

SALT LAKE COUNTY  
**EMPLOYEE**  
2023  
BENEFITS GUIDE



## There's nothing more valuable than the health of you and your loved ones!

Your benefits are a significant part of the way Salt Lake County rewards you for a job well done. Health, wellness, insurance, and financial programs support you in pursuing your best physical, emotional, and financial health now – so you can have the best possible future.



Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family—then be sure to visit the Salt Lake County Benefits website at [benefits.slco.org](https://benefits.slco.org) or use the below QR to access the website and choose the plans that best fit your needs and your budget.



[benefits.slco.org](https://benefits.slco.org)



The information in this guide is a summary of Salt Lake County benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there are any inconsistencies between the information in this guide and Salt Lake County's formal plans, programs, policies, or contracts, or any subsequent changes in such plans, programs, policies or contracts.

# CONTACT INFORMATION

PLAN	PHONE	WEBSITE
Benefits Enrollment	Salt Lake County Benefits: 385-468-0580	<a href="http://benefits.slco.org">benefits.slco.org</a>
Medical	SelectHealth: 801-442-5038	<a href="http://www.selecthealth.org">www.selecthealth.org</a>
	PEHP: 801-366-7555	<a href="http://www.pehp.org">www.pehp.org</a>
Onsite Medical Clinic	HealthyMe Clinic: 385-468-0555	<a href="http://benefits.slco.org">benefits.slco.org</a>
Dental	Cigna: 800-244-6224 – Group Number: 3341161	<a href="http://www.cigna.com">www.cigna.com</a>
Vision	VSP: 800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account	Fidelity: 800-544-3716	<a href="http://www.netbenefits.com">www.netbenefits.com</a>
Flexible Spending Accounts	ASI Flex: 800-659-3035	<a href="http://www.asiflex.com">www.asiflex.com</a>
Wellness Programs	Healthy Lifestyles: 385-468-4062	<a href="https://slco.org/healthy-lifestyles.org">https://slco.org/healthy-lifestyles.org</a>
Employee Assistance Program	Blunovus 385-205-6789	<a href="http://www.blunovus.com">www.blunovus.com</a>
Life Insurance	PEHP: 801-366-7495	<a href="http://www.pehp.org">www.pehp.org</a>
Short-Term Disability	MetLife: 800-438-6388	<a href="http://www.metlife.com">www.metlife.com</a>
Long-Term Disability	Hartford: 800-549-6514	<a href="http://www.thehartford.com">www.thehartford.com</a>
Group Legal	ARAG Legal Services: 800-247-4184	<a href="http://ARAGlegal.com">ARAGlegal.com</a>
Child Care	Creative Learning Academy: Government Center 385-468-7133 District Attorney 385-468-7751	<a href="http://clautah.net/">http://clautah.net/</a>
Retirement (Pension, 401k)	URS: 801-366-7700	<a href="http://www.urs.org">www.urs.org</a>
Fitness Center (Government Center)	385-468-1789	<a href="https://www.slco.org/human-resources/benefits/employee-perks/">https://www.slco.org/human-resources/benefits/employee-perks/</a>
Voluntary Benefits	MetLife – Corestream: 888-935-9595	<a href="http://slcountyvoluntarybenefits.com">slcountyvoluntarybenefits.com</a>
Auto & Home Insurance	Farmers - Brian Myers - 435-239-8355 bmyers4@farmersagent.com	Dan Kasteler - 801-748-2900 bmyers4@farmersagent.com

[benefits.slco.org](http://benefits.slco.org)

Your resource for all Salt Lake County benefits.



Welcome to Salt Lake County – Your Benefits, Your Health . . . .	II
Contact Information . . . . .	III
Eligibility and Enrollment Timeline . . . . .	1
New Hire Benefits Enrollment Checklist . . . . .	2
Corestream Benefits & Retirement . . . . .	4
Employee Assistance Program . . . . .	5
Steps to a Happy Retirement . . . . .	6
Medical Plan Comparison Chart . . . . .	7
Summary of Costs & Contribution . . . . .	9
Premiums . . . . .	10
High Deductible Health Plan . . . . .	11
SelectHealth . . . . .	12
PEHP . . . . .	17
PreTax Accounts What Works Best For You . . . . .	25
What Works Best For You . . . . .	26
Health Savings Account . . . . .	27
Flexible Spending Accounts (FSA) . . . . .	28
The ASIFlex Card Things to Know . . . . .	29
Dental Plan Overview . . . . .	31
Cigna . . . . .	32
VSP Vision Care . . . . .	33
Short Term Disability Insurance . . . . .	35
MetLife STDi Disability Plan Contribution Worksheet . . . . .	36
ARAG Legal Insurance . . . . .	37
PEHP Supplemental Life, AD&D, Spouse Life, Child Life, Accident & Indemnity Coverage . . . . .	38
PEHP Life & Accident . . . . .	39
Voluntary Benefits . . . . .	42
Pet Insurance . . . . .	43
GradFin Student Loan Services . . . . .	45
Norton Cyber Safety . . . . .	47
MetLife Accident Insurance . . . . .	49
MetLife Critical Illness Insurance . . . . .	50
MetLife Hospital Indemnity Insurance . . . . .	51
Healthy Lifestyles Program . . . . .	52
Wellness Services . . . . .	53
Employee Clinic . . . . .	54
On-Site Child Care – Fitness Pass – Tuition Reimbursement . . . . .	55
Discount Programs . . . . .	56
Mental Health Resources . . . . .	57
Payroll Perks . . . . .	59

Benefits are available to full-time and part-time merit, time-limited, appointed employees and elected officials.

## Whom you can cover

To cover your dependents, they must be enrolled in the same medical and dental plan you choose for yourself. You don't need to cover the same dependents for medical and dental. For example, you may choose to cover yourself, your spouse and children for medical but only yourself and your children for dental.

Your legal spouse

Your adult designee

- Salt Lake County offers coverage to a non-spouse or adult designee. An adult designee can be your significant other to whom you are not married or a family member with whom you share a relationship. In order to qualify, you and your designee must meet certain criteria which includes:
  - Adult designee status for an eligible adult (a child must be over the age of 26 and not disabled) who is:
    - Both unmarried and over age 18
    - Proof of joint expenses
- If you meet the criteria, you must complete an adult designee affidavit and supply the required financial documentation within 31 days. Affidavit found under Adult Designee link on [slco.org/human-resources/benefits/insurance-benefits/](https://slco.org/human-resources/benefits/insurance-benefits/)
- The IRS taxes an "imputed income" for this benefit, which will include an additional cost from your paycheck.
- The definition of imputed income is the taxable amount an employee pays when adding coverage for an adult designee or the children of an adult designee to coverage.

Your children up to age 26, regardless of student or marital status (except for life insurance).

- The child will be removed from coverage at the end of the month they turn 26. COBRA coverage will be offered.
- Your children of any age with a qualifying disability determined by the health plan.



## When you can enroll

You can enroll in or make changes to your health benefits during these enrollment windows:

### As a new employee

You have 31 days from your hire date to enroll in or opt-out of coverage. Benefit coverage begins the first day you begin working at Salt Lake County.

### When your life changes

If you experience a life event such as marriage, birth, adoption, or a divorce, you have 31 days from the date of the event to make certain changes to your benefits.

### During open enrollment

This is your annual opportunity to make coverage changes and add or drop a dependent.

# NEW HIRE BENEFITS ENROLLMENT CHECKLIST

## Complete Within 31 Days of Hire Date

### MEDICAL, DENTAL, HSA, FSA, STD, LEGAL & IDENTITY THEFT:

- For Medical, Dental, Vision, VSTD, HSA and FSA enrollments use the QR code and login into PeopleSoft to make elections.
- <https://pshcm.slcounty.org/my.policy>  
Go to: Benefit Details → Benefits Enrollment  
(Please complete for all plans, even if you want to waive all benefits)



**Understanding the Benefits Detail Screen**

<p><b>Benefits Summary</b></p> <p>Summary of current benefits.</p>	<p><b>Benefits Statement</b></p> <p>Documentation of Life Event changes processed after the Fluid launch.</p>	<p><b>Benefits Enrollment</b></p> <p>Elect your benefits based on a qualifying work event (Hire, Retire, etc.)</p>	<p><b>Dependent/Beneficiary Info</b></p> <p>Information on your existing dependent/beneficiaries</p>
<p><b>Life Events</b></p> <p>Amend your benefits elections and add/delete dependents after a Life Event (marriage, divorce, birth or adoption)</p>	<p><b>Benefits Attachment</b></p> <p>Documentation of approved Life Events (Certificate, Court Decree, etc.)</p>	<p><b>HSA Deduction Update</b></p> <p>Adjust your HSA (only) deductions anytime.</p>	

**Informational Tiles** – These tiles provide you with information about your benefits enrollment.

**Actionable Tiles** – These tiles allow you to complete actions like changes in family status, HSA deductions or enrollment for new benefit eligible employees.

**Fluid** *I want to* **SELECT MY BENEFITS**

1 Make your benefits selection	2 Eligible benefits
<p>1.1 From the <b>Employee Self Service</b> page, select <b>Benefit Details</b> then <b>Benefits Enrollment</b>.</p> <p>1.2 On the <b>Benefits Enrollment</b> page, click <b>Enroll</b> to begin your selections.</p> <p>1.3 Click on each benefit tile to make your selection or waive the coverage.</p> <p>1.4 Some benefits will have multiple options. For more information about the choices, click the <b>Info</b> button.</p> <p>1.5 To compare options, click <b>Overview of All Plans</b>.</p> <p>1.6 When you make your choice, click the <b>Select</b> button next to the choice, then click <b>Done</b> in the upper-right corner of the screen.</p> <p>1.7 Repeat these steps for all eligible benefits.</p>	<p>2.1 If you are eligible for a benefit, the benefit tile will have a blue bar along the top.</p> <p>2.2 After you make your selection, the bar will be green.</p> <p>2.3 If the tile displays a red bar, it is not a selection that is compatible with another selection.</p> <p>2.4 If the tile does not have a color bar, you are not eligible for that benefit.</p>

**NOTE:** You will only be able to make benefits selections when the **Benefit Details** tile reads **Action Required**.

**IF YOU NEED ADDITIONAL HELP:**  
385-468-0580  
benefits@slco.org

**Fluid** *I want to* **ADD MY DEPENDENTS**

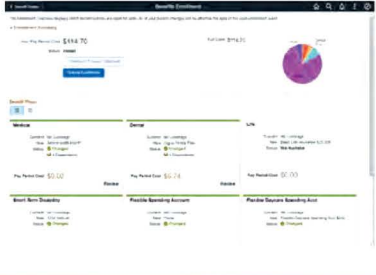
1 Add your dependents	2 Changing Dependents
<p>1.1 During your initial benefits enrollment, you will need to enter your dependents to enroll them in coverage.</p> <p>1.2 Click <b>Add/Update Dependent</b>.</p> <p><b>Add/Update Dependent</b></p> <p>The <b>Add Individual Dependent/Beneficiary Information</b> window appears.</p> <p>1.3 Enter the dependent's information. Required information is marked by asterisk.</p> <p><b>NOTE:</b> It is helpful (but not required) to add the names of your dependents.</p>	<p>1.4 Click <b>Save</b>. Your dependent will now be added to your benefits selection.</p> <p>1.5 Repeat these steps for each of your dependents, as well as any beneficiaries you want to list on such benefits as life insurance.</p> <p>2.1 After you have completed your new hire enrollment, you will only be able to change your dependents to your benefits plan during two specific events:</p> <ul style="list-style-type: none"> <li>• Annual benefits enrollment</li> <li>• A qualifying life event, such as marriage or new child</li> </ul> <p><b>IF YOU NEED ADDITIONAL HELP:</b> 385-468-0580 benefits@slco.org</p>

# NEW HIRE BENEFITS ENROLLMENT CHECKLIST

*I want to* **VIEW MY BENEFITS SELECTIONS** *Fluid*

**1 View the Benefits summary**


1.1 From the **Employee Self Service** page, select **Benefit Details** then **Benefits Enrollment**.



1.2 The **Benefits Enrollment** summary will display your selections and the total cost of coverage.

**2 Toggle between views**

2.1 When viewing your benefits summary, you can toggle between a tile view and a table view with this button:



NOTE: Tiles without a color bar cannot be changed. However, you will be enrolled in that benefit.

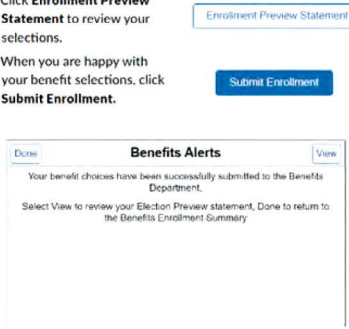
IF YOU NEED ADDITIONAL HELP:  
385-468-0580  
benefits@slco.org

*I want to* **SUBMIT MY BENEFIT SELECTIONS** *Fluid*

**1 Submit your benefit selections**

1.1 Click **Enrollment Preview Statement** to review your selections.

1.2 When you are happy with your benefit selections, click **Submit Enrollment**.



**2 Making Changes**

2.1 You will be able to make changes to your benefits selections until your enrollment period ends.

2.2 Be sure to click **Submit Enrollment** again to save your changes.

IF YOU NEED ADDITIONAL HELP:  
385-468-0580  
benefits@slco.org

## PEHP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE:

- **Optional** – Elect life insurance with no underwriting at [www.pehp.org](http://www.pehp.org)
  - Employee: up to \$200,000
  - Dependents: up to \$15,000
  - Spouse: up to \$50,000
  - Enter beneficiaries for the county funded \$25,000 policy
- Your ID number begins with 1741, provided on the letter in your new hire packet
- Elect life insurance at any time, but if you do not enroll within 31 days of your hire date, you may be subject to medical underwriting



## REVIEW/ELECT ADDITIONAL OPTIONAL BENEFITS:

- **Optional** – Elect coverage at [slcounty.corestream.com](http://slcounty.corestream.com)
  - Nationwide Pet Insurance
  - Discount shopping with purchasing power
  - MetLife: Critical Illness, Accident and Hospital Indemnity



## RETIREMENT:

- For more information, visit [benefits.slco.org](http://benefits.slco.org)
- Choose beneficiaries and optional savings plans at [www.urs.org](http://www.urs.org) (your account number starts with “W”, provided on the letter in your new hire packet)
- Employees in Tier 2 have 1 year from their hire date to select a retirement plan. Employees in Tier 1 have had prior service with a URS entity and are in a pension plan.



## BENEFITS ENROLLMENT & LIFE CHANGES

If you experience a life event such as marriage, death, employment change, birth, adoption, or a divorce, you can make a change to your coverage within 31 days from the date of the event. Documentation should be sent to [benefits@slco.org](mailto:benefits@slco.org).

### Documentation needed:

**Marriage:** Marriage Certificate

**Death:** Death Certificate

**Divorce:** Signed or stamped copy of divorce decree

**Adoption:** Signed or stamped copy of adoption paperwork

**Birth:** Hospital release paperwork, or birth certificate and Social Security number

**Loss of other coverage:** Proof of loss of other insurance coverage from the employer or insurance company



### Make Sure Your Family Members are Eligible for Coverage

Salt Lake County’s benefit plans have specific requirements for who can be covered.

### Who’s Eligible

- Your spouse or eligible adult designee.
- Your children up to age 26, regardless of student or marital status (except for life insurance).
- Qualified disabled dependents of any age.



