

# Benefit Summary 2022-2023

Helping you make informed choices  
about your employee benefits.



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**IMPORTANT:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 20 for more details."

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## Benefits Overview

**Park City School District** is proud to offer a comprehensive benefits package to eligible employees who work 20 hours per week or more. 30 hours for Instructional Assistant Positions and Preschool Teachers. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits and Park City School District provides other benefits at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through Park City School District payroll deductions.

### Benefits Offered

- » Medical
- » Dental
- » Vision
- » Flexible Spending Account (FSA)
- » Health Savings Account (HSA)
- » Life and Accidental Death & Dismemberment (AD&D) Insurance
- » Voluntary Life and AD&D
- » Long-Term Disability

### Eligibility

You and your dependents are eligible for Park City School District benefits on the first of the month following date of hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days, and report the event in employee navigator.

### Qualifying Events

- » Loss of Dependent Coverage (including spousal coverage through employer)
- » Marriage
- » Divorce
- » Legal Separation
- » Birth of a Child
- » Adoption or Change in Custody
- » Death



## Medical Benefits

Administered by PEHP

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Park City School District.

|  | Bronze Plan                                 |   |
|--|---|---|
|  | Network Providers                           | Non-Network Providers                                   |
| Lifetime Max   | None  |   |
| <b>Benefit Year Deductibles</b><br>(Does not include Copayments)<br>PPO and NON PPO accum's cross apply  | Individual \$600<br>Family \$1,200          | Individual \$1,200<br>Family \$2,400                    |
| <b>Benefit Year Coinsurance Out-of-Pocket Maximums</b><br>(Includes medical and pharmacy deductible, coinsurance and medical and prescription copays)<br>PPO and NON PPO accum's cross apply   | Individual \$4,500<br>Family \$6,750        | Individual \$9,000<br>Family \$14,000                   |
| <b>Office Visits—Primary Care</b><br>(Exams or Consultations)  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Office Visits—Prenatal</b><br>All Covered Dependents  | Plan pays 100%                              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Office Visits—Specialist</b><br>(Exams or Consultations)  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Wellness Care—Adult</b>   | Plan pays 100%                              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Wellness Care—Children</b>  | Plan pays 100%                              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document.</b> |   |   |
| <b>Chiropractic Services</b><br>Limited to 40 visits   | Deductible, then Plan pays 60%              | No coverage   |
| <b>Diagnostic Services—Major*</b>  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Diagnostic Services—Minor</b>   | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Emergency Room Services</b><br>(Copoly waived if admitted)  | \$250 copay then Plan pays 100%             | \$250 copay then Plan pays 100% of <b>billed</b> amount |
| <b>Emergency Room—All other covered services other than facility charges</b>   | Plan pays 100%                              | Plan pays 100% of <b>billed</b> amount                  |
| <b>Hospital—Inpatient Services*</b>  | \$300 copay, Deductible, then Plan pays 60% | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Hospital—Outpatient Services (not surgery)</b>  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Maternity—Prenatal Office Visits</b><br>All Covered Dependents  | Plan pays 100%                              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Maternity—Labs, X-rays, Ultrasounds and related covered services</b>  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Maternity</b><br>(including birthing center or mid-wife)  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Medical Supplies</b><br>(Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.   | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Mental Health—Inpatient*</b>  | \$300 copay, Deductible, then Plan pays 60% | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Mental Health—Outpatient</b>  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Outpatient Therapy</b><br>Physical limited to 40 visits per benefit year<br>Speech and Occupational limited to 20 visits per benefit year   | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Outpatient Surgery</b>  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 40% of <b>allowed</b> amount |

| Bronze Plan   |                                  |   |
|---|----------------------------------|---|
|   | Network Providers                | Non-Network Providers                                   |
| Urgent Care Center and 24 Hours   | \$50 copay, then Plan pays 100%. | \$100 copay, then Plan pays of <b>billed</b> amount     |
| Vision Exam for Adults<br>Includes any eye exam for employee or spouse whether medical necessary or not | Deductible, then Plan pays 60%   | Deductible, then Plan pays 40% of <b>allowed</b> amount |
| <b>Covered Prescription Drugs — OptumRx</b>   |                                  |   |
| Customer Service: 800.334.8134  | Generic—\$10                     | No benefits   |
|   | Brand Formulary—\$30             |   |
|   | Brand / Non-formulary—\$50       |   |
|   | Specialty—\$100                  |   |
| 90 Day Maintenance or Mail Order Drugs<br>Customer Service: 800.334.8134<br>90-day supply               | Generic—\$10                     | No benefits   |
|   | Brand Formulary—\$60             |   |
|   | Brand / Non-formulary—\$150      |   |

