



Employee Benefits

Everything you need to know about your benefits at Lehi City from
July 1, 2023 to June 30, 2024



Benefits at Lehi City

2023-2024 Contacts

Medical

PEHP

(800) 765-7347

pehp.org

Health Savings Account

HealthEquity

(866) 346-5800

healthequity.com

Flexible Spending Account

National Benefit Services

(800) 274-0503

nbsbenefits.com

Nice

(763) 412-1993

nice.healthcare/schedule

Dental

Dental Select

(800) 999-9789

dentalselect.com

Vision

EyeMed

(866) 939-3633

eyemedvisioncare.com

Basic Life & AD&D

Lincoln Financial

(800) 423-2765

lfg.com

Disability

Lincoln Financial

(800) 423-2765

lfg.com

Critical Illness

Accident

Hospital Indemnity

MetLife

(800) GET-MET8

metlife.com/mybenefits

For escalated claims and product questions

(801) 819-7744

vbcustomerservice@gbsbenefits.com

Employee Assistance Program

Intermountain EAP

(800) 832-7733

eap@imail.org

Wellness

Wellness Advocate

wellness@lehi-ut.gov

General Benefits Information

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The benefits in this guide are effective July 1, 2023 - June 30, 2024. This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

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

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

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Benefits Overview

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

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

Who Is Eligible?

If you are hired as a full-time employee working 30 or more hours per week, coverage will begin on your first day of full-time employment. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26 but may vary for other benefits offered.

When Do I Enroll?

You can enroll for coverage within 60 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 60 days after you experience a qualifying event.





Benefits Overview

Making Changes During The Year

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

Qualified life events include, but are not limited to:

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

It is your responsibility to notify Human Resources within 60 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

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

- › Your regular work schedule is reduced to fewer than 30 hours per week
- › Your employment with Lehi City ends

Your dependent(s) coverage ends:

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

Health Care Reform and You

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

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



Online Benefits Enrollment

Employee Navigator

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

Information Needed When Adding Dependents

- › Name
- › Social Security Number(s)
- › Dates of Birth
- › Home Address (if separate from yours)

Step 1: Getting Started - Existing Users

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

New User Set-Up

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

Step 2: Verify Your Personal and Dependent Information

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

Step 3: Making Your Open Enrollment Elections

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

Step 4: Confirm Your Elections

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



Medical

PEHP - Traditional Plan

Summit or Advantage Network	In-Network You Pay	Out-of-Network You Pay	
Deductible	\$750/person \$1,500/family	\$750/person \$1,500/family	
Out-of-Pocket Maximum	\$3,600/person \$7,200/family	\$3,600/person \$7,200/family	
Preventive Care	Covered in Full	Not Covered	
Office Visits			
PEHP e-Care	\$10	Not Applicable	
PEHP Value Clinics	\$10	Not Applicable	
Primary Care	\$30	40% AD	
Specialist	\$40	40% AD	
Urgent Care	\$40	40% AD	
Hospital Services			
Inpatient	20% AD	40% AD	
Outpatient	20% AD	40% AD	
Mental Health Services			
PEHP e-Care	\$40	Not Applicable	
Office Visit	\$40	40% AD	
Inpatient	20% AD	40% AD	
Emergency Room	\$150 AD	\$150 AD + balance billing	
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply	Specialty Pharmacy
Tier 1	\$10	\$20	20% - \$150 Max
Tier 2	\$25	\$50	30% - \$225 Max
Tier 3	\$50	\$100	20% - No Max

AD = After Deductible

[Download the Full Plan Summary](#) 

[PEHP Provider Search](#) 



Medical

PEHP - STAR HSA Plan

Summit or Advantage Network	In-Network You Pay	Out-of-Network You Pay	
Deductible	\$2,000/single \$4,000/family	\$2,000/single \$4,000/family	
Out-of-Pocket Maximum	\$3,000/single \$6,000/family	\$3,000/single \$6,000/family	
Preventive Care	Covered in Full	Not Covered	
Office Visits			
PEHP e-Care	\$10 AD	Not Applicable	
PEHP Value Clinics	20% AD	Not Applicable	
Primary Care	20% AD	40% AD	
Specialist	20% AD	40% AD	
Urgent Care	20% AD	40% AD	
Hospital Services			
Inpatient	20% AD	40% AD	
Outpatient	20% AD	40% AD	
Mental Health Services			
PEHP e-Care	20% AD	Not Applicable	
Office Visit	20% AD	40% AD	
Inpatient	20% AD	40% AD	
Emergency Room	20% AD	20% AD + balance billing	
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply	Specialty Pharmacy
Tier 1	\$10 AD	\$20 AD	20% AD
Tier 2	\$25 AD	\$50 AD	30% AD
Tier 3	\$50 AD	\$100 AD	20%

AD = After Deductible

[Download the Full Plan Summary](#) 

[PEHP Provider Search](#) 



Medical

PEHP Medical Networks

PEHP ADVANTAGE

The PEHP Advantage network of providers consists of predominantly Intermountain Healthcare (IHC) providers and facilities. It includes 34 participating hospitals and more than 7,500 participating providers.