# Blunovus CARE

## EMPLOYEE ASSISTANCE PROGRAM

*Unlimited Services for you and your Loved Ones*

**OPT-IN** FOR WEEKLY MENTAL HEALTH TIPS

**ACCESS** EXPERT COURSE MATERIALS

Your Registration Code is:

**TEXT OR TALK** CONFIDENTIALLY

**LEARN** WHEN TO REACH IN

**CARE**  
Emotional Support  
Helpline and  
Resource Center

blunovus



**Services are Accessed through the App**

1. Download the app.
2. Enter the Registration Code shown above.



**Proactive Personal Mental and Emotional Health**

(Licensed counseling and therapy is offered separately)

## CARE Center



### Situational Support

- A live person to listen
- Text or call 24/7
- Even little things
- Anonymous and unlimited



### Expert Courses

- On demand, online
- Anxiety, relationships, communication
- Grief and loss, resilience



### Wellness Coaching

- Weekly text tips
- Work/life balance
- Personal consultation



### Upstream Engagement

- Active onboarding
- Communication training
- "Ask a Therapist" webinars

If you are thinking about retiring or have any questions, please see below for guidance on the process.

## **STEP 1:** **Contact URS**

URS is available to discuss your options at 801-366-7700. Contact URS 1-3 months before retirement date and request a packet.

## **STEP 2:** **Choose Your Retirement Date**

Work with your Division and the HR Benefits Team regarding your retirement date and review HR Policy 4-900: Retirement. Contact HR Benefits at 385-468-0580 to schedule a retirement meeting to discuss your benefits and next steps in the process.

## **Resources to help with your retirement decisions:**

**Review URS Guide “Preparing to Retire”**  
<https://www.urs.org/Content/Members/Publications>  
or contact [Benefits@slco.org](mailto:Benefits@slco.org) for a copy.

**Review your retirement Options at:**  
<https://www.urs.org/Content/Members/Publications>

**Attend a free URS Seminar**  
Visit: [www.urs.org/us/seminars](http://www.urs.org/us/seminars)  
for more information.

**If you wish to buy out years of service**  
contact URS at 801-366-7770 for a cost calculation.

**Insurance coverage is offered**  
to those currently enrolled and hired before December 31, 2012, per HR Policy 4-300.



# MEDICAL PLAN COMPARISON CHART

Salt Lake County offers two medical networks (IHC or non-IHC) and two types of plans (Traditional PPO or High Deductible). (The county also pays a significant portion of the premium).

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	TRADITIONAL PPO PLAN
<p><b>Provider Choice</b> Receive the highest level of coverage when using providers who are part of your plan's network.</p>	<ul style="list-style-type: none"> <li>• SelectHealth Med: IHC Network</li> <li>• PEHP Summit: Non-IHC Network</li> </ul>	<ul style="list-style-type: none"> <li>• SelectHealth Med: IHC Network</li> <li>• PEHP Summit: Non-IHC Network</li> </ul>
<p><b>HealthyMe Clinic</b></p>	<ul style="list-style-type: none"> <li>• \$30 Fee</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 Fee</li> </ul>
<p><b>What do I pay when I access care?</b> You're responsible for a deductible and a copay or coinsurance.</p>	<p>First, you pay your annual deductible:</p> <ul style="list-style-type: none"> <li>• Employee only – \$2,000</li> <li>• Family – \$4,000</li> </ul>	<p>First, you pay your annual deductible:</p> <ul style="list-style-type: none"> <li>• Employee only – \$500</li> <li>• Employee +1 – \$1,000 (Employee \$500, dependent \$500)</li> <li>• Family – \$1,000</li> </ul>
<p><i>The <b>deductible</b> is the amount you pay out-of-pocket for medical and prescription drug costs before plan begins to pay.</i></p>	<p>Once you meet your deductible, you pay a co-pay or coinsurance:</p> <ul style="list-style-type: none"> <li>• \$10 co-pay at HealthyMe Clinic</li> <li>• \$25 co-pay per primary care visit</li> <li>• \$35 co-pay per specialist visit</li> <li>• \$150 per emergency room visit</li> <li>• 10% coinsurance for in-patient services</li> <li>• 10% coinsurance for out-patient services</li> </ul>	<p>Once you meet your deductible, you pay a co-pay or coinsurance:</p> <ul style="list-style-type: none"> <li>• \$10 co-pay at HealthyMe Clinic</li> <li>• \$25 co-pay per primary care visit</li> <li>• \$35 co-pay per specialist visit</li> <li>• \$150 per emergency room visit</li> <li>• 20% coinsurance for in-patient services</li> <li>• 20% coinsurance for out-patient services</li> </ul>
<p><b>You're protected by the out-of-pocket maximum</b> This is the maximum annual amount you pay for in-network care.</p>	<ul style="list-style-type: none"> <li>• Employee only – \$3,500</li> <li>• Family – \$7,000</li> </ul> <p>The plan pays 100% of eligible remaining in-network costs.</p>	<ul style="list-style-type: none"> <li>• Employee only – \$3,500</li> <li>• Employee +1 – \$7,000</li> <li>• Family – \$7,000</li> </ul> <p>The plan pays 100% of eligible remaining in-network costs.</p>

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

## TRADITIONAL PPO PLAN

### What do I pay when I need a prescription?

Your prescription drug costs count towards your medical plan deductible and out-of-pocket maximum.



First, you pay the total discounted cost of the prescription drug until you've met your deductible, then you pay:

### 30-day retail supply:

- Tier 1: \$10 co-pay
- Tier 2: 25% coinsurance with \$25 minimum and \$75 maximum
- Tier 3: 50% coinsurance with \$50 minimum and \$100 maximum

### 90-day mail order supply:

- Tier 1: \$20 co-pay
- Tier 2: 25% coinsurance with \$50 minimum and \$150 maximum
- Tier 3: 50% coinsurance with \$100 minimum and \$200 maximum

### Specialty and injectable medications:

- 20% coinsurance

### Maintenance medications (for HDHP only):

- Deductible is waived for some prescriptions that are identified as preventive or treat chronic conditions such as cholesterol and high blood pressure. See your plan administrator for a complete list.

### What are my pre-tax options to help pay health care expenses (such as deductibles, coinsurance, and co-pays)?

#### Health Savings Account (HSA)

Unused dollars roll-over from year to year and go with you when you change plans, leave Salt Lake County, or retire.

Annual 2023 contribution limits are:

- Employee only – \$3,850
- Family – \$7,750
- Age 55+ can contribute an additional \$1,000

#### Limited Flexible Spending Account

Annual contribution limit is \$3,050 (Dental and vision only).

You can roll-over up to \$610 annually. Funds over \$610 will be forfeited on January 1, 2024.

#### Flexible Spending Account (FSA)

2023 annual contribution limit is \$2,800.

You can roll-over up to \$610 annually. Funds over \$610 will be forfeited on January 1, 2024.



COSTS AND CONTRIBUTIONS	AMOUNT
-------------------------	--------

**PLAN YEAR** ..... **January 1 – December 31**

**Deductible**

Traditional PPO Single.....	\$500
Traditional PPO Family.....	\$1,000
HDHP Single.....	\$2,000
HDHP Family.....	\$4,000

**Out of Pocket Maximum**

Traditional & HDHP Single.....	\$3,500
Traditional & HDHP Two-party or Family.....	\$7,000

**County Lump Sum HSA Contribution**

Single.....	\$600
Family.....	\$1,200
Healthy Lifestyles HSA Incentive (points-based).....	up to \$275

**Health Savings Account Limit**

Single.....	\$3,850
Family.....	\$7,750
Catch-up Contribution.....	\$1,000

**FSA Contributions Limits**

Flex Spending.....	\$3,050
Dependent Daycare.....	\$5,000
Limited Flex.....	\$3,050



## Full-Time and Part-Time Employees with Benefits Working 30 Hours or More a Week

<b>HIGH DEDUCTIBLE HEALTH PLANS</b>	PER PAYCHECK COST	ANNUAL EMPLOYEE COST	ANNUAL COUNTY COST
Employee only	\$0	\$0	\$5,640
Employee and one or more dependents	\$0	\$0	\$16,200

<b>TRADITIONAL HEALTH PLANS</b>	PER PAYCHECK COST	ANNUAL EMPLOYEE COST	ANNUAL COUNTY COST
Employee only	\$60.92	\$1,584	\$7,236
Employee and one dependent	\$134.31	\$3,492	\$15,888
Employee and two or more dependents	\$180.92	\$4,704	\$21,408

## Part-Time Employees with Benefits Working 20–29 Hours per Week

<b>HIGH DEDUCTIBLE HEALTH PLANS</b>	PER PAYCHECK COST	ANNUAL EMPLOYEE COST	ANNUAL COUNTY COST
Employee only	\$86.77	\$2,256	\$3,384
Employee and one or more dependents	\$249.23	\$6,480	\$9,720

<b>TRADITIONAL HEALTH PLANS</b>	PER PAYCHECK COST	ANNUAL EMPLOYEE COST	ANNUAL COUNTY COST
Employee only	\$125.54	\$3,264	\$5,556
Employee and one dependent	\$276.00	\$7,176	\$12,204
Employee and two or more dependents	\$361.38	\$9,396	\$16,716

## KEY INFORMATION

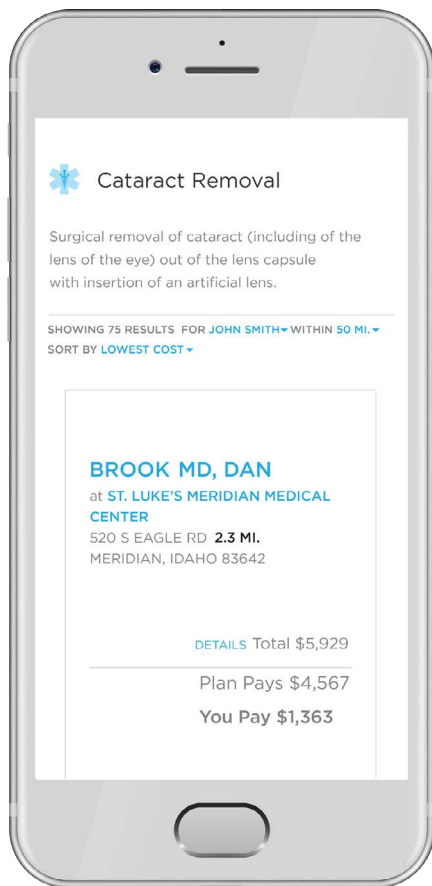
- A High Deductible Health Plan (HDHP) is a medical plan with a higher than average deductible.
- With the exception of preventive services, all services are subject to the deductible.
- Once the individual/family deductible has been met, you are responsible for applicable co-pays and coinsurance.
- The county offers two networks, SelectHealth Med for the IHC network and PEHP Summit for the non-IHC network.
- HealthyMe Clinic visits are not subject to your deductible.
- Paired with a Health Savings Account (HSA) the High Deductible Health Plan can be a tool to help you save money that you can use when you retire.
- Your HSA contributions are always tax free.
- You can invest funds over your balance of \$2,000.
- County lump sum contribution and cash wellness incentives help with your out-of-pocket expenses.
- County continues to pay 100% of premium for full-time and 60% for part-time participants.
- If you use an in-network provider, you will receive the negotiated rate which will keep your healthcare costs down.
- Success in retirement depends on planning now. Include the whole cost picture when you're saving for your future and include medical expenses in your plan.



For complete details, see the Summary Plan Descriptions at [benefits.slco.org](https://benefits.slco.org).

## Online Tools

Our secure online member portal is your one-stop shop for information about your healthcare. The portal can be accessed from your mobile device or computer by visiting [selecthealth.org](https://selecthealth.org).



### MEDICAL COST ESTIMATOR

We can use your benefits to estimate the cost of many healthcare services. For example, we can estimate the cost of cataract removal, including charges for the facility, provider, and anesthesiologist. Bundling these numbers together, we'll estimate how much your plan will cover and what you will pay.

### ID CARDS

Lost your ID card? No worries—you can view and print copies of your card on the SelectHealth member portal.

### REQUEST A CALL

Use our call request feature to schedule a call back from our Member Services team at a set time that's convenient for you.

### CHAT WITH US

No time for a phone call? Use our secure chat feature to talk with Member Services online. If you need to know whether your medication will be covered or how much a doctor's bill was, chat can help.

### HEALTHCARE INFORMATION

View your benefits, claims, and deductible levels.



Many contracted providers and facilities receive secure messages and will even upload lab results, imaging reports, and other health information on your Intermountain Healthcare *My Health* account. To access information from your providers, click the blue *My Health* button in the right corner of your SelectHealth dashboard.



SALT LAKE COUNTY 01/01/2023



### MEMBER PAYMENT SUMMARY

### VALUE AND MED NETWORKS

TIER 1 VALUE	TIER 2 MED	OUT-OF-NETWORK
When using In-Network Providers, you are responsible to pay the amounts in this column. These providers might not be available in all areas.	When using In-Network Providers, you are responsible to pay the amounts in this column.	When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS			
Lifetime Maximum Plan Payment - <i>Per Person</i>	None		
Pre-Existing Conditions (PEC)	None		
Benefit Accumulator Period	calendar Year		
Maximum Annual Out-of-Network Payment - (per calendar Year)	None	None	None
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET <sup>5,6</sup>			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year			
Deductible	\$500		\$1,000
Out-of-Pocket Maximum	\$3,500		\$5,000
Family Coverage, 2 or more enrolled - per calendar Year			
Deductible - per person/family	\$500/\$1000		\$1000/\$2000
Out-of-Pocket Maximum - per person/family	\$3500/\$7000		\$5000/\$10000
<i>(Medical and Pharmacy Included in the Out-of-Pocket Maximum)</i>			
INPATIENT SERVICES			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice <sup>4</sup>	20% after Deductible	20% after Deductible	30% after Deductible
Hospital Level Care at Home <sup>4</sup>	20% after Deductible	20% after Deductible	Not Covered
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per calendar Year	20% after Deductible	20% after Deductible	30% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup> Up to 40 days per calendar Year for all therapy types combined	20% after Deductible	20% after Deductible	30% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	20% after Deductible	20% after Deductible	30% after Deductible
PROFESSIONAL SERVICES			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries			
Primary Care Provider (PCP) <sup>1</sup>	\$25 after Deductible	\$25 after Deductible	30% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100%	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	\$35 after Deductible	\$35 after Deductible	30% after Deductible
Salt Lake County HealthyMe Medical Clinic	\$10	\$10	Not Covered
Allergy Tests	See Office Visits Above	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20% after Deductible	20% after Deductible	Not Covered
Major Surgery	20% after Deductible	20% after Deductible	30% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	20% after Deductible	20% after Deductible	30% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA <sup>2,3</sup>			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%	Covered 100%	Not Covered
Salt Lake County HealthyMe Medical Clinic	Covered 100%	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Covered 100%	Not Covered
VISION SERVICES			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	Covered 100%	Not Covered
All Other Eye Exams	\$35 after Deductible	\$35 after Deductible	30% after Deductible
OUTPATIENT SERVICES <sup>4</sup>			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility	20% after Deductible	20% after Deductible	30% after Deductible
Ambulatory Surgical Center	20% after Deductible	20% after Deductible	30% after Deductible
Imaging Center	20% after Deductible	20% after Deductible	30% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	20% after Deductible	See In-Network Benefit
Emergency Room	\$150 after Deductible	\$150 after Deductible	See In-Network Benefit
Intermountain InstaCare <sup>®</sup> Facilities, Urgent Care Facilities	\$45 after Deductible	\$45 after Deductible	30% after Deductible
Intermountain KidsCare <sup>®</sup> Facilities	\$25 after Deductible	\$25 after Deductible	Not Available
Intermountain Connect Care <sup>®</sup>	\$25 after Deductible	\$25 after Deductible	Not Available
Radiation	20% after Deductible	20% after Deductible	30% after Deductible
Dialysis	20% after Deductible	20% after Deductible	30% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100% after Deductible	Covered 100% after Deductible	30% after Deductible
Diagnostic Tests: Major <sup>2</sup>	20% after Deductible	20% after Deductible	30% after Deductible
Home Health, Hospice, Outpatient Private Nurse <i>Up to 60 visits per calendar Year</i>	Covered 100% after Deductible	Covered 100% after Deductible	30% after Deductible
Outpatient Cardiac Rehab	Covered 100%	Covered 100%	30% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$35 after Deductible	\$35 after Deductible	30% after Deductible