\*Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.



|  | Silver Plan                                 |  |
|--|---|--|
|  | Network Providers                           | Non-Network Providers                                    |
| Lifetime Max   | None  |  |
| Benefit Year Deductibles<br>(Does not include Copayments) PPO and NON PPO accum's cross apply  | Individual \$600<br>Family \$1,200          | Individual \$1,200<br>Family \$2,400                     |
| Benefit Year Coinsurance Out-of-Pocket Maximums<br>(Includes medical and pharmacy deductible, coinsurance and medical and prescription copays)<br>PPO and NON PPO accum's cross apply  | Individual \$4,500<br>Family \$6,750        | Individual \$9,000<br>Family \$14,000                    |
| Office Visits—Primary Care<br>(Exams or Consultations)   | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Office Visits—Specialist (Exams or Consultations)  | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Wellness Care—Adult  | Plan pays 100%                              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Wellness Care—Children   | Plan pays 100%                              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| <b>Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document.</b> |   |  |
| Chiropractic Services<br>Limited to 40 visits per benefit plan year.   | Deductible, then Plan pays 70%              | No coverage  |
| Diagnostic Services—Basic labs/x-rays<br>(related to office visit, LabCorp, etc.)  | Deductible, then Plan pays 70%              | Paid at network benefits                                 |
| Diagnostic Services—Major*   | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Diagnostic Services—Minor  | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Emergency Room Services<br>(Copay waived if admitted)  | \$250 copay then Plan pays 100%             | \$250 copay then Plan pays 100% of <b>billed</b> amount  |
| Emergency Room—<br>All other covered services other than facility charges  | Plan pays 100%                              | Plan pays 100% of <b>billed</b> amount                   |
| Hospital Inpatient*  | \$300 copay, Deductible, then plan pays 70% | Deductible, then plan pays 50% of <b>allowed</b> amount  |
| Hospital Outpatient  | Deductible, then plan pays 70%              | Deductible, then plan pays 50% of <b>allowed</b> amount  |
| Maternity—Prenatal Office Visits<br>All Covered Dependents   | Plan pays 100%                              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Maternity—Labs, X-rays, Ultrasounds and related covered services   | Deductible, then Plan pays 70%              | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| Maternity (including birthing center or mid-wife)  | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Medical Supplies<br>(Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.  | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Mental Health—Inpatient*   | \$300 copay, Deductible, then Plan pays 70% | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Mental Health—Outpatient   | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Outpatient Therapy<br>Physical limited to 40 visits per benefit year<br>Speech and Occupational limited to 20 visits per benefit year.   | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Outpatient Surgery<br>(performed in a physician's office)  | Deductible, then Plan pays 70%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| Urgent Care Center and 24 Hours  | \$50 copay, then Plan pays 100%.            | \$100 copay, then Plan pays 100% of <b>billed</b> amount |
| Vision Exam for Adults<br>Includes any eye exam for employee or spouse whether medical necessary or not  | Deductible, then Plan pays 60%              | Deductible, then Plan pays 50% of <b>allowed</b> amount  |
| <b>Covered Prescription Drugs — OptumRx</b>  |   |  |
| Customer Service: 800.334.8134   | Generic—\$10                                | No benefits  |
|  | Brand Formulary—\$30                        |  |
|  | Brand / Non-formulary—\$50                  |  |
|  | Specialty—\$100                             |  |
| 90-Day Maintenance or Mail Order Drugs<br>Customer Service: 800.334.8134<br>90-day supply  | Generic—\$10                                | No benefits  |
|  | Brand Formulary—\$60                        |  |
|  | Brand / Non-formulary—\$150                 |  |

\*Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.

