



August 1, 2011 through July 31, 2012

EMPLOYEE BENEFITS GUIDE



Washington County School District

2011-2012 Employee Benefit Booklet

Our objective is to help support you and your family's health and wellness needs, while reducing utilization costs.

The district fringe benefit package is an important part of your whole compensation. The district is pleased to offer you the opportunity to select from a variety of benefit options.

Eligible employees can elect participation in any of the following:



- Health Insurance
- Dental Insurance
- Voluntary Vision Insurance
- Basic Group Term Life Insurance
- Optional Term Life Insurance
- Optional AD&D Life Insurance
- Short Term Disability
- Long Term Disability
- Flexible Spending Account

This booklet is designed to help you make decisions about what coverage is best for you and your family. Enclosed, you will find brief descriptions of the options available, a comparison of basic plan coverage, and cost information. Remember that this is a summary only. For more information about any of the plans, don't hesitate to contact the insurance companies directly. Provider listings can be found on the district website at www.washk12.org. Go to "Employees" and click on "Health Benefits". You will see carrier information and carrier web addresses. Also, insurance carrier's phone numbers and website addresses are listed on the back cover of this booklet.

Remember, this booklet is a summary only. It is not meant to replace or fully interpret provisions of the negotiated agreements, FMLA, COBRA, Washington County School District Policy, or the insurance benefits.

Please take the time to carefully go through this book and any other information required to make decisions about benefits offered by the district. Employees, who have carefully considered and selected their benefit options, will have fewer questions and better access to benefits thought the year.

Any changes you wish to make to your benefits can be done by May 6th, 2011, on KRONOS SELF-SERVICE. If you have questions about insurances choices, PLEASE contact your SCHOOL INSURANCE REPRESENTATIVE FIRST. If additional assistance is needed, contact Tammara Robinson, WSCD Risk Management & Benefit Specialist, at (435) 673-3553 ext 113.

CHANGES TO INSURANCE FOR 2011-2012

Important Updates: Please Read

1. Please note: Altius medical plan deductible will increase from \$700 individual/\$1400 family to \$1100 individual/ \$2200 family coverage. If you and your covered spouse participate in the Altius/Washington County School District Wellness Program by taking the Altius on-line Health Risk Assessment by June 1, 2011, you can receive the discount deductible benefit of \$1000 individual/\$2000 for family coverage. More information about this program can be found at www.washk12.org . Click on "Health Risk Assessment".
2. In addition, there are some changes to our Altius co-pays. Office visit co-pays are \$25, specialist and urgent care co-pays are \$50. Mental Health outpatient services cost will be a \$50 co-pay. See plan changes in detail in medical section of this booklet.
3. We are also offering, again, an opportunity to enroll with Flex Spending this year. The district will waive the administration fee (\$24.00) for the medical flexible spending. The fee waiver is based on two criteria:
 - a. You and your spouse must complete the Health Risk Assessment on-line at www.altiushealthplans.com (more information can be found at www.washk12.org . Click on "Health Risk Assessment".)
 - b. You enroll for at least \$300.00 for the year for in the medical flex spending. (For more details, please talk with your School Insurance Representative).

This is a really great way to save money, especially with the increases on deductibles, co-pays, and prescriptions. Also, there is a 60 day extension past the plan year to use all Flex Spending money from the plan year. See details in SECTION 125 FLEX SPENDING section of this book.
4. With the change in our benefit plan year beginning August 1, 2011 and ending 7/31/2012, we will also have a change in Flex Spending. Typically the Flex Spending runs over 12 months. For the plan year, it will begin on 9/1/2011 and end on 7/31/2012, with the 75 day extension.
5. Open Enrollment will be done on-line this year, through KRONOS SELF-SERVICE. Please see details on district website for instructions on how to make changes on insurance through KRONOS SELF-SERVICE. Paper copies of insurance enrollments will no longer be acceptable. Questions can be referred to your school insurance representative.
6. Additionally, a Confirmation Benefit Letter will be sent out on May 9, 2011 and must be verified, signed, and returned to the Benefits Specialist by May 20, 2011. This is required in order to have benefits in the 2011/2012 year.

March 10, 2011

Memorandum for All Benefited Employees

From: Lyle Cox, HR Director, Washington County School District

Subject: 2011/12 Insurance Benefit Changes

This email is intended to explain the costs, challenges, and changes in the 2011/12 Washington County School District Benefit Coverage. There are a variety of factors that have contributed to benefit changes including the required implementation of the federal Affordable Care Act, our District employee health care utilization, our state's revenue shortfalls in education funding, and overall health care inflation.

Let me start by giving credit to the District Insurance Committee and the many people who made suggestions, researched alternatives, and labored extensively to both minimize the financial impact and maintain a high level of coverage for all insured employees. They include representatives from the teacher and classified association, administrators, support staff, GBS Consultants, Educators Mutual, and Altius executives. Additionally, we appreciate your personal interest in diet, exercise, and lifestyle changes that both improve your health and minimize our insurance costs. The rest of this email is intended to answer common questions about the costs, challenges and changes in the 2011/12 WCSD benefit coverage.

1. How will next year's health insurance benefits compare with this year's?

Answer: With the exception of the following benefit changes all other benefits will remain unchanged for the 2011/12 plan year:

Benefit	Current	2011/12 Contract Yr
Yearly Deductible	\$600 Single 1,200 Family*	\$1,000 Single \$2,000 Family*
<small>* Deductibles reflect participation in the Health Risk Assessment (HRA) by June 1st. Failure to participate in the HRA will result in additional \$100 single \$200 family (\$1,100/2,200) yearly deductible.</small>		
Lifetime Maximum Benefit	\$1,000,000	Unlimited (Health Reform Chg)
Office Visit	\$20/\$40	\$25/\$50(specialist) per visit
Preventive Care <small>(Yearly Exam, mammogram, Etc.)</small>	\$20/\$40	\$0/\$0 <small>No charge for family practitioner or Specialist</small>
Urgent Care (InstaCare etc)	\$40 per visit	\$50 per visit
Mental Health Outpatient Services	\$40 per visit	\$50 per visit

Will the District continue to offer incentives for participation in the Health Risk Assessment?

Answer: YES... you may receive a \$100 reduction per individual and \$200 per family in the yearly deductible for simply participating (both employee and spouse) in the HRA by June 1, 2011.

2. Will our Dental Insurance Change?

Answer: No, dental benefits will continue unchanged... Educators Mutual agreed to continue the current dental benefits and premium costs for the 2011/12 plan year.

3. CRITICAL Question... What are the dates to remember in order to make changes to my insurance benefits or to receive incentives, such as participation in the HRA?

Answer: Please keep note of these dates!!!!

2011 DEADLINE	Incentive or Event
March 31 st and April 1 st	Free Health Risk Assessment Screenings at District Office provided by Altius.
April 25 th	Open Enrollment begins (includes adding married dependent children under age 26 back to insurance)
April 26 th	Insurance Vendor Fair at District Office from 2 until 6 p.m.
May 6th	Open Enrollment Ends
May 10 th	Confirmation Benefit Letters sent to schools. Note your signature is required
May 20 th	Deadline to submit Confirmation Benefit Letters to Human Resources
June 1st	*Deadline to complete Health Risk Assessment on-line

4. How much will it cost for the new (above outlined) health insurance plan?

Answer: The new insurance plan will cost the District \$20,898,909. That is a 3% increase from last year. In comparison, the current annual cost was \$20,290,173. The total additional cost for next year will be \$608,736. The District anticipated and budgeted for a 3% inflationary increase to health benefits. That planning offset what would have otherwise resulted in further benefit cuts.

5. Did the District go out to bid to see if another company would provide better benefits for less cost?

Answer: NO. Our District Insurance Committee meets throughout the year to look at utilization costs as the year progresses. We just received the final costs of the 2009-2010 contract year, which came in higher than our paid premiums, our current plan year utilization, and the insurance rate costs for 2011-2012 year, (initially an increase of 21.7%). As noted, we only budget for a 3% increase. With the required implementation of the Federal Affordable Care Act, these increased costs alone will take 2% of our 3% budgeted amount. As economic concerns and cuts continue for public education in Utah, there won't be any extra funding to increase our budgeted amount for insurance coverage. Altius has been very good to work with us and has adjusted the actual 21.7% utilization down to 12.9%. We are one of very few, if not the only Utah District, who will not impose payroll deductions to offset the cost of premium increases upon employees. Nearly all businesses, both private and public, require employee payroll deductions to receive health insurance benefits. We are pleased to announce we are able to hold off this requirement for at least one more year.

6. How much would it cost if employees paid the difference to keep the old insurance benefits and pay the premium increase with employee payroll deduction?

Answer: If employees were required to pay for the increased cost of insurance with payroll deductions, each employee with family coverage would pay \$123 per month or \$1,476 per year. Given the option to modify benefits with a \$400/600 increase in yearly deductibles, it was clearly the best choice to increase deductibles and co-pays rather than shift the cost of a premium increase to employees.

7. If we did not change benefits, how much would our insurance cost next year?

Answer: \$22,724,968.

8. Can I opt out of health insurance and have the premium amount added to my paycheck as income.

Answer: No, Insurance is based on a pool of all eligible employees. If some employees opt for payment of premium the "adverse selection" will result in higher insurance cost to the remaining employees and premium's will become taxable.

9. Are there any other changes to health insurance coverage?

Answer: Yes, the benefit plan year. With the exception of 239 day employees, to include administrators, custodians, maintenance workers, and district secretaries whose contract year and benefit plan year end at the same time on June 30th, the benefit plan year for all other employees will change to match their contract year. The current benefit plan year starts on September 1st and ends on August 31st, one month later than the contract year. This year, the insurance plan year will end on July 31st the same date as the contract year. That is a significant benefit to new employees; they can start receiving benefits on August 1st, the same month their contract starts. The District was compelled to change the plan year to match the payroll contract year because employees often elect additional benefits like flex spending, requiring deductions over a 12 month period. When the plan year is different than the contract year, separating or retiring employees have an automatic double deduction from their final pay check to pay for options like flex spending. This created major problems for the accounting and payroll department. Further, most employees do not understand or appreciate a double deduction in one month.

10. How will changing the plan year affect my current benefits?

Answer: As noted above, the plan year will end one month early, on July 31st, rather than August 31st. That means when you end your employment with Washington County School District, through separation or retirement, you will have one less month of insurance. The loss of one month's worth of insurance benefit was a concern to the entire insurance committee. Because the change was necessitated by administrative action, the payroll department has agreed to compensate employees for the future loss of one month of insurance by paying employees the average insurance premium. We anticipate a month premium will be about \$800 per covered employee and that it will be paid to eligible employees in their end of July 2011 pay check.

11. If both my spouse and I are employed in benefited positions, will we both get a premium payment?

Answer: Yes, however, the second payment will only be \$100 and will be deposited to the employee's Health Retirement Account, consistent with District policy for dual insured employees.

12. Will current retirees, who receive medical coverage under prior year's early retirement incentives, be affected by the change in plan year and receive the premium payment?

Answer: No, we will continue their insurance according to the terms and conditions of the early retirement incentives offered at the time they retired.

13. How much did the District pay for employee benefits last year?

Answer:

Benefit	Cost
Health Insurance	Over \$20 Million
URS Retirement	Over \$15 Million
Dental Benefits	Over \$1.5 Million
Group Life and Long Term Disability	Nearly \$400 Thousand
TOTAL Benefit Costs	Over \$37 Million

14. How much did the District pay for total payroll costs excluding benefits?

Answer: Payroll expenses (excluding benefits) totaled just over \$98 million last year. The cost of benefits and payroll together was over \$135 million. Benefits added up to over 27% of the total cost of employment.

15. How many employees and how many dependents did the District insure last year?

Answer: The District provided health insurance benefits to 1,943 employees, insuring a total of 6,795 individuals (family members, spouses, dependents, etc.)

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INSURANCE ENROLLMENT INFORMATION

OPEN ENROLLMENT

For insurance coverage effective August 1st, 2011 through July 31st, 2012, the district is holding the Insurance Open Enrollment period from Monday, April 25th, 2011 through Friday, May 6th 2011. This is the period of time when you, as an eligible employee, are able to enroll in insurance coverage or elect changes to your medical or dental insurance coverage, optional life insurance, vision, short-term disability, and flex spending. It is important to note that this is the only period of time that you can make changes to your insurance coverage (with the exception of changes necessary due to a change in family status or insurance eligibility status). The insurance vendor fair will be Tuesday, April 26th, 2011 from 2pm until 6pm in the district office boardroom.

This booklet contains a brief description of the insurance options available; comparison of plan coverage, cost information and other important notes to help you evaluate your insurance choices. During this period of time, please take the opportunity to review your coverage choices, as well as any changes made to the group plans, benefits and premiums.

Even though in previous years, you didn't need to view insurance benefits during open enrollment unless you were making a change, this year is different. It is mandatory this year to sign and return the Confirmation Benefit Letter after open enrollment by May 20, 2011. **If you do nothing during the open enrollment period, your insurance will end on July 31, 2011 and you and your family will be without coverage.**

After you have reviewed all of this information carefully, if you decide to make a change to your insurance coverage for the 2011/2012 school year, you will need to complete the appropriate changes on-line in KRONOS SELF-SERVICE by **Friday, May 6th, 2011 and complete the Confirmation Benefit Letter by Friday, May 20, 2011.**

▪ **RETIRED EMPLOYEES**

You will need to review the information in the booklet and make your decision. Then, if you desire to make any changes, complete the appropriate forms and return them to the District Benefits Department to the attention of Tammara Robinson. **The forms must be received no later than Friday, May 6th, 2011.**

NEW HIRE ENROLLMENT

If you are a newly hired or newly eligible employee, you are required to enroll within 30 days of hire or eligibility date. It is imperative that you complete the on-line KRONOS SELF-SERVICE in a timely manner. **Beginning of school year new hires need to have enrollment complete by July 31st, 2011.** If it is not completed timely, this could result in benefits being delayed until the following month.

INSURANCE ENROLLMENT INFORMATION

OTHER ENROLLMENT EVENTS

▪ CHANGE OF STATUS

- Marriage
- Birth
- Adoption
- Legal Guardianship
- Divorce
- Death
- Addition of Children
- Deletion of Children who Lose Dependent Status; and
- Loss of Spouse's Job



You must complete the enrollment changes on-line within 30 days of the effective date of the change. If notice is not submitted in a timely manner, coverage opportunities will be lost or delayed.

▪ CHANGE OF PART-TIME HOURS

If you were eligible for benefits, as a part-time employee who initially declined coverage at your first eligibility date but experienced a change in assignment or approved work hours, you may have another opportunity to enroll in benefit coverage.

To take advantage of this new enrollment opportunity, you will need to contact Tammara Robinson, extension 113, at the District Office. You must enroll in benefit coverage within 30 days of your new eligibility date, or the date your authorized hour change is effective, or you will not be eligible to make an enrollment election until the next open enrollment period.

ENROLLMENT RESTRICTIONS

Employees who do not apply for benefit coverage within 30 days of hire date or insurance eligibility shall not be able to enroll in coverage until the next district open enrollment period.

Employees who decline coverage, or fail to enroll for coverage, at their initial eligibility shall be subject to insurance benefit restrictions as outlined in the insurance contracts.

SECTION 125 FLEXIBLE SPENDING BENEFIT PLAN ENROLLMENT

For participation in the Section 125 Flexible Benefit Plan from September 1st, 2011 through July 31st, 2012, you may complete enrollment through KRONOS SELF-SERVICE. To learn more about the National Benefit Services Cafeteria Plan, review the appropriate section in this booklet. **The deadline for the flexible spending enrollment is Friday May 6th, 2011.**

MEDICAL

ALTIUS

NOTE: Medical Insurance is part of the group Benefits Package (Medical, Dental, and Group Life Insurance).
See page 58 for eligibility guidelines.