MPS-TIER 01/01/23

See other side for additional benefits

SALT LAKE COUNTY 01/01/2023



**VALUE AND MED NETWORKS**

**MEMBER PAYMENT SUMMARY**

	TIER 1 VALUE	TIER 2 MED	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	20% after Deductible	20% after Deductible	30% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	20% after Deductible	20% after Deductible	30% after Deductible
Autism Spectrum Disorder <i>Up to \$36,000/calendar Year ages 0-9; Up to \$15,000/calendar Year 10-18 Limited to 150 visits/calendar Year for all therapy types combined</i>	20% after Deductible	20% after Deductible	Not Covered
Maternity <sup>4</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	30% after Deductible
Cochlear Implants <sup>4</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	50% after Deductible	50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	50% after Deductible	50% after Deductible	50% after Deductible
Chiropractic	\$35 after In-Network Deductible		
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Chemical Dependency <sup>4</sup>			
Office Visits	\$35 after Deductible	\$35 after Deductible	30% after Deductible
Virtual Visits	Covered 100%	Covered 100%	30% after Deductible
Inpatient	20% after Deductible	20% after Deductible	30% after Deductible
Outpatient	20% after Deductible	20% after Deductible	30% after Deductible
Residential Treatment <sup>2</sup>	20% after Deductible	20% after Deductible	30% after Deductible
Gender Dysphoria	See Professional, Inpatient, or Outpatient and Mental Health Services	See Professional, Inpatient, or Outpatient and Mental Health Services	30% after Deductible
Adoption <sup>4,7</sup>	Covered 100% for 1st \$4000		
Injectable Drugs, Chemotherapy, and Specialty Medications <sup>4</sup>	20% after Deductible	20% after Deductible	30% after Deductible
Bariatric Surgery ( <i>Up to one surgery/lifetime</i> ) <sup>4</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
<b>PRESCRIPTION DRUGS</b>			
Prescription Drug List (formulary)	RxSelect <sup>®</sup>		
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>		\$10	
Tier 1	25% with a minimum of \$25 and maximum of \$75 after In-Network Deductible		
Tier 2	50% with a minimum of \$50 and maximum of \$100 after In-Network Deductible		
Tier 3	20% with a maximum of \$150 after In-Network Deductible		
Tier 4 ( <i>Must be filled at Intermountain Specialty Pharmacy</i> )			
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90<sup>®</sup>)-selected drugs</i> <sup>4</sup>		\$20	
Tier 1	25% with a minimum of \$50 and maximum of \$150 after In-Network Deductible		
Tier 2	50% with a minimum of \$100 and maximum of \$200 after In-Network Deductible		
Tier 3	Generic required or must pay Copay plus cost difference between name brand and generic		
Generic Substitution Required			

1 Refer to [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) to identify whether a Provider is a primary or secondary care Provider.  
 2 Refer to your Certificate of Coverage for more information.  
 3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.  
 4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11—"Healthcare Management", in your Certificate of Coverage, for details.  
**5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.**  
 6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.  
 7 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.  
 \* Not applied to Medical Out-of-Pocket Maximum.  
 All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

SALT LAKE COUNTY 01/01/2023



**VALUE AND MED NETWORKS / HSA QUALIFIED**

**MEMBER PAYMENT SUMMARY**

TIER 1 VALUE	TIER 2 MED	OUT-OF- NETWORK
When using In-Network Providers, you are responsible to pay the amounts in this column. These providers might not be available in all areas.	When using In-Network Providers, you are responsible to pay the amounts in this column.	When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS			
Lifetime Maximum Plan Payment - <i>Per Person</i>	None		
Pre-Existing Conditions (PEC)	None		
Benefit Accumulator Period	calendar Year		
Maximum Annual Out-of-Network Payment - (per calendar Year)	None	None	None
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET <sup>5,6</sup>	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year			
Deductible	\$2,000		\$2,000
Out-of-Pocket Maximum	\$3,500		\$8,000
Family Coverage, 2 or more enrolled - per calendar Year			
Deductible	\$4,000		\$4,000
Out-of-Pocket Maximum	\$7,000		\$16,000
<i>(Medical and Pharmacy Included in the Out-of-Pocket Maximum)</i>			
INPATIENT SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice <sup>4</sup>	10% after Deductible	10% after Deductible	30% after Deductible
Hospital Level Care at Home <sup>4</sup>	10% after Deductible	10% after Deductible	Not Covered
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per calendar Year	10% after Deductible	10% after Deductible	30% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup>	10% after Deductible	10% after Deductible	30% after Deductible
Up to 40 days per calendar Year for all therapy types combined			
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	10% after Deductible	10% after Deductible	30% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries			
Primary Care Provider (PCP) <sup>1</sup>	\$25 after Deductible	\$25 after Deductible	30% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100% after Deductible	Covered 100% after Deductible	Not Covered
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	\$35 after Deductible	\$35 after Deductible	30% after Deductible
Salt Lake County HealthyMe Medical Clinic	\$30 each visit, then \$10 after Deductible		Not Covered
Allergy Tests	See Office Visits Above	See Office Visits Above	30% after Deductible
Allergy Treatment and Serum	10% after Deductible	10% after Deductible	30% after Deductible
Major Surgery	10% after Deductible	10% after Deductible	30% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	10% after Deductible	10% after Deductible	30% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA <sup>2,3</sup>	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	Covered 100%	Not Covered
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%	Covered 100%	Not Covered
Salt Lake County HealthyMe Medical Clinic	Covered 100%	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Covered 100%	Not Covered
VISION SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	Covered 100%	Not Covered
All Other Eye Exams	\$35 after Deductible	\$35 after Deductible	30% after Deductible
OUTPATIENT SERVICES <sup>1</sup>	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility	10% after Deductible	10% after Deductible	30% after Deductible
Ambulatory Surgical Center	10% after Deductible	10% after Deductible	30% after Deductible
Imaging Center	10% after Deductible	10% after Deductible	30% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	20% after Deductible	See In-Network Benefit
Emergency Room	\$150 after Deductible	\$150 after Deductible	See In-Network Benefit
Intermountain InstaCare <sup>®</sup> Facilities, Urgent Care Facilities	\$45 after Deductible	\$45 after Deductible	30% after Deductible
Intermountain KidsCare <sup>®</sup> Facilities	\$25 after Deductible	\$25 after Deductible	Not Available
Intermountain Connect Care <sup>®</sup>	Covered 100% after Deductible	Covered 100% after Deductible	Not Available
Radiation	10% after Deductible	10% after Deductible	30% after Deductible
Dialysis	10% after Deductible	10% after Deductible	30% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100% after Deductible	Covered 100% after Deductible	30% after Deductible
Diagnostic Tests: Major <sup>2</sup>	10% after Deductible	10% after Deductible	30% after Deductible
Home Health, Hospice, Outpatient Private Nurse	Covered 100% after Deductible	Covered 100% after Deductible	30% after Deductible
Up to 60 visits per calendar Year			
Outpatient Cardiac Rehab	Covered 100% after Deductible	Covered 100% after Deductible	30% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$35 after Deductible	\$35 after Deductible	30% after Deductible

MPS-TIER HDHP 01/01/23

See other side for additional benefits

SALT LAKE COUNTY 01/01/2023



**VALUE AND MED NETWORKS / HSA QUALIFIED**

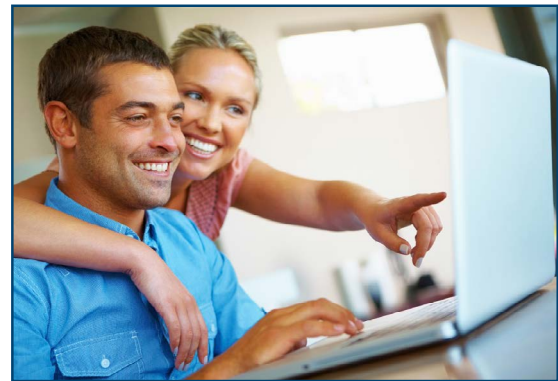
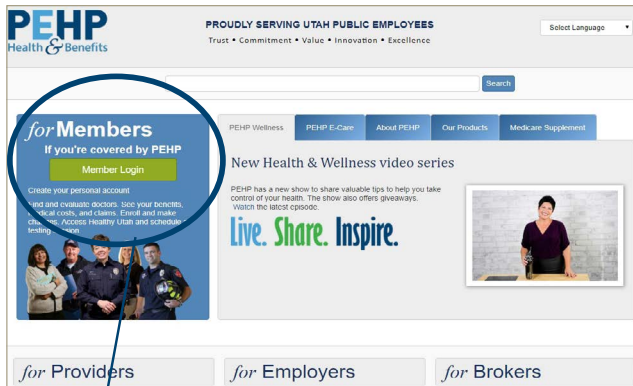
**MEMBER PAYMENT SUMMARY**

	TIER 1 VALUE	TIER 2 MED	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	10% after Deductible	10% after Deductible	30% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	10% after Deductible	10% after Deductible	30% after Deductible
Autism Spectrum Disorder <i>Up to \$36,000/calendar Year ages 0-9; Up to \$15,000/calendar Year 10-18 Limited to 150 visits/calendar Year for all therapy types combined</i>	10% after Deductible	10% after Deductible	Not Covered
Maternity <sup>4</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	30% after Deductible
Cochlear Implants <sup>4</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	50% after Deductible	50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	50% after Deductible	50% after Deductible	50% after Deductible
Chiropractic	\$35 after In-Network Deductible		
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Chemical Dependency <sup>4</sup>			
Office Visits	\$35 after Deductible	\$35 after Deductible	30% after Deductible
Virtual Visits	Covered 100% after Deductible	Covered 100% after Deductible	30% after Deductible
Inpatient	10% after Deductible	10% after Deductible	30% after Deductible
Outpatient	10% after Deductible	10% after Deductible	30% after Deductible
Residential Treatment <sup>2</sup>	10% after Deductible	10% after Deductible	30% after Deductible
Gender Dysphoria	See Professional, Inpatient or Outpatient and Mental Health Services	See Professional, Inpatient or Outpatient and Mental Health Services	30% after Deductible
Adoption <sup>4,7</sup>	Covered 100% for 1st \$4000		
Injectable Drugs, Chemotherapy, and Specialty Medications <sup>4</sup>	20% after Deductible	20% after Deductible	30% after Deductible
Bariatric Surgery ( <i>Up to one surgery/lifetime</i> ) <sup>4</sup>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
<b>PRESCRIPTION DRUGS</b>	<b>RxSelect<sup>®</sup></b>		
Prescription Drug List (formulary)			
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>			
Tier 1	\$10 after In-Network Deductible		
Tier 2	25% with a minimum of \$25 and maximum of \$75 after In-Network Deductible		
Tier 3	50% with a minimum of \$50 and maximum of \$100 after In-Network Deductible		
Tier 4 ( <i>Must be filled at Intermountain Specialty Pharmacy</i> )	20% with a maximum of \$150 after In-Network Deductible		
Maintenance Drugs- <i>90 Day Supply (Mail-Order, Retail)<sup>®</sup>-selected drugs</i> <sup>4</sup>			
Tier 1	\$20 after In-Network Deductible		
Tier 2	25% with a minimum of \$50 and maximum of \$150 after In-Network Deductible		
Tier 3	50% with a minimum of \$100 and maximum of \$200 after In-Network Deductible		
Deductible Waiver	Certain prescription drugs are not subject to the Deductible		
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic		

1 Refer to [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) to identify whether a Provider is a primary or secondary care Provider.  
 2 Refer to your Certificate of Coverage for more information.  
 3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.  
 4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--"Healthcare Management", in your Certificate of Coverage, for details.  
**5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.**  
 6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.  
 7 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.  
 All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.  
 To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

# Create a Personal Online Account

Find a wealth of benefit and claims information at your fingertips when you create your personal online account. Access claims history, download explanation of benefits (EOB), get cost estimates for healthcare services based on your benefits, and much more. Here’s how to set up a personal account:



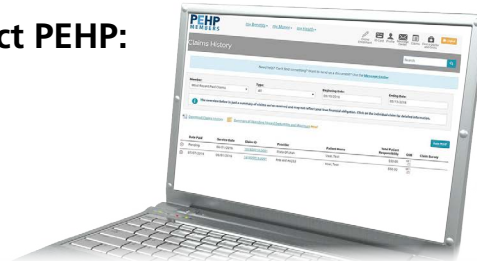
Step 1: Go to [www.pehp.org](http://www.pehp.org).

Step 2: Click “Create your personal account.”

Step 3: Read the PEHP Members Agreement and click “I Agree” at the bottom of the page.

You need your PEHP ID number and Social Security number to create an account. Find your ID number on your benefits card or call PEHP.

**For Questions Contact PEHP:  
801-366-7555**



# Need Immediate Care? Consult a Doctor Remotely

## A Fast, Easy Way to See a Doctor

Families have access to care for urgent, low-level needs such as:

- » Eye infections
- » Painful urination
- » Joint pain or strains
- » Minor skin problems

## Intermountain Connect Care

Available 24/7/365 (even on holidays)

- » Summit
- » Advantage
- » Preferred

## University of Utah Health Virtual Visits

Available 9 a.m.-9 p.m., 7 days a week

- » Summit
- » Preferred
- » Capital



### If You're on the Traditional Plan

Each on-demand doctor consultation costs only a **\$10 co-pay**.

### If You're on the STAR HSA Plan

Each on-demand doctor consultation costs only **\$49** before you meet your deductible. After your deductible is met, you pay only a **\$10 co-pay**.



Download the app from the [Google Play Store](#) or [iTunes App Store](#).