## Benefit Summary 2022-2023

|   | Gold Plan                                      |  |
|---|--|--|
|   | Network Providers                              | Non-Network Providers                                    |
| <b>Lifetime Max</b>   | None   |  |
| <b>Benefit Year Deductibles</b><br>(Does not include Copayments)<br>PPO and NON PPO accum's cross apply   | Individual \$500<br>Family \$1,000             | Individual \$1,000<br>Family \$2,000                     |
| <b>Benefit Year Coinsurance Out-of-Pocket Maximums</b><br>(Includes medical and pharmacy deductible, coinsurance and medical and prescription copays)<br>PPO and NON PPO accum's cross apply  | Individual \$2,500<br>Family \$5,000           | Individual \$5,000<br>Family \$10,000                    |
| <b>Office Visits—Primary Care</b><br>(Exams or Consultations)<br>Copay is for office visit only   | \$25 copay, then Plan pays 100%                | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Office Visits—Specialist</b><br>(Exams or Consultations)<br>Copay is for office visit only   | \$50 copay, then Plan pays 100%                | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Wellness Care—Adult</b>  | Plan pays 100%                                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Wellness Care—Children</b>   | Plan pays 100%                                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document. |  |  |
| <b>Chiropractic Services</b> Limited to 40 visits per benefit plan year   | \$50 copay, then Plan pays 100%                | No coverage  |
| <b>Diagnostic Services—Basic labs/x-rays</b> (related to office visit, LabCorp, etc.)   | Deductible, then Plan pays 80%                 | Paid at network benefits                                 |
| <b>Diagnostic Services—Major*</b>   | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Diagnostic Services—Minor</b>  | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Emergency Room Services</b><br>(Copay waived if admitted)  | \$250 copay then Plan pays 100%                | \$250 copay then Plan pays 100% of <b>billed</b> amount  |
| <b>Hospital—Inpatient Services*</b>   | \$300 copay, Deductible,<br>then Plan pays 80% | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Hospital—Outpatient Services</b> (not surgery)   | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Maternity—Prenatal Office Visits</b> All Covered Dependents  | Plan pays 100%                                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Maternity—Labs, X-rays, Ultrasounds and related covered services</b>   | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Maternity</b> (including birthing center or mid-wife)  | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Medical Supplies</b><br>(Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.  | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Mental Health—Inpatient*</b>   | \$300 copay, Deductible,<br>then Plan pays 80% | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Mental Health—Outpatient</b> – Copay is for office visit only  | \$25 copay, then Plan pays 100%                | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Outpatient Therapy</b><br>Physical limited to 40 visits per benefit year<br>Speech and Occupational limited to 20 visits per benefit year  | \$50 copay then Plan pays 100%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Outpatient Surgery</b>   | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Outpatient Surgery</b> (performed in a physician's office)   | Deductible, then Plan pays 80%                 | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Urgent Care Center and 24 Hours</b> – Copay is for office visit only   | \$50 copay, then Plan pays 100%                | \$100 copay, then Plan pays 100% of <b>billed</b> amount |
| <b>Vision Exam for Adults</b><br>Includes any eye exam for employee or spouse whether medical necessary or not  | \$50 copay, then Plan pays 100%                | Deductible, then Plan pays 60% of <b>allowed</b> amount  |
| <b>Covered Prescription Drugs — OptumRx</b>   |  |  |
| <b>Customer Service: 800.334.8134</b>   | Generic—\$10                                   | No benefits  |
|   | Brand Formulary—\$30                           |  |
|   | Brand / Non-formulary—\$50                     |  |
|   | Specialty—\$100                                |  |
| <b>90-Day Maintenance or Mail Order Drugs</b><br><b>Customer Service: 800.334.8134</b><br><b>90-day supply</b>  | Generic—\$10                                   | No benefits  |
|   | Brand Formulary—\$60                           |  |
|   | Brand / Non-formulary—\$150                    |  |

\*Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.