Serving **Washington County School District**
2011 - 2012



MEDICAL PLANS FOR 2011-2012

Altius Health Plans is excited to be offered as the medical health care plan for Washington County School District effective August 1, 2011.

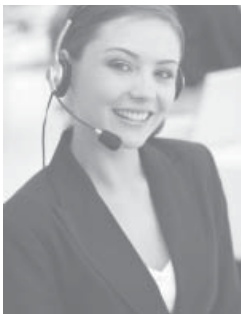
Altius Providers

Altius offers you one of the largest panels of providers and hospitals with more than 7,000 participating physicians in Utah. We also have more than 86% of the state's hospitals.

You have the freedom to see any participating provider on our panel at any time. You do not need to select a primary care physician or obtain a referral to see a specialist.

Altius Health Plans is an experienced managed-care company providing health care coverage to Utahns since 1976.

Altius is proud to lead the market in excellent customer service and satisfaction. Altius ranks among the top 3 in Utah for customer satisfaction, and 7 out of 10 members say they would recommend Altius to a friend or family member.



General questions or want to receive a Provider Directory?

Please contact our Customer Service Department at (800) 377-4161. Our customer service hours are Monday through Friday from 8 AM to 6 PM.

Visit our web site at: www.altiushealthplans.com

ALTIUS PEAK PLUS PLAN SUMMARY

PP86 1000-25S-R7_30%_50%C-C80 NSB

Washington County School District August 1, 2011	Participating Providers	Non-Participating Providers
DEDUCTIBLE, OUT-OF-POCKET & LIMITS		
Calendar Year Deductible – (Individual / Family) Does not apply to Out-of-Pocket Maximum. Cumulative across benefit levels.	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-Pocket Maximum – (Individual / Family) Fixed dollar copays do not apply. Cumulative across benefit levels.	\$2,000 / \$4,000	\$3,000 / \$6,000
Lifetime Maximum	Unlimited	
OUTPATIENT SERVICES		
YOU PAY		
Preventive Care Services	You Pay Nothing	40%* AD
Office Visits – Primary Care	\$25	40%* AD
Office Visits – Specialty Care	\$50	40%* AD
Chiropractic Office Visits – 20 visits per member / per calendar year.	\$50	Participating Providers Only
Eye Exams – Optometrist	\$25	40%* AD
Major Lab/Radiology – Including CAT scans and MRIs.	20%* AD	40%* AD
Minor Lab/X-Rays – Including mammograms and chest X-rays.	You Pay Nothing	40%* AD
Injectable or Implantable Medications – Non-Facility – Injectable or implantable medications received in a physician’s office or through a home health provider. (Preferred / Non-Preferred)	20%* / 30%*	40%* AD / 50%* AD
Injectable or Implantable Medications – Pharmacy (Preferred / Non-Preferred)	20%* / 30%*	Participating Providers Only
Durable Medical Equipment – \$5,000 max/calendar year.	20%	50%
Allergy Testing and Treatment	\$50	40%* AD
Allergy Serum	20%* AD	40%* AD
EMERGENCY CARE		
YOU PAY		
Emergency Room Care	\$200	\$200
Urgent Care / After Hours – When medically necessary, as determined by Altius.	\$50	\$100
Ambulance / Paramedics – (including Air Ambulance)	20%* AD	Participating Benefit Applies
INPATIENT SERVICES		
YOU PAY		
Inpatient Hospital / Facility Services	20%* AD	40%* AD
Inpatient Physiotherapy Services – Physical, occupational and speech therapy provided on an inpatient basis. Limited to 60 days per member per calendar year for all therapy types combined.	20%* AD	40%* AD
Physician, Surgeon, Assistant Surgeon, Anesthesiologist	20%* AD	40%* AD
MATERNITY SERVICES		
YOU PAY		
Physician, Surgeon, Anesthesiologist	20%* AD	40%* AD
Inpatient Hospital / Facility Services	20%* AD	40%* AD
PRESCRIPTION DRUGS		
PARTICIPATING PROVIDERS ONLY		
If you receive a brand name drug when a preferred generic equivalent can be substituted, you will pay the difference in cost between the generic and the brand name drug, any applicable deductible, and/or the generic copay. Regular benefits apply if a preferred generic cannot be substituted.		
Prescription Drugs – Up to a 30-day supply. (Preferred Generic / Preferred Brand / Non-Preferred)	\$7 30% (\$25 min / \$75 max) / 50% (\$50 min / \$150 max)	Participating Providers Only
Prescription Drugs Mail Order – 90-day supply of maintenance medication. (Preferred Generic / Preferred Brand / Non-Preferred)	\$7 30% (\$50 min / \$150 max) / 50% (\$150 min / \$450 max)	Participating Providers Only
MENTAL HEALTH / SUBSTANCE ABUSE		
PARTICIPATING PROVIDERS ONLY		
Inpatient Services	20%* AD	40%* AD
Partial Hospitalization	20%* AD	40%* AD
Services at an Outpatient Facility – Includes intensive outpatient services.	20%* AD	40%* AD
Office Visits	\$50	40%* AD

- This summary is for illustrative purposes only. For complete benefit disclosure, refer to this plan's Medical Benefits Brochure or call Altius Customer Service 1-800-377-4161.

* Applies to out-of-pocket maximum (OOPM), AD = After Deductible, APD = After Pharmacy Deductible, AMHD = After Mental Health Deductible Altius pays non-participating providers based on Eligible Medical Expenses. You are responsible for the difference between billed charges and your Eligible Medical Expenses in addition to your share of coinsurance. This difference does not apply to the out-of-pocket maximum. All services are not available at all levels, based on provider preference and assignment. **Rev. 12-07**

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PP86 1100-25S-R7_30%_50%C-C80 NSB

Washington County School District August 1, 2011	Participating Providers	Non-Participating Providers
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Out-of-Pocket Maximum – (Individual / Family) Fixed dollar copays do not apply. Cumulative across benefit levels.	\$2,000 / \$4,000	\$3,000 / \$6,000
Lifetime Maximum	Unlimited	
OUTPATIENT SERVICES		
YOU PAY		
Preventive Care Services	You Pay Nothing	40%* AD
Office Visits – Primary Care	\$25	40%* AD
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Utah Hospitals & Surgical Centers

Please note that Anesthesiologists, Radiologists, Pathologists, and Emergency Physicians at these contracted hospitals & surgical centers are also contracted by Altius.

Beaver County

Beaver Valley Hospital
1109 N. 100 W.
Beaver 435-438-7100

Milford Valley Memorial Hospital

451 N. Main St.
Milford 435-387-2411

Box Elder County

Bear River Valley Hospital
905 N. 1000 W.
Tremonton 435-207-4500

Brigham City Community Hospital

950 Medical Dr.
Brigham City 435-734-9471

Cache County

Cache Valley Specialty Hospital
2380 N. 400 E.
Logan 435-713-9700

Logan Regional Hospital

1400 N. 500 E.
Logan 435-716-1000

Northern Utah Endoscopy Center¹

630 E. 1400 N.
Logan 435-787-0270

Carbon County

Castleview Hospital
300 N. Hospital Dr.
Price 435-637-4800

Eastern Utah Surgical Center¹

200 N. Fairgrounds Rd.
Price 435-637-1744

Davis County

Davis Hospital & Medical Center
1600 W. Antelope Dr.
Layton 801-807-1000

Davis Surgical Center¹

1544 W. Antelope Dr.
Layton 801-773-3339

Lakeview Endoscopy Center¹

620 Medical Dr., #200
Bountiful 801-299-6767

Lakeview Hospital

630 Medical Dr.
Bountiful 801-292-6231

Duchesne County

Uintah Basin Medical Center
250 W. 300 N., #75-2
Roosevelt 435-722-4691

Garfield County

Garfield Memorial Hospital
200 N. 400 E.
Panguitch 435-676-8811

Grand County

Allen Memorial Hospital
719 W. 400 N.
Moab 435-259-7191

Iron County

Cedar Orthopaedic Surgery Center¹
1335 Northfield Rd.
Cedar City 435-586-5131

Cedar Surgical Associates¹

1811 W. Royal Hunte Dr., #3
Cedar City 435-586-3402

Valley View Medical Center

1303 N. Main St.
Cedar City 435-586-6587

Juab County

Central Valley Medical Center
48 W. 1500 N.
Nephi 435-623-3000

Kane County

Kane County Hospital
355 N. Main St.
Kanab 435-644-5811

Millard County

Delta Community Medical Center
126 White Sage Ave.
Delta 435-864-5591

Fillmore Community Medical Center

674 S. Hwy 99
Fillmore 435-743-5591

Salt Lake County

Family Surgical Suite
(Oral Surgery Only)
151 E. 5600 S. #104
Salt Lake City 801-495-1064

Family Surgical Suite

(Oral Surgery Only)
8822 Redwood Rd. #C113
West Jordan 801-495-1064

Huntsman Cancer Hospital

1950 Circle of Hope Dr.
Salt Lake City 801-587-7000

Jordan Valley Hospital

3580 W. 9000 S.
West Jordan 801-561-8888

Mountain West Endoscopy¹

6360 S. 3000 E., #320
Salt Lake City 801-944-3166

Pioneer Valley Hospital

3460 Pioneer Pkwy.
Salt Lake City 801-964-3100

Primary Children's Medical Center

100 N. Mario Capecchi Dr.
Salt Lake City 801-588-2000

Primary Children's Outpatient Services at Riverton

3741 W. 12600 S.
Riverton 801-285-1285

Salt Lake Endoscopy Center¹

24 S. 1100 E., #103
Salt Lake City 801-355-2988

Salt Lake Regional Medical Center

1050 E. South Temple
Salt Lake City 801-350-4111

South Towne Surgery Center¹

10011 Centennial Pkwy., #100
Sandy 801-233-9300

St. Mark's Outpatient Surgery Center¹

1250 E. 3900 S., #100
Salt Lake City 801-262-0358

St. Mark's Hospital

1200 E. 3900 S.
Salt Lake City 801-268-7111

The Center of Surgical Arts¹

(Oral Surgery Only)
530 E. 500 S.
Salt Lake City 801-747-8017

University of Utah Hospital

50 N. Medical Dr.
Salt Lake City 801-581-2121

Utah Surgical Center¹

3715 W. 4100 S.
Salt Lake City 801-957-0200

Wasatch Endoscopy Center¹

1220 E. 3900 S., #1B
Salt Lake City 801-281-3657

San Juan County

Blue Mountain Hospital
802 S. 200 W.
Blanding 435-678-3993

San Juan Hospital

364 W. 100 N.
Monticello 435-587-2116

Sanpete County

Gunnison Valley Hospital
64 E. 100 N.
Gunnison 435-528-7246

Sanpete Valley Hospital

1100 S. Medical Dr.
Mount Pleasant 435-462-2441

Sevier County

Sevier Valley Medical Center
1100 N. Main St.
Richfield 435-896-8271

Summit County

Park City Medical Center
900 Round Valley Dr.
Park City 435-658-6701

¹ Abulatory Surgical Center

Utah Hospitals & Surgical Centers, continued

Tooele County

Mountain West Medical Center

2055 N. Main St.
Tooele 435-843-3600

Uintah County

Ashley Regional Medical Center

150 W. 100 N.
Vernal 435-789-3342

Utah County

Central Utah Clinic AF Surgery Center¹

1175 E. 50 S., #101
American Fork 801-492-5994

Central Utah Surgical Center¹

1067 N. 500 W.
Provo 801-374-0354

Mountain View Hospital

1000 E. 100 N.
Payson 801-465-7000

Timpanogos Regional Hospital

750 W. 800 N.
Orem 801-714-6000

Utah Valley Regional Medical Center

(To be used only for specialty services not provided at other listed facilities. All services require prior authorization)

1034 N. 500 W.
Provo 801-373-7850

Wasatch County

Heber Valley Medical Center

1485 S. Hwy. 40
Heber City 435-654-2500

Washington County

Coral Desert Surgery Center¹

(Eye Surgeries Only)
1490 E. Foremaster Dr., Bldg. C
St. George 435-674-5230

Dixie Regional Medical Center

544 S. 400 E.
St. George 435-634-4000

Dixie Regional Medical Center River Road Campus

1380 E. 480 S.
St. George 435-251-1000

South Main Surgery Center¹

754 S. Main St., #3
St. George 435-628-2671

St. George Surgical Center¹

(Eye & Pain Management Services Only)
676 S. Bluff St.
St. George 435-673-8080

Zion Eye Institute¹

(Eye Surgeries Only)
1791 E. 280 N.
St. George 435-656-2020

Weber County

Alpine Surgical Center LLC¹

4403 Harrison Blvd., #3680
Ogden 801-387-3900

Ogden Regional Medical Center

5475 S. 500 E.
Ogden 801-479-2111

¹ Ambulatory Surgical Center

University of Utah Hospital Clinics

Davis County

UUHC Centerville Center

296 S. Main Street
Centerville 801-693-7900

Salt Lake County

UUHC Greenwood Center

7495 S. State Street
Midvale 801-887-2400

UUHC Redwood Center

1525 W. 2100 S.
Salt Lake City 801-887-2400

UUHC South Jordan Center

1091 W. South Jordan Pkwy, #500
South Jordan 801-466-4120

UUHC Westridge Center

3730 W. 4700 S.
West Valley 801-964-2300

UUHC Madsen Center

555 S. Foothill Drive
Salt Lake City 801-581-8000

UUHC Sugarhouse Center

1138 E. Wilmington Ave.
Salt Lake City 801-581-2000

Summit County

UUHC Redstone Health Center

1743 W. Redstone Center Dr., #115
Park City 435-658-9200

Tooele County

UUHC Stansbury Center

220 Millpond Rd., #100
Stansbury Park 435-843-3000

Utah County

UUHC Parkway Center

145 S. University Parkway
Orem 801-226-7555

Urgent Care Centers

Available to all members, except where otherwise noted.