Salt Lake County 2023 » Medical Benefits Grid » Traditional



**Traditional**

Summit

MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

**Percentages indicate your share of PEHP's In-Network Rate.**

	<b>In-Network Provider</b>	<b>Out-of-Network Provider*</b> <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$500 Double/family plans: \$500 per person, \$1,000 per family <i>One person cannot meet more than \$500</i>	Single plans: \$1,000 Double/family plans: \$1,000 per person, \$2,000 per family <i>One person cannot meet more than \$1,000</i>
<b>Plan year Out-of-Pocket Maximum</b> <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$3,500 Double/family plans: \$3,500 per person, \$7,000 per family <i>One person cannot meet more than \$3,500</i>	Single plans: \$5,000 Double/family plans: \$5,000 per person, \$10,000 per family <i>One person cannot meet more than \$5,000</i>
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	Not covered
<b>PROFESSIONAL SERVICES</b>		
<b>PEHP e-Care</b>	<b>Medical:</b> \$10 co-pay per visit	Not applicable
<b>Salt Lake County HealthyMe Medical Clinic</b>	\$10 co-pay per visit	Not applicable
<b>Primary Care Visits</b>   <i>Includes office surgeries and inpatient visits</i>	\$25 co-pay per visit after deductible	30% after deductible
<b>Specialist Visits</b>   <i>Includes office surgeries and inpatient visits</i>	\$35 co-pay per visit after deductible	30% after deductible
<b>Surgery and Anesthesia</b>	20% after deductible	30% after deductible
<b>Emergency Room Specialist Visits</b>	\$35 co-pay per visit after deductible	\$35 co-pay per visit after deductible
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less</i>	No charge after deductible	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350</i>	20% after deductible	30% after deductible
<b>Mental Health and Substance Abuse</b> <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	<b>Outpatient:</b> \$35 co-pay after deductible per visit. <b>Inpatient:</b> 20% after deductible	30% after deductible
<b>PRESCRIPTION DRUGS</b>   <i>For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$10 co-pay <b>Tier 2:</b> 25% of discounted cost, \$25 minimum / \$75 maximum <b>Tier 3:</b> 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$20 co-pay <b>Tier 2:</b> 25% of discounted cost, \$50 minimum / \$150 maximum <b>Tier 3:</b> 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums accrue separately.

\*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

Salt Lake County 2023 » Medical Benefits Grid » Traditional

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>SPECIALTY DRUGS</b>   <i>For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay after deductible <b>Tier B:</b> 20%. \$150 maximum co-pay after deductible	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% after deductible. No maximum co-pay <b>Tier B:</b> 20% after deductible. No maximum co-pay	<b>Tier A:</b> 40% after deductible. No maximum co-pay <b>Tier B:</b> 40% after deductible. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay after deductible <b>Tier B:</b> 20%. \$150 maximum co-pay after deductible <b>Tier C:</b> 20%. \$150 maximum co-pay after deductible	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	20% after deductible	30% after deductible
<b>Urgent Care Facility</b>	\$45 co-pay per visit after deductible	30% after deductible
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$150 co-pay after deductible per visit	\$150 co-pay after deductible per visit
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge after deductible	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% after deductible	30% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	30% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – up to 20 visits per plan year for each therapy type</i>	\$35 co-pay after deductible per visit	30% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Medical &amp; Surgical</b> <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	20% after deductible	30% after deductible
<b>Skilled Nursing Facility</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	30% after deductible
<b>Hospice</b>	No charge after deductible	30% after deductible
<b>Rehabilitation</b> <i>Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	30% after deductible
<b>Mental Health &amp; Substance Abuse</b> <i>Requires Preauthorization</i>	20% after deductible	30% after deductible



Salt Lake County 2023 » Medical Benefits Grid » Traditional

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>   <i>See Master Policy for benefit limits</i>	No charge, plan pays up to \$4,000 per adoption	
<b>Allergy Serum</b>	20% after deductible	30% after deductible
<b>Autism Spectrum Disorder</b> <i>Up to 150 combined visits per plan year for all therapy types</i>	Regular medical benefits apply. <b>Ages 0-9:</b> Plan pays up to \$36,000 per plan year. <b>Ages 10-18:</b> Plan pays up to \$15,000 per plan year.	30% after deductible
<b>Bariatric Surgery</b> <i>Requires Preauthorization. Up to one surgery per lifetime. See Master Policy for benefit limits</i>	20% after deductible	Not covered
<b>Chiropractic care</b>   <i>Up to 10 visits per plan year</i>	\$35 co-pay per visit after deductible	\$35 co-pay per visit after deductible
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	30% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	30% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge after deductible	30% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	<b>Under \$50:</b> No charge after deductible <b>Over \$50:</b> 20% after deductible	30% after deductible
<b>Infertility Services</b>   <i>Select services only. See Master Policy for details.</i>	50% after deductible	50% after deductible
<b>Temporomandibular Joint Dysfunction**</b> <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	50% after deductible	50% after deductible

\*\*Does not apply to the out-of-pocket maximum.

Salt Lake County 2023 » Medical Benefits Grid » HDHP



**MEDICAL BENEFITS GRID: WHAT YOU PAY**  
Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

**Percentages indicate your share of PEHP's In-Network Rate.**

	<b>In-Network Provider</b>	<b>Out-of-Network Provider*</b> <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$2,000 Double/family plans: \$4,000 <i>One person or a combination can meet the \$4,000 double/family deductible</i>	Single plans: \$2,000 Double/family plans: \$4,000 <i>One person or a combination can meet the \$4,000 double/family deductible</i>
<b>Plan year Out-of-Pocket Maximum</b>	Single plans: \$3,500 Double/family plans: \$7,000 <i>One person or a combination can meet the \$7,000 double/family maximum</i>	Single plans: \$8,000 Double/family plans: \$16,000 <i>One person or a combination can meet the \$16,000 double/family maximum</i>
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	Not covered
<b>PROFESSIONAL SERVICES</b>		
<b>PEHP e-Care</b>	No charge	Not applicable
<b>Salt Lake County HealthyMe Medical Clinic</b>	\$10 co-pay after deductible per visit	Not applicable
<b>Primary Care Visits</b>   <i>Includes office surgeries and inpatient visits</i>	\$25 co-pay after deductible	30% after deductible
<b>Specialist Visits</b>   <i>Includes office surgeries and inpatient visits</i>	\$35 co-pay after deductible	30% after deductible
<b>Surgery and Anesthesia</b>	10% after deductible	30% after deductible
<b>Emergency Room Specialist Visits</b>	\$35 co-pay after deductible	\$35 co-pay after deductible
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less</i>	No charge after deductible	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350</i>	20% after deductible	30% after deductible
<b>Mental Health and Substance Abuse</b> <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	<b>Outpatient:</b> \$35 co-pay after deductible per visit. <b>Inpatient:</b> 10% after deductible	30% after deductible
<b>PRESCRIPTION DRUGS</b>   <i>All pharmacy benefits for The HDHP Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$10 co-pay <b>Tier 2:</b> 25% of discounted cost, \$25 minimum / \$75 maximum <b>Tier 3:</b> 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$20 co-pay <b>Tier 2:</b> 25% of discounted cost, \$50 minimum / \$150 maximum <b>Tier 3:</b> 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums accrue separately.

\*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or out-of-pocket maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

Salt Lake County 2023 » Medical Benefits Grid » HDHP

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>PRESCRIPTION DRUGS</b>   <i>All pharmacy benefits for The HDHP Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 20%. \$150 maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 20%. No maximum co-pay	<b>Tier A:</b> 40%. No maximum co-pay <b>Tier B:</b> 40%. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 20%. \$150 maximum co-pay <b>Tier C:</b> 20%. \$150 maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	10% after deductible	30% after deductible
<b>Urgent Care Facility</b>	\$45 co-pay after deductible	30% after deductible
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$150 co-pay after deductible	\$150 co-pay after deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	10% after deductible	
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less</i>	No charge after deductible	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350</i>	20% after deductible	30% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	10% after deductible	30% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – up to 20 visits per plan year for each therapy type</i>	10% after deductible	30% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Medical &amp; Surgical</b> <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	10% after deductible	30% after deductible
<b>Skilled Nursing Facility</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	10% after deductible	30% after deductible
<b>Hospice</b>	No charge after deductible	30% after deductible
<b>Rehabilitation</b> <i>Up to 45 days per plan year. Requires preauthorization</i>	10% after deductible	30% after deductible
<b>Mental Health &amp; Substance Abuse</b> <i>Requires Preauthorization</i>	10% after deductible	30% after deductible

Salt Lake County 2023 » Medical Benefits Grid » HDHP

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>   <i>See Master Policy for benefit limits</i>	No charge after deductible, plan pays up to \$4,000 per adoption	
<b>Allergy Serum</b>	10% after deductible	30% after deductible
<b>Autism Spectrum Disorder</b> <i>Up to 150 combined visits per plan year for all therapy types</i>	Regular medical benefits apply. <b>Ages 0-9:</b> Plan pays up to \$36,000 per plan year. <b>Ages 10-18:</b> Plan pays up to \$15,000 per plan year.	30% after deductible
<b>Bariatric Surgery</b> <i>Requires Preauthorization. Up to one surgery per lifetime. See Master Policy for benefit limits</i>	10% after deductible	Not covered
<b>Chiropractic care</b>   <i>Up to 10 visits per plan year</i>	\$35 co-pay after deductible	\$35 co-pay after deductible
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	30% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	10% after deductible	30% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge after deductible	30% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	10% after deductible	30% after deductible
<b>Infertility Services</b>   <i>Select services only. See Master Policy for details.</i>	50% after deductible	50% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	50% after deductible	50% after deductible

# PRETAX ACCOUNTS WHAT WORKS BEST FOR YOU

A pre-tax savings account can be used to cover eligible expenses such as deductibles, coinsurance, and co-pays. Your medical plan choice determines the health account(s) that can be paired with it.

PLAN SPECIFICS	HEALTH SAVINGS ACCOUNT (HSA)	LIMITED FLEX SPENDING ACCOUNT	MEDICAL FLEX SPENDING ACCOUNT
<b>What medical plan must I be enrolled in?</b>	High Deductible Health Plan	High Deductible Health Plan	Traditional PPO Plan
<b>Who contributes to the account?</b>	<p>You and the County</p> <p>You can choose and change your election at any time of the year.</p> <p>Salt Lake County will contribute:</p> <ul style="list-style-type: none"> <li>• \$600 for employee-only coverage</li> <li>• \$1,200 for Family Coverage</li> <li>• You can earn an additional \$275 (employee only) / \$550 (employee + covered spouse/ adult designee) by completing wellness activities.</li> </ul>	<p>You</p> <p>You contribute with pretax payroll deductions up to the annual maximum. You must set an annual contribution each year when you enroll.</p>	<p>You</p> <p>You contribute with pretax payroll deductions up to the annual maximum. You must set an annual contribution each year when you enroll.</p>
<b>Annual Minimum</b>	\$0	\$130	\$130



PLAN SPECIFICS	HEALTH SAVINGS ACCOUNT (HSA)	LIMITED FLEX SPENDING ACCOUNT	MEDICAL FLEX SPENDING ACCOUNT
<b>Annual Maximum</b>	<ul style="list-style-type: none"> <li>Employee-only coverage – \$3,850</li> <li>Family coverage – \$7,750</li> <li>Age 55 and older can contribute an additional \$1,000</li> </ul>	\$3,050	\$3,050
<b>Eligible Expenses</b>	Eligible out-of-pocket medical, prescription drugs, vision, and dental expenses that are not covered by your medical or dental plans. For example, deductibles and coinsurance.	Eligible out-of-pocket dental and vision expenses.	Eligible out-of-pocket medical, prescription drug, vision, and dental expenses that are not covered by your medical or dental plans. For example, co-payments, deductibles, and coinsurance.
<b>Do unused funds roll-over from year to year?</b>	Yes. Unused funds are yours to keep.	Yes. You can roll-over up to \$610.	Yes. You can roll-over up to \$610.

Health Savings Accounts are a way to save for medical expenses in your retirement years. If you can take the money you would normally spend in medical premium to fund your HSA, you'll have the balance available when you need it.

If you're approaching age 65, Medicare recommends you stop contributing to your HSA 6 months prior to Medicare eligibility.



County employees have been enjoying the free or reduced premiums on the High Deductible plan (HDHP) and the tax advantages of a Health Savings Account HSA since 2009. Regardless of which stage of HSA ownership you're in, you'll benefit by understanding your plan and managing your account. Think of an HSA as a savings plan for health care you'll need today, tomorrow and into the future. It works like a regular bank account, but you don't pay federal income tax on the money you deposit. When you use your HSA money to pay for qualified medical expenses, you won't pay income taxes on the money, either. You even build your savings into a nest egg for retirement.

## New to the HDHP & HSA

If you're newer to HSA's, there are a few things to remember:

- 1. You're on a plan with two parts**
  - The High Deductible Plan – the medical coverage through PEHP or SelectHealth
  - The Savings Plan – county lump sum, wellness incentives, and your own pre-taxed payroll deductions are deposited directly into your Optum HSA
- 2. You get network discounts.** When you use your medical benefits, present your medical plan ID card. It's often best to pay a portion of the bill instead of the full amount because the network discount is applied when the claim is processed. Prescriptions need to be paid at the point of service, but providers (doctors, dentists, specialists, facilities) often let you pay a copay, then the remainder when you get your Explanation of Benefits (EOB).
- 3. Save for your future expenses.** Unlike a Flex Spending plan, the funds in your HSA are yours to keep and go with you from year to year. Save now for your future expenses.

## What All HSA Owners Should Know

If you have an HSA and understand the benefits, take a more active role.

- 1. It has pre-tax benefits.** Take advantage of everything you can save by maximizing your contribution. Funds grow tax-free, contributions are tax-free (state, federal, and FICA), and as long as you spend your funds on qualified medical expenses, they're not taxed.
  - 2023 limits are \$3,850 for single and \$7,750 for family. If you're over age 55, you can contribute an additional \$1,000.
- 2. Save now for your future.** The county lump-sum contribution of \$600 for single and \$1,200 for family is deposited into your HSA the first few weeks in January, so you start the year with cash in your account. Don't let it stop there, though. You can earn additional HSA contributions by participating in wellness activities and contribute your own pre-taxed funds through a payroll deduction.
- 3. Optum offers investments.** You can invest funds over \$2,000 in a variety of mutual funds.
- 4. Review your account often.** Taking a few minutes every month to review your balance, look at your investments, and check-in with your savings goals will do more than you think in the long run.
- 5. Monitor your annual contributions.** The HSA is a self-managed account, and county personnel don't monitor the amounts you've funded. You're encouraged to take an active role in your contributions to make sure you contribute the appropriate amounts.

ASI Flex administers pre-tax Flexible Spending (FSA) and Limited Purpose FSA accounts that can be used to cover eligible expenses such as deductibles, coinsurance, and co-pays. Your medical plan choice determines the health account(s) that can be paired with it. How the accounts work and the advantages of each vary, so it's important to you understand the features.

If you have qualified dependents in childcare, the Daycare Flex Spending can help you save on those expenses.

PLAN SPECIFICS	LIMITED FLEX SPENDING ACCOUNT	MEDICAL FLEX SPENDING ACCOUNT	DEPENDENT DAYCARE FLEX SPENDING
Annual Minimum	\$130	\$130	\$130
Annual Maximum	\$3,050	\$3,050	\$5,000

PLAN SPECIFICS	LIMITED FLEX SPENDING ACCOUNT	MEDICAL FLEX SPENDING ACCOUNT	DEPENDENT DAYCARE FLEX SPENDING
Eligible Expenses	Eligible out-of-pocket dental and vision expenses.	Eligible out-of-pocket medical, prescription drug, vision, and dental expenses that are not covered by your medical or dental plans. For example, co-payments, deductibles, and coinsurance.	Dependent Daycare Flex allows you to spend pre-tax dollars on qualified childcare.
Do unused funds roll-over year to year?	Yes. You can roll-over up to \$610 of unused funds. Funds over \$610 will be forfeited.	Yes. You can roll-over up to \$610 of unused funds. Funds over \$610 will be forfeited.	No. Childcare funds must be spent between January 1 and December 31.