|  | QHDHP/HSA                            |   |
|--|--------------------------------------|---|
|  | Network Providers                    | Non-Network Providers                                   |
| Lifetime Max   | None                                 |   |
| <b>Benefit Year Deductibles</b><br>PPO and NON PPO accum's cross apply   | Individual \$1,500<br>Family \$3,000 | Individual \$1,500<br>Family \$3,000                    |
| <b>Benefit Year Coinsurance Out-of-Pocket Maximums</b><br>(Includes deductible, copays and coinsurance for Medical and Rx)<br>PPO and NON PPO accum's cross apply  | Individual \$2,800<br>Family \$5,600 | Individual \$2,800<br>Family \$5,600                    |
| <b>Office Visits—Primary Care</b><br>(Exams or Consultations)  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Office Visits—Specialist</b> (Exams or Consultations)   | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Wellness Care—Adult</b>   | Plan pays 100%                       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Wellness Care—Children</b>  | Plan pays 100%                       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Including Women's Preventive Care Act. See Appendix in Plan Document.</b> |                                      |   |
| <b>Chiropractic Services</b><br>Limited to 40 visits per benefit plan year   | Deductible, then Plan pays 80%       | No coverage   |
| <b>Diagnostic Services—Basic labs/x-rays</b><br>(related to office visit, LabCorp, etc.)   | Deductible, then Plan pays 80%       |   |
| <b>Diagnostic Services—Major*</b>  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Diagnostic Services—Minor</b>   | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Emergency Room Services</b><br>(Copay waived if admitted)   | Deductible, then Plan pays 80%       | Deductible, then Plan pays 80% of <b>billed</b> amount  |
| <b>Emergency Room Services</b><br>Non Medical Emergency  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 80% of <b>billed</b> amount  |
| <b>Hospital Inpatient*</b>   | Deductible, then plan pays 80%       | Deductible, then plan pays 60% of <b>allowed</b> amount |
| <b>Hospital Outpatient</b>   | Deductible, then plan pays 80%       | Deductible, then plan pays 60% of <b>allowed</b> amount |
| <b>Maternity—Prenatal Office Visits</b><br>All Covered Dependents  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Maternity—Labs, X-rays, Ultrasounds and related covered services</b>  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Maternity</b><br>(including birthing center or mid-wife)  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Medical Supplies</b><br>(Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.   | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Mental Health—Inpatient*</b>  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Mental Health—Outpatient</b>  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Outpatient Therapy</b><br>Physical limited to 40 visits per benefit year<br>Speech and Occupational limited to 20 visits per benefit year   | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Outpatient Surgery</b>  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Outpatient Surgery</b><br>(performed in a physician's office)   | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Urgent Care Center and 24 Hours</b>   | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Vision Exam for Adults</b>  | Deductible, then Plan pays 80%       | Deductible, then Plan pays 60% of <b>allowed</b> amount |
| <b>Covered Prescription Drugs — OptumRx</b>  |                                      |   |
| <b>Customer Service: 800.334.8134</b>  | Deductible, then Plan pays 80%       | No benefits   |
| <b>90 Day Maintenance or Mail Order Drugs</b><br>Customer Service: 800.334.8134<br>90-day supply   | Deductible, then Plan pays 80%       | No benefits   |

\*Some services require a pre-authorization. It is the employee's responsibility to confirm with the carrier and obtain any necessary pre-authorization.



## Dental Benefits

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Park City School District dental benefit plan.

| Benefits and Covered Services*  | In-PPO Network** | Out-of-PPO Network** |
|---|------------------|----------------------|
| <b>Preventive Benefits</b><br>100% Routine cleanings, sealants, fluoride treatment, and space maintainers | 100%             | 100%                 |
| <b>Diagnostic Benefits</b><br>Oral Examinations, and x-rays   | 80%              | 80%                  |
| <b>Basic Benefits</b><br>Fillings, denture repairs  | 80%              | 80%                  |
| <b>Major Benefits</b><br>Crowns, inlays, onlays, cast restorations, bridges, dentures, and implants       | 50%              | 50%                  |
| <b>Endodontics</b><br>(root canals) Covered Under Basic   | 80%              | 80%                  |
| <b>Periodontics</b><br>(gum treatment) Covered Under Basic  | 80%              | 80%                  |
| <b>Oral Surgery</b><br>Incisions, excisions, surgical removal of tooth Covered Under Basic                | 80%              | 80%                  |
| <b>Orthodontic Benefits</b><br>dependent children only  | 50%              | 50%                  |
| <b>Orthodontic Maximums</b>   | \$1,000 Lifetime | \$1,000 Lifetime     |

\*Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

\*\*Fees are based on PPO fees for in-network dentists and MPA (maximum plan allowance) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

**The annual maximum benefit paid per calendar year is \$2,000 per person.**



# Vision Benefits

Administered by Opticare of Utah

Your Opticare Vision Plan covers glasses and/or contacts. Eye exams are covered under the health insurance benefit.