Participating Hospitals

Beaver County Beaver Valley Hospital Milford Valley Memorial Hospital	San Juan County Blue Mountain Hospital San Juan Hospital
Box Elder County Bear River Valley Hospital	Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital
Cache County North Logan Regional	Sevier County Sevier Valley Hospital
Carbon County Castleview Hospital	Summit County Park City Medical Center
Davis County Davis Hospital	Tooele County Mountain West Medical Center
Duchesne County Uintah Basin Medical Center	Uintah County Ashley Valley Medical Center
Garfield County Garfield Memorial Hospital	Utah County American Fork Hospital Orem Community Hospital Spanish Fork Hospital Utah Valley Hospital
Grand County Moab Regional Hospital	Wasatch County Heber Valley Medical Center
Iron County Cedar City Hospital	Washington County Dixie Regional Medical Center
Juab County Central Valley Medical Center	Weber County McKay-Dee Hospital
Kane County Kane County Hospital	
Millard County Delta Community Hospital Fillmore Community Hospital	
Salt Lake County Alta View Hospital Intermountain Medical Center The Orthopedic Specialty Hospital (TOSH) LDS Hospital Primary Children's Medical Center Riverton Hospital	

PEHP SUMMIT

The PEHP Summit network of providers consists of predominantly IASIS, MountainStar, and University of Utah hospitals, clinics, providers and facilities. It includes 39 participating hospitals and more than 7,500 participating providers.

Participating Hospitals

Beaver County Beaver Valley Hospital Milford Valley Memorial Hospital	Primary Children's Hospital- Riverton St. Mark's Hospital Salt Lake Regional Medical Ctr
Box Elder County Bear River Valley Hospital Brigham City Community Hospital	University of Utah Hospital University Orthopedic Center
Cache County Cache Valley Hospital	San Juan County Blue Mountain Hospital San Juan Hospital
Carbon County Castleview Hospital	Sanpete County Gunnison Valley Hospital Sanpete Valley Hospital
Davis County Lakeview Hospital Davis Hospital	Sevier County Sevier Valley Hospital
Duchesne County Uintah Basin Medical Center	Summit County Park City Medical Center
Garfield County Garfield Memorial Hospital	Tooele County Mountain West Medical Ctr.
Grand County Moab Regional Hospital	Uintah County Ashley Valley Medical Center
Iron County Cedar City Hospital	Utah County Mountain View Hospital Timpanogos Regional Hospital Mountain Point Medical Ctr.
Juab County Central Valley Medical Center	Wasatch County Heber Valley Medical Center
Kane County Kane County Hospital	Washington County Dixie Regional Medical Center
Millard County Delta Community Hospital Fillmore Community Hospital	Weber County Ogden Regional Medical Ctr.
Salt Lake County Huntsman Cancer Hospital Jordan Valley Hospital Jordan Valley Hospital-West Lone Peak Hospital Primary Children's Medical Ctr.	



Medical

PEHP Services

Connect Care

Connect Care gives families access to care 24/7/365 (even on holidays) for urgent, low-level needs such as:

- › Allergies
- › Sore throat
- › Eye infections
- › Cough
- › Painful urination
- › Lower back pain
- › Joint pain or strains
- › Minor skin problems

Connect Care is available on all PEHP networks and offers a low-cost payment per consultation.

Traditional Plan: each on-demand consultation costs only a \$10 co-pay

STAR 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.

To access Connect Care, simply download the app from Google Play Store or iTunes App Store.

PEHP Cost & Quality Tools

As a PEHP member, you have access to powerful cost transparency tools to find the best care and value. Log in to your PEHP account today and take the mystery out of healthcare pricing.

Treatment Cost Calculator

Are you expecting a baby? Do you need surgery? Are you managing a chronic condition? The cost calculator has price estimates for more than 300 procedures. Compare expected costs among providers. Customized estimates are based on your benefits.

Provider costs

Transparency starts when you search for a doctor. Use our provider costs tool to find healthcare providers in your network. It's more than just a simple provider search. Get cost information, reviews from other PEHP members, cautionary notes from PEHP, and more.

Price a medication

Price medications and see the cost difference among equivalent drugs based on your specific benefits.

Cost-saving tips

Check often for tips to save money and avoid unexpected bills.

Where to find the tools

Go to PEHP for Members at www.pehp.org. Find them under the Cost & Quality Tools logo at the bottom left of the page.

[View Additional PEHP Information](#) 



Primary Care Services

Nice Healthcare

Traditional primary care isn't nice. They are inconvenient, ineffective, and often unaffordable.

Nice is a primary care clinic that not only has a telemedicine component, but also brings medical visits, labs, imaging, and pharmacy services directly to you - at no cost to you.

How does it work?

- › Start off by having a virtual visit with a Nice provider. You can schedule a visit through Nice's website or by downloading the Nice app on your mobile device.
- › If needed, Nice will travel to you. Nice can come to your home or work and perform labs, x-rays, and physicals.

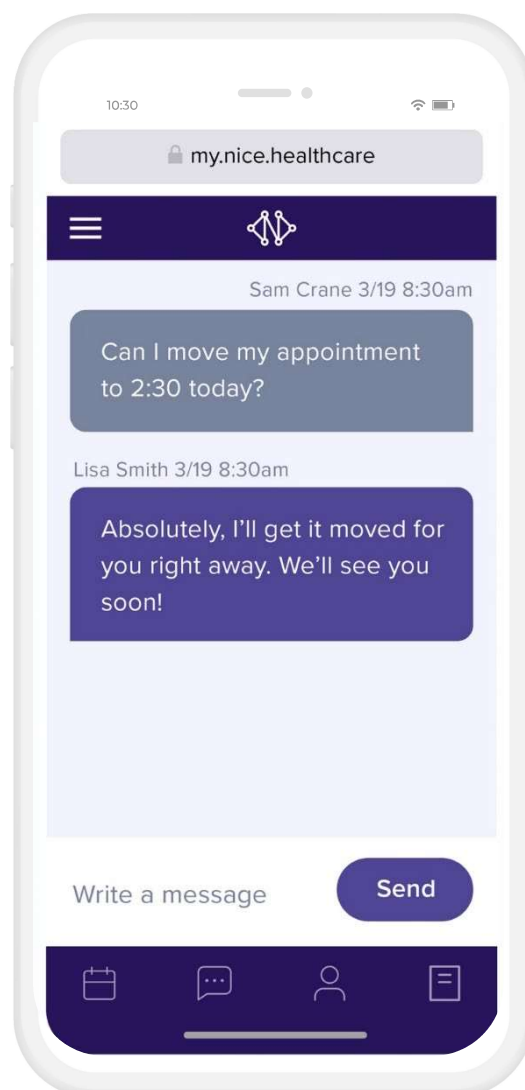
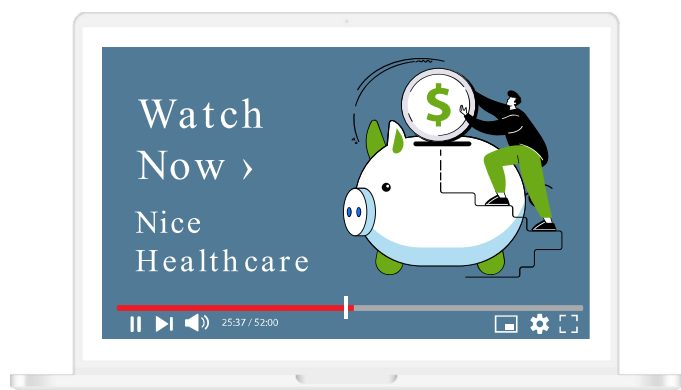
What's included?

- › Chat, video, & home visits
- › 80+ labs conducted in home
- › In-home x-rays
- › Referrals to specialists
- › Well-being and pregnancy support
- › Chronic disease management
- › E-prescriptions to your pharmacy

What's not included?

- › Care that can't wait 1-2 hours
- › Emergency services
- › Specialty care
- › Vaccines
- › Controlled substance prescriptions
- › Women's pelvic physicals
- › Men's pelvic physicals
- › Medicare eligible or enrolled individuals

[Click Here to view Nice's Pharmacy List](#)





Primary Care Services

Nice Healthcare

Commonly treated acute conditions

- › Sore throat
- › Ear concerns (pain, drainage, wax)
- › Cough, cold, flu, bronchitis
- › Diarrhea
- › Rashes
- › 1st degree burns
- › Headache
- › UTI
- › Expedited Partner Therapy
- › Sinus infection
- › Vaginitis (yeast or BV infection)
- › Minor asthma flare
- › Mononucleosis & other viral illness
- › Cold sore
- › Wart evaluation
- › Muscle or joint pain, sprains, and strains
- › Pink eye
- › Bug bite
- › Suture removal
- › Athlete's foot
- › And many more!

Chronic conditions we manage

- › High cholesterol
- › Hypothyroidism

- › Diabetes Type 2 (non-insulin dependent, A1C <10)
- › GERD
- › High blood pressure/hypertension (non-emergent)
- › Asthma (mild-moderate)
- › COPD (mild)
- › Seasonal allergies, allergic rhinitis
- › Epi-Pen refills
- › Eczema
- › Acne (no Accutane)
- › Depression (mild-moderate)
- › Anxiety (mild-moderate, no controlled substances)
- › Menopause
- › Anemia (mild)
- › Constipation
- › Gout
- › Osteoporosis (non IV or injectable treatments)
- › Osteoarthritis
- › Obesity

Wellness and preventive options

- › Adult physicals (minus genital and breast exam)
- › Sports physicals
- › Well child/baby checks (no vaccines)

- › Wellness goals
- › Contraception (no injectables or implants/IUDs)
- › Tobacco/nicotine cessation

Included labs

- › Basic Metabolic Panel
- › Complete Blood Count
- › Complete Metabolic Panel
- › CPK (muscle test)
- › CRP (infection)
- › Ferritin (anemia test)
- › Folate (anemia test)
- › Glucose
- › Hemoglobin
- › Hemoglobin A1C
- › Iron
- › Lead Level
- › Lipid Panel
- › Magnesium
- › PSA
- › Rapid Strep
- › Throat culture
- › Uric Acid
- › Urinalysis
- › Urine culture
- › Urine Pregnancy
- › Vitamin B 12
- › And many more!

Nice is free for you to use however often you need it. So, next time you aren't feeling the best, have a question about a mysterious ache or pain, or just want some wellness advice, think Nice!



Prescription Savings

Strategies to Save

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

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

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

GoodRx

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

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

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

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

Please Note:

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



Health Savings Account

HealthEquity

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

Advantages of Health Savings Accounts

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

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

Who Is Eligible?

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

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

How Much Can I Contribute To An HSA?

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

IRS HSA Limits & Annual Contribution

	2023	Lehi City's Annual Contribution
Single	\$3,850	\$1,050
Two-Party	\$7,750	\$2,100
Family	\$7,750	\$2,100

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

Watch
Now ›
What is an HSA?



2:53 / 3:20



Health Savings Account

HealthEquity

Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan.

Qualified health care expenses are designated by the IRS (Publication 502). Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

Important

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

Documentation is Key

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

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

Qualified Medical Expenses



Flexible Spending Account

National Benefit Services

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

How It Works

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

Things To Consider

- › Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You are allowed to roll \$500 from year to year, but any funds over

\$500 will be forfeited at the end of the plan year.

- › Your 2023 contributions must be used for expenses you incur July 1, 2023 - June 30, 2024.
- › The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- › You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- › Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

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

	Health Care FSA	Dependent Care FSA
Minimum Plan Year Contribution	\$200	\$200
Maximum Plan Year Contribution Amount	Up to \$3,050	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductible, Coinsurance, and Copays	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work.



Accident Insurance

MetLife

Group Accident Insurance (off-the-job)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-

so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Benefit Type	MetLife Accident Insurance Pays You
Fractures	\$50 - \$3,000
Dislocations	\$50 - \$3,000
Second and Third Degree Burns	\$50 - \$5,000
Concussions	\$200
Cuts / Lacerations	\$25 - \$200
Eye Injuries	\$200
Ambulance	\$200 - \$750
Emergency Care	\$25 - \$50
Non-Emergency Care	\$25
Physician Follow-Up	\$50
Therapy Services (including physical therapy)	\$15
Medical Testing Benefit	\$100
Medical Appliances	\$50 - \$500
Inpatient Surgery	\$100 - \$1,000
Admission	\$500 - \$1,000
Hospital Confinement	\$100 per day (non-ICU) up to 31 days \$200 per day (ICU) up to 31 days
Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days
Employee receives 100% of amount shown. Spouse receives 50% and children receive 20% of amount shown	\$25,000 \$75,000 for common carrier
Dismemberment, Loss & Paralysis	\$500 - \$10,000 per injury
Lodging - pays for lodging for companion	\$100 per night up to 31 days per year
Health Screening Benefit	\$50 once per year

[Download the Full Plan Summary](#) 

Accident Plan Premiums

	Cost per Month	Cost per Pay Period
Employee Only	\$8.48	\$4.24
Employee & Spouse	\$15.26	\$7.63
Employee & Child(ren)	\$17.53	\$8.77
Family	\$22.09	\$11.05



Critical Illness

MetLife

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

Eligible Individual	Initial Benefit	Requirements
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work
Spouse	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate
Dependent Child(ren)	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate
Pre Existing Condition Clause		3/6

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

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

Eligible Individual	Initial Benefit	Recurrence Benefit
Full Benefit Cancer	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not Applicable
Alzheimer's Disease	100% of Initial Benefit	Not Applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not Applicable
22 Listed Conditions	25% of Initial Benefit	Not Applicable
Wellness Benefit	After being on the plan for 30 days, MetLife will pay \$50 per calendar year/per insured person for taking one of the eligible screenings/prevention measures. This is base off calendar year and not plan year.	



Critical Illness

MetLife

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount for each of the 22 Listed Conditions until the Total Benefit Amount is reached. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. For a complete list of conditions, please see your plan documents.

Health Screening Benefit

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

Monthly Premium - \$15,000 of coverage - Non-Tobacco

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
- 25	\$4.20	\$7.20	\$7.95	\$10.95
25 - 29	\$4.35	\$7.50	\$8.25	\$11.40
30 - 34	\$6.15	\$9.75	\$9.90	\$13.65
35 - 39	\$8.70	\$13.50	\$12.60	\$17.40
40 - 44	\$13.65	\$20.25	\$17.55	\$24.15
45 - 49	\$21.45	\$30.90	\$25.20	\$34.65
50 - 54	\$32.25	\$45.45	\$36.15	\$49.35
55 - 59	\$46.80	\$64.65	\$50.55	\$68.40
60 - 64	\$68.70	\$93.75	\$72.60	\$97.50
65 - 69	\$105.00	\$141.60	\$108.90	\$145.35
70+	\$157.05	\$213.45	\$160.80	\$217.20

Monthly Premium - \$15,000 of coverage - Tobacco

Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
- 25	\$5.40	\$9.00	\$9.15	\$12.75
25 - 29	\$5.70	\$9.60	\$9.60	\$13.50
30 - 34	\$8.55	\$13.50	\$12.30	\$17.25
35 - 39	\$13.05	\$19.80	\$16.95	\$23.70
40 - 44	\$21.45	\$31.35	\$25.20	\$35.25
45 - 49	\$34.95	\$49.95	\$38.70	\$53.85
50 - 54	\$54.30	\$75.90	\$58.05	\$79.80
55 - 59	\$80.10	\$109.95	\$83.85	\$113.70
60 - 64	\$119.10	\$161.70	\$123.00	\$165.60
65 - 69	\$184.65	\$247.80	\$188.40	\$251.55
70+	\$277.95	\$376.65	\$281.85	\$380.55



Critical Illness

MetLife

Critical Illness Premiums (continued)

Monthly Premium - \$30,000 of coverage - Non-Tobacco				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
- 25	\$8.40	\$14.40	\$15.90	\$21.90
25 - 29	\$8.70	\$15.00	\$16.50	\$22.80
30 - 34	\$12.30	\$19.50	\$19.80	\$27.30
35 - 39	\$17.40	\$27.00	\$25.20	\$34.80
40 - 44	\$27.30	\$40.50	\$35.10	\$48.30
45 - 49	\$42.90	\$61.80	\$50.40	\$69.30
50 - 54	\$64.50	\$90.90	\$72.30	\$98.70
55 - 59	\$93.60	\$129.30	\$101.10	\$136.80
60 - 64	\$137.40	\$187.50	\$145.20	\$195.00
65 - 69	\$210.00	\$283.20	\$217.80	\$290.70
70+	\$314.10	\$426.90	\$321.60	\$434.40

Monthly Premium - \$30,000 of coverage - Tobacco				
Issue Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
- 25	\$10.80	\$18.00	\$18.30	\$25.50
25 - 29	\$11.40	\$19.20	\$19.20	\$27.00
30 - 34	\$17.10	\$27.00	\$24.60	\$34.50
35 - 39	\$26.10	\$39.60	\$33.90	\$47.40
40 - 44	\$42.90	\$62.70	\$50.40	\$70.50
45 - 49	\$69.90	\$99.90	\$77.40	\$107.70
50 - 54	\$108.60	\$151.80	\$116.10	\$159.60
55 - 59	\$160.20	\$219.90	\$167.70	\$227.40
60 - 64	\$238.20	\$323.40	\$246.00	\$331.20
65 - 69	\$369.30	\$495.60	\$376.80	\$503.10
70+	\$555.90	\$753.30	\$563.70	\$761.10



Hospital Indemnity

MetLife

An overnight stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Confinement coverage pays a cash benefit when you are admitted for an overnight stay. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

With MetLife, you'll have a comprehensive plan which provides payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services when an accident or illness puts you in the hospital:

	Benefit Limits	Benefit	Amount
Admission Benefit	4 times per calendar year	Regular Admission	\$1,000
		ICU Admission (paid concurrently with admission benefit)	\$1,000
Confinement Benefit	31 days per confinement	Regular Confinement	\$200
	15 days per confinement	ICU Confinement (paid concurrently with confinement benefit)	\$200
Confinement Benefit for Newborn Nursery Care	2 days	Confinement for newborn in Nursery Care	\$50
Pre-Existing Condition Clause/Maternity Waiting Period		None	

Hospital Plan Premiums

	Cost per Month	Cost per Pay Period
Employee Only	\$21.93	\$10.97
Employee & Spouse	\$58.55	\$29.28
Employee & Child(ren)	\$38.48	\$19.24
Family	\$76.41	\$38.21



Dental

Dental Select - PPO R&C Classic Plan

Platinum Network Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible <i>Waived for Preventive Services and Orthodontics</i>		\$50/person \$150/family
Annual Maximum <i>For all Preventive, Basic, and Major services</i>		\$1,500 per person
Preventive Care <i>X-rays, cleanings, exams</i>	Covered in Full	Covered in Full of R&C
Basic Care <i>Fillings, extractions, root canals</i>	10% AD	20% AD of R&C
Major Care <i>Dentures, crowns, bridges</i>	40% AD	50% AD of R&C
Orthodontic Care <i>For dependent children under 19</i>		50%
Orthodontic Lifetime Maximum		\$2,000 per person

*AD = After Deductible
R&C = Reasonable and Customary*

[Download the Full Plan Summary](#) ↓

[Dental Select Provider Search](#) ↗



Vision

EyeMed

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

Lehi City's vision insurance entitles you to specific eye care benefits. Our policy provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Insight Network	In-Network You Pay	Out-of-Network Plan Reimburses You
Frames <i>Once every 12 months</i>	\$120 allowance + 20% remaining balance	Up to \$84
Lenses <i>Once every 12 months</i>		
Single Vision	\$10	Up to \$30
Bifocal	\$10	Up to \$50
Trifocal	\$10	Up to \$70
Lenticular	\$10	Up to \$70
Progressive	Cost varies by option chosen	Up to \$50
Contact Lenses <i>Once every 12 months</i> <i>In lieu of frame & lens benefit</i>	\$120 allowance + 15% off remaining balance	Up to \$120
Laser Correction Surgery Discount <i>US Laser Network providers</i>	15% off retail price 5% off promotional price	No Benefit
Hearing Care <i>Hearing health care from</i> <i>Amplifon Hearing Network</i>	40% off hearing exams and a low price guarantee on discounted hearing aids	No Benefit

[Download the Full Plan Summary](#) 

[EyeMed Provider Search](#) 



Life Insurance

Lincoln Financial

Life Insurance benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

Basic Life Insurance

Lehi City provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you. Lehi City also provides a basic life policy to you and your dependents at no cost to you.

Voluntary Life Insurance

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your dependent children to age 26. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage

through payroll deductions on a post-tax basis. The cost for additional coverage will be shown in Employee Navigator as you are making your elections.

Beneficiary Designation

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

Benefit Reductions

Benefits are reduced as you age. Please see the plan documents and certificates of coverage for further details.

Plan Features	Basic Life	Employee Voluntary Life	Spouse Voluntary Life	Child Voluntary Life
Life Benefit Amount	Employee: \$50,000 Spouse: \$10,000 Children: \$1000	7x annual salary	100% of employee election	\$5,000 or \$10,000
Maximum Life / AD&D Benefit	\$50,000	Up to \$300,000	Up to \$20,000	Up to \$10,000
Open Enrollment Annual Increase Option	You or your spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined or pending for coverage			
Voluntary Life Guaranteed Issue New Hires	Employee: up to \$300,000 Spouse: up to \$20,000 Child: \$10,000			



AD&D Insurance

Lincoln Financial

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

Accidental Death and Dismemberment (AD&D)

Lehi City provides all eligible employees with basic group accidental death and dismemberment coverage at no cost to you.

Voluntary AD&D Insurance

You also have the option to purchase additional AD&D coverage for yourself. You

pay for the cost of additional coverage through payroll deductions on a post-tax basis. Premiums will be shown in Employee Navigator while you are making your elections.

Beneficiary Designation

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

Plan Features	Basic AD&D	Voluntary AD&D
AD&D Benefit Amount	\$50,000	7x annual salary in increments of \$10,000
Minimum AD&D Benefit	\$50,000	\$10,000
Maximum AD&D Benefit	\$50,000	\$500,000
Age Reduction Schedule	Benefits will reduce by 65% at age 65 Additional 15% of original amount at age 70 Benefits terminate at retirement	



Disability

Lincoln Financial

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

Long-Term Disability

Long-term disability provides an ongoing source of income if your disability extends beyond 90 days.

Definition Of Disability

The definition of disability is used to determine an employee's eligibility for benefits.

Partial Disability - Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial disability benefits may be payable if you are earning at least 20% of

the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.

Total Disability - Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.

See your Certificate of Coverage for details.

Plan Features

Long-Term Disability

Benefit Amount

If accident is not in the line of duty

66.67% of monthly salary up to \$6,000 per month

Benefit Amount

If accident is in the line of duty

100% of monthly salary up to \$9,000 per month

Benefit Waiting Period

90 days

Maximum Benefit Duration

Social Security Normal Retirement Age

Own Occupation

24 months



LifeKeys Services

Lincoln Financial

Because life doesn't always go as planned

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand - thanks to LifeKeys services from Lincoln Financial Group. This program provides access to a wide array of services to help you and your loved ones through life's ups and downs - and prepare you for whatever lies ahead.

LifeKeys Services include:

Online will preparation - Having a will is important because it allows you to designate who will receive your property and assets when you die. Without one, your state determines how your estate is distributed. EstateGuidance will preparation is a quick and easy way to create and execute a will. EstateGuidance gives you step-by-step instructions to: name an executor to manage your estate, choose a guardian for your children, specify wishes for your property, and provide funeral and burial instructions.

Information on important life matters - You have access to GuidanceResources Online, where you'll find articles, tutorials, videos, and "Ask the Expert" advice on a wide range of topics, including legal, financial, family, and career. It's a way to stay "in the know" on important matters that impact both your personal and professional life.

Protection against identity theft - Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft - and restore your good name.

Guidance and support for your beneficiaries

- The LifeKeys comprehensive program offers to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.

The emotional stress of losing a loved one can be profound and long-lasting. All too often, financial or legal issues can add to the stress. That's why LifeKeys services can be a welcome resource for your beneficiaries. These services are available for up to one year after a loss. They may be accessed by any combination totaling six in-person sessions for grief counseling, or legal or financial information, and unlimited phone counseling. Your beneficiaries can use LifeKeys for the following services: coping with grief and loss, concerns about children and teens, budgeting, bankruptcy, investments, real estate transactions, Social Security survivor and child benefits, planning a memorial service, finding child or elder care, moving and relocation help, and more.

**It's easy to access LifeKeys services. Just call 1-855-891-3684
Visit [GuidanceResources.com](https://www.guidanceresources.com) (web ID = LifeKeys)**



TravelConnect Services

Lincoln Financial

Caring support and assistance when you travel

TravelConnect is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, you and your loved ones can count on TravelConnect for responsive and caring support - 24 hours a day, 7 days a week.

Count on TravelConnect services to:

Coordinate and provide transportation from an initial medical facility that cannot adequately treat the patient due to their condition.

Coordinate travel and airfare for your dependent children. This includes the services, transportation expenses and accommodations of a qualified escort.

TravelConnect will also coordinate and pay for a safe evacuation due to natural disaster, or when a political or security threat occurs.

Medical care, and travel services recovery assistance to include, but are not limited to:

- › Medical record requests
- › Intermediary services
- › Recovering lost or stolen documents or luggage
- › Medical and dental referrals
- › Language translation
- › Corrective lenses and medical device replacement
- › Arrangements for a deceased traveler

TravelConnect is also here to assist you with:

- › Emergency pet boarding and/or return
- › Return of traveling companion
- › ID recovery assistance
- › Vehicle return
- › Emergency travel arrangements
- › Lost or stolen travel documents
- › Medication and vaccine delivery
- › Destination information

Call collect from anywhere in the world: 1-603-328-1955

Call toll-free from the US or Canada: 1-866-525-1955

E-mail: mail@oncallinternational.com

For a complete list of TravelConnect services, go to mysearchlightportal.com and enter in the group ID: LFGTravel123



Employee Assistance Program

Intermountain LiVe Well

LiVe Well

The Intermountain LiVe Well Employee Assistance Program is available to all employees and offers free, confidential, and brief counseling to employees and their family members. The LiVe Well Employee Assistance Program is your partner in living a life filled with energy, strength and vitality. Taking care of your mental health is as essential to your well-being as taking care of your physical health. Rewarding relationships at home and work, effective stress management skills, and learning to thrive with life changes all improve your ability to LiVe Well.

EAP Services

Counseling- Free, brief counseling for life problems such as conflict at work or with a family member, depression, anxiety, and life stress. Services are available to employees, spouses or partners, and dependent children (under age 26 and single.)

Help for Caregivers - Information, resources, and coaching for employees who are providing assistance to a spouse or relative who is ill, disabled, or needs help with basic activities of daily living. Caregiver services can help identify medical, legal, and financial resources, as well as provide support for the emotional issues of caregiving.

Crisis Services - 24/7 telephone crisis services with a licensed mental health professional. Adverse Event Support Services are available when an unexpected trauma occurs affecting the worksite.

Website - Valuable resources for employees and family members including Quick Tips on common life problems, resources such as “Our Favorite Books,” and a sign-up for bi-monthly LiVe Well E-Tips. You will also find details about our office locations and staff biographies.

Contact Us

Call 801-442-3509 or 800-832-7733 from 8:00 a.m. - 5:00 p.m. (MST) to schedule an appointment or speak with the office staff. A crisis counselor is available by phone 24/7 at the same numbers.





Wellness Program

Lehi City

Purpose of the Lehi City Wellness Program

The purpose of the City's wellness program is to preserve high quality benefits and support employees to optimize their performance by achieving their best health. Nationally and locally, people are affected more than ever by the additional stress, poor lifestyle habits, and just being too busy to focus on taking care of their health. Employees who are engaged in healthy lifestyle activities generally deal with stress better, are more focused at work, and tend to be healthier in general. Given the research and the desire to improve the health of our employees, the City is excited to enhance our wellness program.

Reaching healthy goals is a very individual process and this program allows everyone room to succeed. Employees who enroll in the wellness program will not only benefit from participating but may also receive a premium advantage on their health insurance. In addition to the premium advantage, employees can also earn rebates offered through PEHP, our medical insurance carrier.

In an effort to assist our employees with their personal health, we have adopted the following six areas of well-being from PEHP.

Wellness Areas

CAREER - Creating a healthy and supportive work environment. Obtaining personal fulfillment from our jobs or chosen career fields, maintaining balance and having opportunities to learn and grow.

COMMUNITY - The sense of belonging to, and engaging with those around us in the areas where we live and work. Giving back to society. The ability and responsibility to make a personal positive impact on the quality of our environment in our homes and communities.

EMOTIONAL - Understanding ourselves and our feelings while being able to cope with the challenges of life in a healthy manner. The psychological and emotional outlook that people hold concerning their lives.

FINANCIAL - Managing your income and economic life in an effective way, as well as understanding possible limitations with your income to ensure you're living within your means and keeping expenses in check.

PHYSICAL - Maintaining a healthy body and quality of life allows us to have enough physical and mental energy to be productive throughout the day. Recognizing our behaviors, good or bad, have a significant impact on our overall health and wellness.

SOCIAL - Building strong, healthy relationships with family, friends, and coworkers. Developing the ability to relate to and connect with other people in the world.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

The following questions and answers will help explain how the program works and how it applies to our employees

Participation

I am already in good health, should I still participate in the wellness program?

Absolutely! Even healthy people can maintain health with an active lifestyle. Most often those who are in good health are already be engaged in activities that count as points toward the wellness program, which makes it even easier to achieve success.

What information will the City see?

Participant's information from the PEHP Health Risk Assessment will be kept confidential in accordance with HIPPA regulations. The City will only see a de-identified aggregate report of the biometric screening and HRA results.

Is there a maximum amount of points that I can earn in one specific wellness area?

No, but this year there is a minimum! This is a BIG change from previous years. You can earn as many points in a single wellness area as you'd like but it is REQUIRED that employees complete one activity (earning a minimum of one point in each of the wellness areas. This change is to encourage employees to create balance by working on ALL areas of wellness.



Wellness Program

Lehi City

Tracking

How do I track or record my points?

We have several ways for you to track your points and meet your individual needs. Most departments have a designated binder with a sheet per employee to track their points manually. We have our wellness tracker that you can save on your computer, or you can print and complete it manually. Employees are responsible to enter and track their wellness points by submitting these points on or before April 30, 2024.

What if I complete all the wellness program points before the deadline?

Additional incentives will be available for employees who achieve more than the 12 wellness points on or before April 30, 2024. Prizes for going above the needed 12 annual points will be AwardCo points and will be distributed/awarded to employees digitally during the month of June.

What if I participate in a program not listed on the City wellness tracker?

Employees will see the premium advantage applied during the fiscal year following the completion of the wellness year on April 30, 2024. For example, participation in the wellness year from May 1, 2023 through April 30, 2024 will result in a premium advantage being applied during fiscal year 2025 (which is also the next plan year) July 1, 2024 - June 30, 2025).

What if I participate in a program not listed on the City wellness tracker?

Employees can get credit for participating in programs not listed on the wellness tracker by following these simple steps.

- › The program needs to meet specific criteria for wellness. It must be a safe, effective, and a healthy activity to enhance at least one of the six areas of well-being.
- › Provide a proof of purchase or participation in the activity, program, or treatment to HR when completed.

Who will be monitoring my points?

Employees will be responsible to track their own activities on their individual tracker manually or on their computer. Self-reporting will be based on the honor system. HR reserves the right to perform an audit and inquire from participants about their progress or to request supporting documentation.

Why do I need to do this? It's just one more thing to do.

Participation in the wellness program is 100% voluntary and is encouraged in an effort to keep our medical expenses as a whole affordable. The city has created a simple, customizable program that is flexible and easily adaptive to each employee. It is very likely that most of these activities are already being done and just need to be tracked. Employees should choose an activity that is fun and that makes them feel better because it will be worth it.

Annual Required Points

Annual requirements may change from year to year depending on past employee participation, as well as any initiatives of the current city administration. Please refer to the new wellness tracker for details of this year's required participation points. The new year's wellness tracker is released and provided to employees on the first day of open enrollment. This year's open enrollment begins on Monday, May 15, 2023.

Additional Point Incentives

There are additional point incentives for employees who achieve more than 12 total wellness points between May 1st, 2023 and April 30, 2024. Additional points can be used towards the following items and will be calculated after completion for points earned as of May 1, 2024.

- › 10 - 19 points - 50 AwardCo Points
- › 20+ additional points - 100 AwardCo Points



Wellness Program

Lehi City

NOTICE REGARDING WELLNESS PROGRAM

Lehi City Wellness is a voluntary wellness program available to all full-time benefitted employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include cholesterol, blood glucose, body composition, and blood pressure. You are not required to complete the HRA, biometric screening or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a 5% premium advantage for meeting the wellness program guidelines, rebates through PEHP, and options to be eligible to receive prizes throughout the year. (*IRS Tax Memo: Some financial incentives will be subject to income tax for the employee who receives this benefit/incentive). Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the 5% premium advantage. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources. The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Lehi City may use aggregate information it collects to design a program based on identified health risks in the workplace, Lehi City Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed, except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are GBS Benefits Representatives, GBS Benefit's Data Analytics Partner, and the Healthy Utah program administered by PEHP in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as possible.

You will not be discriminated against in employment because of any medical information you provide during your participation in the wellness program. Likewise, you will not be subjected to retaliation if you choose to not participate in the wellness program. Non-participation will result in an employee not being able to receive the health premium incentive for the next fiscal year. Please contact Human Resources at 385-201-2265 with any questions.



Cost of Coverage

July 1, 2023 - June 30, 2024

Medical - Traditional - Advantage Care & Summit Care - Wellness Program Participation

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Single	\$708.16	\$708.16	\$0.00	\$0.00
Two-Party	\$1,465.88	\$1,465.88	\$0.00	\$0.00
Family	\$1,982.84	\$1,982.84	\$0.00	\$0.00

Medical - STAR HSA - Advantage Care & Summit Care - Wellness Program Participation

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Annual HSA Contribution	Employee Cost Per Paycheck
Single	\$621.80	\$621.80	\$0.00	\$1,050.00	\$0.00
Two-Party	\$1,287.14	\$1,287.14	\$0.00	\$2,100.00	\$0.00
Family	\$1,741.04	\$1,741.04	\$0.00	\$2,100.00	\$0.00

Medical - Traditional - Advantage Care & Summit Care - No Wellness Program Participation

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Single	\$708.16	\$672.75	\$35.41	\$17.71
Two-Party	\$1,465.88	\$1,392.59	\$73.29	\$36.65
Family	\$1,982.84	\$1,883.70	\$99.14	\$49.57

Medical - STAR HSA - Advantage Care & Summit Care - No Wellness Program Participation

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Annual HSA Contribution	Employee Cost Per Paycheck
Single	\$621.80	\$590.71	\$31.09	\$1,050.00	\$15.55
Two-Party	\$1,287.14	\$1,222.78	\$64.36	\$2,100.00	\$32.18
Family	\$1,741.04	\$1,653.99	\$87.05	\$2,100.00	\$43.53

Dental - Dental Select PPO Plan

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Single	\$43.66	\$43.66	\$0.00	\$0.00
Two-Party	\$84.82	\$84.82	\$0.00	\$0.00
Family	\$139.70	\$139.70	\$0.00	\$0.00

Vision - EyeMed Plan F

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck
Single	\$5.52	\$0.00	\$5.52	\$2.76
Two-Party	\$10.45	\$0.00	\$10.45	\$5.23
Family	\$15.30	\$0.00	\$15.30	\$7.65

This Employee Benefits Guide was created for the employees of
Lehi City by GBS Benefits.