## Flexible Spending Rollover Rule

You can roll-over up to \$610 of your unused medical or limited FSA balance into the next plan year. Your roll-over amount won't affect your election limit for the upcoming plan year.

If you have an FSA balance from 2022, funds over \$610 will be forfeited on January 1 of the following plan year. Receipts and documentation for outstanding or unsubstantiated claims must be sent to ASI Flex by March 31 of the following plan year. Funds spent inappropriately, or undocumented receipts may require you to reimburse the plan, so please provide requested documentation to ASI upon request.



[WWW.ASIFLEX.COM](http://WWW.ASIFLEX.COM)



WWW.ASIFLEX.COM

*Know your balance!  
Check your account  
balance online or via  
the mobile app.*

*Manage your account  
and read messages  
sent to you and  
posted to your secure  
message center.*

*Each time you use the  
card, ask the provider  
for an itemized  
statement of service.*

## Use of the Card is Not Paperless

That's right! **Use of the debit card is not paperless.** In many cases, IRS regulations require you to submit back-up documentation to substantiate certain transactions. Following are some tips regarding use of the card.

## How to Use the Card

**Co-Pays** – The card works great for flat-dollar prescription or office visit co-pays under your employer plan. Keep your prescription pharmacy receipts, and ask for an itemized receipt for office visit co-pays (be sure it says office visit co-pay). You will be asked to submit documentation for percentage co-pay and coinsurance amounts.

**Mail-Order Prescriptions** – Simply provide the card number and expiration date to the pharmacy benefit manager once, and you're set! Keep your itemized mail order statement.

**Over-the-Counter (OTC) Health Care Products** – You can purchase many OTC products using the card provided the merchant maintains an inventory system to identify FSA-eligible products. Keep the merchant itemized receipt.

**If You Have Insurance** – Ask your provider to submit to insurance first. Do not use the card at the time of service. After receiving the insurance plan Explanation of Benefits (EOB) or an itemized bill from the provider, you can use your card to pay the balance provided you do this within the plan year. Keep a copy of the EOB or provider itemized statement of service as you will be asked to provide this information.

**If You Do Not Have Insurance** – Present your card for payment and ask the provider for an itemized statement of service as you will be asked to submit this information. This itemized statement must include the provider name/address, patient name, date of service, description of the service/product, and the dollar amount owed.

## Your Responsibility When Using the Card



**Keep Documentation** – Always ask for and keep copies of all itemized statements of service (not the credit card receipt) each time you use the card. Health care providers do not automatically provide this, so it is your responsibility to ask for it. IRS regulations require you to provide this information for many expenses including hospital, lab, physician, dental and vision expenses.

Use an envelope or file to store your itemized statements and EOBs. ASIFlex will notify you if this documentation is needed. If you do not provide the requested information, the IRS requires that the card be deactivated and you may have to pay the outstanding amount back to the plan.

**You Must Comply with IRS Regulations** – Use of the card is regulated by the IRS. You must use the card only for qualifying expenses, and you must submit back-up documentation when requested to do so.

## Other Claim Options

*If you don't like using the card, you have several ways to submit claims. The choice is yours and you don't have to choose just one!*

**ASIFlex Mobile App** - Download the free app; snap a picture and submit via the app! You can also check your balance any time!

**ASIFlex Online asiflex.com** - Scan your documentation and sign into your account to submit online! Read your messages here and manage your account preferences.

**Toll-Free Fax or USPS Mail** - Download a claim form, complete and fax or mail with your documentation. Keep a copy for your records

**ASIFlex**  
PO Box 6044  
Columbia, MO 65203

E: [asi@asiflex.com](mailto:asi@asiflex.com)  
F: 1-877-879-9038

[www.asiflex.com](http://www.asiflex.com)  
Programs Tab  
Debit Card

**Insurance Pays First** – Do not use the card at the point of service for expenses that may be covered by insurance. Wait until you receive the insurance plan EOB and you can use the card to pay the balance at that time, provided it is within the same plan year. Otherwise, snap or scan a picture of the EOB and submit a claim via mobile app or online.

**Read Your Messages** – You are responsible for managing your account and reading and responding to messages sent to you and posted in your secure message center. Be sure to create your online account at [asiflex.com](http://asiflex.com).

## What to Do if You Receive a Request for Documentation

1. Respond as soon as possible. Create your online account and sign in at [asiflex.com](http://asiflex.com) or via the mobile app and read the secure message.
2. Just follow the instructions and provide the insurance plan EOB or an [itemized statement](#) of service. (Do not provide the credit card receipt.)
3. Submit online, via mobile app, toll-free fax or mail as soon as possible.

## Reasons the Card May Not Work

**Insufficient Funds** – If you attempt to use the card for an amount that exceeds your available balance, the card will decline. Know Your Balance! Use the ASIFlex Mobile App or go online at [asiflex.com](http://asiflex.com) to check your balance from anywhere, anytime!

**Deactivated** – If you fail to provide documentation when requested, the card may be deactivated. Check your account balance statement to see what transactions require back-up documentation. Transactions needing back-up documentation are highlighted in yellow, pink or red on your account balance statement.

**Invalid Merchant** – The card is limited-use and accepted at health care providers that accept VISA®. It is not valid at gas stations, restaurants, department stores, etc.

**Merchant Problem** – The merchant may encounter problems with their own terminal or may be using a merchant code that is something other than health care. For example, some teaching hospitals use an educational merchant code which would cause the card to decline.

**Never Activated** – If you did not activate the card when received, it will decline.

## Create Your Online Account

If you have not done so, be sure to set up your online account! Just go to [asiflex.com](http://asiflex.com) and click on the "Online Access/Account Detail" Tab, then click "Participant/Account Detail", then "Create an Account" and follow the instructions.

You can submit claims, check your account balance, view your account balance statement, and change your settings for direct deposit, email or text alerts right from your account!

You are responsible for managing your account and reading and responding to messages sent to you.

## Get the ASIFlex Mobile App



Once you create your online account, download the ASIFlex Mobile App. It's free and available online at [asiflex.com](http://asiflex.com), or through Google Play or the App Store.



You can check your account balance statement right from your phone or mobile device 24/7! You can also submit claims right from the doctor's office or from the pharmacy! It's fast! It's easy!

# DENTAL PLAN OVERVIEW & PREMIUMS



Cigna Dental offers competitive discounts and a national network of providers. Your costs will be lowest if you select a Cigna Advantage provider. You won't receive a Cigna Dental card. You can offer your dental provider the group number for Salt Lake County, 3341161, and the phone number 800-244-6224 to verify your coverage with Cigna. You can use the mobile app or the website to access an ID Card.

Do you have an HSA and want another way to save? Limited Flex Spending is ideal for those who maximize their HSA contribution and need an additional way to use non-taxed funds for dental and vision care. In addition to the tax savings, your election is front-funded and available immediately, enabling you to have more funds available for immediate use. There is a caution, though. Flex funds are regulated by the IRS, and you must ALWAYS provide a detailed, itemized receipt to ASI for dental care. Funds are use or lose, so plan wisely.

	IN-NETWORK		OUT-OF-NETWORK
	ADVANTAGE PROVIDER	ANY CIGNA PROVIDER	
<b>Annual Deductible</b> basic and major services	\$0	\$50 Single \$150 Family	\$50 Single \$150 Family
<b>Annual Maximum the plan will pay</b> per person per year	\$2,000	\$1,200	\$1,200
<b>Preventive</b> exams, cleanings, x-rays, **fluoride**	100%	80%	80%
<b>Basic</b> fillings, oral surgery	90%	60%	60%
<b>Major</b> crowns, bridges, prosthodontics	50%	40%	40%
<b>Orthodontia Lifetime Max</b>	\$1,750	\$1,750 Use a Cigna Advantage provider for the best benefit	\$1,750

For complete details, see the Summary Plan Descriptions at [benefits.slco.org](http://benefits.slco.org).

## Dental Plan Premium

PER PAY PERIOD PREMIUM	EMPLOYEE ONLY	EMPLOYEE PLUS ONE	EMPLOYEE AND TWO OR MORE DEPENDENTS
Full-time employee	\$5.27	\$6.74	\$10.15
Part-time employee	\$10.53	\$13.48	\$20.31

### ANNUAL PREMIUM

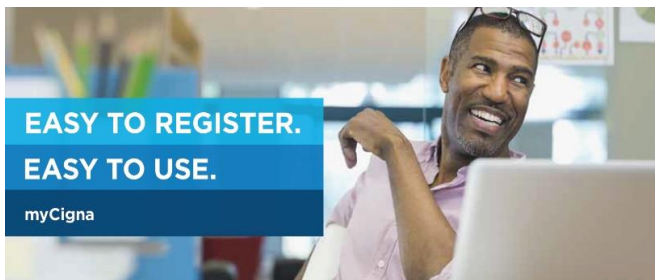
#### Full-Time and Part-Time Employees with Benefits Working 30 Hours or More a Week

DENTAL PLAN	EMPLOYEE COST	COUNTY COST
Employee only	\$136.80	\$547.20
Employee +1	\$175.20	\$700.80
Employee +2 or more	\$264.00	\$1,056.00

#### Part-Time Employees with Benefits Working 20-29 Hours per Week

DENTAL PLAN	EMPLOYEE COST	COUNTY COST
Employee only	\$273.60	\$410.40
Employee +1	\$350.40	\$525.60
Employee +2 or more	\$528.00	\$792.00

\*Fluoride services covered only for individuals under 26\*



## How can I access my ID Card?

### Online via myCigna.com

- Visit [www.mycigna.com](http://www.mycigna.com)
- Login to myCigna
- Click 'ID Cards' located in the top right hand corner of the home screen
- To print a temporary ID Card, click "Print ID Card" to the right of the member's name

### Via the myCigna mobile app

- Download the mobile app
- Login to the mobile app
- Click ID Cards from the home screen
- Email or fax your ID card information straight from your phone



It's easy to set up.  
Download the  
**myCigna App** or visit  
**myCigna.com**.

1. **Launch** the **myCigna App** or go to **myCigna.com** and select "Register Now"
2. **Enter** your personal information
3. **Confirm** your identity
4. **Create** your security information and provide your primary email address for enhanced security protection and notifications
5. **Review**, then select "Submit"

Dentists listed "Cigna DPPO Advantage" have all agreed to offer care at discounted rates.

**Out of Network** – You may still choose to see a dentist who is not in the Cigna DPPO Advantage network, but your own benefits may be lower, and you may have to file your own claims. See your plan documents for the details of your specific dental plan.

**How to I find a provider?** – You do not need to be registered with myCigna.com to search for a provider, but you will get more information if you are and log in to search.

- To search for a dentist on Cigna.com, visit the site and click "Find a Doctor, Dentist or Facility."
- Follow the prompts on the screen and when asked to choose your plan, select
  - "DPPO/EPO>Cigna DPPO Advantage"
- For help locating a Cigna network dentist or specialist, call Cigna at 800-244-6224 to use the automated Dental Office Locator or speak to a customer service advocate. You can also ask for a customized directory based on the type of dentist you are looking for in your area.
- Call your current dentist and ask if they are in the Cigna DPPO Advantage network plan

Call us at 800.Cigna24  
(800.244.6224)





**A LOOK AT YOUR  
VSP VISION COVERAGE**

**SEE HEALTHY AND LIVE HAPPY  
WITH HELP FROM SALT LAKE COUNTY AND  
VSP.**

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

**VALUE AND SAVINGS YOU LOVE.**

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

**PROVIDER CHOICES YOU WANT.**

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including **thousands of private practice doctors** and over **700 Visionworks retail locations** nationwide.



**QUALITY VISION CARE YOU NEED.**

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.



**Advantage Plan-Enhanced**

**USING YOUR BENEFIT IS  
EASY!**

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

**GET YOUR PERFECT PAIR**

**EXTRA \$20**

TO SPEND ON  
FEATURED FRAME BRANDS\*



SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS

Biweekly Rates <i>Advantage Plan - Enhanced Option</i>	
Employee Only	\$3.58
Employee + One	\$7.43
Employee + Two or more	\$11.51

**YOUR VSP VISION BENEFITS SUMMARY**  
SALT LAKE COUNTY and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:**  
VSP Advantage



## Advantage Plan-Enhanced

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>KidsCare: Dependent children up to age 18 have two, fully covered WellVision exams, if needed</li> </ul>	\$10	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		\$10	
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$180 featured frame brands allowance</li> <li>\$160 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$160 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>KidsCare: Additional lenses for dependent children up to age 18 are fully covered when needed. Minimum prescription change required.</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (INSTEAD OF LENSES)</b>	<ul style="list-style-type: none"> <li>\$160 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$40	Every calendar year
<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$160 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$10	Every calendar year
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b>	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
	<b>Routine Retinal Screening</b>	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>	
	<b>Laser Vision Correction</b>	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	
<b>YOUR BI-WEEKLY CONTRIBUTION</b>	\$3.58 Member only    \$7.43 Member + 1    \$11.51 Member + family		

**YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS**

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam .....	up to \$47	Lined Bifocal Lenses .....	up to \$50	Contacts-Elective .....	up to \$145
Frame .....	up to \$80	Lined Trifocal Lenses .....	up to \$62	Contacts-Necessary .....	up to \$200
Single Vision Lenses .....	up to \$30	Progressive Lenses .....	up to \$50		

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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VSP, VSP Vision Care for Life, Eyeconic, and WellVision Exam are registered trademarks. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.



## Help protect your income and lifestyle with Short Term Disability Insurance.

Coverage that can help protect your income when you are unable to work.

 Mortgage or rent  Childcare  Grocery bills

### Easy to get. Easy to use.

It's easy to apply for short term disability coverage — and it covers more than you think. From pregnancy to back surgery to behavioral health issues, disability coverage can protect your income when you're unable to work ... and help you take care of everyday expenses. You receive disbursements directly, and you can use the money on whatever you like, from groceries and gas to your mortgage.

### Prepare for the unexpected.

Just over 1 in 4 of today's 20-year-olds will likely become disabled before reaching age 67.1. Don't let illness or injury threaten your financial security.

### The financial benefits of coverage.

Short term disability coverage from MetLife may pay between 40–70% of your predisability income for six months to one year if you are temporarily disabled by a sickness, pregnancy, or accidental injury. That means you have a steady income stream to help pay your bills while you focus on getting well. You can also earn financial incentives by participating in MetLife-approved rehabilitation programs. These programs are designed to help you recover financially and functionally.

### Your name is on the check.

Weekly payments are made directly to you. You decide how to spend the money — for medical expenses, like copays, deductibles, out-of-network care, or for non-medical needs like household bills, childcare, or home modifications.

If you have a family, most likely they rely on you to help keep the household running. But with 67% of employees surveyed saying one of their top five sources of financial stress is worrying about having enough money to pay bills if someone loses their job,<sup>2</sup> you need to make sure your family is financially prepared to handle essential living expenses.

If you are single, and don't prepare ahead to cover your expenses, you may need to use your savings, sell your property, or borrow money from friends or family to meet your ongoing financial obligations while you recover.

### Set it and forget it.

Enrollment is simple, but the benefits are significant. Premiums will be automatically deducted from your paycheck, making this coverage more convenient for you.

**Special Considerations:** If you work in a state with state-mandated disability or paid medical leave benefits ("State Benefits"), you should carefully consider whether to enroll for this coverage. In California, Hawaii, Massachusetts, New Jersey, New York, Puerto Rico, Rhode Island, Washington (and Connecticut starting 1/1/22, Oregon starting 1/1/24, and Colorado starting 1/1/24), if eligible, you must apply for State Benefits. Your STD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit. Please consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

**There's no better time to secure your coverage. Apply online by the open enrollment date!**  
**Questions? Contact us at 1-800-GET-MET8 (1-800-438-6388)**

# METLIFE STDi DISABILITY PLAN CONTRIBUTION WORKSHEET

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability (STD) coverage effective January 1, 2022. Contribution amounts are based on gross weekly income for STD. Actual contributions will be calculated by the payroll system.

Short Term Disability (per \$100 of Monthly Covered Payroll)					
Coverage	Rates				
< 34	\$0.310				
35 to 49	\$0.328				
50 to 59	\$0.527				
60+	\$0.779				
New Short Term Disability (66 2/3% to \$2,500) 14/14 elimination week duration)					

## STD Example

Short Term Disability Contribution:			
A. Annual Earnings =	\$30,000	A. Annual Earnings =	\$
B. Monthly Earnings = (A divided by 12)	\$2,500.00	B. Monthly Earnings = (A divided by 12)	\$
C. Monthly Benefit = (B x 66 2/3%)	\$1,666.65	C. Monthly Benefit = (B x 66 2/3%)	\$
D. Value Per \$100 = (C divided by 100)	\$16.66	D. Value Per \$100 = (C divided by 100)	\$
E. Estimated Monthly Contribution (D multiplied by 0.328 based on the 35 to 49 age-banded rate)	\$5.46	E. Estimated Monthly Contribution = (D multiplied by the applicable age-banded rate)	\$
F. Estimated B-Weekly Contribution (E multiplied by 12 then divided by 26)	\$2.52	F. Estimated B-Weekly Contribution = (E multiplied by 12 then divided by 26)	\$

## Hartford Employer Paid Long-Term Disability Plan



Salt Lake County is pleased to offer free Long-Term Disability to all Full Time, Part Time and Elected Officials who work more than 20 hours a week.

If you need to file an LTD claim, and you are not enrolled in STD, you should file an "Application for LTD Income Benefits" form if you remain disabled at the 45-day midpoint of the LTD elimination period (90 days).

Salt Lake County will complete and sign the employer portion (Section 1) of the form.

It is your responsibility to:

1. Complete and sign the employee's portion of the claim form (Section 2).
2. Have the medical provider complete the Attending Physician's Statement.
3. Send the completed forms to The Hartford.

Once The Hartford receives the completed forms, you will receive letters of acknowledgment. You will also receive status letters periodically until the claim determination is made.

**If you have any questions, please contact The Hartford LTD Claims # at 800-549-6514.**



## Legal is everywhere. Protect yourself and your family with legal insurance.

Have you ever stopped to think about how many events in your life have a legal element to them? There are the joys — like getting married or buying the house of your dreams. And the challenges — like when true love doesn't work out or you find yourself fighting a speeding ticket.

With ARAG® legal insurance, your network attorney fees are 100% paid in full for a wide variety of covered legal matters.

### What does legal insurance cover?

Count on a broad range of coverage and services, for example:

- Wills and estate planning
- Real estate and home ownership
- Traffic tickets and license suspension
- Disputes with a landlord
- Family law matters
- Small claims court
- Consumer fraud
- Personal property disputes
- Student loan debt
- Bankruptcy
- Tax audit
- Divorce
- And more!

To see a full list of coverages available under your plan, visit [ARAGlegal.com/myinfo](http://ARAGlegal.com/myinfo) and enter access code **18702slc**. For any legal matters not covered and not excluded under the plan, you are eligible to receive at least 25% off the network attorney's normal rate.

### How legal insurance benefits you

- Receive 100% paid-in-full coverage on attorney fees for most covered legal matters when you work with a network attorney.
- On average, save \$368 per hour on attorney fees.<sup>1</sup>
- Access a nationwide network of more than 14,000 attorneys who average 20 years of experience.
- Address your covered legal situations with a network attorney for legal help and representation.
- Use DIY Docs® to create any of 350+ variety of legally valid documents, including state-specific templates.

This year, you'll have two options to choose from: **UltimateAdvisor®**, which features a wide variety of legal coverages and services, and **UltimateAdvisor Plus™**, which offers more comprehensive legal coverages and additional services, such as tax services, financial education and counseling, and caregiving services.

#### Learn more and enroll

- [Watch a video to learn more about the benefits of legal insurance.](#)



Legal Insurance

### What does it cost?

**UltimateAdvisor®**

\$8.42 biweekly

**UltimateAdvisor Plus™**

\$10.15 biweekly

Enroll in the **UltimateAdvisor Plus™** plan and you'll have access to:

### Identity Theft Protection

Protecting your personal information from identity thieves is more important than ever.

Identity Theft Protection can help you guard against losses related to identity theft, with services designed to track changes to your credit file, monitor whether your identity is being bought or sold online and provide full-service restoration assistance if your identity is stolen.

Let legal insurance provide the resources and guidance you need to protect your identity and personal information.

More details please! →

[ARAGlegal.com/myinfo](http://ARAGlegal.com/myinfo)



See the complete list of what your plan covers at:

[ARAGlegal.com/myinfo](http://ARAGlegal.com/myinfo) Access Code: **18702slc**

Let's Talk! Call ARAG at 800-247-4184

Assure your loved-ones' well-being in the event of your death or disability.



**PLEASE NOTE:** In order to enroll in PEHP Life, AD&D, Accident and Indemnity coverage you'll need to enroll at: [www.pehp.org](http://www.pehp.org)



- Your ID number begins with 1741, provided on the letter in your new hire packet
- Elect life insurance at any time, but if you do not enroll within 31 days of your hire date, you may be subject to medical underwriting

## Group Term Life Coverage

### EMPLOYEE BASIC COVERAGE

Your employer funds this at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	25,000
Age 71 to 75	12,500
Age 76 and over	6,250



### LINE-OF-DUTY DEATH BENEFIT

If you're enrolled in basic coverage, you get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

### ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional \$10,000 Accidental Death Benefit at no extra cost. Enrollment is automatic.

### EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

- » You want more coverage than the guaranteed issue.
- » You apply for any amount of coverage 60 days after your hire date.

After you apply for coverage, PEHP will guide you through the necessary steps to get evidence of insurability. They may include:

- » Completing a health questionnaire.
- » Basic biometric testing and blood work.
- » Furnishing your medical records.

### EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can buy up to \$200,000 as guaranteed issue. After 60 days or for coverage greater than \$200,000 you must provide evidence of insurability.

Biweekly Rates	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.16	1.75	2.30	3.46	4.62	5.78	6.94	8.06	9.22	10.37	11.52
Age 30 to 35	1.23	1.86	2.47	3.68	4.92	6.15	7.38	8.60	9.83	11.05	12.28
Age 36 to 40	1.73	2.61	3.48	5.21	6.94	8.69	10.42	12.15	13.90	15.63	17.36
Age 41 to 45	2.12	3.20	4.25	6.37	8.51	10.62	12.76	14.86	16.99	19.11	21.23
Age 46 to 50	4.03	6.04	8.06	12.08	16.11	20.14	24.16	28.19	32.22	36.23	40.27
Age 51 to 55	4.84	7.25	9.67	14.49	19.33	24.16	29.00	33.82	38.66	43.49	48.33
Age 56 to 60	7.71	11.58	15.43	23.16	30.88	38.59	46.30	54.02	61.75	69.47	77.18
Age 61 to 70	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
Age 71 to 75	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

## SPOUSE TERM COVERAGE

If you apply within 60 days of your hire date or date of marriage, you can buy up to \$50,000 as guaranteed issue for your spouse. After 60 days or for coverage greater than \$50,000 you will need evidence of insurability.

Biweekly Rates	25,000	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	0.59	1.16	1.75	2.30	3.46	4.62	5.78	6.94	8.06	9.22	10.37	11.52
Age 30 to 35	0.63	1.23	1.86	2.47	3.68	4.92	6.15	7.38	8.60	9.83	11.05	12.28
Age 36 to 40	0.88	1.73	2.61	3.48	5.21	6.94	8.69	10.42	12.15	13.90	15.63	17.36
Age 41 to 45	1.07	2.12	3.20	4.25	6.37	8.51	10.62	12.76	14.86	16.99	19.11	21.23
Age 46 to 50	2.01	4.03	6.04	8.06	12.08	16.11	20.14	24.16	28.19	32.22	36.23	40.27
Age 51 to 55	2.41	4.84	7.25	9.67	14.49	19.33	24.16	29.00	33.82	38.66	43.49	48.33
Age 56 to 60	3.85	7.71	11.58	15.43	23.16	30.88	38.59	46.30	54.02	61.75	69.47	77.18
Age 61 to 70	6.54	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
After age 70, rates remain constant and coverage changes												
Coverage Amounts	6.54	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
Age 71 to 75	12,500	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

## DEPENDENT CHILDREN COVERAGE

If you apply within 60 days of your hire date, you can buy any available amount of coverage for dependent children. After 60 days, any new application for coverage or increase in coverage will require evidence of insurability. All eligible children will be covered at the same level.

Coverage Amount	5,000	10,000	15,000
Biweekly cost	0.24	0.48	0.72

## Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death and loss of use of limbs, speech, hearing or eyesight due to an accident, subject to the limitations of the policy.

### INDIVIDUAL PLAN

You select coverage ranging from \$25,000 to \$250,000.

### FAMILY PLAN

- » You select coverage ranging from \$25,000 to \$250,000, and your spouse and dependents will be automatically covered as follows:
  - › Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse’s coverage increases to 50% of yours;
  - › Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child’s coverage increases to 20% of yours.

- » If an injury results in any of the losses shown below within one year of the date of the accident, the plan will pay the amount shown in the opposite column. The total amount payable for all such losses as a result of any one accident will not exceed the principal sum. The principal sum applicable to the insured person is the amount specified on the enrollment form.

FOR LOSS OF	BENEFIT PAYABLE
Life	Principal Sum
Two Limbs	Principal Sum
Sight of Two Eyes	Principal Sum
Speech and Hearing (both ears)	Principal Sum
One Limb or Sight of One Eye	Half Principal Sum
Speech or Hearing (both ears)	Half Principal Sum
Use of Two Limbs	Principal Sum
Use of One Limb	Half Principal Sum
Thumb and Index Finger On Same Hand	Quarter Principal Sum
Thumb or Index Finger	Eighth Principal Sum
Any Two Fingers on One Hand	Tenth Principal Sum

\*Total benefit for loss of digits on one hand shall not exceed 25%. Benefits may not be combined upon the loss of multiple digits.

## Accidental Death and Dismemberment (AD&D)

### AD&D Coverage and Cost

INDIVIDUAL PLAN				FAMILY PLAN		
Coverage Amount	Biweekly Cost	Semi-Monthly Cost	Monthly Cost	Biweekly Cost	Semi-Monthly Cost	Monthly Cost
25,000	0.43	0.46	0.92	0.58	0.62	1.24
50,000	0.85	0.92	1.84	1.14	1.24	2.48
75,000	1.28	1.38	2.76	1.72	1.86	3.72
100,000	1.69	1.84	3.68	2.28	2.48	4.96
125,000	2.12	2.30	4.60	2.85	3.10	6.20
150,000	2.54	2.76	5.52	3.42	3.72	7.44
175,000	2.97	3.24	6.48	3.99	4.34	8.68
200,000	3.39	3.68	7.36	4.57	4.96	9.92
225,000	3.82	4.14	8.28	5.13	5.58	11.16
250,000	4.23	4.60	9.20	5.71	6.20	12.40

### LIMITATIONS AND EXCLUSIONS

See the Group Term Life and Accident Plan Master Policy for details on plan limitations and exclusions. Call 801-366-7495 or visit [www.pehp.org](http://www.pehp.org) for details.

## Master Policy

This brochure provides only a brief overview. Complete terms and conditions are available in the Group Term Life and Accident Plan Master Policy. It's available when you log in to PEHP for Members at [www.pehp.org](http://www.pehp.org). Or request a copy by emailing [publications@pehp.org](mailto:publications@pehp.org).



560 East 200 South  
 Salt Lake City, UT 84102-2004  
 801-366-7495 | 800-753-7495  
[www.pehp.org](http://www.pehp.org)

## Accident Weekly Indemnity

- » Employee coverage only
- » If you enroll in AD&D, you may also buy Accident Weekly Indemnity, which provides a weekly income if you are totally disabled due to an accident that is not job related.
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may buy coverage less than the eligible monthly gross salary, but may not exceed the eligible monthly gross salary.

### Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BIWEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
250 and under	25	0.12	0.14	0.28
251 to 599	50	0.24	0.26	0.52
600 to 700	75	0.35	0.38	0.76
701 to 875	100	0.46	0.50	1.00
876 to 1,050	125	0.58	0.64	1.28
1,051 to 1,200	150	0.70	0.76	1.52
1,201 to 1,450	175	0.81	0.88	1.76
1,451 to 1,600	200	0.93	1.02	2.04
1,601 to 1,800	225	1.04	1.14	2.28
1,801 to 2,164	250	1.16	1.26	2.52
2,165 to 2,499	300	1.39	1.50	3.02
2,500 to 2,899	350	1.62	1.76	3.52
2,900 to 3,599	400	1.86	2.02	4.04
3,600 and over	500	2.32	2.52	5.04

## Accident Medical Expense

- » Employee coverage only
- » Helps you pay for medical expenses in excess of those covered by all group insurance plans and no-fault automobile insurance.
- » Will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job related.

### Accident Medical Expense Coverage and Cost

MEDICAL EXPENSE COVERAGE	BIWEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
\$ 2,500	\$ 0.38	\$ 0.42	\$ 0.84

25BW | 09-23-20









# Benefits you deserve. Designed just for you.

Enjoy money-saving benefits and discounts provided to you in addition to your core benefits. Login to your benefits portal to learn more.

[slcountyvoluntarybenefits.com](https://slcountyvoluntarybenefits.com)



## A variety of options to meet your unique needs.

- Accident Insurance  There are things that may lead to an accident and out-of-pocket expenses. Get protected.
- Auto & Home Insurance  Cover your car, boat, motorcycle, home & more.
- Critical Illness Insurance  Gain the power to make treatment decisions when you experience a heart attack, cancer or stroke.
- Discount Shopping  Shop the brands you love with exclusive discounts you can't get anywhere else.
- Hospital Indemnity Insurance  Achieve peace of mind with coverage to help ease your financial responsibility while you recover.
- NEW!** Identity Theft Protection  Protect your financial and social wellness from identity thieves.
- Pet Health Insurance  Give more to your furbabies. Save on vet expenses for accidents, illnesses and more, nationwide.
- Purchase Financing  Buy a variety of products such as computers, cameras, and furniture via payroll deduction.
- NEW!** Student Loan Refinancing  Find the perfect plan whether you need a new loan, refinance or loan forgiveness.

Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits. Programs are subject to annual enrollment terms. Visit [slcountyvoluntarybenefits.com](https://slcountyvoluntarybenefits.com) to learn more.



# Pet insurance from Nationwide®

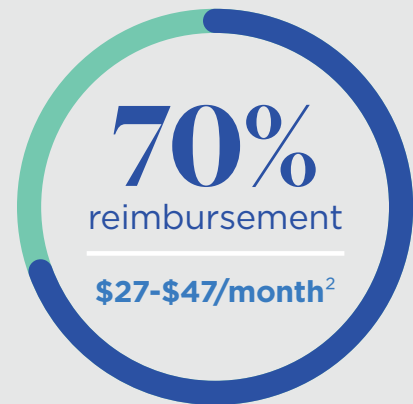
With two budget-friendly options, there's never been a better time to protect your pet.



## Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility

- ✓ **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%<sup>1</sup>
- ✓ **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level of coverage with My Pet Protection®



**How to use your pet insurance plan**

**1** Visit any vet, anywhere.

**2** Submit claim.

**3** Get reimbursed for eligible expenses.

Enroll today through your voluntary benefits program. For more information, call 877-738-7874.

<sup>1</sup>Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

<sup>2</sup>Starting prices indicated. Final cost varies according to plan, species and ZIP code.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH; Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8314



**Nationwide®**

# Nationwide<sup>®</sup> pet insurance

## My Pet Protection<sup>®</sup> plan summary



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction.



### My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes\*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit



### Included with every policy

#### **vethelpline<sup>®</sup>**

- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

#### **PetRxExpress<sup>SM</sup>**

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



### Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

Get a fast, no-obligation quote today.

**PetsNationwide.com • 877-738-7874**

\*Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.  
Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, **vethelpline**, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21PMC8302E\_GRP



**Nationwide<sup>®</sup>**



# GradFin

## STUDENT LOAN SERVICES

### EXECUTIVE OVERVIEW

#### Our Differentiators

G

GradFin provides employees with one-on-one education consultations. GradFin Consultation Experts to review your current loan status and discuss personalized payoff options to save on their loans.

GradFin maximizes the amount that you can save through its diverse platform of lenders.

844-GRADFIN | [www.GradFin.com](http://www.GradFin.com)

GradFin ([www.GradFin.com](http://www.GradFin.com)) is an employee benefit program that helps employees reduce their student loan debt. GradFin seeks to become a critical part of your overall benefits and compensation package.

#### Our Core Services

Our four core student loan benefit program services will improve the financial future of your employees by helping them pay off their student loans faster so that they can begin saving for the future.

- **Student Loan Financial Education** - GradFin offers personal consultations, live webinars, and in-house "town hall" meetings to educate and provide options for reducing student debt.
- **Student Loan Refinancing** - GradFin refinances and consolidates student loan(s) through our lending platform which is made up of 11 lenders to maximize the chances for employees to be approved for a new loan and find the lowest rates.
- **Loan Repayment** - GradFin administers a seamless employer repayment program through our technology platform and in partnership with Corestream, a third party administrator in the voluntary benefits market.
- **Public Service Loan Forgiveness Membership** - GradFin will work with employees to stay compliant with the public service loan forgiveness program by enrolling your loans in the program, certifying your employment, annually certifying your income based repayment plan, and auditing your "qualified payments" as part of the PSLF program.

G

GradFin is looking beyond today's marketplace to anticipate services that can better serve your employee base. We also help your company recruit and retain your employees and reduce costs associated with employee attrition. Our corporate strategy is entirely focused on serving your company we look forward to adding value to your overall benefit and compensation package for many years to come.

# GradFin

## PSLF Membership Program

### Overview

GradFin's Public Service Loan Forgiveness (PSLF) Membership Program is designed to help borrowers benefit from tax-free student loan forgiveness.

Key components of the PSLF Membership include: personalized compliance plan, annual review, review of eligibility for the new PSLF Temporary Waiver, and a secure online portal for document storage and processing certification forms.

Appeals process with the Department of Education if payments are not properly counted.

Access to GradFin PSLF experts, educational webinars, and automated reminders. 30-minute time slots Monday through Friday.



#### Benefits

**Peace of Mind** - Our main goal is to help borrowers stay in compliance with the complex PSLF laws. This gives our members peace of mind that their federal loans are on track for forgiveness.

**Onboarding and Compliance Plan** - We meet individually with borrowers to onboard their loans into PSLF and develop a customized compliance plan.

**Annual Review** - We help borrowers review accuracy of qualifying payments on an annual basis; recertify employment information; and prevent mistakes.

**Appeals Process** - If qualifying payments are not accurately counted GradFin investigates the issues and appeals to the government to request a review.

#### Results

**\$337,000** - The highest loan forgiveness we've achieved with a borrower that works at a hospital system in San Diego.

**\$114,000** - The average amount forgiven amongst our members.

**108** - The highest number of past payments we were able to get counted retroactively for one of our members.

**250+** - Number of appeals we've won on behalf of our members with the Department of Education.

**800+** - The number of companies we are working with across the U.S. (hospitals, school districts, cities, federal government) on behalf of our members.



[WWW.GRADFIN.COM/FORGIVENESS](http://WWW.GRADFIN.COM/FORGIVENESS)



# Opt-in to Cyber Safety

[www.slcountyvoluntarybenefits.com](http://www.slcountyvoluntarybenefits.com)

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.

## Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.

## Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.<sup>1</sup>



Screen modified for demonstration purposes. Features may differ depending on plan.

## Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.<sup>1</sup>

## Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

## ENROLL TODAY

Take advantage of the special benefit plans and pricing by signing up through your benefit program and providing your **name, Social Security Number, date of birth, address, phone number and email address** for yourself and any dependents you wish to enroll.

## HAVE AN EXISTING LIFELOCK MEMBERSHIP?

**Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.**

<sup>1</sup> No one can prevent all identity theft or cybercrime.

<sup>†</sup> We do not monitor all transactions at all businesses.

<sup>1</sup> Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.



# Benefit Plans

**PRICING:** Bi-Weekly

- Employee Only (18+ Years Old)
- Employee + Family<sup>4</sup>

**BENEFIT ESSENTIAL**

**BENEFIT PREMIER**

Employee Only (18+ Years Old)	\$3.23
Employee + Family <sup>4</sup>	\$5.99

Employee Only (18+ Years Old)	\$4.61
Employee + Family <sup>4</sup>	\$8.76

<sup>4</sup> The Norton Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

	BENEFIT ESSENTIAL	BENEFIT PREMIER
<b>LIFELock IDENTITY THEFT PROTECTION</b>		
Identity Lock <sup>1,5</sup>	●	●
Home Title Monitoring <sup>6</sup>		●
Social Media Monitoring <sup>7</sup>	●	●
Credit, Bank & Utility Account Freezes <sup>**</sup>	●	●
LifeLock Identity Alert™ System <sup>1</sup>	●	●
• Identity Verification Monitoring <sup>1**</sup>	●	●
• Telecom & Cable Applications for New Service	●	●
• Payday - Online Lending Alerts <sup>1</sup>	●	●
• Credit Alerts & Social Security Alerts <sup>1</sup>	●	●
Mobile app (Android™ & iOS) <sup>**</sup> <small>Downloading the app does not provide protection until enrollment has been completed.</small>	●	●
Dark Web Monitoring <sup>**</sup>	●	●
• Dark Web Monitoring – Gamer Tags <sup>**</sup>	●	●
• Dark Web Monitoring – Password Combo List	●	●
Court Records Scanning		●
USPS Address Change Verification	●	●
Stolen Wallet Protection	●	●
Reduced Pre-Approved Credit Card Offers	●	●
Fictitious Identity Monitoring	●	●
Phone Takeover Monitoring	●	●
Data Breach Notifications	●	●
Bank & Credit Card Activity Alerts <sup>1***</sup>	●	●
• Unusual Charge Alerts <sup>1</sup>	●	●
• Recurring Charge Alert <sup>1</sup>	●	●
Checking & Savings Account Application Alerts <sup>1***</sup>		●
Bank Account Takeover Alerts <sup>1***</sup>		●
401k & Investment Account Activity Alerts <sup>1***</sup>	●	●
File Sharing Network Searches	●	●
Sex Offender Registry Reports	●	●
Prior Identity Theft Remediation <sup>9</sup> <small>This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.</small>	●	●
U.S.-based Identity Restoration Specialists	●	●
24/7 Live Member Support	●	●
Million Dollar Protection™ Package <sup>10**</sup>		
• Stolen Funds Reimbursement	Up to \$1 Million each	Up to \$1 Million each
• Personal Expense Compensation		
• Coverage for Lawyers and Experts		
Credit Application Alerts <sup>2**</sup>	One-Bureau <sup>1</sup>	One-Bureau <sup>1</sup>
Credit Monitoring <sup>1**</sup>	One-Bureau <sup>1</sup>	Three-Bureau <sup>1</sup>
Credit Reports & Credit Scores <sup>1**</sup> <small>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>	One-Bureau <sup>1</sup> Monthly	On Demand – One Bureau Daily/ Three-Bureau <sup>1</sup> Annual
Monthly Credit Score Tracking <sup>1**</sup> <small>The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>		One-Bureau <sup>1</sup>
<b>NORTON DEVICE SECURITY</b>		
Secures PCs, Mac & mobile devices <sup>**</sup>	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
Online Threat Protection <sup>**</sup>	●	●
Password Manager <sup>**</sup>	●	●
Parental Control <sup>4**</sup>	●	●
Smart Firewall <sup>**</sup>	●	●
Cloud Backup <sup>3**</sup>	10 GB	50 GB
<b>ONLINE PRIVACY</b>		
Secure VPN <sup>**</sup>	●	●
Privacy Monitor	●	●
SafeCam <sup>3**</sup>	●	●

No one can prevent all identity theft or all cybercrime.

<sup>1</sup> If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

<sup>2</sup> If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

<sup>3</sup> Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processors.

<sup>4</sup> Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android -- via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

<sup>5</sup> Locking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your TransUnion Credit File will be unlocked if your subscription is downgraded or canceled.

<sup>6</sup> Home Title Monitoring feature includes your home, second home, rental home, or other properties where you have an ownership interest.

<sup>7</sup> The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

<sup>10</sup> Reimbursement and Expense Compensation, each with limits of up to \$1 million for Norton LifeLock Benefit Essential, Norton LifeLock Benefit Premier, Benefit Elite, and Ultimate Plus, up to \$100,000 for Advantage and Ultimate, and up to \$25,000 for Standard. Command Center, Basic, and Benefit Junior and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: NortonLifeLock.com/sgat.

<sup>\*\*</sup> Does not include monitoring of chats or direct messages.

<sup>\*\*</sup> These features are not enabled upon enrollment. Member must take action to activate this protection.

<sup>\*\*</sup> Subject to eligibility requirements defined in Terms & Conditions. Norton reserves the right to change and/or cease services at any time.

Not all products, services and features are available on all devices or operating systems. System requirement information on Norton.com.

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# What is accident insurance?

Accident insurance is a way for you to supplement your health care plan.

## Accident Insurance

Coverage that helps pay for expenses that may not be covered under your medical plan.



**Accident insurance works to supplement your medical coverage** — and pays in addition to what your medical plan may or may not cover. It's coverage that helps provide a financial cushion for life's unexpected events by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend however you like. It pays for the expenses of medical tests, services, treatments or care for one of more than 150 covered events, as defined in your group certificate. This includes hospitalization resulting from an accident, and accidental death or dismemberment.<sup>1</sup>

### Q. How does the payment work?

#### A. We make payments directly to you.

The amount you receive will be in addition to any other insurance you might have, and you can spend it however you like. You might use it to help pay for medical plan deductibles and co-pays, out-of-network care, or even for your family's everyday living expenses. Whatever you need while recovering from an accident or injury, accident insurance is there to make life a little easier.

### Q. Am I eligible to enroll for this coverage?

**A. Yes, you can enroll both yourself and eligible family members.** All you need to do is enroll during your enrollment period and be actively at work.

### Q. I have a medical plan at work, so why do I need accident insurance?

**A. Accidents can happen anytime, anywhere** and always when you least expect them. What's more they can be costly.

Even the best medical plans can leave you with extra expenses to pay for services that just aren't covered. Things like plan deductibles, co-pays, extra costs for out-of-network care, or extra costs non-covered services. Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.

### Q. Can I use the benefit payment on anything I need?

**A. Yes, you can use your payment as you see fit.** Use it to help cover your medical insurance deductibles, co-pays, or household bills.

### Q. Can I enroll for this insurance without having a medical exam?

**A. Yes. Your accident coverage is guaranteed,<sup>2</sup>** regardless of your health. You just need to be actively at work to be covered. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you first thought.

### Q. How much will it cost?

**A. Accident insurance may cost less than you think.** It's designed to be an economical way to supplement your health care plan. Exact rates can be found in the enrollment materials provided by your employer.

### Q. When does my coverage begin?

**A. Right away** — your coverage starts on the effective date of your coverage. There are no waiting periods for it to begin.

### Q. Are benefits paid directly to me or my health care provider?

**A. Payments will be paid directly to you,** not to the doctors, to the hospitals or to any other health care providers; the check is made payable to you. There's no need to coordinate this coverage with any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover.



ADF# AI1815.17

## Critical Illness Insurance

Coverage that helps you and your family have the financial support to pay for some of the expenses of a serious illness that may not be covered by your medical plan.



# What is critical illness insurance?



**Critical illness insurance works to supplement your medical coverage** — and pays in addition to what your medical plan may or may not cover. It's coverage that helps provide financial support when you or a loved one becomes seriously ill. Upon verified diagnosis, it provides you with a lump-sum payment of \$15,000 or \$30,000 in initial benefits. The payment you receive is yours to spend however you like.

**Payments may be used to help pay for expenses generally not covered by medical and disability income coverage.**

### Q. Are there any other benefits payable under this critical illness insurance plan?

**A. Yes. Early detection of a serious illness is important to your recovery.** We provide you

with an extra \$50 or \$100 annual benefit per calendar year (based upon benefit elected) on top of your total benefit amount when you (or covered dependents) see your physician for eligible health screenings or prevention measures.<sup>10</sup>

### Q. What happens if I have a recurrence?

**A. Your plan pays an additional benefit (Recurrence Benefit) if a medical condition**

**reoccurs for:** Benign Brain Tumor, Invasive Cancer, Non-Invasive Cancer, Heart Attack, a Stroke, a Coronary Artery Bypass Graft, Coma, and Severe Burn. A recurrence benefit is only available if the initial benefit has already been paid for the covered condition.<sup>7</sup> And there is a benefit suspension period (or waiting period) between recurrences.<sup>7</sup> Also, a 90-day treatment-free period applies to Invasive and Non-Invasive Cancer.

### Q. Am I eligible to enroll for this coverage?

**A. Yes, you can enroll both yourself and your eligible family members.**<sup>8</sup> All you need to do is enroll during the enrollment period and be actively at work.

### Q. I have a medical plan at work, so why do I need critical illness insurance?

**A. One of the hardest parts of managing illnesses like Cancer, a Heart Attack, or a Stroke is providing the support and comfort your family needs beyond the cost of care.**

Even the best medical and disability income plans can leave you with extra expenses like medical plan deductibles and co-pays or extra costs for out-of-network care. And if you're out of work because of a disability, it might be that only a portion of your pre-disability income is being paid to you. Many people aren't prepared to handle the extra costs that can come with a critical illness, so having this extra cash lump sum payment may mean less worry for you and your family.

### Q. Are benefits paid directly to me or my health care provider?

**A. Benefits will be paid directly to you,** not to the doctors, to the hospitals or to any other health care providers. There's no need to coordinate with any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover or pay.

### Q. What's covered under this plan?

**A. If you meet the group policy and certificate requirements, critical illness insurance provides you with a lump-sum payment upon a verified diagnosis of these conditions:**

### Have other questions?

Please call MetLife directly at  
**1 800 GET-MET8**  
**1 800 438-6388**  
and talk with a benefits consultant.

- Cancer<sup>1</sup>
- Heart Attack<sup>2</sup>
- Stroke<sup>3</sup>
- Coma<sup>4</sup>
- Severe Burn<sup>4</sup>

- Major Organ Transplant<sup>5</sup>
- Coronary Artery Bypass Graft<sup>6</sup>
- Kidney Failure
- Benign Brain Tumor
- Loss of: Ability to Speak; Hearing; or Sight<sup>4</sup>
- Paralysis<sup>4</sup>
- Sudden Cardiac Arrest
- 7 Childhood Diseases
- 10 Infectious Diseases
- 11 Progressive Diseases

# What is hospital indemnity insurance?



## Hospital Indemnity Insurance

Coverage to help pay for hospitalization expenses that may not be covered under your medical plan.

Hospital indemnity insurance is designed to be an economical way for you to supplement your health care plan.



**Hospital indemnity insurance works to supplement your medical coverage** — and pays in addition to what your medical plan may or may not cover. It's coverage that can help pay for life's unexpected events by providing you with a cash lump-sum payment (one payment all at once) when your family needs it most. The payment you receive is yours to spend however you like. It typically pays, as long as the policy and certificate requirements are met, a flat amount upon your hospital admission and a daily amount paid from each day of your stay (confined to the hospital).<sup>1</sup> It also provides payment if you're admitted to or have to stay in an Intensive Care Unit (ICU), as well as other added benefits and services too.<sup>2</sup>

### Q. How does the payment work?

**A. We make payments directly to you.** The amount you receive will be on top of any other insurance payment you might receive, and you can spend the hospital indemnity insurance payment however you like. You might use it to help pay for medical plan deductibles and for co-pays, for out-of-network care, or even for your family's everyday living expenses. Whatever you need while recovering from an illness or

### Q. When does my coverage begin?

**A. Your coverage starts on the effective date.** There are no waiting periods for it to begin.

accident, hospital indemnity insurance is there to make life a little easier.

### Q. Am I eligible to enroll for this coverage?

**A. Yes, you can enroll both yourself and eligible family members.** All you need to do is enroll during the open enrollment period and be actively at work. Some states require the insured to have medical coverage, and dependents may be subject to medical restrictions as outlined in the Certificate.

### Q. I have a medical plan at work, so why do I need hospital indemnity insurance?

**A. Hospital stays can be pricey and are often unexpected.** Even the best medical plans can leave you with extra expenses to pay or with services that just aren't covered such as plan deductibles, co-pays, extra costs for out-of-network care, or non-covered services. Many people aren't prepared to handle these extra costs, so having this extra financial support when the time comes may mean less worry for you and your family.

### Q. Are benefits paid directly to me or my health care provider?

**A. Payments go directly to you,** not to the doctors, to the hospitals or to any other health care providers. And to make things even easier, the check is made payable to you. There's no need to coordinate with any other insurance you may have. Benefits are paid no matter what your other insurance plans may cover.

### Q. Can I enroll for this insurance without having a medical exam?

**A. Yes. Your coverage is guaranteed,**<sup>3</sup> regardless of your health. You just need to be actively at work. There are no medical exams to take and no health questions to answer, so the whole process might be easier than you first thought.

### Q. How much will it cost?

**A. Hospital indemnity insurance may cost less than you think.** It's designed to be an economical way for you to supplement your health care plan. Exact rates can be found in the enrollment materials provided by your employer.

### Q. If my employment status changes, can I take my coverage with me?

**A. Yes.** This coverage is portable, meaning you can take it with you wherever you go so long as you continue paying your premiums.<sup>4</sup>

### Have other questions?

Please call MetLife directly at  
**1 800 GET-MET8**  
**1 800 438-6388**  
and talk with a benefits consultant.



# HEALTHY LIFESTYLES

Salt Lake County's Employee Wellness Program

## Purpose

As part of SLCo Health Department, Healthy Lifestyles Employee Wellness Program rewards you for investing in your health. Our mission is to create a culture of holistic wellness for employees and their spouses/adult designees to achieve their personal health goals. We use evidence-based practices to educate and encourage participants to engage in sustainable healthy lifestyle behaviors to enhance their well-being. To register for Healthy Lifestyles, email [myhealthylifestyles@slco.org](mailto:myhealthylifestyles@slco.org) and start earning points towards incentives for engaging in Healthy Lifestyles wellness activities and programs.



## Incentives

All SLCo employees and their spouse/adult designee can participate in the Healthy Lifestyles program and earn prizes. SLCo employees and their spouse/adult designee who are **eligible** for benefits are qualified to earn up to a \$250 Healthy Lifestyles cash rebate **AND** \$275 HSA incentive by participating in a variety of wellness activities throughout the year.

## Earning Points

Participants begin earning points **January 1st** and conclude point earnings on **October 31st** of each year. Incentive amounts are determined by the number of points participants earned between January 1st and October 31st. Cash rebates will be distributed in December and HSA incentives will be issued in January of each year. **\*IMPORTANT\***: Participants must submit proof of an annual physical examination conducted by a medical practitioner to qualify for incentives.

Points	Cash Reward	HSA Reward
1-449	\$50	\$50
450 - 699	\$175	\$175
700-899	\$200	\$200
900+	\$250	\$275



# Wellness Services



## Unique Wellness



Healthy Lifestyles focuses on providing programs which support and empower participants to live a healthy life that supports a work-life balance that is unique to them. Wellness services include:

- Wellness Workshops
- Guided Meditations
- Behavior-Change Challenges
- Wellcast Podcast Series
- Health Hub Articles
- Guided Hikes/Walks
- Corporate Games
- Nature Prescriptions
- Nutrition Education
- Wellness Application
- Walking Program - Coming 2023
- Health Coaching - Coming 2023

## Monthly Wellness Initiatives

Healthy Lifestyles focuses on a different dimension of wellness each month. Dimensions include physical, mental, occupational, environmental, spiritual, intellectual, emotional, and financial wellness.

All dimensions of wellness need our attention for us to flourish and sustain a healthy work-life balance.



## Diabetes Prevention Program

The National Diabetes Prevention Program (National DPP) is a CDC evidence-based year-long lifestyle change program to help participants at risk for type 2 diabetes adopt sustainable healthy lifestyle choices and reduce their risk of type 2 diabetes.

To register, contact us at [myhealthylifestyles@slco.org](mailto:myhealthylifestyles@slco.org) or 385.468.4062.

## Question. Persuade. Refer

Question, Persuade, and Refer (QPR) is 3 simple steps that anyone can learn to help save a life from suicide. Just as people are trained in CPR to help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Register for <sup>50</sup> a Healthy Lifestyles QPR training or request one for your team.





You and your eligible dependents have access to exceptional, confidential, and low-cost care at the **HealthyMe Clinic**.

Brenda Sheehan, D.O. provides a full range of care and in many cases, same day or next-day appointments. What’s the difference between an MD and a D.O.? An M.D., or medical doctor, treats specific symptoms while an osteopathic physician or D.O. like Dr. Sheehan, approaches medicine as an integrated whole. In addition to several hundred additional hours of certification for a D.O., Dr. Sheehan has been trained to ask questions and approach your health with a comprehensive understanding to treat the whole you. The clinic staff is specifically set up to manage chronic illnesses such as diabetes and high blood pressure.

Dr. Sheehan is an excellent option for primary care, and her practice is specifically county employees and their dependents. The HealthyMe Clinic offers personal care, and Dr. Sheehan spends more time with you than a typical provider. If more specific treatment is needed, Dr. Sheehan will refer you to a provider in your network.

The HealthyMe Clinic staff are employees of Intermountain Healthcare (IHC) and adhere to the processes and policies of IHC. The staff is unable to research your claims or make adjustments to an EOB. They don’t determine county benefit plans or payment structures, and questions about your benefits should be directed to PEHP or SelectHealth customer service. The HealthyMe Clinic is a medical clinic and complies with HIPAA and privacy laws. Please treat the clinic staff with respect and understanding. If you have detailed questions about benefits, please contact the Employee Benefits team.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		TRADITIONAL PPO PLAN		NO SLCO MEDICAL PLAN COVERAGE	
SERVICES	SERVICE FEE	SERVICES	SERVICE FEE	SERVICES	SERVICE FEE
Preventive Care	\$0	Preventive Care	\$0	All Visits	\$30
Office Visit	\$30	Office Visit	\$10		

**LOCATION AND HOURS:**

**385-468-0555**

Salt Lake Government Center • 2001 S. State Street, Salt Lake City, UT • South Building • 2nd Floor • S2-500  
8 am–5 pm, Monday–Friday

CREATIVE LEARNING ACADEMY OF UTAH



WHERE LITTLE MINDS COME TO GROW

Creative Learning Academy of Utah is the county's onsite childcare for children and grand-children of county employees.

Please Visit [clautah.net](http://clautah.net) for more information

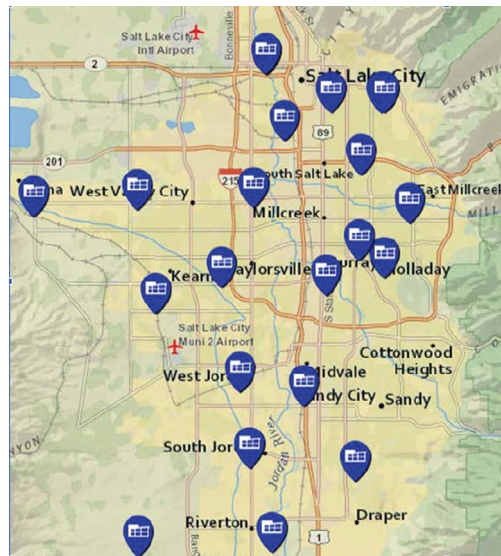
Call 385-468-7133 for more information about the Government Center Location 2001 S State St. S1-400

Call 385-468-7751 for more information about the downtown District Attorney location 35 E 500 S

## Tuition Reimbursement

Salt Lake County financially supports the educational pursuits of its employees through the Tuition Reimbursement Program. For more information use the QR code or visit:

<https://www.slco.org/human-resources/employee-university/tuition-reimbursement/>



## MULTI-CENTER PASS Includes:

- ◆ Employee Fitness Center
- ◆ 20 Recreation Centers
- ◆ Pools
- ◇ Ice Skating

County employees can purchase a fitness pass at a discounted cost through payroll deduction, to be used at the Government Center Fitness Center on the 4th floor of the south building along with all Salt Lake County Recreational Facilities. Additional fees for family members.

For more information contact: Ann Bradshaw, 385-468-1789, [abradshaw@slco.org](mailto:abradshaw@slco.org).

## UTA Monthly Transit Passes:

Salt Lake County employees may purchase transit passes at the following rates:

**\$29.00 Eco Pass (Bus, Trax, S-Line, Express Bus, and Frontrunner)**  
Eco Pass Valid for Paratransit, Ski Service or PC-SLC Connect.

**\$17.00 Reduced Fair Monthly Pass (Bus, Trax) (Age 65 & over)**

*\*\*Please note: the County is only contracted 200 ECO-PASSES, there might not be one available at the time of your request, and you will be put on a waiting list.*



**Car Pool:** There are a number of Salt Lake County employees who carpool to work each day. You receive premium parking as well as savings on gas and car repairs. If this is something you are interested in, please email [TRP@slco.org](mailto:TRP@slco.org).

**Van Pool:** Salt Lake County has a contract with UTA for employee use of their vans to get employees to and from work saving time, pollution, and wear and tear of your own personal vehicle.

*\*\*Please visit the website: <https://slcounty.sharepoint.com/sites/TripReduction> for the latest Van Pool information regarding routes each van takes as well as the times and prices.*

For additional information on this and other programs such as Car & Van Pool, email [TRP@slco.org](mailto:TRP@slco.org)

### Discount Shopping

Enjoy curated savings on your favorite products and services. It's our way of saying, "Thanks for doing a great job!" Find great deals on electronics, travel, entertainment, clothes, gifts and more in one convenient location. Login at <https://slcounty.corestream.com/>

### Home & Auto Insurance

Employees are offered discounts on home and automobile insurance.

For a quote contact:

**Brian Myers**  
435-239-8355  
[bmyers4@farmersagent.com](mailto:bmyers4@farmersagent.com)

or

**Dan Kasteler**  
801-748-2900  
[dkasteler@farmersagent.com](mailto:dkasteler@farmersagent.com)



**SelectHealth Provider Directory:**  
[selecthealth.org](https://selecthealth.org)

**SelectHealth Member Advocates:**

**1-800-515-2220**

For personalized assistance finding a behavioral health provider.

**SelectHealth Behavioral Health Care Managers:**  
**1-800-442-5305**

Mobile app:  
**SelectHealth**

[www.selecthealth.org](https://www.selecthealth.org)

Refer to your plan for costs and eligibility.

**PEHP Mental Health/ Substance Abuse Preauthorization – Customer Service:**  
**801-366-7755 or 800-765-7347**

[www.pehp.org](https://www.pehp.org)

Online Psychiatric Services are offered for a fee through Amwell

Benefit Advisors available to assist members with different levels of care for mental health services

Refer to your plan for costs and eligibility.

If you are having suicidal thoughts or are concerned about an employee or co-worker who may be having suicidal thoughts, please call the 24-hour Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or you can visit the Suicide Prevention Lifeline website at: [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org).

## UTAH PROGRAMS



**Hope4Utah**  
Suicide Prevention  
800-273-TALK  
<https://hope4utah.com/>



**UNI Mobile Crisis Outreach Team (MCOT)**  
801-587-3000  
Available 24 hours a day  
365 days a year at:  
**(801) 587-3000**  
Warmline:  
**801-587-1055**  
<https://healthcare.utah.edu/uni/>  
support, engagement and encouragement. Costs of services may vary by provider.



**211 Utah**  
Local mental health resources available. Costs of services may vary by provider:  
[www.211utah.org](http://www.211utah.org)

## SLCo PROGRAMS

*"Providing Exceptional Service to Build a Successful Future."*



**Behavioral Health Services**  
2001 South State Street  
S2-300, SLC, UT 84190  
**385-468-4707**  
Hours: 8:00 am - 5:00 pm  
<https://slco.org/behavioral-health/>

SLCo Behavior Health Services (BHS) contracts with a large network of private mental health and substance use disorder providers.

- Geographically dispersed throughout the county
- Provides a sliding scale copay schedule for affordable access to care

BHS has a "no wrong door" approach, ensuring access or a referral to appropriate care through any agency in the network. Optum Medicaid consumers can speak with a care advocate at: **(877) 370-8953**

## NATIONAL PROGRAMS



**National Suicide Prevention Lifeline**  
1-800-273-8255  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
Resources:  
<https://www.sprc.org/>

**Health Assessment:**  
<https://www.liveandworkwell.com/en/member/spotlights/health-assessments.html>



**National Alliance of Mental Health (NAMI)**  
Mental health organization dedicated to building better lives for the millions.  
Phone: **800-950-NAMI**  
Text: "NAMI" to **741741**  
[nami.org](http://nami.org)

If you are having suicidal thoughts or are concerned about an employee or co-worker who may be having suicidal thoughts, please call the 24-hour Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or you can visit the Suicide Prevention Lifeline website at: [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org).



## PURCHASING POWER®



### Big-Ticket Purchasing Through Payroll

Enjoy curated savings on your favorite products and services. It's our way of saying, "Thanks for doing a great job!" Find great deals on electronics, travel, entertainment, clothes, gifts and more in one convenient location. Login at [www.slcountyvoluntarybenefits.com](http://www.slcountyvoluntarybenefits.com)