|  | Select Network                 | In-Network           | Out-of-Network                                    |
|--|--------------------------------|----------------------|---|
| <b>Eye Exam</b>  |                                |                      |   |
| No eye examination benefit   |                                |                      |   |
| <b>Standard Plastic Lenses</b>                                     |                                |                      |   |
| Single Vision  | 100% covered                   | \$10 copay           | ◆\$85 allowance for lenses, options, and coatings |
| Bifocal (FT 28)  | 100% covered                   | \$10 copay           |   |
| Trifocal (FT 7x28)   | 100% covered                   | \$10 copay           |   |
| <b>Lens Options</b>  |                                |                      |   |
| *Progressive (Standard plastic no-line)                            | \$10 copay                     | \$50 copay           |   |
| *Premium Progressive Options                                       | \$80 copay                     | \$100 copay          |   |
| Polycarbonate  | \$20 copay                     | \$40 copay           |   |
| Anti-Reflective  | \$40 copay                     | \$45 copay           |   |
| High Index   | \$80 copay                     | 25% discount         |   |
| <b>Coatings</b>  |                                |                      |   |
| Scratch Resistant Coating  | 100% covered                   | \$10 copay           |   |
| Ultra Violet protection  | 100% covered                   | \$10 copay           |   |
| Other Options<br>A/R, edge polish, tints, mirrors, etc.            | Up to 25% discount             | Up to 25% discount   |   |
| <b>Frames</b>  |                                |                      |   |
| *Allowance Based on Retail Pricing                                 | \$130 allowance                | \$120 allowance      | ◆\$80 allowance                                   |
| <b>Additional Eyewear</b>  |                                |                      |   |
| **Additional Pairs of Glasses Throughout the Year                  | Up to 50% Off Retail           | Up to 25% off retail |   |
| <b>Contacts</b>  |                                |                      |   |
| Contact benefits is in lieu of lens and frame benefit.             | \$130 allowance                | \$120 allowance      | ◆\$80 allowance                                   |
| Additional contact purchases:<br>***Conventional<br>***Disposables | Up to 20% off<br>Up to 10% off | Retail<br>Retail     |   |
| <b>Frequency</b>   |                                |                      |   |
| Exams, Lenses, Frames, Contacts                                    | Every 12 months                | Every 12 months      | Every 12 months                                   |
| <b>Refractive Surgery</b>  |                                |                      |   |
| ****LASIK  | 20% off retail                 | Not covered          | Not covered                                       |

\*Copays 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 is a merchandise discount only and not an insured benefit. Discounts vary by provider; see provider for details.

- \*Up to 20% Discount off balance above Frame Allowance
- \*\*50% discount varies by provider, ask provider for details.
- \*\*\*Must purchase full year supply to receive discounts on select brands. See provider for details.
- \*\*\*\***LASIK (Refractive surgery) Standard Optical Locations ONLY.** LASIK services are not an insured benefit – this is a discount only.

All pre & post-operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

**Out-of-Network** – Out-of-Network benefit may not be combined with promotional items. Online purchases at approved providers only..

Online purchases at approved providers only. For more Information please visit [www.opticarevisionservices.com](http://www.opticarevisionservices.com) or call 800.363.0950.

## Flexible Spending Accounts (FSAs)

Administered by National Benefits Services

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit           \$2,850

Dependent Care Spending Limit   \$5,000

**NBS** is the **administrator** of two individual Flexible Spending Accounts—one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

### Here's How an FSA Works

1. You decide the annual amount (up to \$2,850 for FSA and \$5,000 DCAP) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare / elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the NBS Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.



## Understanding a Health Savings Account (HSA)

Administered by National Benefit Services, LLC

### What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that can be funded by you with pre-tax dollars, by your employer, or both. The HSA helps pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and in some cases, health insurance premiums.

### Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

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

### What is a deductible?

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

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

- » An HSA can roll-over unused funds from year to year, indefinitely.
- » FSA contribution limits are lower than for HSAs.

### When do I use my HSA?

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

- » Use your HSA debit card to pay for any out-of-pocket expenses.
- » You may choose to write a personal check, receiving reimbursement at a later date.
- » You can choose to save your HSA dollars for future medical expenses.

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

### How much can be contributed to an HSA?

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

| Type of Coverage                    | 2022 Maximum Annual Contribution |
|-------------------------------------|----------------------------------|
| Individual                          | \$3,650                          |
| Family                              | \$7,300                          |
| Catch-up Contribution (Over age 55) | \$1,000 individual/family        |

### Does my Employer Contribute to the HSA?

Park City School District provides a generous contribution to your HSA when you are enrolled in the HDHP. 50% of this contribution will be deposited in September. The remaining 50% will be deposited in January.

| Type of Coverage | 2022-2023 Annual Contribution* |
|------------------|--------------------------------|
| Individual       | \$1,000                        |
| Family           | \$2,000                        |

\*Prorated by FTE.