Cache County

Cache Valley Community Health Center
550 E. 1400 N., #K
Logan 435-755-6061

IHC Logan InstaCare
412 N. 200 E.
Logan 435-752-1010

Davis County

After Hours Urgent Care Layton
1550 N. Main St., #E
Layton 801-614-9030

Davis Family Physicians
3225 W. Gordon Ave.
Layton 801-773-7232

Davis Family Physicians
2084 N. Robins Dr. (1700 W.), #A
Layton 801-773-7232

First Med North Bountiful
214 W. 1500 S.
Bountiful 801-295-6483

Layton Family Practice
124 S. Fairfield Rd.
Layton 801-546-9441

Tanner Clinic
2121 N. 1700 W.
Layton 801-773-4865

Tanner Clinic
380 N. 400 W.
Kaysville 801-773-4865

Tanner Clinic
2038 W. 1900 S.
Syracuse 801-773-4865

Work Care - North
2084 N. 1700 W., #D
Layton 801-773-3400

Iron County

IHC Cedar City InstaCare
962 Sage Dr.
Cedar City 435-865-3440

Premier Pediatrics
1251 Northfield Rd., #301
Cedar City 435-865-7227

Rich County

Bear Lake Community Health Center
325 W. Logan Hwy.
Garden City 425-946-3660

Salt Lake County

After Hours Urgent Care Draper
1126 E. Draper Pkwy. (12300 S.)
Draper 801-545-0600

After Hours Medical Urgent Care South Jordan
10464 S. Redwood Rd.
South Jordan 801-501-0500

After Hours Urgent Care Sandy
7998 S. 1300 E.
Sandy 801-255-2000

After Hours Urgent Care West Valley City
3451 S. 5600 W.
West Valley City 801-957-0900

Copperview Medical Center Urgent Care³

3556 W. 9800 S., #101
South Jordan 801-567-9780

First Med at Salt Lake Industrial Clinic

441 S. Redwood Rd.
Salt Lake City 801-973-2588

First Med East Urgent Care Clinic

1950 E. Fort Union Blvd. (7000 S.)
Salt Lake City 801-943-3300

First Med West

8822 S. Redwood Rd., #E122
West Jordan 801-256-0009

First Med Murray LLC

5911 S. Fashion Blvd.
Murray 801-266-6483

Foothill Clinic - South

6360 S. 3000 E.
Salt Lake City 801-365-1032

Granger Medical Clinic Urgent Care

3725 W. 4100 S.
West Valley City 801-965-3608

Health Clinics of Utah

3195 S. Main St. #200
Salt Lake City 801-468-0354

Magna Center for Family Medicine

8211 W. 3500 S.
Magna 801-250-9638

Nurse Practitioner Healthcare Associates

4568 S. Highland Dr., #290
Salt Lake City 801-274-6127

Rocky Mountain Care Clinic

4088 W. 1820 S.
Salt Lake City 801-975-7799

University Health Care Redwood Urgent Care

1525 W. 2100 S.
Salt Lake City 801-213-9900

Work Care - South Valley

12422 S. 450 E.
Draper 801-748-1600

Work Care Clinic

2390 S. Redwood Rd.
Salt Lake City 801-975-1600

Summit County

Park City Family Health Center
(8 am – 9 pm only)
1665 Bonanza Dr.
Park City 435-649-7640

Snow Creek Emergency Center

1600 Snow Creek Dr.
Park City 435-655-0055

Tooele County

Tooele Valley Urgent Care LLC
1244 N. Main St., #201
Tooele 435-882-3968

Utah County

After Hours Urgent Care American Fork
476 N. 900 W., #C
American Fork 801-492-1611

Express Med Urgent Care Center

415 N. Main St.
Spanish Fork 801-798-9700

Riverwoods Urgent Care LLC

280 W. Riverpark Dr., #120
Provo 801-229-2011

Tri-City Medical

830 N. 2000 W.
Pleasant Grove 801-756-3511

Tri-City Medical

275 W. 200 N.
Lindon 801-796-1333

Utah Valley Urgent Care

127 E. Main St., #E
Lehi 801-766-9822

Work Care

601 N. 1200 W.
Orem 801-224-4211

Washington County

IHC Hurricane InstaCare

75 N. 2260 W.
Hurricane 435-635-6550

IHC River Road InstaCare

577 S. River Rd.
St. George 435-688-6300

IHC Sunset InstaCare

1739 W. Sunset Blvd.
St. George 435-634-6000

Night Light Pediatrics

1240 E. 100 S., #14
St. George 435-628-8232

St. George Clinic

736 S. 900 E., #203
St. George 435-673-6131

Weber County

Children's Evening Clinic at Pediatric Care of Ogden²

3955 Harrison Blvd., #L-1
Ogden 801-479-8444

Health Clinics of Utah

2540 Washington Blvd., #122
Ogden 801-626-3671

Now Care

1937 W. 5700 S.
Roy 801-773-9380

Now Care

698 12th St.
Ogden 801-621-3466

Ogden Clinic - Canyon View

1159 E. 12th St.
Ogden 801-475-3700

Ogden Clinic - Grand View

3485 W. 5200 S.
Roy 801-475-3900

Ogden Clinic - Harrison Blvd.

4650 Harrison Blvd.
Ogden 801-475-3000

Ogden Clinic - Mountain View

1100 W. 2700 N.
Pleasant View 801-475-3600

Ogden Clinic - Skyline

6112 S. 1550 E.
South Ogden 801-475-3800

South Ogden Center for Family Medicine

5740 Crestwood Dr.
Ogden 801-479-7771

2 Appointment Required
3 Appointment Preferred

Primary Care Centers with Extended Hours

Available to all members, except where otherwise noted.

Cache County

Budge Clinic After Hours Pediatrics

1350 N. 500 E.
Logan 435-452-0422

Cache Valley Community Health Center

550 E. 1400 N., #K
Logan 435-755-6061

Davis County

Davis Family Physicians

2084 N. Robins Dr. (1700 W.), #A
Layton 801-773-7232

Davis Family Physicians

3225 W. Gordon Ave.
Layton 801-773-7232

Tanner Clinic

2121 N. Robins Dr. (1700 W.)
Layton 801-773-4856

Tanner Clinic

380 N. 400 W.
Kaysville 801-773-4865

Tanner Clinic

2038 W. 1900 S.
Syracuse 801-773-4865

Wee Care Pediatrics²

1580 W. Antelope Dr., #100
Layton 801-773-8644

Westside Medical Clinic

1792 W. 1800 N.
Clinton 801-774-8888

Iron County

Premier Pediatrics

1251 Northfield Rd., #301
Cedar City 435-865-7227

Rich County

Bear Lake Community Health Center

325 Logan Hwy.
Garden City 435-946-3660

Salt Lake County

Community Health Centers

8446 S. Harrison
Midvale 801-566-5494

Community Health Centers

461 S. 400 E.
Salt Lake City 801-539-8634

Community Health Centers

4745 S. 3200 W.
Salt Lake City 801-964-6214

Community Health Centers

1365 W. 1000 N.
Salt Lake City 801-328-5750

Copperview Medical Center Urgent Care³

3556 W. 9800 S., #101
South Jordan 801-567-9780

Granger Medical Clinic

3725 W. 4100 S.
West Valley 801-965-3600

Holladay Family Practice

3920 S. 1100 E., #220
Salt Lake City 801-268-2584

Jordan Meadows Medical Center

3354 W. 7800 S.
West Jordan 801-282-2677

Jordan Valley Family Health

3570 W. 9000 S., #100
West Jordan 801-569-1999

Maria A. Oneida

3570 W. 9000 S., #200
West Jordan 801-566-9211

Southpoint Pediatrics

9071 S. 1300 W., #301
West Jordan 801-565-1162

University Health Care Greenwood Health Center

7495 S. State St.
Midvale 801-213-9400

University Health Care Redwood Health Center

1525 W. 2100 S.
Salt Lake City 801-213-9900

Willowcreek Pediatrics

7138 S. 2000 E., #106
Salt Lake City 801-942-1800

Summit County

University Health Care Redstone Health Center

1743 W. Redstone Center #115
Park City 435-658-9200

Tooele County

PM Pediatrics

196 E. 2000 N., #110
Tooele 435-843-5437

University Health Care Stansbury Health Center

220 Millpond Rd. #100
Stansbury Park 435-843-3000

Utah County

Alpine Pediatrics

1912 W. 930 N.
Pleasant Grove 801-492-1999

American Fork Clinic

226 N. 1100 E., #A
American Fork 801-763-8340

Art City Clinic

5 E. 400 N.
Springville 801-489-8464

Spanish Fork Clinic

325 W. Center St.
Spanish Fork 801-798-7301

Tri-City Medical

830 N. 2000 W.
Pleasant Grove 801-756-3511

University Health Care Parkway Health Center

145 W. University Parkway
Orem 801-234-8600

Utah County Medical Associates

97 S. Professional Way
Payson 801-465-4896

Utah Valley Pediatrics

Location varies - Call first
801-373-8930

Weber County

Now Care

1937 W. 5700 S.
Roy 801-773-9380

Now Care

698 12th St.
Ogden 801-621-3466

Ogden Clinic - Canyon View

1159 E. 12th St.
Ogden 801-475-3700

Ogden Clinic - Grand View

3485 W. 5200 S.
Roy 801-475-3900

Ogden Clinic - Harrison Blvd.

4650 Harrison Blvd.
Ogden 801-475-3000

Ogden Clinic - Mountain View

1100 W. 2700 N.
Pleasant View 801-475-3600

Ogden Clinic - Skyline

6112 S. 1550 E.
South Ogden 801-475-3800

South Ogden Center for Family Medicine

5740 Crestwood Dr.
Ogden 801-479-7771

² Appointment Required

³ Appointment Preferred

Frequently Asked Questions



“What is the plan year deductible?”

The deductible is the portion of an eligible charge you must pay each year before Altius covers those benefits that are subject to the deductible.

“How does the out-of-pocket maximum work?”

When you or your family fulfill the out-of-pocket maximums during a plan year, no further out-of-pocket expense will be required for the remainder of that plan year. This provision does not apply to any payment made for benefits such as prescription drugs, durable medical equipment, infertility services, TMJ services, and non-covered services. In addition, you are responsible for the difference between billed charges and Eligible Medical Expenses in addition to your share of coinsurance when using non-participating providers.

“When does my plan year deductible and my out-of-pocket maximum start?”

Your plan year deductible and out-of-pocket maximum both start August 1st of each year.

“How are prescription drugs covered?”

Up to a 30-day supply of prescription drugs can be dispensed when prescribed by a participating physician and obtained at a participating pharmacy.

The benefit for prescription drugs have a “mandatory generic” requirement. If the member receives a brand name drug when a generic equivalent is available, the member will pay the generic copay or coinsurance plus the difference in cost between the generic and the name brand drug. Regular benefits apply if a generic is not available, or if the member’s physician specifically requires the member to get a brand name drug for medical reasons. Prescription drugs on the Preferred Drug List consist of generic, preferred, and non-preferred drugs. We update the drug list on a regular basis by reviewing pertinent medical literature, provider feedback, and changes/improvements in medical technology. The Preferred Drug List can be found at www.altiushealthplans.com.



Mail Order Benefit

You can request up to a 90-day supply of maintenance medication through our mail order service. For information regarding the mail order benefit, please contact Altius Customer Service at 801-323-6200 or 800-377-4161.

“What's the difference between Urgent Care and Emergency Care?”

If you have a medical emergency, immediately call 911 or another emergency service, or go to the nearest medical facility for treatment. Payment for Emergency Care Services will be based on medical necessity. Emergency care provided by non-participating facilities would be covered as long as the condition continues to be an emergency. Contact us as soon as possible and we will work with you to coordinate your continuing care.

If you have an urgent medical problem within the service area, go to a participating urgent care facility listed in your provider directory.

Emergency Room Services

Emergency room services are those health care services that are provided for a condition of recent onset and sufficient severity, including, but not limited to, severe pain, that would lead you to believe that your condition, sickness or injury is of such nature that failure to obtain immediate medical care could result in:

- Placing your health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

If your life is in jeopardy from such situations as:

- Heart attack
- Major burns
- Serious breathing difficulties
- Shock
- Spinal injuries
- Uncontrollable bleeding

Urgent Care Services

An urgent medical problem is one in which your life is not in danger, but you require immediate medical attention. Examples include, but are not limited to:

- Controlled bleeding
- Minor fractures
- Objects in the eyes, ears, and nose
- Abdominal pain
- Lacerations



“What are my mental health benefits?”

Mental Health and Substance Abuse Services are covered for short-term detoxification, psychiatric care and alcohol/substance abuse rehabilitation.

“Who manages the mental health benefits?”

Mental Health Network (MHNet) provides treatment for mental health and substance abuse for Altius members. Please contact MHNet at 800-701-8663 Monday through Friday, 8:00 am to 5:00 pm for prior authorization before accessing care and for other non-emergency information. Also, urgent or emergency guidance is available by calling 800-701-8663, 24 hours a day, 365 days a year.



MHNet also offers Life Coaching which is supported by the MHNet network of professional mental health care providers. This program provides confidential and professional assistance with concerns including, but not limited to:

- Depression
- Anxiety
- Alcohol and drug addiction
- Children's issues
- Grief counseling
- Domestic violence
- Suicidality
- Smoking cessation
- Medical management

“Does Altius offer support if I have health care needs for chronic conditions?”

Yes, Altius offers a Disease Management and Telephonic Coach Outreach Program. Our coaches conduct outreach calls, educational communications, support, and coaching to increase awareness of available benefits as well as to help members who have been diagnosed to manage their condition. This program supports members with any of the following conditions:

- Asthma
- CAD
- HIV/AIDS
- Congestive heart failure
- COPD
- CKD
- Diabetes
- Hemophilia
- High-risk pregnancy
- Low back pain
- Multiple Sclerosis
- Sickle-Cell Disease
- Organ transplant

“Does Altius support proactive measures such as preventive health screenings?”

Absolutely. At Altius Health Plans, we encourage members to receive preventive care services. The Affordable Care Act (ACA) provides for specific preventive services when provided by participating providers and specific drugs to be covered at 100 percent. Your Altius health plan already provides coverage for many of those preventive services and drugs. Members who use our network providers will receive preventive care services and specific drugs paid at 100 percent, effective on their renewal date. Here are some examples of the preventive services and drugs that will be covered with no copay, coinsurance or deductible.

- Preventive office visits including well child care and well woman exams
 - Immunizations
 - Newborn preventive treatment
 - Screening tests for various conditions including:
 - Hearing
 - Eye chart
 - PKU (newborns)
 - Sickle cell (newborns)
 - Breast cancer
 - Cervical cancer
 - Colorectal cancer
 - Prostate cancer
 - Certain bone density
 - Lipid screening
 - Sexually transmitted diseases
 - HIV
 - Routine blood and urine
- Coverage for specific drugs including:
- Aspirin (over the counter)
 - Iron (over the counter)
 - Folic acid (over the counter)
 - Fluoride (Children under 6, drops and chewables only)

Certain limitations apply. List is subject to change. a full description of ACA rules can be found at www.healthcare.gov/center/regulations/prevention/taskforce.html

"What web-based tools and services are available?"

Wellness and Fitness Tools



WellBeingSM

With WellBeing, you can make meaningful lifestyle changes to improve your diet, fitness level, emotional well-being and more. Plus, WellBeing can help you identify risk factors you may have for certain health conditions and give you the information you need to make better choices for your health. WellBeing offers wellness information on our website in a one-stop-shopping format.

My ePHIT

You expect your health plan to take care of you when you're sick so, what are they doing to keep you well? Altius Health Plans offers you a revolutionary web-based product called My ePHIT. This approach to a healthy lifestyle includes all the tools needed to set your own realistic health and fitness goals and then help achieve these goals through planning, coaching and rewards.

FamilyPHIT — Focus on Families

The FamilyPHIT program is based on the rationale that parents are examples to their children. The FamilyPHIT program is designed to encourage parent-child interaction that will help develop healthy habits for the entire family.

My ePHIT and FamilyPHIT offer you personalized fitness plans, interactive meal planners, 24/7 online coaches, a resource library, and prizes and rewards for utilizing the plan.

Other web-based tools and services:

Health Education Resources:

- Online Health Risk Assessment
- Preventive Guidelines
- Patient Safety Tips
- Health information for kids/parents/teens
- E-mail reminders for Preventive Screening Tests

Account Management Tools:

- Participating Provider and Facility Directory
- My Online Services
- View claims
- Print EOBs
- Order ID cards
- Change personal information
- AltiusExtra Discount Program

Consumer Choice Information:

- Health services pricing tool
- Employee budgeting tools / Medical cost estimator

Pharmacy Web Tools:

- Pharmacy Locator
- Drug information and savings
- Drug formulary and guidelines
- Combines benefit, cost and drug info specific to member
- Check personal drug costs, savings opportunities, search for therapeutic alternatives
- Prescription drug interaction



"How do I access these web-based services?"

To log on to these web-based services, go to www.altiushealthplans.com, click on *Member Tools*, then *My Online Services*. Access to *My Online Services* is quick and easy to establish with a valid Altius Member ID Number which can be found on your Member ID Card. You will be asked to select a personal PIN so only you can access your secure member information.

"What other discount services are available to Altius members?"

ALTIUS EXTRA



Save money with discounts on goods and services outside the regular coverage of your Altius Health Plan

You and your family can access sizable discounts on a wide variety of goods and services that are not covered by your Altius Health Plans medical plan.

Besides ongoing discounts, most of the providers who participate in AltiusExtra offer specials throughout the year. All the specials offer superior value and some may include drawings for free services. To find out more about the specials, simply visit www.altius-extra.com/specials.

Listed within is a summary of what's available with AltiusExtra. Please note that not all Services are available in all states. Programs will be added and changed as we search for the services you and other members want and need. For the most up-to-date information, visit www.altiushealthplans.com or call our customer service hotline at 800-377-4161.



Acupuncture

Acupuncture is generally used to maintain or improve wellness, to prevent disease, or to treat health problems. Acupuncturists believe that good health depends on the proper flow of energy, called chi, that follows invisible pathways through our bodies. Inserting fine needles into points along these pathways, they say, can tweak this force into proper balance.



Child Safety Products

Protecting your children can be expensive. Costs for items like car seats, safety gates, locks, latches and more can add up. Save money on these and other safety items by using your AltiusExtra discount at Safe Beginnings.



Cosmetic Dentistry

Whiter, straighter teeth are now more affordable than ever through AltiusExtra providers.



Cosmetic Dermatology & Laser Hair Removal

Looking your best helps you feel confident in any situation. Cosmetic dermatology procedures can minimize those wrinkles, age spots or acne scars. Inquire with AltiusExtra providers about specific procedures such as botox injections, dermabrasion, collagen implants and laser hair removal to create a more confident 'you.'



Cosmetic Surgery

Cosmetic Surgery is a combination of art and medical science. The range of cosmetic procedures available to both women and men is remarkable. In fact, men represent the fastest growing part of many cosmetic surgery practices. Cosmetic surgery can enhance body image, increase self-confidence and help you achieve the appearance you've always dreamed of.



Day Spa

An escape to a day spa can leave you feeling refreshed, rejuvenated, pampered, and revitalized. Typical services include skin care, body treatments, facial treatments, manicures, pedicures, waxing, dermabrasion, laser hair removal, electrolysis and more.

www.altius-extra.com/specials



Discount Dental

Available only in Utah

Save up to 35% on the most common dental services at no cost. For details on how to use this fee-for-service dental program, and a complete listing of participating providers, call Altius' Customer Service at 800-377-4161.



Emergency Response Services

Available only in Utah

With a medical alarm, help is always just a press of a button away. Emergency response systems enable millions of people to live with greater confidence, peace of mind and dignity.



Eye Exams & Eyewear

Your eye exam is part of your Altius Health Plans medical benefits. However, your hardware — eyeglasses, sunglasses, or contact lenses — is not. Because you're an Altius member, you're entitled to save 10 to 30 percent from participating vendors on prescription and non-prescription eyewear.



Health Clubs

Altius is all for smart exercise, because it's one of the best ways to keep you healthy. So, we've arranged discount memberships for you with a number of health clubs. Discounts range from reduced service fees and monthly payments, to corporate rates and first month free.



Hearing Aids

Sure, hearing aids are not covered under health insurance, but Altius still wants to help. So, we've arranged discounts for Altius Health Plans members for powerful, smaller-than-ever hearing aids.



LASIK Vision Surgery

More and more people are looking into LASIK and the freedom it provides from having to fuss with glasses or contact lenses all the time. And today, LASIK is safer, more effective, and more popular than ever.



Mail Order Contact Lenses

Save time when your contact lenses are delivered directly to your door.



Massage Therapy

Many of our members love therapeutic massage, and for good reason. It's one of the most enjoyable forms of health, fitness, and general wellness therapy available. So, Altius Health Plans went to work obtaining better massage therapy rates for our members. And we succeeded! Our participating professionals have agreed to give Altius members \$5 off a half-hour massage and \$10 off an hour-long massage. Just show them your Altius Health Plans card.

Utah College of Massage Therapy

These AltiusExtra providers are offering gift certificates available for \$12.50 for a 1-hour student massage. Memberships are purchased through Paypal only from Basix, LLC.

Basix, LLC manages the AltiusExtra program on behalf of Altius. This massage therapy offer is valid only if you purchase through Basix at www.altius-extra.com/facilities.html?category=message+therapy.



Personal Training *New!*

Need help getting started on your weight loss or personal fitness goals? A personal trainer develops a well-balanced fitness program, with step-by-step instructions, giving you the knowledge and tools needed to adopt and maintain a healthy lifestyle. Whether you are just starting a new exercise program or are looking to move to the next level, a personal trainer can help you.



Tattoo Removal

Available only in Utah

Have a tattoo that you want to remove? Tattoo pigment is located in the deep layers of the skin, making it permanent and difficult to remove. Lasers are the most effective way to remove tattoos. The only other option is excision (surgical removal). Lasers specifically designed for tattoo removal pass through the top layer of the skin, applying their energy to the tattoo pigment particles, releasing the pigment.

FREE! Downloadable MP3 files for Relaxation, Weight Loss and Workouts.

DENTAL

EMI HEALTH

NOTE: Medical Insurance is part of the group Benefits Package (Medical, Dental, and Group Life Insurance).
See page 58 for eligibility guidelines.



Washington School District
 121 West Tabernacle
 St George, UT 84770
 (435) 673-3553

852 East Arrowhead Lane
 Murray, Utah 84107-5298
 (801)262-7475 / (800)662-5851
 Fax (801)269-9734
www.emihealth.com

Group: **Washington School District - (Plan #832)**
Plan: Premier PPO
Underwritten & Administered by: Educators Mutual Insurance Association
Plan Type: Contributory / Fully Insured
Effective Date: 8/1/2011
Benefit Year: Contract

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	80%	70%
Type 2 - Basic Fillings, Oral Surgery	80%	70%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	40%
Type 4 - Orthodontics Dependent children up to age (19)	50%	50%
Adults	No Coverage	No Coverage
Orthodontic Discount (All Members)	25% Discount	No Discount
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 3 - Major	Type 3 - Major
Space Maintainers	Type 2 - Basic	Type 2 - Basic
Specialists	Paid same as General Dentists	Paid same as General Dentists
Waiting periods	None	
Type 2 - Basic	None	
Type 3 - Major	Failure to enroll at first opportunity results in a 12 month waiting period	
Type 4 - Orthodontics	Failure to enroll at first opportunity results in a 12 month waiting period	
Deductible	<i>In and Out of Network Deductibles are Combined</i>	
Per Person	\$50.00	\$50.00
Family Max	\$150.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 1, Type 2 & Type 3
Annual Maximum Per Person	\$1,500.00	
Orthodontic Lifetime Maximum	\$1,000.00	
Network / Reimbursement Schedule	Premier	Premier

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Any Age
Sealants	Dependent children only
Space Maintainers	Up to age 17
Bitewing X-Rays	2 per year
Periapical X-Rays	Covered in Type 1
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia- (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 2 - Basic
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 2 - Basic
Implants	Covered in Type 3 (Limited to \$225)
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

Benefits illustrated are in summary only. Refer to your Dental Handbook for a complete description of benefits, limitations and exclusions. All Services are subject to Educators Mutual Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.

VISION

OPTICARE

NOTE: This is a Voluntary Election for Eligible Employees to Participate through Payroll Deductions.



Opticare Plan: 70D

Single	\$3.44
Two Party	\$6.69
Family	\$8.99

<i>Washington County School District</i>	Select Network	Broad Network	Out-of-network
Eye Exam			
No Eye Examination Benefit			
Lenses			
Single Vision	100% Covered	\$15 Co-pay	◆\$85 Allowance for lenses, options, and coatings.
Bifocal (FT 28)	100% Covered	\$15 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$15 Co-pay	
Lens Options			
*Progressive (<i>Standard plastic no-line</i>)	\$50 Co-pay	\$75 Co-pay	
*Premium Progressive Options	20% Discount	No Discount	
Glass lenses	15% Discount	15% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	\$70 Allowance	\$60 Allowance	◆\$60 Allowance
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
<i>Contact benefits is in lieu Of lens and frame benefit.</i>	\$70 Allowance	\$60 Allowance	◆\$60 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
Frequency			
<i>Exams, Lenses, Frames, Contacts</i>	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
****LASIK	\$250 Off Per Eye	Not Covered	Not Covered

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

Discounts

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

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

***Must purchase full year supply to receive discounts on select brands. See provider for details.

◆**Out of Network** – Allowances are reimbursed at 75% when discounts are applied to merchandise. Online purchases are an exclusion to the benefit.

******LASIK (Refractive surgery)** LASIK services are not an insured benefit – this is a discount only. All pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees. For more information please visit www.opticareofutah.com or call 800-363-0950



Opticare Plan: 120D

Single	\$6.40
Two Party	\$11.59
Family	\$14.97

<i>Washington County School District</i>	Select Network	Broad Network	Out-of-network
Eye Exam			
No Eye Examination Benefit			
Lenses			
Single Vision	100% Covered	\$10 Co-pay	◆\$100 Allowance for lenses, options, and coatings.
Bifocal (FT 28)	100% Covered	\$10 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	
Lens Options			
*Progressive (<i>Standard plastic no-line</i>)	\$30 Co-pay	\$50 Co-pay	
*Premium Progressive Options	20% Discount	No Discount	
Glass lenses	15% Discount	15% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	◆\$100 Allowance
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
<i>Contact benefits is in lieu Of lens and frame benefit.</i>	\$120 Allowance	\$100 Allowance	◆\$100 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
Frequency			
<i>Exams, Lenses, Frames, Contacts</i>	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
****LASIK	\$250 Off Per Eye	Not Covered	Not Covered

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

Discounts

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

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

***Must purchase full year supply to receive discounts on select brands. See provider for details.

◆**Out of Network** – Allowances are reimbursed at 75% when discounts are applied to merchandise. Online purchases are an exclusion to the benefit.

******LASIK (Refractive surgery)** LASIK services are not an insured benefit – this is a discount only. All pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees. For more information please visit www.opticareofutah.com or call 800-363-0950



A Utah Top 100 Company

Select Network : Richer Benefits and Lower or No co-pays



Standard Optical

Where Good Vision is Always in Fashion.

Sugarhouse	2190 Highland Dr	(801) 487-4138
Ogden	4305 South Harrison Blvd	(801) 479-5060
Provo	Provo Towne Center Mall	(801) 373-2254
Logan	1153 North Main	(435) 752-2092
Sandy	834 East 9400 South	(801) 572-9280
West Jordan	1658 West 9000 South	(801) 255-5454
Roy	5431 South 19 th West	(801) 825-9703
Layton	Layton Hills Mall	(801) 546-0255
Lehi	1438 E Main St	(801) 753-7999
Bountiful	140 West 500 South	(801) 292-0479
Holladay	4878 S. Highland Dr., Creekside Plaza	(801) 272-8861
West Valley	1901 West Parkway Blvd	(801) 972-0203
Orem	1455 South State St	(801) 226-3044
St. George	250 Red Cliffs Dr	(435) 674-2020
Taylorsville	3754 West 5400 South	(801) 964-9911
Tooele	196 East 2000 North	(435) 882-4815
Murray	5289 South State St	(801) 506-1111

Broad Network : Higher Co-pays and More Accessibility

Dr. Ronald Kirk	46 N Main, Blanding, UT 84511	(435) 678-2324
Dr. David Albrecht	15 S 100 E, Beaver, UT 84713	(435) 438-2020
Alan Optical	990 South Medical Drive Brigham City, UT 84302	(435) 723-5868
Dr. Brian Whitney	66 West Harding Ave. STE B, Cedar City, UT 84720	(435) 586-9949
Dr. David Albrecht	70 East 200 North, Suite 2 Cedar City, UT 84720	(435) 586-0316
Dr. W. Scott Albrecht	1251 N. Northfield Rd., Ste. 215 Cedar City, UT 84720	(435) 865-9899
Dr. Russell Jackson	51 East 400 North, Suite 4A Cedar City, UT 84721	(435) 586-1500
Dr. Spencer Johnson	12357 S. 450 E. #2 Draper, UT 84020	(801) 572-9804
Dr. Chelle Nickle	57 N. Main Farmington, UT 84025	(801) 447-4393
Dr. David Burnett	57 N. Main Farmington, UT 84025	(801) 447-4393
Dr. Russell Jackson	210 South 100 West Fillmore, UT 84631	(435) 743-6572
Dr. Dustin Orgill	225 East Main Street, Suite F Grantsville, UT 84029	(435) 249-0530
Dr. David Graf	75 North 100 East, Gunnison, UT 84634	(435) 896-8142
Dr. R.L. Luekenga	75 North 100 East, Gunnison, UT 84634	(435) 896-8142
Dr. Michael Dorius	20 South 850 West #3, Hurricane, UT 84737	(435) 635-7766
Dr. Steven Sargent	568 S. Foothill Dr. #5, Kamas, UT 84036	(435) 783-4114
Dr. Robert Gray	785 E 200 S #9, Lehi, UT 84043	(801) 768-4100
Dr. Alan Rees	1097 North Main St. Logan, Ut 84321	(435) 752-6110
Dr. Matthew Parry	1300 N. 500 E. ste: 350 Logan, UT 84341	(435) 752-7445
Dr. Shaun Larsen	3534 S 8301 W, Magna, UT 84044	(801) 250-5745
Dr. Roland Abundo	579 E. Fort Union Blvd., Midvale, UT 84047	(801) 255-8500
Dr. Marizel Derby(Exam Only)	7250 S Union Park Ave, Midvale, UT 84047	(801) 255-0704
Dr. Joseph R. Wirts	192 East 4500 South, Murray, UT 84107	(801) 261-2020
Dr. Walter Peterson	4877 South State St. Murray, UT 84107	(801) 288-0882
Dr. Todd Hackney	471 S Main, Moab, UT 84532	(435) 259-9441
Dr. Greg Pickett	1196 30 th St., Ogden, UT 84403	(801) 399-9873
Dr. James Frost	1196 30 th St., Ogden, UT 84403	(801) 399-9873
Dr. Douglas Satterfield	575 E. University Parkway ste: H155 Orem, UT 84097	(801) 225-3920
Dr. Barry Cook	92 N 400 E, Price, UT 84501	(435) 637-6290
Dr. Walter Peterson	177 North University Parkway Provo, UT 84604	(801) 373-1711

Dr. H. Brent Parker	120 E 200 N, Richfield, UT 84701	(435) 896-2020
Dr. David Graf	145 North 100 East, Richfield, UT 84701	(435) 896-8142
Dr. Mitchell Peterson	90 East Center, Richfield, UT 84701	(435) 896-5671
Dr. R.L. Luekenga	145 North 100 East, Richfield, UT 84701	(435) 896-8142
Dr. Jerald Jolley	2364 West 12600 South, Riverton, UT 84065	(801) 446-7600
Dr. Jodie Johnson	2360 West 12600 South, Riverton, UT 84065	(801) 446-7600
Dr. Jon Wilson	165 W 200 N, Roosevelt, UT 84066	(435) 722-2981
Dr. Scott Kowallis	165 W 200 N, Roosevelt, UT 84066	(435) 722-2981
Frameworks Eyewear	9720 S. 1300 E. ste: 200 Sandy, UT 84094	(801) 576-6433
Dr. David K. Morrill	2376 N 400 E Building A, Ste 101, Tooele, UT 84074	(435) 843-8333
Dr. Jed Winder	300 S. Main, Tooele, UT 84074	(435) 882-3233
Dr. Michael T. Griffeth	2376 N 400 E Building A, Ste 101, Tooele, UT 84074	(435) 843-8333
Dr. Adam Hunt (Exam Only)	1851 W. Highway 40, Vernal, UT 84078	(435) 781-8601
Dr. Gordon Seitz	186 N Vernal Ave, Vernal, UT 84078	(435) 789-1552
Dr. Neldon Seitz	185 N Vernal Ave, Vernal, UT 84078	(435) 789-1552



Eye Masters	148 E. Winchester, Area C-D, Murray, UT 84107	(801) 269-8804
Eye Masters	635 E. 400 S. Salt Lake City, UT 84102	(801) 531-7513
Eye Masters	1134 E. 2100 S. Salt Lake City, UT 84106	(801) 463-2712
Eye Masters	10317 S. State Street, Sandy, UT 84070	(801) 572-4810



Newgate Mall	3735 Wall Avenue, Ogden, UT 84405	(801)627-4424
University Festival S.C.	1353 S State Street, Orem, UT 84097	(801)225-8500
America's Best	844 W Telegraph Street, Ste 3, Washington, UT 84780	(435)634-6737
Woods Cross Shops Ctr.	750 South 512 West, Woods Cross, UT 84087	(801)294-0230
America's Best	26 West 7200 South, Midvale, UT 84047	(801)561-1300



Shopko Optical	747 S. Main St. Brigham City, UT 84302	(435) 723-1800
Shopko Optical	1150 N. Main St. Layton, UT 84041	(801) 547-9100
Shopko Optical	1341 N. Main St. Logan, UT 84341	(435) 753-0700
Shopko Optical	5959 S. State St. Murray, UT 84107	(801) 261-1113
Shopko Optical	1018 Washington Blvd. Ogden, UT 84404	(801) 392-5100
Shopko Optical	125 S. State St. Orem, UT 84058	(801) 225-4700
Shopko Optical	2266 N. University Pkwy. Provo, UT 84604	(801) 373-1300
Shopko Optical	4060 Riverdale Rd. Riverdale, UT 84405	(801) 392-4300
Shopko Optical	2290 S. 1300 E. Salt Lake City, UT 84106	(801) 467-8989
Shopko Optical	5800 S. Redwood Rd. Salt Lake City, UT 84123	(801) 964-1300
Shopko Optical	2165 E. 9400 S. Sandy, UT 84093	(801) 942-7171
Shopko Optical	955 N. Main St. Spanish Fork, UT 84660	(801) 798-3557
Shopko Optical	190 S. 500 W. West Bountiful, UT 84010	(801) 295-9200
Shopko Optical	1553 W. 9000 S. West Jordan, UT 84088	(801) 561-7300
Shopko Optical	4850 W. 3500 S. West Valley City, UT 84120	(801) 967-6300

For additional information, please visit www.opticareofutah.com or for Utah providers, call:

1-800-EYE-CARE

LIFE AND AD&D

PRUDENTIAL

NOTE: Basic Term Life and AD&D are part of the Group Benefit Package for Eligible Employees. Optional Term Life and Optional AD&D are Voluntary. Eligible Employees may participate through Payroll Deduction. See page 58 for details.

IMPORTANT NOTE

DISTRICT LIFE INSURANCE BENEFIT

In addition to the life insurance listed by the Prudential, Washington County School District offers a death benefit through district policy **1200, section 3.2.10, stating in case of death of an employee of the District while under contract, the employee's beneficiary (named by the employee) will receive a lump sum payment equal to three months salary of the employee.** Also, the district pays an additional **\$2,010.00** death benefit in the case of a spouse or dependent is deceased. For further explanation of survival and death benefits paid by the school district, see District Policies 1200 and 1321.

YOUR GROUP LIFE PLAN AT A GLANCE WASHINGTON COUNTY SCHOOL DISTRICT

“How much insurance is provided?”

Basic Employee Term Life, Accidental Death & Dismemberment Insurance

EMPLOYEE

- Flat \$25,000
- Coverage is provided at no cost to you.
- Coverage will be reduced by your age – by 35% at age 65 and 50% at age 70.
- All active full-time employees are eligible
- Waiver of Premium
- Conversion
- Living Benefit Option – 80% to a maximum of \$500,000 (combined with Optional Life) – 12 month life expectancy.

Basic Dependent Term Life Insurance

SPOUSE

- Flat \$2,420
- Coverage is provided at no cost to you.
- Coverage will be reduced by your age – by 35% at age 65 and 50% at age 70.

CHILD(REN)

- Flat \$2,420
- Coverage is provided at no cost to you.

This is a brief summary of benefits. It does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the contract, the contract prevails.

"How much insurance can I buy?"

It is easy to customize coverage to fit your family's needs. Your salary determines the maximum coverage amount available to you. To be eligible for dependent coverage you must first be enrolled in employee Optional Term Life Insurance. See chart below for details:

Optional Term Life Coverage Options

- . Purchase coverage in increments of \$5,000, with a minimum coverage amount of \$10,000, to a combined Basic Term Life and Optional Term Life maximum of \$500,000.
 - . **New Hires:** Get up to \$100,000 - no medical questions asked - when enrolling when first eligible. Employees applying for more than the \$100,000 guarantee issue amount must complete Evidence of Insurability (EOI).
- EMPLOYEE**
- . **Current Participants:** Your current coverage amount will be continued. Evidence of Insurability is required for all increases in coverage amounts.
 - . **Late Entrants:** Evidence of Insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
 - . Coverage will be reduced by your age - by 35% at age 65 and 50% at age 70.

-
- . Purchase coverage amount for your spouse in increments of \$5,000 to \$200,000, not to exceed 100% of your Optional Term Life coverage amount.
 - . **New Hires:** Get up to \$25,000 - no medical questions asked - when enrolling when first eligible.
 - . **Current Spouse Participants:** Your spouse's current coverage amount will be continued. Evidence of Insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts.
 - . **Late Entrants:** Evidence of Insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
 - . Coverage will be reduced by your age - by 35% at age 65 and 50% at age 70.

SPOUSE

-
- . Purchase coverage for your children in increments of \$2,500 to \$10,000, not to exceed 100% of your employee Optional Term Life coverage amount. There are no health requirements for this coverage.
 - . Coverage begins from 14 days and continues to age 19, if unmarried. If unmarried, dependent on you and a full time student, coverage continues to age 26.

CHILDREN

Optional AD&D Coverage Options

- . **Employee Coverage:** Purchase a coverage amount equal to your Optional Term Life Insurance amount.
 - . **Spouse Coverage:** Purchase a coverage amount equal to 60% of your Optional AD&D Insurance amount.
 - . **Children Coverage:** Purchase a coverage amount equal to 15% of your Optional AD&D Insurance amount.
- FAMILY**
- . **Family:** Purchase a coverage amount for your spouse equal to 50% of your Optional AD&D Insurance coverage amount. Purchase a coverage amount for your child equal to 10% of your Optional AD&D Insurance coverage amount.
 - . Coverage will be reduced by your age - by 35% at age 65 and 50% at age 70.

"How much does life insurance cost?"

Use the grids below to find the cost of insurance for yourself, your spouse, and each of your children. Please note that the rates will change as a higher age category is entered or if plan experience requires a change for all insureds. These rates are effective 01/01/2007.

Optional Employee Term Life - Employee Monthly Cost per Coverage Amount

Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
30-34	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
35-39	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
40-44	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
45-49	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
50-54	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
55-59	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10	\$12.95	\$14.80	\$16.65	\$18.50
60-64	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80	\$22.00
65-69	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40	\$36.00
70-74	\$13.50	\$20.25	\$27.00	\$33.75	\$40.50	\$47.25	\$54.00	\$60.75	\$67.50
75+	\$23.50	\$35.25	\$47.00	\$58.75	\$70.50	\$82.25	\$94.00	\$105.75	\$117.50

Age	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000
<30	\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50
30-34	\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50
35-39	\$4.40	\$4.80	\$5.20	\$5.60	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00
40-44	\$5.50	\$6.00	\$6.50	\$7.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50
45-49	\$8.80	\$9.60	\$10.40	\$11.20	\$12.00	\$16.00	\$20.00	\$24.00	\$28.00
50-54	\$12.10	\$13.20	\$14.30	\$15.40	\$16.50	\$22.00	\$27.50	\$33.00	\$38.50
55-59	\$20.35	\$22.20	\$24.05	\$25.90	\$27.75	\$37.00	\$46.25	\$55.50	\$64.75
60-64	\$24.20	\$26.40	\$28.60	\$30.80	\$33.00	\$44.00	\$55.00	\$66.00	\$77.00
65-69	\$39.60	\$43.20	\$46.80	\$50.40	\$54.00	\$72.00	\$90.00	\$108.00	\$126.00
70-74	\$74.25	\$81.00	\$87.75	\$94.50	\$101.25	\$135.00	\$168.75	\$202.50	\$236.25
75+	\$129.25	\$141.00	\$152.75	\$164.50	\$176.25	\$235.00	\$293.75	\$352.50	\$411.25

Age	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000	\$400,000	\$500,000
<30	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$24.00	\$30.00
30-34	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$24.00	\$30.00
35-39	\$16.00	\$18.00	\$20.00	\$22.00	\$24.00	\$32.00	\$40.00
40-44	\$20.00	\$22.50	\$25.00	\$27.50	\$30.00	\$40.00	\$50.00
45-49	\$32.00	\$36.00	\$40.00	\$44.00	\$48.00	\$64.00	\$80.00
50-54	\$44.00	\$49.50	\$55.00	\$60.50	\$66.00	\$88.00	\$110.00
55-59	\$74.00	\$83.25	\$92.50	\$101.75	\$111.00	\$148.00	\$185.00
60-64	\$88.00	\$99.00	\$110.00	\$121.00	\$132.00	\$176.00	\$220.00
65-69	\$144.00	\$162.00	\$180.00	\$198.00	\$216.00	\$288.00	\$360.00
70-74	\$270.00	\$303.75	\$337.50	\$371.25	\$405.00	\$540.00	\$675.00
75+	\$470.00	\$528.75	\$587.50	\$646.25	\$705.00	\$940.00	\$1,175.00

Rates may change as the insured enters a higher age category. Also, rate may change if the plan experience requires a change for all insureds.

"How much does life insurance cost?" (continued from previous page)

Optional Dependent Term Life - Spouse Monthly Cost per Coverage Amount

Spouse rate is based on spouse's age

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
<30	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70
30-34	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70
35-39	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60
40-44	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50
45-49	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20
50-54	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90
55-59	\$1.85	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10	\$12.95	\$14.80	\$16.65
60-64	\$2.20	\$4.40	\$6.60	\$8.80	\$11.00	\$13.20	\$15.40	\$17.60	\$19.80
65-69	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40
70-74	\$6.75	\$13.20	\$20.20	\$27.00	\$33.75	\$40.50	\$47.25	\$54.00	\$60.75
75+	\$11.75	\$23.20	\$35.25	\$47.00	\$58.75	\$70.50	\$82.25	\$94.00	\$105.75

Age	\$50,000	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000
<30	\$3.00	\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40
30-34	\$3.00	\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40
35-39	\$4.00	\$4.40	\$4.80	\$5.20	\$5.60	\$6.00	\$6.40	\$6.80	\$7.20
40-44	\$5.00	\$5.50	\$6.00	\$6.50	\$7.00	\$7.50	\$8.00	\$8.50	\$9.00
45-49	\$8.00	\$8.80	\$9.60	\$10.40	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40
50-54	\$11.00	\$12.10	\$13.20	\$14.30	\$15.40	\$16.50	\$17.60	\$18.70	\$19.80
55-59	\$18.50	\$20.35	\$22.20	\$24.05	\$25.90	\$27.75	\$29.60	\$31.45	\$33.30
60-64	\$22.00	\$24.20	\$26.40	\$28.60	\$30.80	\$33.00	\$35.20	\$37.40	\$39.60
65-69	\$36.00	\$39.65	\$43.20	\$46.80	\$50.40	\$54.00	\$57.60	\$61.20	\$64.80
70-74	\$67.50	\$74.25	\$81.00	\$87.75	\$94.50	\$101.25	\$108.00	\$114.75	\$121.50
75+	\$117.50	\$129.25	\$141.00	\$152.75	\$164.50	\$176.25	\$188.00	\$199.75	\$211.50

Age	\$95,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
<30	\$5.70	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00
30-34	\$5.70	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00
35-39	\$7.60	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00
40-44	\$9.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00
45-49	\$15.20	\$16.00	\$20.00	\$24.00	\$28.00	\$32.00
50-54	\$20.90	\$22.00	\$27.50	\$33.00	\$38.50	\$44.00
55-59	\$35.15	\$37.00	\$46.25	\$55.50	\$64.75	\$74.00
60-64	\$41.80	\$44.00	\$55.00	\$66.00	\$77.00	\$88.00
65-69	\$68.40	\$72.00	\$90.00	\$108.00	\$126.00	\$144.00
70-74	\$128.25	\$135.00	\$168.75	\$202.50	\$236.25	\$270.00
75+	\$223.25	\$235.00	\$293.75	\$352.50	\$411.25	\$470.00

Optional Dependent Term Life - Child Monthly Cost per Coverage Amount

One premium rate covers all eligible children

\$2,500	\$5,000	\$7,500	\$10,000
\$0.23	\$0.45	\$0.68	\$0.90

Rates may change as the insured enters a higher age category. Also, rate may change if the plan experience requires a change for all insureds.

Optional Accidental Death & Dismemberment - Monthly Cost per Coverage Amount

	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
EMPLOYEE	\$0.22	\$0.33	\$0.44	\$0.55	\$0.66	\$0.77	\$0.88	\$0.99	\$1.10
EMPLOYEE & FAMILY	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
	\$55,000	\$60,000	\$65,000	\$70,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000
EMPLOYEE	\$1.21	\$1.32	\$1.43	\$1.54	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85
EMPLOYEE & FAMILY	\$2.75	\$3.00	\$3.25	\$3.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75
	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000	\$400,000	\$500,000		
EMPLOYEE	\$4.40	\$4.95	\$5.50	\$6.05	\$6.60	\$8.80	\$11.00		
EMPLOYEE & FAMILY	\$10.00	\$11.25	\$12.50	\$13.75	\$15.00	\$20.00	\$25.00		

Rates may change as the insured enters a higher age category. Also, rate may change if the plan experience requires a change for all insureds.

SHORT TERM DISABILITY

LINCOLN FINANCIAL

NOTE: This is a Voluntary Election for Retirement and Sick Leave Eligible Employees to Participate through Payroll Deductions.

Voluntary Short-Term Disability Insurance

SUMMARY OF BENEFITS

Sponsored by: Washington School District

All active full time employees or part time employees contracted 20 hours per week

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

- Eligibility** All active employees working 20 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
- Maximum Weekly Benefit** 66.67% of weekly salary up to \$1,000 per week
- Maximum Benefit Duration** 26 weeks
- Elimination Period** Benefits begin on:
15th day for an accident
15th day for an illness
- Pre-Existing Condition** You may not be eligible for benefits if you have received treatment for a condition within the past 12 months until you have been covered under this plan for 12 months.
- Enrollment** You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again.
- Monthly Premium Calculation** Example: John Doe is 33 and earns \$500 per week.
\$500 x 0.02000= \$10.00 Monthly premium

Attained Age	Premium Factors
<30	0.02067
30 – 34	0.02000
35 – 39	0.01867
40 – 44	0.01867
45 – 49	0.02067
50 – 54	0.02333
55 – 59	0.02800
60 – 64	0.03334
65 – 69	0.03867
70 – 74	0.04267
75 - 80	0.04534

$$\$ \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Your weekly salary*
Premium factor
Your Monthly cost

*Maximum covered payroll is \$1,499.93 weekly.

Understanding Your Benefits

Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within two weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.• You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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LONG TERM DISABILITY

PRUDENTIAL

NOTE: All Eligible Employee's on Provisional or Career Contracts are automatically enrolled in Long Term Disability Benefits.

"How much LTD Insurance is offered to me?"

Eligibility is based on your contract type. Your monthly Long Term Disability benefit will be 66.7% of your monthly pre-disability earnings, up to the maximum of \$10,000, less deductible sources of income.**

The minimum monthly benefit is \$100.

**Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other sources.

"When are disability benefits payable?"

If you meet the definition of disability, your benefits will begin 180 days following an accidental injury or sickness. The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.

You are considered disabled when, because of injury or sickness, you are unable to perform the material and substantial duties of your regular occupation, you are under the regular care of a doctor and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience, and disability results in a loss of income of a specified percentage determined by your plan.

FLEXIBLE SPENDING ACCOUNT

NATIONAL BENEFIT SERVICES

NOTE: This is a Voluntary Election for Eligible Employees to Participate through Payroll Deductions. See page 58 for details.

CAFETERIA PLAN

Washington County School District

HIGHLIGHTS

Washington County School District has established a "Cafeteria Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of our Plan is that the benefits being offered are generally ones that you are already paying for, but normally with money that has first been subject to income and Social Security taxes. Under our Plan, these same expenses will be paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you received a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

GENERAL PLAN INFORMATION

Plan Name:

**Washington County School District
Cafeteria Plan**

Address:..... 121 West Tabernacle
St. George, UT 84770

Telephone:..... (435)673-3553

Tax I.D. Number:..... 87-6000531

Plan Number:.....501

Plan Effective Date:..... 9/1/1992

Amended:..... 9/1/2009

Plan Year End:..... August 31st

Maximum Medical Limit:.....\$5,000

Maximum Dependent Care Limit:.....\$5,000

Grace Period:.....75 Days

Run-out Period:.....90 Days

Plan Administrator:.....

.....Washington County School District

Company Contact:.....Tammara Robinson

CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

ELIGIBILITY

If you work 30 hours or more each week for the company, you will be eligible to join the Plan following your date of employment.

You will enter the Plan on the first day of the month following your date of employment.

BENEFITS

Under our Plan, you can choose the following benefits.

Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan and save taxes at the same time. The most that you can contribute to your Health Flexible Spending Account each Plan Year is \$5,000.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work-related dependent day-care cost with pre-tax dollars. Please see Summary Plan Description for definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you from this account be excludable from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider on your tax form for the year, as well as the amount of such expense as proof that the expense has been incurred.

Premium Expense Account:

A Premium Expense Account allows you to use tax-free dollars to pay for certain premium expenses under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Cafeteria Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Cafeteria Plan.

BENEFITS PAYMENT

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com for reimbursement.

Any monies left at the end of the Plan year will be forfeited. You must submit claims no later than 90 Days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Health Care Expense Account from the immediately preceding plan year, and you incur qualified medical care expenses during the grace period; you may be reimbursed for those expenses as if the expenses had been incurred in the prior plan year.

HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

FAMILY AND MEDICAL LEAVE ACT

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan becomes subject to the requirements of the Family and Medical Leave Act of 1993 and regulations thereunder, this Plan shall be operated in accordance with proposed Regulation 1.125-3.

ADDITIONAL PLAN INFORMATION

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). Please refer to your Summary Plan Description for more information on your ERISA rights.

Updated October 27, 2009



(801) 532-4000 - Salt Lake City, UT

IMPORTANT

**Information Regarding your Cafeteria Plan
 and Over-the Counter Medications**

Effective January 1, 2011, over-the-counter (OTC) drugs will no longer be eligible for reimbursement through your FSA or HRA plan without a prescription. This change is the result of a provision in the Patient Protection and Affordable Care Act of 2010.

OTC items will continue to be reimbursable through your cafeteria plan if prescribed by a doctor, however. Claims for reimbursement of OTC expenses incurred after January 1, 2011 must be submitted manually and be accompanied by a valid prescription.

Because of the requirement to submit a prescription, OTC purchases will no longer be eligible for purchase with your debit card. However, non-OTC drugs and medicines that require a prescription by law will continue to be eligible for purchase with your debit card at participating pharmacies. Also, non-medicinal items such as contact lens solution, eyeglasses and first-aid items will continue to be reimbursable and purchasable with your debit card.

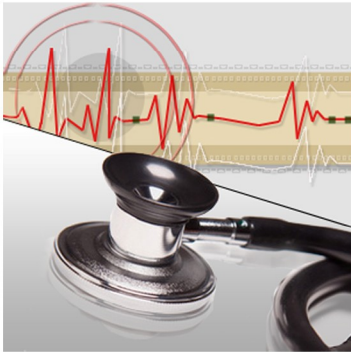
Please consider these changes as you decide on election amounts for your new plan year. Also, we urge you to keep in mind that OTC expenses that you plan to have reimbursed from your current year election must be incurred by December 31, 2010 in order to be eligible without a prescription.

The table below lists some examples of the most commonly purchased items that will no longer be eligible without a prescription.

Categories No Longer Eligible Without a Prescription	
<ul style="list-style-type: none"> • Acid Controllers • Antibiotics • Anti-Gas Products • Anti-Parasitic Treatments • Cold Sore Remedies • Digestive Aids • Hemorrhoidal Preps • Motion Sickness • Respiratory Treatments • Stomach Remedies 	<ul style="list-style-type: none"> • Allergy & Sinus Medicine • Anti-Diarrheal • Anti-Itch & Insect Bite • Baby Rash Ointments/Creams • Cough, Cold & Flu • Feminine Anti-Fungal/Anti-Itch • Laxatives • Pain Relievers • Sleep Aids & Sedatives

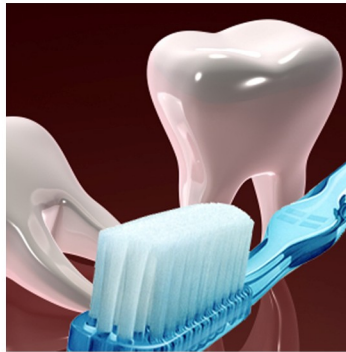
Health Care Expense Account

Sample Expenses



Medical Expenses

Acupuncture
 Addiction Programs and Products
 Adoption (Medical expenses for baby birth)
 Alternative Healer Fees
 Ambulance
 Arthritis Pain Relieving Creams
 Artificial Limbs
 Body Scans
 Care for Mentally Handicapped
 Chiropractor
 Contraceptives
 Co-Payments
 Crutches
 Diabetes (i.e. Insulin, Glucose Monitor)
 Eye Patches
 Fertility Treatment
 First Aid (i.e. Bandages, Gauze, Creams)
 Hearing Aids & Batteries
 Hypnosis (for treatment of illness)
 Incontinence Products (i.e. Depends, Serene)
 Joint Support Bandages and Hosiery
 Lab Fees
 Monitoring Device (Blood Pressure, Cholesterol)
 Physical Exams
 Pregnancy tests
 Prescription Drugs
 Psychiatrist/Psychologist (for mental illness)
 Physical Therapy
 Smoking Cessation Relief (i.e. Patches, Gum)
 Speech Therapy
 Urinary Pain Relief
 Vaccinations
 Vaporizers or Humidifiers
 Wart Removal Medication
 Weight Loss Program Fees (with doctor's note)
 Wheelchair



Dental Expenses

Artificial Teeth
 Co-Payments
 Deductible
 Dental Work
 Dentures
 Orthodontia Expenses
 Preventive Care at Dentist Office
 Bridges, Crowns, Etc.



Vision Expenses

Braille - Books & Magazines
 Contact Lenses
 Contact Lens Solutions
 Eye Exams
 Eye Glasses
 Laser Surgery
 Office Fees
 Guide Dog and its upkeep or other animal aid

For Additional Information, visit www.nbsbenefits.com

Health care expenses that do not qualify as a federal income tax deduction under IRS code Section 213 do not qualify for payment through your spending account. The following list includes many of the common expenses that generally do not qualify for reimbursement.

These expenses may be eligible if they are prescribed by a physician (If medically necessary for a specific condition)

Personal Hygiene (i.e. deodorant, soap, body powder, shaving cream, sanitary products, etc.)	Motion Sickness Medication
Allergy Relief (Oral Medications, Nasal Spray)	Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
Antacids and Heartburn relief	Skin Care (i.e. sun block, moisturizing lotion, lip balm)
Anti-itch and Hydrocortisone Creams	Sleep aids (i.e. oral medications, snoring strips)
Athlete's Foot Treatment	Stomach & Digestive Relief (i.e. Pepto-Bismol, Imodium, etc)
Cold Medicines (i.e. Syrups, Drops, Tablets)	Tooth and mouth pain relief (Orajel, Anbesol)
Cosmetic Surgery	Vitamins
Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)	Weight reduction aids (i.e. Slimfast, appetite suppressants)
Counseling (i.e. marriage and family counseling)	
Dental care - Routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, breath strips, teeth whitening/bleaching, etc.)	
Exercise Equipment	
Fever & Pain Reducers (i.e. Aspirin, Tylenol)	
Hair Care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)	
Health Club or Fitness Program Fees	
Homeopathic Supplements or Herbs	
Household or Domestic Help	
Laser hair removal	
Laxatives	
Massage Therapy	

Health Care Expense Worksheet

(This worksheet is for estimating annual health care expenses only. To enroll, please complete an Enrollment Form)

Instructions	1. Enter your annual cost for each health care option you use 2. Add up the Total Annual Health Care Expense 3. Determine your yearly Number of Pay Periods = Weekly/52, Bi-Weekly/26, Semi-Monthly/24, Monthly/12 4. Divide the Total Annual Expense by the number of pay periods to calculate the amount needed to be withheld every pay period		
Medical Care	Insurance Deductibles	\$	_____
	Co-pays	\$	_____
	Routine Exams	\$	_____
	Prescriptions	\$	_____
	Lab Expenses	\$	_____
	Medical Equipment	\$	_____
	Chiropractor Visits	\$	_____
	Physical Therapy	\$	_____
	Other	\$	_____
	Total Annual Medical Care Expense	\$	_____
Vision Care	Eye Exams	\$	_____
	Glasses	\$	_____
	Prescription Sun Glasses	\$	_____
	Contacts	\$	_____
	Contact Lens Solutions	\$	_____
	Insurance Deductibles/Co-pays	\$	_____
	Total Annual Vision Care Expense	\$	_____
Dental Care	Cleanings	\$	_____
	X-rays	\$	_____
	Insurance Deductibles/Co-pays	\$	_____
	Fillings	\$	_____
	Crowns	\$	_____
	Other	\$	_____
	Total Annual Dental Care Expense	\$	_____
Orthodontics	Orthodontia	\$	_____
	Retainers	\$	_____
	Total Annual Orthodontia Care Expense	\$	_____
Totals	Total Annual Health Care Expense		
	\$	÷	=
			\$

National Benefit Services, LLC

P.O. Box 698, West Jordan, UT 84084 PH (801)838-7324 Toll Free (888) 353-9125

FAX: Salt Lake City Area Fax: (801) 355-0928 Toll Free Fax: (800) 478-1528

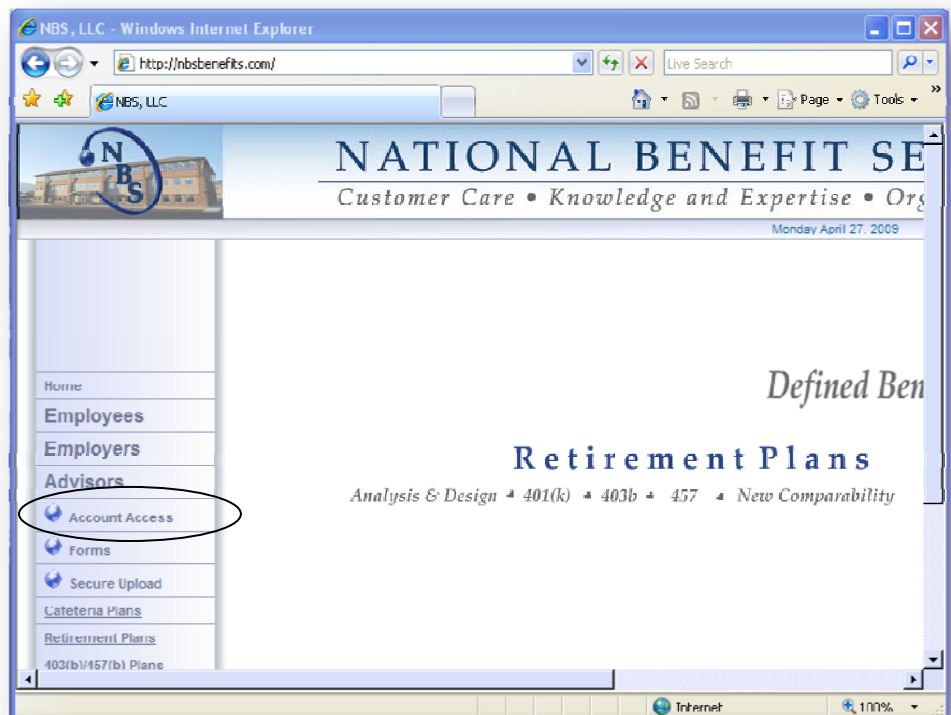
Participant Account Web Access and Web Claim Entry

National Benefit Service, LLC provides a website for participants to access account information. This site will give you:

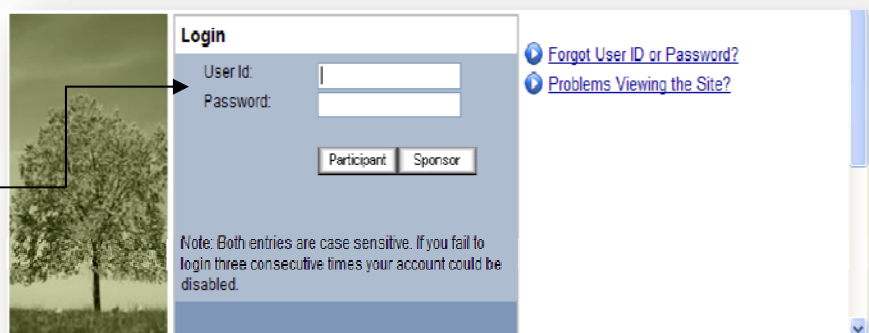
- Health reimbursement and dependant care account information
- Access to Submit claims online
- Access to detailed claim history
- Access to downloadable forms such as claim and change of status forms
- A listing of eligible expenses

Web Account Access Instructions

1. Log into Participant web. To access go to nbsbenefits.com and click on the link "Account Access"



2. Enter your Login info. If this is your first time logging in, enter your SSN as the user ID and the last 4 digits of your SSN as the password.



Login

User Id:

Password:

[Forgot User ID or Password?](#)
[Problems Viewing the Site?](#)

Note: Both entries are case sensitive. If you fail to login three consecutive times your account could be disabled.

- 3. Establish a new Username and Password

Step 1 of 2: Personal Information

Items marked with an asterisk (*) must be completed before you can proceed to the next step.

Username Information

Establish your Username (6-12 alphanumeric digits, case-sensitive) *

Establish your Password (6-8 alphanumeric digits, case-sensitive) *

Re-enter Password: *

Remember your Username and Password. You will need them to access your account via the plan website in the future.

Your Personal Information

Be sure to continue through all steps of the enrollment process until you receive confirmation that your enrollment is complete. If you cancel or close your browser before completing the process, your enrollment will not be processed.

- 4. The Summary tab will give you access to your account summary

- 5. Go to the "Claims" tab

Summary | Claims | Tools | Personal Profile

Personal info.
Dependents
Password Change

User ID/Password Change

Your confirmation number is **140718**. You may use this in the future.

User ID/Password REQUEST DET

Confirmation #:
You requested to change your user

6. to enter a claim click on claim entry.

Summary Claims Tools Personal Profile

Claim History
Claim Entry

Claim History

Select plan year: 01/01/2009 - 12/31/2009

Select benefit: All

For month All Months

From 01/01/2009 To 12/31/2009

Select dependent: All

7. Follow the simple Web Claim Entry instructions

Claim Entry - Step 1 of 3

Welcome to the NBS Web Claim Entry Tool!

This tool allows you to enter claims for processing by NBS. In order to have your claims paid you must complete all the required "*" items in each of the 3 entry steps. .

- **To begin** enter a claim and press the 'Add' button. (A claim must be entered for each individual transaction.)
- Once you have finished adding all of your claims, press the 'Save and Continue' button to move to the next step.
- Press 'Cancel' at anytime to clear the list of claims without submitting.

New Claim Form

* Required field

Select benefit: --None-- Person receiving service: N/A [Add Dependent](#)

Start date of service: End date of service:

Service provider: --None-- Taxpayer ID: N/A Description: Amount: *

UTAH RETIREMENT SYSTEMS

NOTE: Subject to URS qualification requirements.

UTAH RETIREMENT SYSTEMS

NON-CONTRIBUTORY PUBLIC SYSTEM

The Non-Contributory System is a defined retirement benefit under Utah Retirement Systems (URS) intended to provide a meaningful retirement benefit to an employee who has chosen a career in public service. The laws that govern this retirement program are set forth in Utah Code Title 49.

This is your retirement pension and is based on the number of years of service you accrue working at Washington County School District or other qualified public employers participating in the Utah Retirement System.

Any employee of the District who works a minimum of twenty (20) hours per week with at least six months in contract is eligible to accrue “years of service” credit toward the Public Employee’s Non-Contributory Retirement System.

Eligible employees must complete the Public Employee’s Non-Contributory Retirement System Defined Benefit enrollment form at the time of hire.

As you continue to work and accrue “years of service” credit toward a future retirement date, you will receive Defined Benefit Annual Retirement Statements that will be mailed to your home address. These statements reflect salary, service credit and beneficiaries. The statements are sent out annually.

Washington County School District contributes 16.32% of your annual income into the defined retirement benefit.

For more information, please visit www.urs.org.

DEFINED CONTRIBUTION PLAN 401(k)457

In order to provide additional income for yourself in retirement, you have the option of contributing to a 401(k) plan or a 457 plan (consult the attached comparison chart for the differences in plan types). The contributions to a 401(k) or 457 plan are tax deferred, which allows you to reduce your taxable gross income in the current year.

Washington County School District does not match 401(k) contributions made by employees. However, the District does contribute 1.5% of qualified employees annual income to the 401(k), regardless of whether the employee contributes to the savings.

CONTRIBUTION LIMITS

Because of the tax advantages of the 401(k) plans and the 457 plan, the IRS places limits on the amount you and Washington County School District can contribute each year. These limits are periodically adjusted upwards based on inflation and EGTRRA. For 2010, the annual elective deferral maximum an employee can make to a 401(k) plan is \$16,500.

A prospectus or fund characteristic brochure for each fund is available by logging onto the respective 401(k) administrator’s web site (see the Frequently Called Numbers and Web Sites section of this booklet).

For more information, please visit www.urs.org.



IMPORTANT INSURANCE NOTES

IMPORTANT INFORMATION REGARDING HEALTH CARE REFORM AND CHANGES TO YOUR BENEFITS

Notice Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under Altius Health Care no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Altius or Washington County School District's Human Resources.

Notice of Opportunity to Enroll in connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because of the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in IntegraCore's group health plan coverage. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective August 1, 2011. For more information contact Altius or Washington County School District's Human Resources.

Health Care Reform Impacts OTC Purchases Beginning Jan. 1, 2011

The Health care reform Legislation signed into law in March 2010 by the President will impact over the counter (OTC) purchases with Health Care FSA, HRA and HSA accounts beginning January 1, 2011.

OTC drugs, medicines and biological remain eligible with a directive from a provider. OTC drugs, medicines and biological items will no longer be available for purchase using the NBS Debit Card. You may still be reimbursed for these items; however, you must obtain a letter of medical necessity from your provider and submit a copy of the letter along with the receipt as a manual reimbursement.

It is important to note that not all OTC items will be affected; items such as band aids, Contact lens cleaning solution, thermometers, etc. will remain eligible without a letter of medical necessity. The items affected include items in the following categories:

- Acid Controllers
- Allergy & Sinus
- Antibiotic Products
- Anti-Diarrheal
- Anti-Gas
- Anti-Itch & Insect Bite
- Baby Rash Ointments / Cream
- Cold Sore Remedies
- Cold, Cough & Flu
- Digestive Aids
- Feminine Anti-Fungal / Anti-Itch
- Hemorrhoid Preps
- Laxatives
- Motion Sickness
- Pain Relief
- Respiratory Treatment
- Sleep Aids & Sedatives
- Stomach Remedies

Please be sure to take these changes into account when making your new year election.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN & FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDSNOW or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of February 16, 2010. You should contact your State for further information on eligibility.

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 602-417-5422	ARKANSAS – CHIP Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275
CALIFORNIA – Medicaid Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443	COLORADO – Medicaid & CHIP Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http://www.CHPplus.org CHIP Phone: 303-866-3243
FLORIDA – Medicaid Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237	GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150
IDAHO – Medicaid & CHIP Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 208-334-5747 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	INDIANA – Medicaid Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	KANSAS – Medicaid Website: https://www.khpa.ks.gov Phone: 785-296-3981
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	LOUISIANA – Medicaid Website: www.dhh.louisiana.gov/offices/?ID=92 Phone: 1-888-342-0555
MAINE – Medicaid Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	MASSACHUSETTS – Medicaid & CHIP Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-112

MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 800-657-3739	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944
MONTANA – Medicaid Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084	NEBRASKA – Medicaid Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
NEVEDA – Medicaid & CHIP Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
NEW JERSEY – Medicaid & CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	NEW MEXICO – Medicaid & CHIP Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	NORTH CAROLINA – Medicaid Website: http://www.nc.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	OKLAHOMA – Medicaid Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid & CHIP Medicaid Website: http://www.oregon.gov/DHS/healthplan/index.shtml Medicaid Phone: 1-800-359-9517 CHIP Website: http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml CHIP Phone: 1-800-359-9517	PENNSYLVANIA – Medicaid Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730
RHODE ISLAND – Medicaid Website: www.dhs.ri.gov Phone: 401-462-5300	SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
TEXAS – Medicaid Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	UTAH – Medicaid Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
VERMONT – Medicaid Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.famis.org/ Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
WASHINGTON – Medicaid Website: http://ihrsa/sites/DCS/COB/default.aspx Phone: 1-800-562-6136	WEST VIRGINIA – Medicaid Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
WISCONSIN – Medicaid Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002	WYOMING – Medicaid Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/13/2011)

IMPORTANT INSURANCE NOTES

INSURANCE ELIGIBILITY

Health insurance benefits are offered to all employees, as described in District Policy 1200, who are contracted to work 30 hours or more per week or .7142 FTE or more for a term of employment that exceeds six months, will be eligible for insurance benefits according to the following participation in payment of premium schedule (see chart below).

All employees are limited to one insurance plan per family. In the event the District employs two members of a single family who meet all eligibility requirements for insurance coverage, the family will be eligible to apply for a District-established insurance supplement. The supplement is designed to reimburse up to a total of \$1200.00 per insurance contract year for co-pays or deductibles not covered under the primary insurance policy, based on the District Policy 1200.

Certified: .7142 FTE to less than full-time	Classified: 30 to 34.9 hours per week	Contract Term of employment must exceed six months	District Pays: 80%	Employee Pays: 14%
Certified: 1 FTE	Classified: 35 to 40 hours per week	Contract Term of employment must exceed six months	District Pays: 100%	Employee Pays: 0%

□ “GRAND FATHERED” PART-TIME EMPLOYEES

Employees who signed a work agreement for at least 20 hours classified, or .5 FTE certified per week, but no more than 30 hours per week (.71 FTE for Certified Employees) for at least 180 days or the equivalent (720 to 1079 hours classified) on or before June 15th, 2005, will be eligible to participate in the district health insurance benefits, under the terms and conditions specified by the district, to include participation on the payment of premiums. Eligibility to receive insurance benefits under the terms and conditions of this paragraph will end immediately upon the occurrence of any of the following events subsequent to the date the employee signed the 720 to 1079 hour work agreement. As per District Policy 1200, eligibility will not be reinstated:

- * If work agreement of a temporary, provisional, career, or other eligible employee is reduced for any reason to less than 20 hours per week classified or .5 FTE for certified.
- * The work agreement of a temporary, provisional career or other eligible employee is increased for any reason to 30 or more hours per week for classified or .7142 FTE for certified.
- * The week agreement is changes for any reason to less than 180 days or 720 contract hours
- * The work agreement of a temporary employee is fulfilled through the specified not-to-exceed date of the contract and employee didn't sign a new work agreement prior to September 1st of the next contract year.
- * The employee cancels insurance coverage.
- * A temporary employee is terminated or resigns at any time other than the not-to-exceed date specified on the work agreement.
- * A career or provisional employee is terminated.
- * A career or provisional employee resigns, resulting in a break of service from District employment of five days or more.

□ ELIGIBLE DEPENDENTS

- Employee's spouse, if not legally separated from employee
- Employee's single children under age 26, regardless of marital status.
- Employee's children with disabilities (as specifically approved by the insurance carrier)

IMPORTANT INSURANCE NOTES

BENEFICIARY CHANGES

Employees may change beneficiary designation for basic and supplemental life insurance coverage and URS retirement beneficiaries at any time. Changes can be made on KRONOS SELF-SERVICE for through URS on-line.

CHANGE OF STATUS

Employees who experience a change of status (marriage, birth, adoptions, divorce, death, addition of children, deletion of children who lose dependent status, loss of spouse's job) must submit a notice of change on the Benefit Change Form within 30 days of the effective date of change with proper documentation. If notice is not submitted in a timely manner, coverage opportunities may be lost. Failure to submit timely notice regarding spouse and/or dependents losing eligibility status may be considered insurance fraud and subject employees to district disciplinary action.

▪ **CHANGE OF ADDRESS**

Employees who have a change of address need to make these changes in KRONOS SELF-SERVICE, in order for the district to be notified. See the instructions in this benefit booklet under KRONOS SELF-SERVICE. Correct address information will assure that information mailed from the insurance companies is received in a timely manner.

CONTINUATION OF COVERAGE UNDER COBRA

“COBRA” stands for Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA is the federal health care continuation law that allows a “qualified beneficiary” who loses employer provided coverage due to a “triggering event” to continue coverage. COBRA coverage has a limited duration. In most cases, the maximum COBRA period from the date of the qualifying event is 18 months for employees and 18 to 36 months for dependents. In cases of disability, COBRA coverage may be continued for up to 29 months. If you divorce, are legally separated, or your child loses dependent status, be sure to submit a written notice to the district personnel department and/or Tammara Robinson, x113, within 30 days of the event.

EARLY RETIREMENT PLAN

Participation in the Early Retirement Incentive (ERI) is voluntary and is only available to employees who qualify based on the eligibility requirements set forth in District Policy 1320. ERIs provided by Washington County School District are subject to change and benefits are not vested until the employee is eligible for and has applied for Utah State Retirement; and signed, submitted, and received Board approval of an ERI Application. Once the application is signed and approved by the Board, the decision of the employee to retire may not be rescinded without the written agreement of both the employee and the Board.

To qualify for the ERI, the applicant must:

- Have been continuously employed by the District for a minimum of ten (10) consecutive years just prior to retirement under the contracts that were established for at least 20 hours per week for a minimum of 180 days per contract year, and
- Qualify for retirement benefits from the Utah Retirement Systems (URS) as of the date of retirement from the District, and
- Apply for retirement benefits from the URS at least 30 days prior to the date of retirement, and
- Not be receiving retirement benefits from the URS because of an earlier retirement.
- Submit a signed application for retirement to the URS according to its rules. Failure to actually retire according to URS rules immediately following District employment will result in forfeiture of the ERI and all District benefits. Be eligible for retirement benefits under the rules of the URS at the end of the contract year in which the application is submitted.
- For more information on the Retirement Program, refer to the District Policy 1320 on the Early Retirement Incentive.

IMPORTANT INSURANCE NOTES

COORDINATION OF BENEFITS

Employees covered under more than one group medical and/or dental plan have primary coverage through the plan where they are an active employee. Claims are processed first by the *primary plan*. The Explanation of Benefits (EOB) received from your primary plan should be subsequently submitted to your other coverage, of *secondary plan*, for consideration.

As a general rule, when a child is covered as a dependent of both parents, under two separate plans, the primary plan carried by the parent whose birthday falls earliest in the calendar year. If both parents have the same birthday, the plan that has been in effect for the longest period of time is the primary plan.

Medical, Dental, and Group Life insurance are provided as a package plan and can't be divided out, under terms and conditions established by the District. Long Term Disability insurance is considered a separate benefit, as described in District Policy 1332.

EFFECTIVE DATE OF ELIGIBILITY

If employee eligibility occurs on the first day of the month, coverage may be effective for that month. If employee eligibility occurs on the second day of the month or later, coverage may be effective the first of the following month. When dependent eligibility occurs subsequent to the employee's initial eligibility (e.g. marriage, birth, adoption) coverage will be effective the date of the event. Coverage that requires underwriting will not be effective until underwriting approval is completed. **Remember, no coverage will be effective without completion of the appropriate insurance enrollment on-line through KRONOS SELF-SERVICE and appropriate documentation.**

If an employee terminates or when coverage eligibility is lost, insurance coverage shall terminate the last day of the month in which eligibility was lost. However, if an employee working in a certified position loses eligibility after the school year, coverage will continue through August 31st. If a dependent loses eligibility status unrelated to the termination of an employee, insurance coverage shall continue only through the date of the event (e.g. marriage, divorce, death, or eligibility of other coverage) or the last day of the month in which the dependent child reaches age 26, whichever comes first.

INSURANCE PREMIUM SCHEDULE

August 1, 2011 through July 31, 2012 – based on the insurance rate increase for medical & dental.

★★ 12 MONTH RATES ★★

Premium Rates	%	Single	Two-Party	Family
30 hours or less (.715 FTE)	Not Eligible	Not Eligible	Not Eligible	Not Eligible
30 to 34.9 hours (.7142 FTE)	14%	\$50.34	\$111.49	\$160.68
35 or more hours (1 FTE)	100% Paid by District			

COBRA	Single	Two-Party	Family
MEDICAL: Altius	\$339.51	\$762.67	\$1080.64
Dental: EMI Health	\$24.89	\$46.61	\$87.01

ATTENDANCE AND LEAVE

ATTENDANCE AND LEAVE

WCSD Sick Leave Policy 1332 Eligibility, Accrual, and Approval

ELIGIBILITY

- ☐ Must be eligible for participation in Utah Retirement Systems
- ☐ General requirements for participation are:
 - District Classified Employee contracted to work at least 20 hours a week for a minimum of six months.
 - District Certified/Administrative Employee contracted to work at least 1/2 time (*.5 FTE) or more for a minimum of six months.
 - The District will not advance paid sick leave for use before it is accrued. If an employee's accrued leave is insufficient to cover an approved absence, the employee will be placed in un-paid leave status and the employee's salary will be deducted in the payroll month/period it was taken.



ACCRUAL RATES

Employee Contract Days	Certified FTE	Classified Weekly Hours	Monthly Accrual	Annual Accrual
227+	From/To	From/To	Rate in 8 hour days	Rate in 8 hour days
	6/7 to 1.0	35 to 40	1	12
	5/7 to 5/7	28 to 34.99	.75	9
	.5 to 4/7	20 to 27.99	.5	6
180 to 226	6/7 to 1.0	40	.84	10
	5/7 to 5/7	34.99	.63	7.5
	.5 to 4/7	27.99	.42	5

ATTENDANCE AND LEAVE

LEAVE OF ABSENCE

In accordance with District Policy 1332, leave requests will be considered and granted or denied within the guidelines established with applicable leave laws, including the Family and Medical Leave Act (FMLA). Employees anticipating or experiencing an absence exceeding three (3) consecutive work days shall submit a written request for a leave of absence 30 days prior to leave time when leave is foreseeable, or within 1 day after an emergency occurs, to Amanda Amaya, in Human Resources Department (regardless of accumulated leave). Leave applications and Health Care Provider Certification forms are available on the District Web-site or in the Human Resource Department. See District Policy 1332 for all the details on FMLA, ADA, and Sick Leave, See District Policy 1330 on other types of employee leave.

SICK LEAVE APPROVAL

Sick Leave can be used for the following circumstances:

- **Personal Medical Conditions:** All employee sick leave that is available may be used for employee illness, health condition, or disability, subject to the terms, limitations, and conditions in district policy 1332.
- **Dependent Care Conditions:** Any event that is not directly related to an employee's personal illness, health condition, or disability (placement of a child with the employee for adoption or foster care; care of a spouse, dependent child, or parent of the employee with a serious medical condition). A maximum of 10 per year (or 12 days for 12 month employees) may be used to these types of events, subject to the terms, limitations, and conditions of the district policy 1332.
- **Health Care Provider Certification:**
 1. Principals are authorized to accept an employee's self-certification of an illness, health condition, or disability for no more than 3 days during the same pay period and for no more than a total of 9 days per calendar year. If there is a reason to believe that an employee is abusing sick leave, the Human Resource Director or designee may require an employee to produce a health care provider's certificate of illness regardless of the number of sick leave days used.
 2. Documenting sick and/or medical leave applies to both part-time and full-time employees regardless of health insurance eligibility or sick leave accrual. Any sick and/or medical leave of a combination of 3 or more days during the same pay period (continuous or sporadic) must be documented with Amanda Amaya, Human Resources Department, located at the District Office. You will receive a follow-up letter to establish FMLA eligibility after documentation is complete.

DEPENDENT SICK LEAVE AND BEREAVEMENT ARE DEDUCTED FROM THE SICK LEAVE BALANCE.



ATTENDANCE AND LEAVE



ADDITIONAL SICK LEAVE INFORMATION

Personal Leave Donation- Allows a transfer of personal or vacation leave to another district employee who has a compelling need under a FMLA qualifying event. The program creates an opportunity for a financial safety net to assist employees with legitimate needs, and allows for compassionate act of service.

- * Before a request for leave donation may be considered, the absence must be considered a qualifying FMLA event and employee must be eligible to take leave under the limits of FMLA. Exceptions may be approved by the Superintendent for employees who would otherwise be eligible for sick leave but have fewer than 12 months of qualifying service. Also, the employee must first use all available leave (personal and paid sick leave). In addition, no more than 10 days of leave maybe donated to an eligible employee per qualifying event.
- * A written release from employee must be made by completing district form 507 and submitting to Tammara Robinson, in Human Resources at the District. The appeal will be made to the employee's school first by the Human Resource Director or designee. If leave is insufficient, then appeal will be made by the Human Resource Director or designee in an e-mail to all employees who are on the district distribution list. No sign up lists or making employees feel obligated will be allowed. Donors of leave will remain confidential.
- * A signed release must be completed by the donating employee on district form 513 and submit to the Human Resource Director or designee timely.

Transfer Eligibility- Newly hired eligible employees with 5 or more years of experience may transfer up to 5 days of sick leave from another district if they are earned and not used those days under the employment policy of their employer immediately preceding. See Amanda Amaya for documentation guidelines.

Re-crediting paid sick leave upon reemployment- unused sick leave from previous employment with the district can be re-credited if the employee was rehired within 24 months. There is a 12 month waiting period before the unused sick time will be re-credited. See Amanda Amaya for documentation guidelines.



ATTENDANCE AND LEAVE

PERSONAL AND VACATION LEAVE POLICY 1330

PERSONAL LEAVE ELIGIBILITY AND ACCRUAL

- Classified employees who qualify for retirement benefits, with two or more years of service receive one personal day at no cost of substitute and two days at cost of substitute each year, based on contracted daily hours. If the no-cost personal day is not used, a maximum of one no-cost day can be carried over to the next year. (This paragraph does not apply to 12 month employees.)
- First-year teachers (certificated employees in the District) at least .5 FTE will be allowed two days of personal leave each year, with the teacher paying for the substitute teacher costs. Teachers (certified employees) at least .5 FTE with two or more years experience in the District will be allowed one day of personal leave at no cost; and three days will be allowed with the teacher paying the standard District substitute teacher rate. Any subsequent days will be deducted at full loss of pay. If the no-cost personal leave day is not used in a contract year, a certified employee may carry over the no-cost day for use in subsequent contract year. No more than two no-cost days may be cumulatively carried over from one year to the next.
- For additional types of leave, other than medical, see District Policy 1330.

PERSONAL LEAVE APPROVAL

Persons desiring personal leave shall complete the Personal Privilege Leave Form and submit it to their principal at least three (3) days prior to the desired date of use. (In emergency situations, they may use a shorter period of time.) Extenuating circumstances beyond the policy provisions are to be requested in writing to the Superintendent for consideration. Personal privilege leave shall not be used in the following capacities:

- During the first week or last week of the school year. (Only in the case of extreme emergency will exceptions be granted.)
- For any meeting, workshop or travel which is intended to promote financial gain, or venture in an occupation or position out-side the activities of the professional assignment in the Washington County School District.

VACATION LEAVE ELIGIBILITY & ACCRUAL

- Twelve month, full-time non-exempt employees during years of District service 1-10 shall be entitled to 12 days of vacation (accrued at a rate of one day per month).
- Twelve month, full-time exempt professional staff, shall be entitled to 18 days vacation (accrued at a rate of 1.5 days per month).
- Twelve month, full-time administrative employees shall be entitled to 24 days of vacation (accrued at a rate of two days per month).
- Twelve-month full-time employees with 10 or more years of continuous (12-month, full-time) District service shall be entitled to an additional three (3) days of vacation time beginning the 11th year.
- Twelve month employees entitled to vacation under this paragraph are not eligible for personal leave.
- The annual vacation can be accumulated up to 30 working days, as of August 31st of each year. Unused vacation time will not be compensated.

VACATION LEAVE APPROVAL

Vacation schedules are to be approved by the supervisor or principal in advance.



ATTENDANCE AND LEAVE

ATTENDANCE TRACKING (POLICY 1200)

All non-exempt employees must regard coming to work on time, working their shift as scheduled, and leaving at the scheduled time as essential functions of their position. Each work location will have a time clock for use of non-exempt employees. Time clocks are used to record the official time for employee compensation.

Employees must comply with the following procedures:

- Swipe in at the beginning of the work schedule and swipe out at the end of the assigned work schedule.
- Swipe out at the beginning of a lunch period and swipe in at the end of a lunch period. Employees must not perform work while off-the-clock during a lunch period.
- Swipe in and/or out at any alternate work location such as the District Office when required to report to or depart from a work location other than the assigned location.
- Use your employee ID number at the time clock should you forget, lose or otherwise not have your employee identification card available when you swipe in or out. If you are unable to record your swipe in or out you must notify your immediate principal or designee within 24 hours. Non-exempt employees must leave promptly at the end of their work schedule unless administration or supervision has authorized additional time.
- The District will count work-time in 15-minute increments, based on 7-minute averaging.
- Failure to swipe in or out or failure to notify your immediate principal or designee may result in disciplinary action. Continuous failure to swipe in or out, even if the immediate supervisor is notified, may be considered abuse of these procedures and will result in disciplinary action up to and including discharge.
- Buddy swiping, employee clocking in by swiping in another employee's identification card or using another employee's ID number, will be considered falsification of records and will result in disciplinary action up to and including discharge 3.3.9.6. Employees must call in and provide proper notice as defined below to administration or supervision of absent or tardy, unless a verifiable emergency makes such notification impossible.
- "Proper notice" means that you call your administrator, principal, or manager at a designated number for such calls prior to the start of your shift and personally notify your supervisor or administrator about the problem, unless a verifiable emergency makes it impossible for you to do so. Unless authorized to do so, it is not sufficient to call in and leave a message with a coworker or someone else who is not in a supervisory or administrative position.



KRONOS SELF-SERVICE

KRONOS SELF-SERVICE

KRONOS SELF-SERVICE, is not to be mistaken for KRONOS TIMEKEEPER (Timekeeper involves tracking hours worked). They are different. However, what you use for your user id and password in Self-Service, will be used in Timekeeper.

Self-Service is an excellent resource and tool for WCSD employees.

You can update address, change W-4 deductions, view paychecks, and check accrued sick, personal, and vacation time. In addition, you can change benefit information in this system.

You will also be able to view important district announcements. So, become familiar with this tool. It is for the employee's benefit!

1. To access KRONOS SELF-SERVICE go to www.washk12.org (using Internet Explorer)
2. Select "Employees"
3. Select Self-Service



The screenshot shows the Washington County School District website. The header includes the district name and the mission statement "Improve Student Achievement". A navigation menu is visible with the following items: About WCSD, Parents and Students, Employees, Schools, Departments, and District. The "Employees" menu is expanded, showing options: Time Keeping, Self Service, Employment Openings, Administration, Employees, PowerSchool Help, Personnel Links, and Teachers. The "Self Service" option is highlighted. Below the navigation menu, there are sections for "Employment Opportunities" and "Employee Wellness Challenge".

KRONOS SELF-SERVICE

FIRST TIME LOGGING ON:

The screenshot shows the Washington County School District Employee Self Service login page. At the top, there is a blue header with the text "WASHINGTON COUNTY SCHOOL DISTRICT". Below this is a navigation bar with "EMPLOYEE SELF SERVICE" and a dropdown arrow. The main content area contains two input fields: "User Name" and "Password", with a "GO" button below them. At the bottom of the page, there are two links: "First time here? Click here to create a new account..." and "Forgotten your Logon Information? Click here to have it emailed to you...". The footer contains the text: "Official Web Site of the Washington County School District - 2007, 2008, 2009 © - All Rights Reserved. 121 West Tabernade | St. George, Utah 84770 | Phone : 435.673.3553 | Fax : 435.673.3216".

4. Click on “Click here to create new account...” at the bottom of the screen.

***The Employee Sign In Page will appear: Be sure to follow instructions and enter information in the correct format for typing in your birth date and social security number.**

The screenshot shows the "EMPLOYEE SIGN IN" page. At the top left, it says "EMPLOYEE SIGN IN" and at the top right, there is a "Return" link. Below this is a welcome message: "Welcome to the Self-Service Logon page. To set up your logon, please provide the following information. The social security number required format would be xxx-xx-xxxx and the required format for birth date would be mm/dd/yyyy including the separator characters of the hyphen in the social security number and the forward slash in the birth date." Below the message are two buttons: "Submit" and "Reset". There are two input fields: "Social Security Number" and "Date of Birth". At the bottom, it says "On the next page, you will choose your Password."

5. Type in your social security number with the dashes (the format is xxx-xx-xxxx)
6. Type in your Date of Birth with the forward slash (the format is mm/dd/yyyy)
7. Click “Submit”

KRONOS SELF-SERVICE

***Select Your Password page will appear. Remember, your password will be the same for Timekeeper. Use a password you are familiar with, for convenience.**

SELECT YOUR PASSWORD Return

The password you select must be between 6 and 40 characters in length.

Save Reset

User Name

Enter your new Password

Verify your new Password

The User Name will automatically populate but feel free to change it if you wish.

8. Type your New Password (must be at least 6 characters)
9. Type your password again in the Verify Your New Password box

You are now ready to use KRONOS Self-Service!

Washington County School District

Home | Log Off | Change Password | Customize | Help

You MUST update or add your PRIMARY EMAIL ADDRESS during your first time logging in to Employee Self Service.

EMPLOYEE SELF SERVICE

Welcome, Kesha Schultz

[Go To Manager Home Page](#)

Company Information

- District Policy
- Email Directory
- Job Openings

My Information

- Tax Withholdings
- Employee Time Off Balances

Personal Information

- Personal Information
- Address and Phone
- Change Password
- Email Address
- Emergency Contacts

Reference

- Current Benefits
- Earnings History
- Personal Profile
- Paycheck Calculator
- W-2 Review

****Be sure to update your EMAIL ADDRESS once you are logged into KRONOS Self-Service. There are new training videos on HOW TO VIEW EARNINGS STATEMENTS, HOW TO VIEW ACCRUAL/LEAVE BALANCES, ETC. IN SELF-SERVICE. Please use them for your benefit!**

FREQUENTLY CALLED PHONE NUMBERS & WEBSITES

TELEPHONE NUMBERS AT A GLANCE

When you have a question on a benefit or a problem with a claim, we would encourage you to contact the insurance carriers who have your claims information and are very knowledgeable on Washington County School District's insurance benefits.

Listed are the insurance carriers and contact telephone numbers

Medical Insurance

Altius

10421 South Jordan Gateway, Suite #400
South Jordan, UT 84095
www.altiushealthplans.com
(800) 377-4161 Customer Service

Dental Insurance

EMI Health

852 East Arrowhead Lane
Murray, UT 84107
www.emihealth.com
(800) 662-5851 Customer Service

Voluntary Vision Insurance

Opticare of Utah

1901 West Parkway Blvd.
Salt Lake City, UT 84119
www.opticareofutah.com
(800) EYE-CARE Customer Service

Life and Long Term Disability Insurance

Prudential Financial

www.prudential.com
(800) 842-1718 Long Term Disability
(877) 889-2070 Conversion Policies
(800) 778-3827 Portability Policies

Short Term Disability

Lincoln Financial

www.lfg.com
(800) 423-2765 Customer Service
Amber Zimmer, ext 737
amber.zimmer@lfg.com

Flexible Spending Accounts

National Benefit Services (NBS)

PO Box 698
West Jordan, UT 84084
www.nbsbenefits.com
(800) 274-0503 Customer Service

Retirement Planning

Utah Retirement Services (URS)

165 North 100 East #9
St. George, UT
www.urs.org
(800) 950-4877
(435) 673-6300 Sueann Barney

Insurance Advisors

GBS Benefits, Inc.

465 South 400 East, Suite #300
Salt Lake City, UT 84111
(801) 842-0130 Denise Perez-House

COBRA Advisors

GBS Benefits Compliance Services

465 South 400 East, Suite #300
Salt Lake City, UT 84111
(801) 842-0111 COBRA Administration Dept.

WCSD Human Resources & Payroll

121 West Tabernacle
St. George, UT 84770
www.washk12.org
(435) 673-3553
Risk Management & Benefits
Tammara Robinson x113
Attendance & Medical Leave:
Amanda Amaya x121
KRONOS SELF-SERVICE & Fingerprinting
Fran Seegmiller x227
Elementary Secretary:
Terri Hendrix x117
Secondary Secretary:
Denise Thompson x115
Position Specialist:
Keshia Schultz x112
Payroll:
Laurie Rich x102 or Kathy Adams x110