account - a real lifesaver if you need it.

Your First Nine Months

Complete at least one digital coaching program. Receive tips and resources on improving any health issues - and hey, we all have at least one. Go to *My Health*, then find "Digital Coaching" in the Healthy Living section of your dashboard.

Get moving with *Virgin Pulse*. This is a two-part engagement. First, create a *Virgin Pulse* account. This is where we track your activity. Then, complete at least two of the wellness/activity campaigns. Keep in mind, company team challenges, 7,000 steps in 20 days, or Healthy Habits Challenges all count as activity campaigns.

A Few Extras

For employees who have a condition, or are of a specific age and/or gender, there are a few special engagements that will help you feel your best. And because we care, these are also required.

Complete age and gender-based screenings

- › Women age 50 - 74 - one mammogram every two years
- › Women age 21 - 29 - one pap test every three years
- › Women age 30 - 65 - one pap test every three years, or a Human Papillomavirus (HPV) test every five years
- › Men & women age 45 - 74 - one colonoscopy every 5 years, or other colorectal cancer screening every 1 - 5 years

Complete prediabetes education

If your health screening / assessment indicates you have prediabetes, you will need to complete prediabetes education and health coaching. Plus, we'll reward you for improving your health with Healthy Rewards Visa cash cards.

Participate in Disease Management

If you have asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD), or heart failure, you need to work with a SelectHealth care manager. Plus, we'll reward you for improving your health with Healthy Rewards Visa cash cards.



Medical

Nebo School District Health & Wellness Center

Healthcare Services Available at the Nebo School District Health & Wellness Center

- › Preventive exams including school, sports & camp physicals
- › Health Risk Assessments: Biometric screening including blood draws
- › Flu shots
- › Wellness, health coaching & health maintenance
 - Lifestyle / Risk Coaching
 - Pre-Diabetes
 - Tobacco Cessation
 - Pre-Hypertension
 - Cholesterol
 - Stress
- › Dispensary
- › Chronic Disease Management
 - Diabetes
 - Obesity
 - Heart Failure
 - Hypertension
 - Asthma
- › Acute Care
 - Strep throat
 - Sinus
 - Sore throat
 - Ear infections
 - Minor burns
 - Pink eye
 - Cuts & contusions
 - Minor rashes
 - Flu
 - Bronchitis
 - Bladder/urinary tract
- › Symptom Management
 - Colds/flu
 - Cough
 - Gastric reflux
 - Fatigue
 - Headache
 - Upper respiratory
 - Fever
 - Sinusitis
 - Allergy symptoms
 - Abdominal pain/stomach upset
 - Muscular strains/sprains
 - Other minor aches and pains
- › Mental Health
 - Anxiety
 - Depression
 - ADD
 - ADHD
 - Seasonal Affective Disorder
 - Premenstrual Dysphoric Disorder
- › Lab services
 - Premise can provide savings on labs ordered by the Provider in the health center from a list of over 2,779 approved labs
 - Minor surgical procedures such as sutures for laceration treatment
- › Dermatology
 - Removal of moles & skin lesions
 - Acne treatment
 - Freezing of warts
 - Treatment of eczema & psoriasis
- › Occupational conditions
 - DOT Exams (no drug testing)
- › Well-Women / Well-Men Visits
 - Pap smears
 - Contraception management
 - Pre-marital counseling
 - Conception/infertility counseling
 - Men's physicals
 - Impotence

Schedule
Anywhere

801-800-8873
premisehealth.com



Prescription Savings

Strategies to Save

The average American spends about \$1,200 each year on prescription drugs. And with drug prices on the rise, 1 in 4 Americans are paying more today than they were a year ago. Consider the following ways to help lower your bills for pills:

- › Go generic or ask your doctor or pharmacist if there's a similar drug with a generic version.
- › Compare prices by using an app, like GoodRx, to find the least expensive option. Call stores and pharmacies as well.
- › Order a 90-day supply and look into a mail-order program.
- › Sign up for a drugstore or chain store reward program to receive coupons and accumulate points.
- › Use a preferred pharmacy in your network.

If you have prescription drug questions, talk to your pharmacist for additional cost-cutting tips and guidance.

GoodRx

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

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more,

especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

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

1. On the web: <https://www.goodrx.com/>
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.
2. On your phone: Available in the App Store or Google Play. Or, simply visit m.goodrx.com from your phone.

Please Note:

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



Health Savings Account

HealthEquity

A Health Savings Account (HSA) paired with our qualified high deductible health plan helps you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged account.

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. Here are some of the benefits:

- › Funds roll over from year-to-year and never expire
- › Portable when you move jobs or retire
- › Triple tax advantage: you won't pay taxes on contributions, distributions, or earnings
- › Able to invest your funds to grow your money tax-free
- › Contribution elections can be changed mid-year without a life event

Who Is Eligible?

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

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

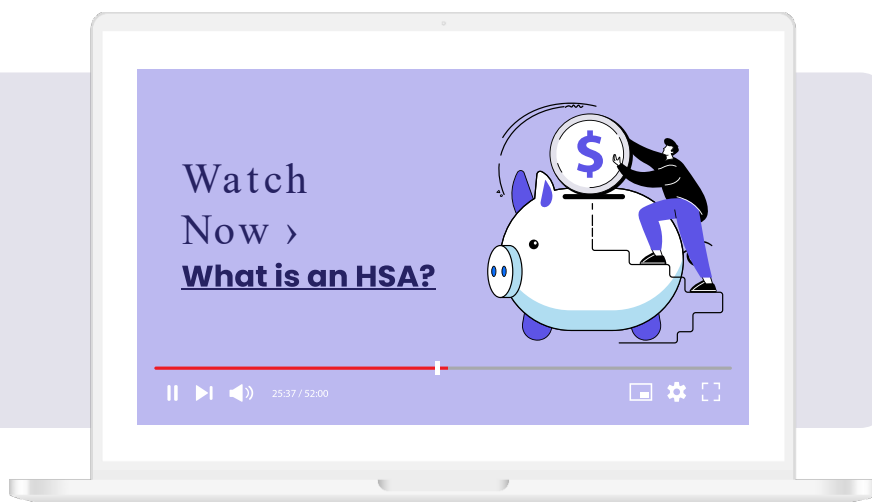
How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2023. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

IRS HSA Limits

	2023
Single	\$3,850
Family	\$7,750

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





Health Savings Account

HealthEquity

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

Qualified Health Care Expenses

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

Important

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

Documentation is Key

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

- › The distributions were exclusively to pay or reimburse qualified medical expenses,
- › The qualified expenses had not been previously paid or reimbursed from another source, and
- › The qualified expense had not been taken as an itemized deduction in any year. Do not send these records with your tax return. Keep them with your tax records.

 [Qualified Medical Expenses](#)



Accident Insurance

MetLife

With MetLife, you'll have a comprehensive plan which provides payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services:

Benefit Type	MetLife Accident Insurance Pays You
Fractures	\$320 - \$8,000
Dislocations	\$240 - \$6,000
Second and Third Degree Burns	\$100 - \$20,000
Concussions	\$200
Cust / Lacerations	\$25 - \$400
Eye Injuries	\$250
Ambulance	\$1,000 - \$2,000
Emergency Care	\$50 - \$200
Non-Emergency Care	\$50
Physician Follow-Up	\$30
Therapy Services (including physical therapy)	\$25 - \$30
Medical Testing Benefit	\$200
Medical Appliances	\$100 - \$1,000
Inpatient Surgery Admission	\$200 - \$2,000
	\$500 - \$1,000
Hospital Confinement	\$200 per day (non-ICU) up to 31 days \$400 per day (ICU) up to 31 days
Inpatient Rehab (paid per accident)	\$75 a day, up to 15 days
Employee receives 100% of amount shown. Spouse receives 50% and children receive 20% of amount shown	\$50,000 \$100,000 for common carrier
Dismemberment, Loss & Paralysis	\$1,250 - \$50,000 per injury
Lodging - pays for lodging for companion	\$100 per night up to 31 days per year; up to \$3,100 total per calendar year
Health Screening Benefit	\$50 once per year

Group Accident Premiums per Month

Employee Only	\$12.07
Employee & Spouse	\$24.38
Employee & Child(ren)	\$24.29
Family	\$30.53

[Download the Full Plan Summary](#) 



Critical Illness

MetLife

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

Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work
Spouse / Domestic Partner	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate
Dependent Child(ren)	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate
Pre-Existing Condition Clause		6/6

Health Screening Benefit

After your coverage has been in effect for 30 days, MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year. For a complete list of screenings, please see your plan documents.

[Download the Full Plan Summary](#) 



Critical Illness

MetLife

Benefit Payment

Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance Plan is called the Total Benefit and is 3 times the amount of your Initial Benefit. This means you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$45,000 or \$90,000.

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison’s disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig’s disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington’s disease (Huntington’s chorea); Legionnaire’s disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis..

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not Applicable
Alzheimer’s Disease	100% of Initial Benefit	Not Applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not Applicable
22 Listed Conditions	25% of Initial Benefit	Not Applicable



Critical Illness

MetLife

Monthly Premium - \$10,000 of coverage (10-month premiums)

Non-Tobacco				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
< 30	\$3.40	\$6.20	\$6.50	\$9.30
30 - 39	\$5.20	\$9.10	\$8.30	\$12.20
40 - 49	\$10.20	\$17.30	\$13.30	\$20.50
50 - 59	\$19.50	\$33.40	\$22.60	\$36.50
60 - 69	\$39.30	\$68.00	\$42.40	\$71.10
70+	\$72.50	\$122.30	\$75.60	\$125.40

Tobacco				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
< 30	\$4.30	\$7.50	\$7.40	\$10.60
30 - 39	\$7.40	\$12.60	\$10.60	\$15.70
40 - 49	\$16.30	\$27.00	\$19.30	\$30.10
50 - 59	\$32.80	\$55.60	\$35.90	\$58.70
60 - 69	\$67.90	\$117.20	\$71.00	\$120.40
70+	\$127.40	\$214.40	\$130.60	\$217.60

Monthly Premium - \$20,000 of coverage (10-month premiums)

Non-Tobacco				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
< 30	\$6.80	\$12.40	\$13.00	\$18.60
30 - 39	\$10.40	\$18.20	\$16.60	\$24.40
40 - 49	\$20.40	\$34.60	\$26.60	\$41.00
50 - 59	\$39.00	\$66.80	\$45.20	\$73.00
60 - 69	\$78.60	\$136.00	\$84.80	\$142.20
70+	\$145.00	\$244.60	\$151.20	\$250.80

Tobacco				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
< 30	\$8.60	\$15.00	\$14.80	\$21.20
30 - 39	\$14.80	\$25.20	\$21.20	\$31.40
40 - 49	\$32.60	\$54.00	\$38.60	\$60.20
50 - 59	\$65.60	\$111.20	\$71.80	\$117.40
60 - 69	\$135.80	\$234.40	\$142.00	\$240.80
70+	\$254.80	\$428.80	\$261.20	\$435.20



Voluntary Hospital Plan

MetLife

With MetLife, you'll have a comprehensive plan with provides payments in addition to any other insurance payments you may receive.

Here are just some of the covered benefits/services when an accident or illness puts you in the hospital:

Benefit Type

MetLife Hospital Insurance Pays You

Hospital Coverage (accident)

Admission - must occur within 180 days after the accident

\$1,500 per accident (non-ICU)
\$2,000 per accident (ICU)

Confinement - must occur within 180 days after the accident

\$150 per day up to 31 days (non-ICU)
\$400 per day up to 31 days (ICU)

Inpatient Rehab - stay must occur immediately following hospital confinement and occur within 365 days of an accident

\$200 per day, up to 15 days per accident and 30 days per calendar year

Hospital Coverage (sickness)

Admission - payable one time per calendar year

\$1,000 (non-ICU)
\$2,000 (ICU)

Confinement - paid per sickness

\$200 per day up to 31 days (non-ICU)
\$400 per day up to 31 days (ICU)

Other Benefits

Health Screening (wellness) Benefit - provided if the covered insured takes one of the covered screening/prevention tests

\$50 once per calendar year

Pre-Existing Condition Clause

No Pre-Existing or Maternity waiting period

Hospital Plan Premiums Per Month

Employee Only	\$30.00
Employee & Spouse	\$58.12
Employee & Child(ren)	\$54.29
Family	\$92.36



Dental

EMI Health - Advantage Plus PPO Plan

Advantage Plus Network Plan Features

In-Network Only You Pay

Deductible

Waived for Preventive Services and Orthodontics

No Deductible

Annual Maximum

No Annual Maximum

Type 1 - Preventive Care

X-rays, cleanings, exams

Covered in Full

Type 2 - Basic Care

Fillings, extractions, root canals

Discount Only
See Member Schedule

Type 3 - Major Care

Dentures, crowns, bridges

Discount Only
See Member Schedule

Orthodontic Care

For adults and dependent children

25% Discount Only

Orthodontic Lifetime Maximum

No Lifetime Maximum

[Click Here](#) to view the Member Schedule

Dental Premiums

Employee Cost Per Month

Employee Only

\$17.48

Two-Party

\$35.45

Family

\$58.60

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[EMI Provider Search](#)



Dental

EMI Health - Advantage Co-Pay Plan

Advantage Plus Network Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible <i>Waived for Preventive Services and Orthodontics</i>		No Deductible
Annual Maximum		No Annual Maximum
Type 1 - Preventive Care <i>X-rays, cleanings, exams</i>	Covered in Full	See Co-Pay Schedule
Type 2 - Basic Care <i>Fillings, extractions, root canals</i>	See Co-Pay Schedule	See Co-Pay Schedule
Type 3 - Major Care <i>Dentures, crowns, bridges</i>	See Co-Pay Schedule	See Co-Pay Schedule
Orthodontic Care <i>For adults and dependent children</i>	25% Discount Only	No Coverage
Orthodontic Lifetime Maximum	No Lifetime Maximum	No coverage

[Click Here](#) to view the Member Schedule

Dental Premiums

Employee Cost Per Month

Employee Only	\$29.50
Two-Party	\$68.66
Family	\$107.00

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Dental

EMI Health - Choice PPO Plan

Plan Features	Advantage Plus Network You Pay	Premier Network You Pay	Out-of-Network You Pay
Deductible <i>Waived for Preventive Services and Orthodontics</i>	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family
Annual Maximum	\$1,500/person	\$1,200/person	\$1,200/person
Type 1 - Preventive Care <i>X-rays, cleanings, exams</i>	Covered in Full	Covered in Full AD	Covered in Full up to TOA
Type 2 - Basic Care <i>Fillings, extractions, root canals</i>	20% AD	20% AD	20% AD up to TOA
Type 3 - Major Care <i>Dentures, crowns, bridges</i>	50% AD	50% AD	50% AD up to TOA
Type 4 - Orthodontic Care <i>For dependent children ages 7 - 18</i>	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000/person	\$1,000/person	\$1,000/person
Orthodontic Discount <i>For all members</i>	Up to 25%	Up to 25%	No Discount

AD = After Deductible

TOA = Table of Allowances. When using a non-participating provider, the insured is responsible for all fees in excess of the Table of Allowances.

Dental Premiums

Employee Cost Per Month

Employee Only	\$39.02
Two-Party	\$89.45
Family	\$154.80

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[EMI Provider Search](#) ↗



Vision

EyeMed

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Nebo School District’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Access Network	In-Network You Pay	Out-of-Network Plan Reimburses You
Exam <i>Once every 12 months</i>	\$20	Up to \$35
Frames <i>Once every 24 months</i>	\$130 allowance + 20% discount	Up to \$65
Lenses <i>Once every 12 months</i>		
Single Vision	\$20	Up to \$25
Bifocal	\$20	Up to \$40
Trifocal	\$20	Up to \$55
Standard Progressive	\$85	Up to \$40
Contact Lenses <i>Once every 12 months</i> <i>In lieu of frame & lens benefit</i>	\$120 allowance + 15% discount	Up to \$96
Laser Vision Correction	15% off retail price 5% off promotional price	No Benefit

Vision Premiums

Employee Cost Per Month

Employee Only	\$13.13
Two-Party	\$24.74
Family	\$33.78

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Vision

VSP

VSP Choice Network	In-Network You Pay	Out-of-Network Plan Reimburses You
Exam <i>Once every 12 months</i>	\$20	Up to \$45
Frames <i>Once every 24 months</i>	\$120 allowance* \$140 allowance on featured brands* \$70 Costco frame allowance* *20% discount on remaining balance	Up to \$70
Lenses <i>Once every 12 months</i>		
Single Vision	Covered in full after \$20	Up to \$30
Bifocal	Covered in full after \$20	Up to \$50
Trifocal	Covered in full after \$20	Up to \$65
Standard Progressive	Covered in full after \$20	Up to \$50
Contact Lenses <i>Once every 12 months</i> <i>In lieu of frame & lens benefit</i>	\$120 allowance	Up to \$105
Laser Vision Correction	15% off retail price 5% off promotional price	No Benefit

Vision Premiums

Employee Cost Per Month

Employee Only	\$7.85
Two-Party	\$15.73
Family	\$25.30

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[Provider Search](#)



Flexible Spending Account

AxisPlus

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- › Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You can roll over up to

\$610, but any additional funds left in your account will be forfeited after the end of the plan year.

- › Your 2023 contributions must be used for expenses you incur September 1, 2023- August 31, 2024.
- › The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- › You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- › Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper claim form or use your FSA debit card. It is important to save your receipts. AxisPlus may ask you to provide a copy to substantiate a claim.

	Health Care FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$3,050	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductible, Coinsurance, and Copays	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work.



Life and AD&D

The Hartford

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

Nebo School District provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you.

Voluntary Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your dependent children to age 26.

However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Plan Features	Basic Life And AD&D	Voluntary Life And AD&D
Life Benefit Amount	Employee: \$50,000 Spouse: \$10,000 Child(ren): \$5,000	Employee, Spouse & Child(ren): Elect in increments of \$5,000
AD&D Benefit Amount	Equal to life benefit (employee only)	N/A
Maximum Life / AD&D Benefit	Employee: \$50,000 Spouse: \$10,000 Child(ren): \$5,000	Employee: \$400,000 Spouse: \$250,000 not to exceed 100% of the employee's amount Child(ren): \$10,000
Voluntary Life Guaranteed Issue <i>new employees only</i>		Employee: \$350,000 Spouse: \$50,000 Child(ren): \$5,000 or \$10,000



Disability

Nebo School District

Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

Long-Term Disability

Long-term disability provides an ongoing source of income if your disability is prolonged.

Eligibility

You are eligible for Long-Term Disability if you meet one of the following criteria:

- › All active, certified employees working 20 or more hours per week
- › Active Classified employees hired prior to July 1, 2013 and working 20 or more hours per week
- › Active classified employees hired prior to July 1, 2013 through February 7, 2018 and working 30 hours or more per week

- › Active classified employees hired February 8, 2018 or later and working 40 hours or more per week
- › Active classified bus drivers hired July 1, 2013 or later and working 30 hours or more per week

Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 80% or more of your indexed earnings.

Plan Features

Long-Term Disability

Benefit Amount	60% of monthly salary
Maximum Benefit	\$5,000/month
Benefit Waiting Period	120 days
Maximum Benefit Duration	Social Security Normal Retirement Age
Own Occupation	24 months



ID Theft Protection

Norton LifeLock

Protect your privacy, identity, and finances.

Everyday things like online shopping, banking and even browsing can expose personal information and make you vulnerable to cybercriminals. Since cybercrime has evolved, LifeLock has evolved, too. Our innovative employee benefit helps protect your identity, personal information and connected devices from the myriad of threats you may face in your digitally-connected homes and workplaces. It's the kind of forward-thinking that helps protect our clients rather than just insuring them. LifeLock with Norton Benefit Plans combine leading identity theft protection and device security against online threats, at home and on-the-go.

LifeLock Features

- + Online Account Monitoring
- + LifeLock Identity Alert System
- + Dark Web Monitoring
- + LifeLock Privacy Monitor
- + 24/7 Live Member Support
- + Fictitious Identity Monitoring
- + Credit, Checking & Savings Account Activity Alerts
- + 401(k) & Investment Account Activity Alerts
- + Millar Dollar Protection Packet
- + Lost Wallet Protection
- + U.S.-Based Identity Restoration Specialists
- + One-Bureau Credit Application Alerts
- + One-Bureau Credit Monitoring
- + Data Breach Notifications

Norton Features

- + Parental Controls
- + Cloud Backup
- + Password Manager
- + SafeCam
- + Online Threat Protection
- + Smart Firewall

ID Theft Protection Monthly Premiums

Employee Only	\$8.98
Family	\$17.97



Employee Assistance Program

Blomquist Hale

When life gets too challenging, we can help

The Blomquist Hale Employee Assistance Program provides direct, **face-to-face** guidance to address virtually any stressful life situation problem. Not to mention there is absolutely **no cost** to you.

Meeting with our team is simple. Call to schedule an appointment today at **800-926-9619**

To access Blomquist Hale's Employee Assistance Program, visit www.blomquisthale.com

Or call **1-800-926-9619**

How We Can Help



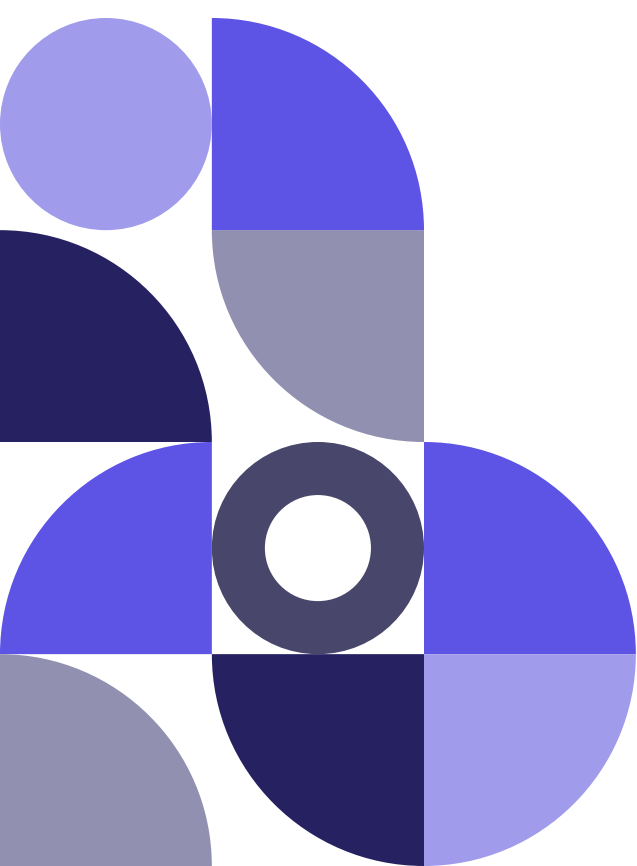
Telephonic or in-person help for short-term issues, like marital counseling, personal or emotional problems, substance abuse or addictions



Access legal and financial assistance and resources, and assistance with senior care planning. A Crisis Care line is also available to you 24/7/365



Expert advice and online work shops are just a click away! Visit Blomquist Hale's website to sign up for virtual work shops



Nebo School District Wellness Plan



Nebo School District will continue the Wellness Plan for the 2023-2024 school year. To benefit from the contract with SelectHealth, Nebo School District must meet minimum benchmark requirements on participation levels. Failure to achieve these benchmarks will result in increased insurance rates.

Employees and spouses enrolled in a Nebo District medical plan who choose to participate in the wellness program will be eligible to receive an incentive that includes a \$100 contribution to the employee HSA account. HSA contributions for successful completion will begin in January 2024 and have a deadline of April 1, 2024.

The following is the Wellness Plan employee engagement checklist as outlined by SelectHealth:

1. Create a “MyHealth” SelectHealth member account and register on Virgin Pulse
2. Choose a Primary Care Provider (PCP) on the “My Health” portal
3. Attend a workplace health education and screening event or complete a preventative exam from a physician
4. Complete the online Health Check on the Virgin Pulse portal

5. Complete one or more digital health coaching “Journeys” on the Virgin Pulse portal
6. Successfully participate and record results in Virgin Pulse for two activity campaigns
 - 7,000 steps campaign
 - Company team challenge
 - Healthy Habit challenge

*Some SelectHealth Share employees have additional measured engagements to complete (based on age, gender, medical history, or risk factors). These do not count towards the Nebo HSA wellness contribution but are tied to SelectHealth provided incentives.

** For a full list of the Share program engagements, please refer to <https://selecthealth.org/share/employees>

Rewards

If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Please contact human resources and we will work with you to find a wellness alternative with the same reward that is right for you in light of your health status.



Medical Cost of Coverage

September 1, 2023 - August 31, 2024

Medical

SelectHealth Share

\$3,000/\$6,000 Base Plan		
Status	Premium	Nebo will <u>MATCH</u> into HSA for 2023-2024 (Sept. - June)
Single	\$35 monthly over 10 months (Sept. - June)	\$675*
Two-Party	\$110 monthly over 10 months (Sept. - June)	\$1,350*
Family	\$160 monthly over 10 months (Sept. - June)	\$1,350*
*Requires an employee contribution in order to receive <u>MATCH</u>. NSD will match up to this amount		
\$1,600/\$3,200 Option Plan		
Status	Premium	Nebo will <u>MATCH</u> into HSA for 2023-2024 (Sept. - June)
Single	\$75 monthly over 10 months (Sept. - June)	\$400*
Two-Party	\$195 monthly over 10 months (Sept. - June)	\$800*
Family	\$278 monthly over 10 months (Sept. - June)	\$800*
*Requires an employee contribution in order to receive <u>MATCH</u>. NSD will match up to this amount		
\$6,00 Dual Base Plan (Both spouses working for the District)		
Status	Premium	Nebo will <u>MATCH</u> into HSA for 2023-2024 (Sept. - June)
Two-Party Dual	\$110 monthly over 10 months (Sept. - June)	\$1,350* + non-match contribution of \$1,350 (over 10 months)
Family Dual	\$160 monthly over 10 months (Sept. - June)	\$1,350* + non-match contribution of \$1,350 (over 10 months)
*Requires an employee contribution in order to receive <u>MATCH</u>. NSD will match up to this amount		
\$3,200 Dual Base Plan (Both spouses working for the District)		
Status	Premium	Nebo will <u>MATCH</u> into HSA for 2023-2024 (Sept. - June)
Two-Party Dual	\$195 monthly over 10 months (Sept. - June)	\$800* + non-match contribution of \$800 (over 10 months)
Family Dual	\$278 monthly over 10 months (Sept. - June)	\$800* + non-match contribution of \$800 (over 10 months)
*Requires an employee contribution in order to receive <u>MATCH</u>. NSD will match up to this amount		

Employees working under 40 hours a week will pay a pro-rated premium.