### How is an HSA used to pay for Medical Care?

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

## Life and Accidental Death & Dismemberment Insurance

Insured by LifeMap

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Park City School District. The company provides basic life insurance of 1 times your annual earnings, rounded to the nearest \$1,000 to a maximum of \$110,000, at no cost to you, by Park City School District.

Park City School District also provides, at no cost to you, Spouse Basic Life Insurance, in an amount equal to \$2,000. (Not to exceed 50% of Employee's Basic Life Insurance.) Child Life is an amount of \$2,000. Child(ren) must be unmarried and are covered from live birth to 26 years old.

### Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Park City School District provides AD&D coverage of 1 times your annual earnings, rounded to the nearest \$1,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above by Park City School District.

## Voluntary Life and AD&D Insurance

Insured by LifeMap

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000, and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible as a new hire.

**Employee**— Up to \$500,000 in increments of \$10,000; \$500,000 maximum amount

**Spouse**— Up to \$100,000 in increments of \$5,000

**Children**— \$10,000 in increments of \$1,000

Subject to Underwriting.

## Long-Term Disability Insurance

Insured by LifeMap

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. Park City School District provides Long-Term Disability insurance (LTD) coverage for you.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 66.67% of your monthly earnings, up to \$6,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 65 or your Social Security Normal Retirement Age or for as long as you remain disabled, whichever is sooner.



## Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local Human Resources department.

| Benefit                           | Administrator    | Phone        | Website  |
|-----------------------------------|------------------|--------------|--|
| Medical                           | PEHP             | 800.765.7347 | <a href="http://www.pehp.org">www.pehp.org</a>                         |
| Dental                            | Delta Dental     | 800.510.9915 | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>     |
| Life and AD&D Insurance           | LifeMap          | 800.286.1129 | <a href="http://www.lifemapco.com">www.lifemapco.com</a>               |
| Long-Term Disability              | LifeMap          | 877.254.0085 | <a href="http://www.lifemapco.com">www.lifemapco.com</a>               |
| Rx Benefits                       | OptumRx          | 800.334.8134 | <a href="http://www.optumrx.com">www.optumrx.com</a><br>Rx Bin: 610011 |
| Vision                            | Opticare of Utah | 800.363.0950 | <a href="http://www.opticareofutah.com">www.opticareofutah.com</a>     |
| Voluntary Life and AD&D Insurance | LifeMap          | 800.286.1129 | <a href="http://www.lifemapco.com">www.lifemapco.com</a>               |



## Important Notices and Disclosures

This information provides an informal explanation of the statutes as mandated by the Federal Government. Please note that this information is presented as general guidance and should not be considered legal advice.

If you have questions about these notices, please contact Human Resources or contact the Employee Benefits Security Administration (EBSA) regional office nearest you. A list of these offices is on the agency's Website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### Women's Cancer Right Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

All stages of reconstruction of the breast on which the mastectomy has been performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of all stages of mastectomy, including lymph edema.

Benefits for the above coverage are payable on the same basis as any other physical condition covered under the plan, including any applicable deductible and/or copays and coinsurance amounts.

If you would like more information on WHCRA benefits, please contact Human Resources.

### Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Family & Medical Leave Act (FMLA)

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

FMLA applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees.

There may be times when you need an extended leave of absence. The company has a Family and Medical Leave Policy that is in compliance with The Family and Medical Leave Act of 1993 (FMLA), as amended. FMLA provides an entitlement of up to 12 weeks, which protects employees' jobs and benefits in the event of a medical or family circumstance, which requires the employee to take time off from work **without pay**. In general, the employee must have worked for at least 12 months and at least, 1,250 hours within the last 12 months immediately prior to the first day of leave.

### Circumstances Permitting Family and Medical Leave

- » Birth of an employee's child (within 12 months after birth)
- » Adoption of a child by an employee (within 12 months after placement)
- » Placement of a child with the employee for foster care (within 12 months after placement)
- » Care of a child, spouse or parent having a serious health condition
- » Incapacity of the employee due to a serious health condition
- » Military Leave

Additional leave laws may apply to you depending upon your specific state and if you or a dependent or a military member. Whenever possible leave must be requested in advance. If you have questions about FMLA or any leave requests, please contact Human Resources.

If your Employer grants you an approved FMLA leave in accordance with FMLA, you may, during the continuance of such approved FMLA leave, continue Health Expense Benefits for you and your eligible dependents. At the time you request the leave, you must agree to make any contributions required by your Employer to continue coverage.

If any coverage your Employer allows you to continue has reduction rules applicable by reason of age or retirement, the coverage will be subject to such rules while you are on FMLA leave.

- » Coverage will not be continued beyond the first to occur of:
- » The date you are required to make any contribution and you fail to do so.
- » The date your Employer determines your approved FMLA leave is terminated.
- » The date the coverage involved discontinues as to your eligible class. However, coverage for health expenses may be available to you under another plan sponsored by your Employer.

Any coverage being continued for a dependent will not be continued beyond the date it would otherwise terminate.

If Health Expense Benefits terminate because your approved FMLA leave is deemed terminated by your Employer, you may, on the date of such termination, be eligible for Continuation Under Federal Law on the same terms as though your employment terminated, other than for gross misconduct, on such date.

If this Plan provides any other continuation of coverage (for example, upon termination of employment, death, divorce or ceasing to be a defined dependent), you (or your eligible dependents) may be eligible for such continuation on the date your Employer determines your approved FMLA leave is terminated or the date of the event for which the continuation is available.

If you return to work for your Employer following the date your Employer determines the approved FMLA leave is terminated, your coverage under this Plan will be in force as though you had continued in active employment rather than going on an approved FMLA leave provided you make request for such coverage within 31 days of the date your Employer determines the approved FMLA leave to be terminated. If you do not make such request within 31 days, coverage will again be effective under this Plan only if and when this Plan gives its written consent.

If any coverage being continued terminates because your Employer determines the approved FMLA leave is terminated, any Conversion Privilege will be available on the same terms as though your employment had terminated on the date your Employer determines the approved FMLA leave is terminated.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, 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, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

**You may be eligible for assistance paying your employer health plan premiums. The following is current as of January 31, 2022. Contact State of Utah for more information on eligibility.**

### UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>

CHIP: <http://health.utah.gov/chip>

877.543.7669

**To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:**

### U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

866.444.EBSA (3272)

### U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)



### Continuation of Coverage during an Approved Leave of Absence Granted to Comply With Federal Law

This continuation of coverage section applies only for the period of any approved family or medical leave (approved FMLA leave) required by Family and Medical Leave Act of 1993 (FMLA). If your Employer grants you an approved FMLA leave for a period in excess of the period required by FMLA, any continuation of coverage during that excess period will be determined by your Employer.

### Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

### Qualified Medical Child Support Orders

Coverage will be provided to any of your dependent child(ren) if a Qualified Medical Child Support Order (QMCSO) is issued, regardless of whether the child(ren) currently reside with you. A QMCSO may be issued by a court of law or issued by a state agency as a National Medical Support Notice (NMSN), which is treated as a QMCSO. If a QMCSO is issued, the child or children shall become an alternate recipient treated as covered under the Plan and are subject to the limitations, restrictions, provisions and procedures as all other plan participants.

### Michelle's Law Legislation

On October 9, 2008, President Bush signed into federal law a new statute known as "Michelle's Law" (H.R. 2851). The law amends ERISA, the Public Health Service Act, and the Internal Revenue Code. Michelle's law generally requires group health plans, which provide coverage for dependent children who are postsecondary school students, to continue such coverage if the student loses the required student status because he or she must take a leave of absence from studies due to a serious illness or injury. The law applies to fully insured and self funded group health plans and will be effective for an employer's plan on the first plan year on or after October 9, 2009.

- » For research purposes limited information may be disclosed as permitted by law
- » To workers' compensation or similar programs for the payment of benefits for work-related injuries
- » To coroners, medical examiners and funeral directors to identify a deceased person, determine cause of death, or to carry out duties
- » To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity
- » For U.S. military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military
- » For national security and intelligence activities such as protective services for the President and other authorized persons



## Privacy Notice

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact Human Resources.*

### Introduction

The Company along with its corporate affiliates and divisions sponsor a variety of health benefit programs. For the purposes of this Notice, we refer to these health benefit programs collectively as the “**Benefit Plan.**”

For example, the Benefit Plan includes medical, dental, vision, and prescription drug benefits, flexible spending accounts. In most cases, these programs are administered through arrangements with health insurance companies, HMOs, and third party administrators. The Benefit Plan does not include worker’s compensation, life insurance, disability benefits, medical leaves, pre-employment physicals, or drug testing.

The Benefit Plan is subject to a federal law called the Health Insurance Portability and Accountability Act of 1996, also known as “HIPAA.” HIPAA sets standards to protect the privacy of medical information. We are required by HIPAA to:

Make sure that medical information that identifies you is kept private;

Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the Notice that is currently in effect.

### Our Pledge Regarding Medical Information

The Benefit Plan is committed to protecting medical information about you. This Notice describes the Benefit Plan’s privacy practices and that of all its employees and staff. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

In addition to HIPAA, the Benefit Plan uses and discloses medical information in compliance with all other applicable state and federal laws.

### How We May Use and Disclose Medical Information about You

The following categories describe different ways that the Benefit Plan uses and discloses medical information.

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

The Benefit Plan has delegated some plan administration activities to its Business Associates, such as third party administrators, who also may use and disclose your medical information to perform services and functions on behalf of the Benefit Plan.

**For Treatment.** The Benefit Plan may use and disclose medical information about you to provide you with medical treatment or services. For example, if your health care needs to be coordinated, we may give information to your primary care physician or specialist.

**For Payment.** The Benefit Plan may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be made to the health care providers that provided care to you. For example, we may need to give your medical information to a third party administrator so that they will pay claims for your care.

**For Health Care Operations.** The Benefit Plan may use and disclose medical information about you for Benefit Plan operations. These uses and disclosures are necessary to run the Benefit Plan and make sure that our members receive quality services. For example, we may use medical information to review our coverage options and services and to evaluate the performance of our plan.

**Treatment Alternatives.** The Benefit Plan may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** The Benefit Plan may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

### Individuals Involved in Your Care or Payment for Your Care.

The Benefit Plan may disclose medical information about you to a close personal friend or family member who is involved in your medical care or payment for your care if you have signed an authorization. Please note that our health insurance companies, HMOs and third party administrators may impose different protections when disclosing medical information to individuals involved in your care or payment for your care.

**For Special Purposes.** The Benefit Plan may disclose medical information about you as for special purposes as permitted or required by law, including the following:

- » To avert a serious threat to health or safety against you, the public or another person
- » For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews
- » For organ and tissue donation and transplant to facilitate organ or tissue donation and transplant

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. In addition, your current coverage pays other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

**Your Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. Your request must state a time period. We may limit the time period to 6 years and to disclosures made on or after April 14, 2003. The first list you request within a 12-month period is free. For additional lists, we may charge you for the costs of providing the list.

**Your Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. **We are not required by law to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Your Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests.

**Right to File a Complaint** If you believe your privacy rights have been violated, you may file a complaint with the Benefit Plan. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. **You will not be penalized in any way for filing a complaint.**

#### Other Uses & Disclosures of Your Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by the written authorization.

You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

#### Changes to This Notice

The Benefit Plan reserves the right to change this Notice. The Benefit Plan reserves the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

**Your Rights Regarding Medical Information About You.** You have many rights with regard to your medical information. If you wish to exercise any of these rights, please submit your request in writing to Park City School District, HIPAA Privacy Officer.

**Your Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

**Your Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the Information. You have the right to add a statement. You must provide a reason that supports your request for an amendment.



## Prescription Drug Coverage and Medicare

### Important Notice from Park City School District About Your Prescription Drug Coverage and Medicare

*Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Park City School District** and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.*

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Park City School District** has determined that the prescription drug coverage offered by the carrier is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Park City School District** coverage will be affected. **If you do decide to enroll in a Medicare prescription drug plan and drop your Park City School District prescription drug coverage, be aware that you may not be able to get this coverage back.**

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Park City School District and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join. For more information about this notice or your current prescription drug coverage, please contact Human Resources.

**Note:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Park City School District changes. You also may request a copy of this notice at any time.

### For More Information about Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### For More Information About Medicare Prescription Drug Coverage:

- » Visit [www.medicare.gov](http://www.medicare.gov).
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- » Call **800.MEDICARE (800.633.4227)**. TTY users should call **877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **800.772.1213** (TTY **800.325.0778**).

## Notes

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This benefit summary prepared by:



# Gallagher

Insurance | Risk Management | Consulting

For:

