Davis School District

Established 1911

Insurance Benefits Guide

Includes a brief overview of District sponsored Insurance Plans, as well as information on the Catastrophic Sick Leave Bank and the Flexible Benefit Plan

JANUARY - DECEMBER

2015

The Davis School District is pleased to offer you an excellent insurance benefit package. Eligible employees can elect participation in any or all of the following:

- Health Insurance
- Dental Insurance
- Basic Term Life Insurance
- Supplemental Term Life Insurance
- Short Term Disability Insurance
- Long Term Disability Insurance
- Vision Insurance
- Flexible Benefit Plan
- Catastrophic Sick Leave Bank

In this booklet you will find a brief description of the options available, a comparison of basic plan coverages, and cost information. The booklet was designed to help you make decisions about what coverage is best for you and your family's unique needs. Please take the time to carefully review this information and make thoughtful decisions about these valuable benefits.

Remember, this is summary information only. If you would like more information about any of the plans' specifics, don't hesitate to contact the insurance companies directly. Also remember that eligibility guidelines and benefits offered by the district are subject to negotiations with employee associations and may change at any time.

If you have questions about insurance choices, please contact the Insurance Representative at your location or the District Insurance Office at 801-402-5200. The District Insurance Office is committed as an employee advocate and liaison with the insurance carriers to assure that employees and their families receive prompt, appropriate, and courteous service.

If you have questions about the Flexible Benefit Plan, contact the Payroll Department at 801-402-5236. If you have questions about the Catastrophic Sick Leave Bank, contact the Human Resources Department at 801-402-5315.

I hope you are having a successful and enjoyable school year.

Best wishes,

Dr. W. Bryan Bowles
Superintendent of Schools

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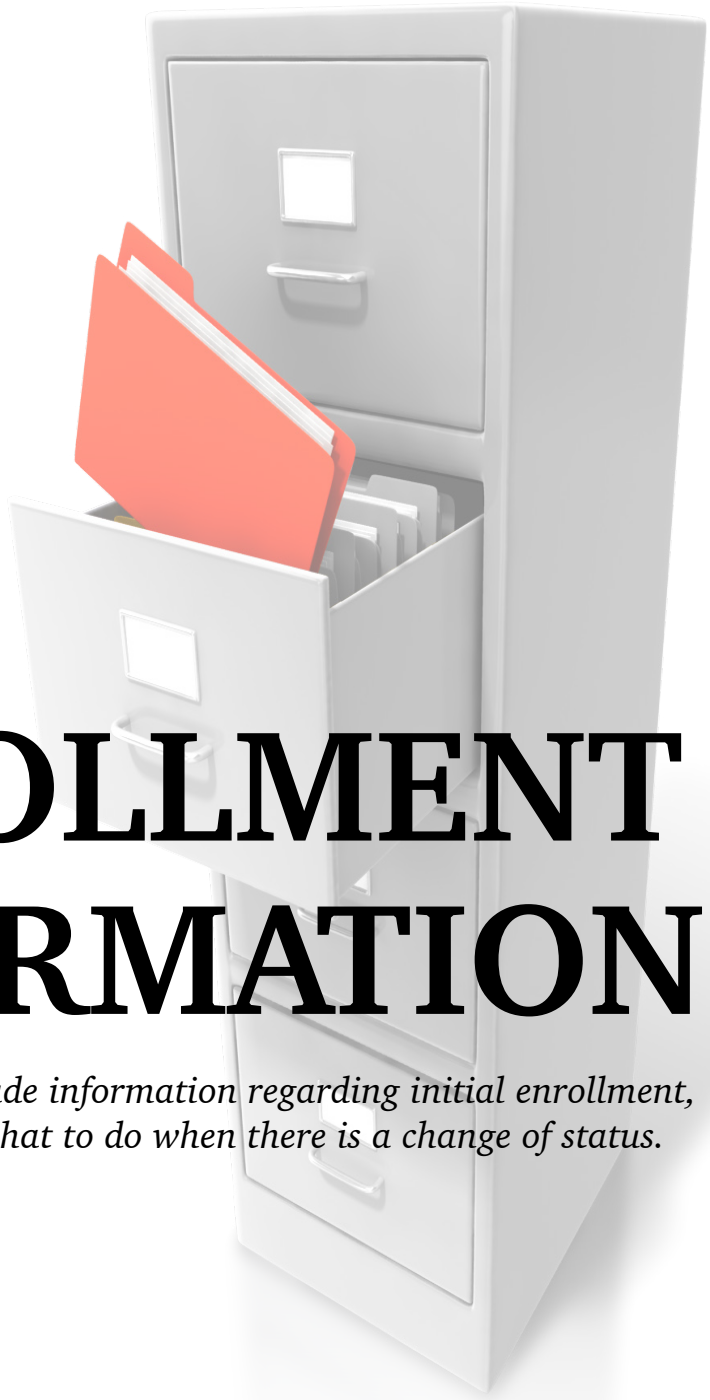
CREDITABLE COVERAGE NOTICE . . . . see page 74



ENROLLMENT INFORMATION

The following pages include information regarding initial enrollment, open enrollment and what to do when there is a change of status.

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Initial Enrollment

Newly hired or newly insurance eligible employees interested in district sponsored insurance plans are required to enroll for insurance through the District Insurance Office. These employees need to attend an Insurance Enrollment Meeting within 30 days of their insurance eligibility date. At this meeting, employees will receive information about insurance benefits, along with initial enrollment forms. These enrollment forms must be submitted to the District Insurance Office in a timely manner. Employees who fail to do so may be required to wait until the next insurance open enrollment period to enroll in district sponsored insurance plans. Additionally, employees who fail to enroll during their initial eligibility may be subject to benefit reductions and additional underwriting requirements when enrolling at a later date.

Open Enrollment

The district's "Insurance Open Enrollment" period is an annual opportunity for insurance eligible employees to enroll or make changes in their insurance coverage. The Open Enrollment period for the 2015 insurance plan year will begin on Monday, November 3, 2014, and continue through Friday, November 21, 2014. During this Open Enrollment period, employees have the opportunity to select their insurance coverage choices for the upcoming year. Selections or changes made during this Open Enrollment period will become effective January 1, 2015. Plans subject to underwriting may decline enrollment or have a delayed enrollment date based on underwriting approval.

Below is an explanation of the process you will need to follow to update or reconfirm your insurance coverage choices during the Open Enrollment period.

Active Employees

Complete the Open Enrollment process through the District's ENCORE system as follows:

Log onto ENCORE

- Access the District Home Page (www.davis.k12.ut.us)
- Click on "Encore" under "Tools"
- Enter your "Encore" Usercode and Password

(If you do not have an Encore Username and Password use the following:)

Usercode: **INSURANCE**
Password: **INSURANCE**

↓

Select: *Financial Information*
↓
Insurance
↓
Utilities
↓
Open Enrollment

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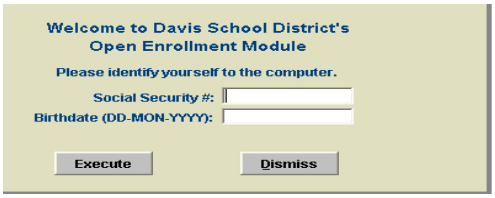
Enter your social security number and birthdate to access the Open Enrollment options.



Continue through the Open Enrollment process as directed on the screens

Open Enrollment Forms
Upon completion of the Open Enrollment Process in Encore, two copies of your Open Enrollment Election Form will be generated. Please sign and return one copy to your Location Insurance Representative or the Human Resources Department by November 24, 2014. Keep the other copy for your own records.

PLEASE NOTE: You may access the Open Enrollment process as often as you would like during the Open Enrollment period. If you access the system more than once, you must re-enter your insurance selections. Remember, the last change you complete is the one that will be recorded and communicated as your enrollment choice.

Retired Employees

To complete Open Enrolllment and select your insurance coverage choices for 2015, you will need to complete the electronic Open Enrollment process by following the instructions on page 5 under "Active Employees". You will need to use the word "Insurance" as both your Usercode and Password. Please remember that this enrollment process must be completed no later than Friday, November 21, 2014. If you do not complete the electronic Open Enrollment process by that date, your insurance coverage selection for 2015 will remain as it was during 2014.

COBRA Participants

Included with your Open Enrollment packet is an Enrollment Form. Complete the Enrollment Form and return it to the Human Resources Department no later than Friday, November 21, 2014. If the Human Resources Department does not receive your form by that date, your insurance coverage selection for 2015 will remain as it was during 2014.

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HUSBAND AND WIFE EMPLOYEES

If a husband and wife both work for the district in insurance eligible positions, the district covers a higher percentage of the health and dental premium contribution (up to 100% of the premium) than if only one worked for the district. Coverage is provided under one spouse only rather than coordinated coverage. Eligible dependent children may be covered under only one district employed parent. Please be sure the District Insurance Division is notified if your spouse also works for the district.

SPECIAL ENROLLMENT EVENTS

Change Of Status

If you and/or your dependents experience a change of status such as:

- marriage;
- birth;
- adoption;
- addition of child(ren);
- deletion of child(ren) who lose dependent status;
- legal guardianship;
- divorce;
- loss of spouse's job; or
- death;

You must submit a written notice of the event to the District Insurance Division within 30 days of the effective date of the change. If notice is not submitted in a timely manner, coverage opportunities may be lost and/or delayed. *Failure to submit timely notice regarding a spouse and/or dependents losing eligibility may be considered insurance fraud and could subject employees to district disciplinary action.*

Change Of Authorized Hours

If you were a part-time insurance eligible employee who initially declined insurance coverage when first eligible, you have another enrollment opportunity if you are:

- in a licensed position and your authorized hours are increased to 35 hours per work week;
  or
- in a classified position and your authorized hours are increased to 37.5 hours per work week.

To take advantage of this new enrollment opportunity, you need to contact the District Insurance Division and attend a Benefits Meeting. You must enroll for coverage within 30 days of your new eligibility date (the effective date of the change in authorized hours). Otherwise, you will not be eligible to enroll until the next Open Enrollment period.

Late Enrollee

Late enrollees may be subject to benefit reductions, restrictions, and additional underwriting requirements. A late enrollee is an employee who:

- declines insurance enrollment when initially eligible and then elects to enroll at any time in the future;
  or
- cancels insurance coverage but continues working in an insurance eligible position and then elects to enroll at any time in the future.

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FLEXIBLE BENEFIT PLAN ENROLLMENT

For participation in the Flexible Benefit Plan from January 1, 2015, through December 31, 2015, you will need to complete enrollment through the Insurance Open Enrollment System anytime between Monday, November 3, 2014, and Friday November 21, 2014. (See instructions for Active Employee Open Enrollment on Page 5.) The Open Enrollment period is the only time you may elect to enroll in the Flexible Benefit Plan unless you are a new employee. Even if you were enrolled in the Flexible Benefit Plan during 2014, you must make a new election through Open Enrollment if you wish to continue your participation in the plan for 2015. Please refer to the Flexible Benefit Plan section of this booklet for additional information about the Flexible Benefit Plan. You may contact the Payroll Department at 801-402-5236 if you have additional questions or concerns.

CATASTROPHIC SICK LEAVE BANK ENROLLMENT

Employees desiring to participate in the Catastrophic Sick Leave Bank from January 1, 2015, through December 31, 2015, may enroll in the program by donating a day of sick leave to the bank through the Insurance Open Enrollment System anytime between Monday, November 3, 2014, and Friday, November 21, 2014. (See instructions for Active Employee Open Enrollment on page 5.) To learn more about the bank and determine whether this is a “contribution year”, please review the Catastrophic Sick Leave Bank section on page 81 of this Benefits Guide.

If you do not elect to enroll in the bank during the Open Enrollment period, you will not have another opportunity to enroll until next year’s Open Enrollment period. Employees hired after the Open Enrollment period will not be able to enroll in the bank until the following year.

Benefit plan enrollment for you and your dependents requires the collection of personal information. Failure to provide the necessary information could jeopardize enrollment in district sponsored insurance plans. Please note, private and controlled information is shared or received according to the requirements under the Government Records Access and Management Act (GRAMA) and Health Insurance Portability and Accountability Act (HIPAA).

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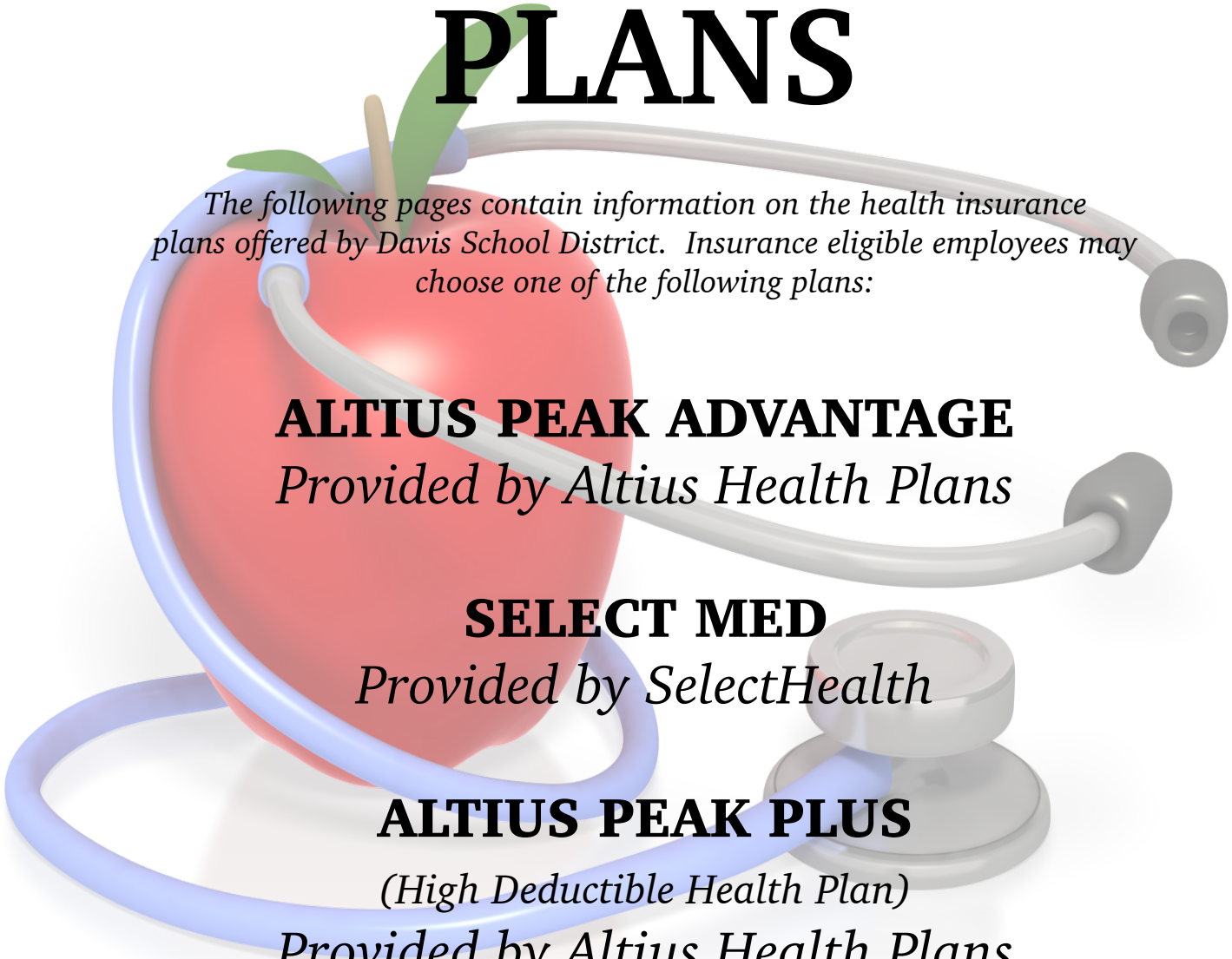
HEALTH INSURANCE PLANS



The following pages contain information on the health insurance plans offered by Davis School District. Insurance eligible employees may choose one of the following plans:

ALTIUS PEAK ADVANTAGE

Provided by Altius Health Plans

SELECT MED

Provided by SelectHealth

ALTIUS PEAK PLUS

(High Deductible Health Plan)

Provided by Altius Health Plans

SELECT MED HEALTH SAVE

(High Deductible Health Plan)

Provided by SelectHealth

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Select Med Traditional Health Plan*

Benefits

Primary Care Physicians Required	No
Specialist Referral Required	No
Deductible Person/Family (PCY)**	$2000 Individual/ $4000 Family
Out-of-Pocket Maximum (PCY)**	$2500 Single/$5000 Family
Annual/Lifetime Maximum	Unlimited
Pre-Existing Conditions	Covered

Prescriptions

Prescription Drugs	$15 Tier 1, $30 Tier 2, $50 Tier 3
Mail Order Prescription	2 copays up to 90-day supply
Generic substitution is required on all prescriptions unless medical reason is documented by physician.	

Physician Services

Primary Care Provider (PCP)	$35 Copay per visit
Secondary Care Provider (SCP)	$45 Copay per visit
After-Hours Care / Urgent Care	$45 Copay at InstaCare / $35 Copay at KidsCare
Maternity	80% Coverage after deductible
Surgery	80% Coverage after deductible
Anestesiology/Pathology/Radiology	80% Coverage after deductible
Physical Therapy	$45 Copay per visit after deductible-Limit 20 visits per type / per year
Chiropractic	Discount Program

Preventive Health Services

Plan will cover many preventive services without charging a deductible, copay, or coinsurance. For specific information, please contact SelectHealth at (800) 538-5038 or www.selecthealth.org

Hospital Services

Prior Authorization	Participating Provider Responsibility
Room & Board / Ancillary / Maternity	80% Coverage after deductible
Outpatient Surgery	80% Coverage after deductible
Major Diagnostic Test	80% Coverage after deductible

Accidental/Emergency Care

Emergency Room / Life Threatening	$200 Copay then covered 100% at Participating Hospital
Emergency Room-Non Participating	$200 Copay then covered 100% at Nonparticipating Hospital
Ambulance/Paramedic Services	80 % Coverage after deductible

Mental Health Services & Alcohol & Substance Abuse

Pre-Notification	Call 1-800-538-5038
Office Visit	$35 Copay per visit
Outpatient Services	80 % Coverage
Inpatient Services	80% Coverage after deductible

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*A Summary of Benefits and Coverage (SBC) for this plan can be found at www.davis.k12.ut.us/dsd/insurance.

**PCY means Per Calendar Year (January 1 through December 31)

This is an illustrative summary only and does not guarantee benefits. It is not meant to replace or fully interpret the contracts with the insurance carriers. Please refer to the specific contracts with the carriers for detailed explanation and coverage descriptions.

ALTIUS
A Coventry Health Care Plan

Altius Peak Advantage Traditional Health Plan*

Benefits	Level 1 Providers	Level 2 Providers	Level 3 Providers
Primary Care Physicians Required	No	No	No
Specialist Referral Required	No	No	No
Deductible Person/Family (PCY)**	$1000 / $ 2000	$2000 / $4000	$2250 / $4500
Out-of-Pocket Maximum (PCY)**	$2000 / $4000	$2500 / $5000	$2500 / $5000
Annual/Lifetime Maximum	Unlimited	Unlimited	Unlimited
Pre-Existing Conditions	Covered	Covered	Covered

Prescriptions

Prescription Drugs	$15 / $30 / $50	$15 / $30 / $50	$15 / $30 / $50
Mail Order Prescription	$30 / $60 / $100 (90 day supply)	$30 / $60 / $100 (90 day supply)	$30 / $60 / $100 (90 day supply)
Generic Substitution is required on all prescriptions unless medical reason is documented by physician.			

Physician Services

Primary Care Provider (PCP)	$25 Copay per visit	$35 Copay per visit	$45 Copay per visit
Secondary Care Provider (SCP)	$25 Copay per visit	$35 Copay per visit	$45 Copay per visit
After-Hours Care / Urgent Care	$35 Copay per visit	$45 Copay per visit	$55 Copay per visit
Maternity	90% Coverage	80% Coverage after deductible	70% Coverage after deductible
Surgery	Benefits begin at level 2	80% Coverage after deductible	70% Coverage after deductible
Anestesiology/Pathology/Radiology	Benefits begin at level 2	80% Coverage after deductible	70% Coverage after deductible
Physical Therapy (Office Visits)	$25 Copay per visit (20 Per year)	$35 Copay per visit (20 Per year)	$45 Copay per visit (20 Per year)
Chiropractic	$35 Copay per visit (20 Per year)	$35 Copay per visit (20 Per year)	$45 Copay per visit (20 Per year)

Preventive Health Serices

For all three levels, Plan will cover various preventive services without charging a deductible, copay, or coinsurance. These include well child care, adult physicial examinations, hearing and visions screenings, routine immunizations, screenings for breast, cervical, prostate, and colorectal cancer, bone density test, and more. For specific information, please contact Altius at (800) 377-4161 or www.altiushealthplans.com

Hospital Services

Prior Authorization	Participating Provider Responsibility (All three levels)		
Room & Board / Ancillary / Maternity	Benefit begins at level 2	80% Coverage after deductible	70% Coverage after deductible
Outpatient Surgery	Benefit begins at level 2	80% Coverage after deductible	70% Coverage after deductible
Major Diagnostic Test	90% Coverage after deductible	80% Coverage after deductible	70% Coverage after deductible

Accidental/Emergency Care

Emergency Room / Life Threatening	Benefit begins at Level 2	$200 Copay then covered 100%	$200 Copay then covered 100%
Emergency Room-Non Participating	$200 Copay then covered 100%	$200 Copay then covered 100%	$200 Copay then covered 100%
Ambulance/Parmedic Services	80% After Level 2 deductible	80% After Level 2 deductible	80% After Level 2 deductible

Mental Health Services & Alcohol & Substance Abuse

Pre-Notification	MH Network Call 1-800-701-8663 (All three levels)
Office Visit	$35 Copay per visit (All three levels)
Outpatient Services	80% Coverage after deductible (All three levels)
Inpatient Services	80% Coverage after deductible (All three levels)

*A Summary of Benefits and Coverage (SBC) for this plan can be found at www.davis.k12.ut.us/dsd/insurance.
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High Deductible Health Plan (HDHP) Comparisons*

Benefits	Select Med HealthSave High Deductible Health Plan	Altius Peak Plus High Deductible Health Plan
Primary Care Physician Required	No	No
Specialist Referral Required	No	No
Deductible (PCY)**	$2000 for Individual coverage	$2000 for Individual coverage
	$4000 for 2 Party or Family coverage	$4000 for 2 Party or Family coverage
Out-of-Pocket Maximum (PCY)**	$2500 for Individual coverage	$2500 for Individual coverage
	$5000 for 2 Party or Family coverage	$5000 for 2 Party or Family coverage
Annual/Lifetime Maxiumum	Unlimited	Unlimited
Pre-Existing Conditions	Covered	Covered
Prescriptions		
Prescription Drugs	$7 / $21 / $42 After deductible	$7 / $21 / $42 After deductible
Mail Order Prescription (90 Day Supply)	$7 / $42 / $126 After deductible	$21 / $63 / $126 After Deductible
Physicians Services		
Primary Care Provider (PCP)	$15 Copay after deductible	80% Coverage after deductible
Secondary Care Provider (SCP)	$25 Copay after deductible	80% Coverage after deductible
After-Hours Care / Urgent Care	$35 Copay after deductible	80% Coverage after deductible
Maternity	80% Coverage after deductible	80% Coverage after deductible
Surgery	80% Coverage after deductible	80% Coverage after deductible
Anesthesiology/Pathology/Radiology	80% Coverage after deductible	80% Coverage after deductible
Physical Therapy	$25 Copay after deductible	80% Coverage after deductible
	(Limit 20 visits per type / per year)	(Limit 20 visits per year)
Chiropractic	Discount Program	80% Coverage after deductible (Limit 20 visits per year)
Preventative Health Services	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact SelectHealth at (800) 538-5038	Plan will cover many preventative services without charging a deductible, copay, or coinsurance. For specific information, please contact Altius at (800) 377-4161
Hospital Services		
Prior Authorization	Provider Responsibility	Provider Responsibility
Room & Board/Ancillary/Maternity	80% Coverage after deductible	80% Coverage after deductible
Outpatient Surgery	80% Coverage after deductible	80% Coverage after deductible
Major Diagnostic Test	80% Coverage after deductible	80% Coverage after deductible
Accidental/Emergency Care		
Emergency Room / Life Threatening	$75 Copay after deductible	80% Coverage after deductible
Emergency Room - Non Participating	$75 Copay after deductible	80% Coverage after deductible
Ambulance/Paramedic Services	80% Coverage after deductible	80% Coverage after deductible
Mental Health Services & Alcohol & Substance Abuse		
Pre-Notification	Call 1-800-538-5038	Call 1-800-701-8663
Office Visit	$15 Copay after deductible	80% Coverage after deductible
Outpatient Services	80% Coverage after deductible	80% Coverage after deductible
Inpatient Services	80% Coverage after deductible	80% Coverage after deductible

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*A Summary of Benefits and Coverage (SBC) for each of these plans can be found at www.davis.k12.ut.us/dsd/insurance.

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LEARN MORE ABOUT HOW YOU MIGHT BENEFIT FROM A "HIGH DEDUCTIBLE HEALTH PLAN" OPTION ALONG WITH A "HEALTH SAVINGS ACCOUNT"

Employees of Davis School District now have the option of enrolling in a "High Deductible Health Plan" (HDHP) as an alternative to the traditional health plans offered by the district. The two HDHPs offered by the district include "SelectMed HealthSave" and "Altius Peak Plus".

Additionally, employees who select HDHP coverage will be eligible for a "Health Savings Account" (HSA) that may be used to pay qualified medical costs. These HSAs will be set up and administered through HealthEquity. Employees electing HDHP coverage will receive a monthly contribution from the district into their HSA. (See page 14) Additionally, employees may make contributions to their HSA on a pre-tax basis.

Please consider the following information in determining whether a "High Deductible Health Plan" is right for you.

How does a "High Deductible Health Plan" (HDHP) Work?

The HDHPs offered by the district have lower monthly premiums than the traditional health plans. (See premiums on pages 62-63.) Just like the name suggests, an HDHP has a high deductible which you must satisfy before any benefits will be paid by the insurance company.

For each of the HDHPs offered by the district, there is an annual deductible ($2,000 if you have individual coverage, and $4,000 if you have 2-party or family coverage.) Until this annual deductible is met, you would pay the entire cost of eligible medical expenses (i.e. doctor visits, prescriptions, diagnostic tests, surgeries, hospitalization, etc.) The amount you are billed will be the discounted rate which has been negotiated with the insurance carrier. (Please note, most preventive services are covered at 100% and are not subject to the deductible.)

Once you have satisfied the annual deductible, medical claims would be paid according to the plans' benefits schedule (see page 12). These benefits would apply until you have met the annual out-of-pocket maximum ($2,500 if you have individual coverage, and $5,000 if you have 2-party or family coverage.) Once you meet the out-of-pocket maximum, all eligible claims would be paid at 100%.

How does a "Health Savings Account (HSA) work in conjunction with HDHP coverage?

A "Health Savings Account" (HSA) is a tax-free savings account that works with a qualified HDHP to help you pay your insurance deductible and other qualified out-of-pocket medical expenses. In order to be eligible for an HSA, you must:

- -Be enrolled in a qualified high deductible health plan (HDHP);
- -Not be covered by another health plan that is not an HDHP;
- -Not be enrolled in Medicare;
- -Not be claimed as a dependent on anyone else's tax return.

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If you meet this criteria and choose one of the HDHPs offered by the district, you will be set up with an HSA which will be administered through HealthEquity. You will then be able to make tax-free contributions to your HSA that may be used to pay qualified medical expenses. Additionally, the district will make monthly contributions to your HSA. For 2015, the amount of the monthly district contribution will be based on the coverage you choose and your weekly authorized hours as follows:

	30 or more hours per week	Less than 30 hours per week
Family coverage	$130.00 per month	$ 65.00 per month
2-party coverage	$100.00 per month	$ 50.00 per month
Individual coverage	$ 50.00 per month	$ 25.00 per month

(Please note: Individuals continuing coverage through COBRA and retirees beyond the first three years of coverage under the early retirement incentive plan are not eligible for the monthly HSA contribution from the district.)

Contribution Limits

The total annual amount that may be contributed to your HSA is limited by the IRS. For 2015, the limit is $3,350 if you have individual coverage, and $6,650 if you have 2-party or family coverage. If you are over the age of 55, you can make an additional "catch-up" contribution of $1,000. Your own HSA contributions, combined with the monthly district contributions, cannot exceed these amounts. If you contribute too much, the IRS will impose a penalty on the excess amounts.

Tax Advantages

You can set-up a payroll deduction to have your own HSA contributions deducted from your paycheck on a pre-tax basis, or you can personally make contributions and write them off as a deduction on your federal and state tax returns. If you choose to make contributions to your HSA through payroll deductions, you may change the amount of your payroll deduction anytime during the year, as long as proper notification is given to the Payroll Department by the 15th day of the month for which you want the change effective.

Eligible Expenses

You can use your HSA to pay for covered medical expenses that apply toward your HDHP annual deductible or out-of-pocket maximum. Additionally, you can pay for other qualified medical expenses, including dental and vision expenses. (See IRS Publication 502 at www.irs.gov)

Savings Advantages

The HSA is your account. Any unused funds roll over every year and may be used for future medical expenses, even if you terminate your employment with the district, retire, or change health plans. Unlike a Flexible Spending Account (FSA), you don't lose the money left in your HSA at the end of the year. The money in your HSA earns interest and may also be invested in mutual funds once your balance reaches at least $2,000.

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Health Care Flexible Spending Account (FSA) not allowed with an HSA

If you elect HDHP coverage along with an HSA, you are not allowed to have a general purpose healthcare flexible spending account (FSA). You may, however, have a "limited-purpose" FSA along with your HSA. This limited purpose FSA may be used only for qualified dental and vision expenses.

If you currently have a healthcare FSA, it must have a zero balance before you can open an HSA. Therefore, if you choose HDHP coverage, you must have a zero balance in your healthcare FSA by December 31st in order to open an HSA and be eligible to receive the monthly district HSA contribution beginning in January.

Paying Claims and Medical Expenses

You may access your claims, pay bills, and request reimbursement from HealthEquity's on-line portal. Additionally, you will receive a HealthEquity Visa debit card that you can use to make payments for qualified medical expenses. You may also make payments by other methods and then request reimbursement from your account.

HealthEquity™

Health Equity will help you manage your Health Savings Account (HSA)

Through HealthEquity's on-line access, you will be able to see your HSA account balance, HSA debit card transactions, claims transactions, and other information about your account. You can also pay providers, request reimbursements, and manage your personal information. HealthEquity's Member Services is available to help you get the most from your HSA, find comparison pricing on prescriptions and medical services, research diseases, and more. HealthEquity's specialists are available 24 hours a day, 365 days a year, to assist you with questions about eligible expenses, contributions, and distributions.

For additional information and answers to frequently asked questions about HSAs, go to www.davis.k12.ut.us/dsd/insurance. There you will see a link to "Health Savings Accounts (HSAs) FAQs".

Additionally, information about HSAs is available directly from HealthEquity at: www.healthequity.com or by calling (866) 346-5800.

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ALTIUS
A Coventry Health Care Plan
An Aetna Company

Davis School District

2015

1-800-377-4161

www.altiushealthplans.com

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Medical Plans for 2015

Altius Health Plans is excited to be offered as one of the medical health care plans for Davis School District effective January 1, 2015.

Altius Providers

Altius offers you one of the largest panels of providers and hospitals with more than 8,300 participating physicians in Utah. We also have more than 87% of the state's hospitals.

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

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

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

General questions or want to receive a Provider Directory?

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

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Frequently Asked Questions

What is the calendar year deductible?

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

How does the out-of-pocket maximum work?

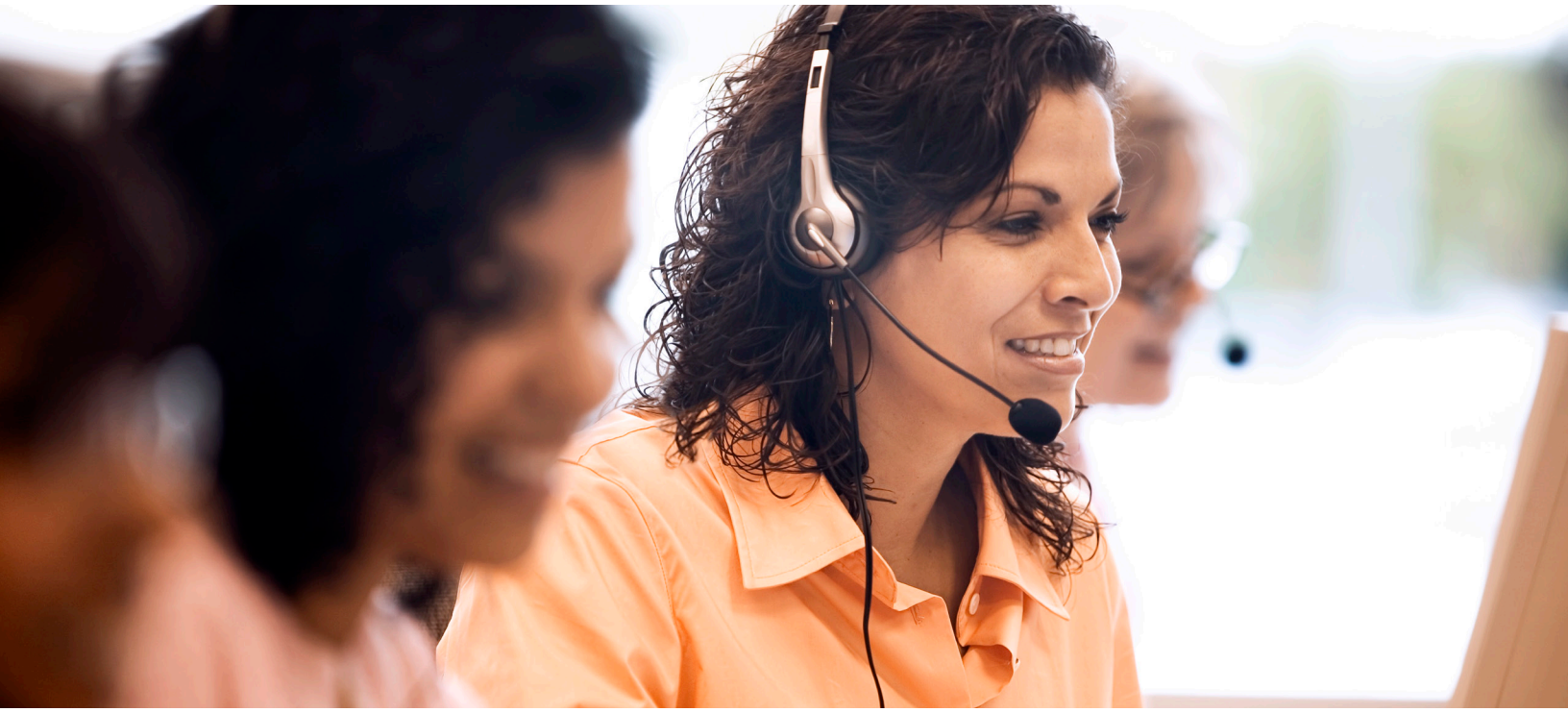
When you or your family fulfill the out-of-pocket maximums during a calendar year, no further out-of-pocket expense will be required for the remainder of that calendar year. You are responsible for the difference between billed charges and Eligible Medical Expenses in addition to your share of coinsurance when using non-participating providers.

When does my calendar year deductible and out-of-pocket maximum start?

Your calendar year deductible and out-of-pocket maximum both start January 1, 2015.

How are prescription drugs covered?

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



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

Mail Order Benefit

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

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

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

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

Emergency Room Services

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

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

If your life is in jeopardy from such situations as:

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

Urgent Care Services

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

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

What are my mental health benefits?

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

Who manages the mental health benefits?

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

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

- Depression
- Domestic Violence
- Anxiety
- Grief Counseling
- Suicidality
- Medical Management
- Children's Issues
- Alcohol and drug addiction
- Smoking Cessation

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What web-based tools and services are available?

Café Well

Through the power of social media, Café Well allows Altius members to create social networks and discussion groups with peers, family and friends in a free, friendly, and secure forum that supports members' efforts to get well and stay well.

Café Well is a free online resource where Altius members can conveniently, actively, and anonymously equip themselves for wellness with helpful information and tools like a health encyclopedia, drug checker, and symptom checker. Altius members can access videos and articles relevant to their health concerns, talk privately with health experts and coaches and create, and join, public and private groups sharing interests or participating in motivating challenges that earn reward points for reaching goals.

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

WellBeing Offerings

Altius offers a wide variety of WellBeing Programs designed to target the wellness needs of your employees. You'll find a summary of each program below.

The following services are included at no additional cost:

Online Health Risk Assessment

This tool analyzes your responses to questions about your health history and lifestyle, and provides suggestions for reducing or eliminating your risks.

Web MD/Health Information Library

The Health Information Library provides a wealth of clinical and health-related information at your fingertips. You may search by health topic, keywords, or via the valuable links to find various health related articles and information.

Adults/Teens/Kids Health Information

KidsHealth is organized for 3 different audiences with thousands of articles, movies, tools and games written and presented for 3 distinct age groups.

Disease Management and Telephonic Coach Outreach Program

Care support for members with any of the following health concerns: Asthma, CAD, HIV/AIDS, CHF, COPD, CKD, Diabetes, Hemophilia, High-Risk Pregnancy, Low Back Pain, Multiple Sclerosis, Sickle Cell Disease, Transplant.

MHNet Coaching

Our Mental Health Network (MHNet) professionals provide help for many kinds of concerns. These include, but are not limited to: depression, anxiety, alcohol and drug addictions, children's issues, grief counseling, domestic violence, suicidality, smoking cessation, and medication management.

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Value-Added Benefits

AltiusExtra is a way for you to get more from your health plan. You and your family can access sizeable discounts on a wide variety of goods and services that may not be covered by your Altius health plan. In addition to ongoing discounts, many of the providers who participate in AltiusExtra offer specials and drawings for free services throughout the year.

Discount Goods and Services Include: acupuncture, child safety, cosmetic dentistry, cosmetic dermatology, cosmetic surgery, health-related coupons, day spa, eyewear, fitness routines, relaxation help, health clubs, hearing aids, helmets, LASIK eye surgery, mail order contact lenses, massage therapy, medical alarm, sunglasses, tattoo removal, transportation services, and weight management.

Other web-based tools and services

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

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

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

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

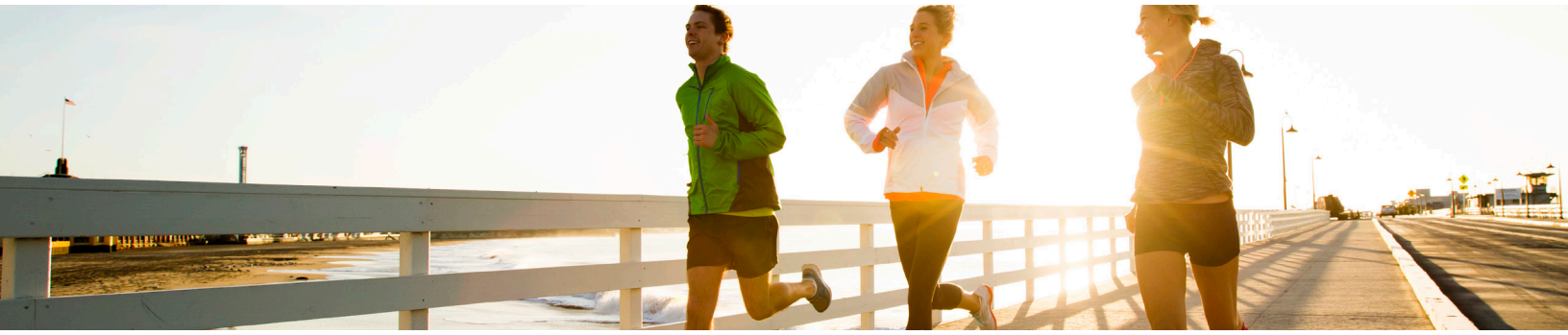
How do I access these web-based services?

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

A paper copy of any information on our website is available by calling Customer Service.

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

Access sizable discounts on a wide variety of goods and services that are not covered by your Altius Health Plans medical plan. Enjoy ongoing discounts and in some cases, additional specials throughout the year. All the specials offer superior value and some may include drawings for free services. To find out more about the specials and for the most up-to-date information, visit **www.altius-extra.com** or call our customer service hotline at **800-377-4161**.



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

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

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

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

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

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

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

Emergency Response Services
(available in Utah only)
With a medical alarm, help is always just a press of a button away. Emergency response systems enable millions of people to live with greater confidence, peace of mind and dignity.

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

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

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

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

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Mail Order Contact Lenses
Save time when your contact lenses are delivered directly to your door.

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

**Utah College of Massage Therapy
These AltiusExtra providers are offering gift certificates available for $12.50 for a 1-hour student massage. Memberships are purchased through Paypal only from Basix, LLC. Basix, LLC manages the AltiusExtra program on behalf of Altius. This massage therapy offer is valid only if you purchase via the Internet through Basix

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

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

Transportation Services (HandiVan)
(Available in Utah only)
Do you need assistance with transportation services? A doctor's appointment, lunch with friends or a trip to the grocery store? Our transportation services provider can help you get there. Limitations and exclusions may apply. Please contact provider for more information. *Available only in Salt Lake and South Davis counties in Utah.

Downloads (Free)
Nothing beats formal physical training classes, group exercise, and personal trainers. But, if your schedule doesn't allow you to attend a class, or if you are travelling, our free downloadable mp3 files are the next best thing. These topics are available:

- Workout Downloads
- Relaxation Downloads
- Dieting Tips for Active People Downloads
- Weight Management Downloads

To learn more about AltiusExtra discounts, visit the Altius website and click on Discounts through AltiusExtra, or simply logon to:

www.altius-extra.com

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Utah Hospitals & Surgical Centers

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

Name	Service Location	Suite	City	Zip	Phone
Beaver County					
Beaver Valley Hospital	1109 N. 100 W.		Beaver	84713	435-438-7100
Millford Valley Memorial Hospital	451 N. Main St.		Milford	84751	435-387-2411
Box Elder County					
Bear River Valley Hospital	905 N. 1000 W.		Tremonton	84337	435-207-4500
Brigham City Community Hospital	950 Medical Dr.		Brigham City	84302	435-734-9471
Cache County					
Cache Valley Specialty Hospital	2380 N. 400 E.		Logan	84341	435-713-9700
Logan Regional Hospital	1400 N. 500 E.		Logan	84341	435-716-1000
Northern Utah Endoscopy Center	1400 N. 630 E.		Logan	84341	435-787-0270
Carbon County					
Castleview Hospital	300 N. Hospital Dr.		Price	84501	435-637-4800
Eastern Utah Surgical Center[1]	200 N. Fairgrounds Rd.		Price	84501	435-637-1744
Davis County					
Davis Hospital & Medical Center	1600 W. Antelope Dr.		Layton	84041	801-807-1000
Davis Surgical Center[1]	1544 W. Antelope Dr.		Layton	84041	801-733-3339
Lakeview Endoscopy Center[1]	620 Medical Dr.		Bountiful	84010	801-299-6767
Lakeview Hospital	630 Medical Dr.		Bountiful	84010	801-292-6231
Duchesne County					
Uintah Basin Medical Center	250 W. 300 N.	#75-2	Roosevelt	84066	435-722-4691
Garfield County					
Garfield Memorial Hospital	200 N. 400 E.		Panguitch	84759	435-676-8811
Grand County					
Allen Memorial Hospital	400 N. 719 W.		Moab	84532	435-259-7191
Iron County					
Cedar Orthopedic Surgery Center[1]	1335 Northfield Rd.		Cedar City	84721	435-586-5131
Cedar Surgical Associates[1]	1811 W. Royal Hunte Dr.	#3	Cedar City	84721	435-586-3402
Valley View Medical Center	1303 N. Main St.		Cedar City	84721	435-586-6587
Juab County					
Central Valley Medical Center	1500 N. 48 W.		Nephi	84648	435-623-3000
Kane County					
Kane County Hospital	335 N. Main St.		Kanab	84741	435-664-5811
Millard County					
Delta Community Medical Center	126 White Sage Ave.		Delta	84624	435-864-5591
Fillmore Community Medical Center	674 S. Highway 99		Fillmore	84631	435-743-5591
Salt Lake County					
Family Surgical Suite (Oral Surgery Only)	5600 S. 151 E.	#104	Salt Lake City	84088	801-495-1064
Family Surgical Suite (Oral Surgery Only)	8822 Redwood Rd.	C113	West Jordan	84088	801-495-1064
Huntsman Cancer Hospital	1950 Circle Of Hope Dr.		Salt Lake City	84112	801-587-7000
Jordan Valley Hospital	9000 S. 3580 W.		West Jordan	84088	801-561-8888
Lone Peak Hospital	11800 S. State St.		Draper	84020	801-545-8100
Mountain West Endoscopy[1]	6360 S. 3000 E.	#320	Salt Lake City	84121	801-944-3166

1. Abulatory Surgical Center
2. To be used only for specialty services not provided at other listed facilities. All services require prior authorization.

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Pioneer Valley Hospital	3460 Pioneer Parkway		Salt Lake City	84120	801-964-3100
Primary Children's Medical Center	100 N. Mario Capecchi Dr.		Salt Lake City	84132	801-588-2000
Primary Children's Outpatient (Riverton)	12600 S. 3741 S.		Riverton	84065	801-285-1285
Salt Lake Endoscopy Center[1]	24 S. 1100 E.	#103	Salt Lake City	84102	801-355-2988
Salt Lake Regional Medical Center	1050 E. South Temple		Salt Lake City	84102	801-350-4111
South Towne Surgery Center[1]	10011 Centennial Parkway	#100	Sandy	84095	801-233-9300
St. Mark's Outpatient Surgery Center[1]	3900 S. 1250 E.	#100	Salt Lake City	84124	801-262-0358
St. Mark's Hospital	3900 S. 1200 E.		Salt Lake City	84124	801-268-7111
The Center of Surgical Arts[1] (Oral Surgery)	500 S. 530 E.		Salt Lake City	84102	801-747-8017
University of Utah Hospital	50 N. Medical Dr.		Salt Lake City	84132	801-581-2121
Utah Surgical Center[1]	4100 S. 3715 W.		Salt Lake City	84120	801-957-0200
Wasatch Endoscopy Center[1]	3900 S. 1220 E.	#1B	Salt Lake City	84124	801-281-3657
San Juan					
Blue Mountain Hospital	802 S. 200 W.		Blanding	84511	435-678-3993
San Juan Hospital	100 N. 364 W.		Monticello	84535	435-528-7246
Sanpete County					
Gunnison Valley Hospital	100 N. 64 E.		Gunnison	84634	435-528-7246
Sanpete Valley Hospital	1100 S. Medical Dr.		Mount Pleasant	84647	435-462-2441
Sevier County					
Sevier Valley Medical Center	1000 N. Main St.		Richfield	84701	435-893-4100
Summit County					
Park City Medical Center	900 Round Valley Dr.		Park City	84060	435-658-6701
Tooele County					
Mountain West Medical Center	2055 N. Main St.		Tooele	84074	435-843-3600
Uintah County					
Ashley Regional Medical Center	100 N. 150 W.		Vernal	84078	435-789-3342
Utah County					
Central Utah Clinic AF Surgery Center[1]	50 S. 1175 E.	#101	American Fork	84003	801-492-5994
Central Utah Surgical Center[1]	1067 N. 500 W.		Provo	84604	801-374-0354
Mountain View Hospital	100 N. 1000 E.		Payson	84651	801-465-7104
Timpanogos Regional Hospital	800 N. 750 W.		Orem	84057	801-714-6000
Utah Valley Regional Medical Center[2]	1034 N. 500 W.		Provo	84604	801-373-7850
Wasatch County					
Heber Valley Medical Center	1485 S. Highway 40		Heber City	84032	435-654-2500
Washington County					
Coral Desert Surgery Center[1] (Eye Surgery)	1490 E. Foremaster Dr.	Bldg. C	St. George	84790	435-674-5230
Dixie Regional Medical Center	544 S. 400 E.		St. George	84770	435-634-4000
Dixie Regional Medical Center - River Road	480 S. 1280 E.		St. George	84790	435-251-1000
South Main Surgery Center[1]	754 S. Main St.	#3	St. George	84770	435-628-2671
St. George Surgical Center[1] (Eye & Pain Only)	676 S. Bluff St.		St. George	84770	435-673-8080
Zion Eye Institute[1] (Eye Surgery Only)	280 N. 1791 E.		St. George	84790	435-656-2020
Wasatch County					
Alpine Surgical Center1	4403 Harrison Blvd.	#3680	Ogden	84405	801-387-3900
Ogden Regional Medical Center	5475 S. 500 E.		Ogden	84405	801-479-2111

1. Abulatory Surgical Center
2. To be used only for specialty services not provided at other listed facilities. All services require prior authorization.

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University of Utah Hospitals and Clinics

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

Name	Service Location	Suite	City	Zip	Phone
Davis County					
UUHC Centerville Center	296 S. Main St.		Centerville	84014	801-693-7900
Salt Lake County					
UUHC Greenwood Center	7495 S. State St.		Midvale	84047	801-887-2400
UUHC Redwood Center	2100 S. 1525 S.		Salt Lake City	84119	801-887-2400
UUHC South Jordan Center	1091 W South Jordan Pkwy	#500	South Jordan	84095	801-466-4120
UUHC Westridge Center	4700 S. 3730 W.		West Valley	84129	801-964-2300
UUHC Madsen Center	555 S. Foothill Dr.		Salt Lake City	84112	801-581-8000
UUHC Sugarhouse Center	1138 E. Willmington Ave.		Salt Lake City	84106	801-581-2000
Summit County					
UUHC Redstone Health Center	1743 W. Redstone Ctr. Dr.	#115	Park City	84098	435-658-9200
Tooele County					
UUHC Stansbury Center	220 Millpond Rd.	#100	Stansbury Park	84074	435-843-3000
Utah County					
UUHC Parkway Center	145 S. University Parkway		Orem	84058	801-226-7555

Urgent Care Centers and Walk-In Clinics with Extended Hours

*Urgent Care Facility. Please call ahead for hours and to schedule an appointment.

Name	Service Location	Suite	City	Zip	Phone
American Fork					
*After Hours Urgent Care - American Fork	476 North 900 West	Suite C	American Fork	84003	801-492-1611
American Fork Clinic	226 North 1100 East	Suite A	American Fork	84003	801-855-3841
Utah Valley Pediatrics of American Fork	200 North 1159 East	Suite 200	American Fork	84003	801-756-5209
Bountiful					
*First Med Urgent Care - North	1512 Renaissance Towne	Suite 100	Bountiful	84010	801-295-6483
Brighton					
*Brighton Medical Clinic (Nov-Apr only)	8294 S. Brighton Loop Rd.		Brighton	84121	435-655-3205
Cedar City					
*IHC InstaCare - Cedar City	962 Sage Drive		Cedar City	84720	435-865-3440
*Premier Pediatrics	1251 Northfield Rd.	Suite 301	Cedar City	84720	435-865-7227
Clinton					
Westside Medical Clinic	1477 North 2000 West	Suite C	Clinton	84015	801-774-8888
Draper					
*After Hours Urgent Care - Draper	1126 East 12300 South		Draper	84020	801-545-0600
Lone Peak Family Medicine	11760 South 700 East	Suite 111	Draper	84020	801-576-8855
Lone Peak Primary Care	74 Kimballs Lane	Suite 260	Draper	84020	801-545-8480
Work Care South Valley	12422 South 450 East		Draper	84020	801-748-1600
Garden City					
*Bear Lake Community Health Center	325 W. Logan Highway		Garden City	84028	435-946-3660

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Holladay					
*After Hours Medical - Holladay	3934 South 2300 East		Holladay	84124	801-849-8500
Hurricane					
Central Utah Clinic - Hurricane	11 South Main St.		Hurricane	84737	435-635-9444
*IHC InstaCare - Hurricane	75 North 2260 West		Hurricane	84737	435-635-6550
Hyde Park					
*IHC InstaCare - North Cache Valley	4088 N. Highway 91		Hyde Park	84318	435-563-4888
Kaysville					
*Tanner Clinic - Kaysville	380 North 400 West		Kaysville	84037	801-773-4840
Layton					
*After Hours Urgent Care - Layton	1550 N. Main Street		Layton	84041	801-614-9030
*Davis Family Physicians	3225 W. Gordon Ave.		Layton	84041	801-773-7232
Davis Medical Group	124 South Fairfield Rd.		Layton	84041	801-927-3080
*Layton Family Medicine	2950 North Church St.	Suite 200	Layton	84040	801-771-7700
*Tanner Clinic - Layton	2121 North 1700 West		Layton	84041	801-773-4840
Work Care - North / Wee Care Pediatrics	2084 North 1700 West	Suite A	Layton	84041	801-773-8644
Lehi					
Central Utah Clinic - Lehi (Dry Creek)	3300 N. Running Creek Wy.	#100B	Lehi	84043	801-766-4214
*Utah Valley Urgent Care	127 E. Main St.	Suite E	Lehi	84043	801-766-9822
Lindon					
*Premier Family Medical	275 West 200 North		Lindon	84042	801-796-1333
Logan					
Budge Clinic After Hours Pediatrics	1250 North 500 East		Logan	84341	435-752-0422
*IHC InstaCare - Logan	412 North 200 East		Logan	84321	435-713-2710
Magna					
*Exodus Healthcare Network PLLC	3665 South 8400 West	#110	Magna	84044	801-250-9638
Midvale					
University Health Care - Greenwood Center	7495 S. State St.		Midvale	84047	801-213-9400
Morgan					
*Morgan Health Center	166 N. State St.		Morgan	84050	801-829-3426
Murray					
*First Med Urgent Care - Murray	5911 S. Fashion Blvd.		Salt Lake City	84107	801-266-6483
North Logan					
*Cache Valley Community Health Center	1515 North 400 East	#104	North Logan	84341	435-755-6061
Ogden					
*Central Utah Clinic Urgent Care	698 12th St.		Ogden	84404	801-621-3466
*Ogden Clinic - Canyon View	1159 12th St.		Ogden	84404	801-475-3700
Ogden Clinic - Harrison	4650 Harrison Blvd.		Ogden	84403	801-475-3000
*South Ogden Center for Family Medicine	5740 Crestwood Drive		Ogden	84405	801-479-7771
Orem					
University Health Care Parkway Health Ctr.	145 West University Pkwy.		Orem	84058	801-234-8600
Utah Valley Pediatrics - Cherry Tree	171 North 400 West	C-12	Orem	84057	801-224-4550
Utah Valley Pediatrics - Timpanogos	716 West 800 North	#300	Orem	84057	801-224-0421
Park City					
*IHC InstaCare - Park City	1665 Bonanza Drive		Park City	84060	435-649-7640
*Snow Creek Emergency & Medical Center	1600 Snow Creek Drive		Park City	84098	435-655-0055
University Health Care Redstone Health Ctr.	1743 Redstone Ctr. Dr.	#115	Park City	84098	435-658-9200

Payson					
Central Utah Clinic Family Medical Office	97 Professional Way	#2	Payson	84651	801-465-4896
Utah County Medical Associates	97 Professional Way	#2	Payson	84651	801-456-4896
Utah Valley Pediatrics - Payson	15 South 1000 East	#200	Payson	84651	801-435-2800
Pleasant Grove					
*Premier Family Medical	830 North 2000 West		Pleasant Grove	84062	801-475-3600
Pleasant View					
*Ogden Clinic - Mountain View	1100 West 2700 North		Pleasant View	84414	801-756-3511
Provo					
*Blue Rock Medical Center	3152 N. University Ave.	Suite 130	Provo	84604	801-356-0233
*Central Utah Clinic Urgent Care	1055 North 800 West	Suite 212	Provo	84604	801-812-5033
*Riverwoods Urgent Care LLC	280 River Park Drive	Suite 120	Provo	84604	801-229-2011
Utah Valley Pediatrics - Provo North Unv.	1355 N. University Ave.	Suite 210	Provo	84604	801-373-8930
Riverton					
*Riverton Walk-In Care (Granger Medical)	12391 S. 4000 W.		Riverton	84065	801-302-1700
Roy					
*Central Utah Clinic Urgent Care	1937 West 5700 South		Roy	84067	801-773-9380
*Ogden Clinic - Grand View	3485 West 5200 South		Roy	84067	801-475-3900
Rock Run Medical	5991 South 3500 West	Suite 400	Roy	84067	801-773-2838
Salt Lake City					
*Concentra Urgent Care	1735 South Redwood Rd.	Suite 115	Salt Lake City	84104	801-973-4434
*First Med Urgent Care - Central	441 S. Redwood Rd.		Salt Lake City	84104	801-973-2588
*First Med Urgent Care - East	1950 East 7000 South		Salt Lake City	84121	801-943-3300
*Foothill Clinic - South	6360 South 3000 East	Suite 100	Salt Lake City	84121	801-365-1032
Holladay Family Practice	999 Murray Holladay Rd.	Suite 207	Salt Lake City	84117	801-268-2584
Millcreek Primary Care	4465 South 900 East	Suite 200	Salt Lake City	84124	801-266-2777
Olympus Clinic	4624 Holladay Blvd.		Salt Lake City	84117	801-277-2682
*Rocky Mountain Care Clinic	4088 West 1820 South		Salt Lake City	84104	801-975-7799
University Health Care Madsen Health Ctr.	555 South Foothill Drive	Suite 301	Salt Lake City	84112	801-581-8000
*University Health Care Redwood Urgent	1525 West 2100 South		Salt Lake City	84119	801-213-9900
University Health Care Sugar House Health	1138 E. Willmington Ave.		Salt Lake City	84106	801-581-2000
Wasatch Pediatrics - St. Mark's	1140 East 3900 South	Suite 360	Salt Lake City	84124	801-264-8962
Sandy					
*After Hours Urgent Care - Sandy	7998 South 1300 East		Sandy	84094	801-255-2000
*Concentra Urgent Care	9000 South 385 West		Sandy	84070	801-562-5200
Willowcreek Pediatrics	7138 S. Highland Drive	Suite 106	Sandy	84121	801-942-1800
Saratoga Springs					
Utah Valley Pediatrics - Saratoga Springs	1305 N. Commerce Drive		Saratoga Springs	84043	801-407-6500
South Jordan					
*After Hours Medical - South Jordan	10433 S. Redwood Rd.		South Jordan	84095	801-501-0500
*Copper View Medical Center	3556 West 9800 South	Suite 101	South Jordan	84095	801-567-9780
*South Jordan Family Medicine	10623 S. Redwood Rd.	Suite 100	South Jordan	84095	801-302-0899
University Health Care South Jordan Health	5126 W. Daybreak Parkway		South Jordan	84095	801-798-7301
Spanish Fork					
Canyon View Medical Group	325 W. Center St.		Spanish Fork	84660	801-798-7301
St. George					
*Central Utah Clinic - St. George Family	736 South 900 East	#203	St. George	84790	435-673-6131
*IHC InstaCare - River Road	577 South River Rd.		St. George	84790	435-688-6300

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*IHC InstaCare - Sunset	1739 W. Sunset Blvd.		St. George	84790	435-634-6000
*Night Light Pediatrics	1240 East 100 South	#14	St. George	84790	435-628-8232
Stansbury Park					
University Health Care Stansbury Park Ctr.	220 Millpond Rd.	#100	Stansbury Park	84095	435-843-3000
Syracuse					
*Tanner Clinic - Syracuse	2038 West 1900 South		Syracuse	84075	801-773-4840
Tooele					
*Tooele Valley Urgent Care	1244 N. Main St.	#201	Tooele	84074	435-882-3968
Vernal					
Basin Clinic	379 North 500 West	Suite 1A	Vernal	84078	435-781-6634
Washington					
*Central Utah Clinic - Souther	195 W. Telegraph St.		84780	84780	435-215-0600
West Jordan					
*First Med - West	8822 S. Redwood Rd.	E122	West Jordan	84088	801-256-0009
Jordan Meadows Medical Center	3354 West 7800 South		West Jordan	84088	801-282-2677
Wasatch Pediatrics	9071 South 1300 West	#301	West Jordan	84088	801-565-1162
*West Jordan Urgent Care (Granger Medical)	9000 South 3181 West		West Jordan	84088	801-569-5575
West Point					
Legacy Point Family Medicine	3110 West 300 North	Suite A	West Point	84015	801-614-5140
West Valley City					
*After Hours Urgent Care - West Valley City	3451 South 5600 West		West Valley City	84120	801-957-0900
St. Mark's Primary Care at West Valley	3540 South 4000 West	#340	West Valley City	84120	801-969-0200
*West Valley Urgent Care (Granger Medical)	3725 West 4100 South		West Valley City	84120	801-965-3608

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Open Enrollment Guide

Davis School District 2015

selecthealth®

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WE UNDERSTAND health insurance can be complicated. We can help you with everything from understanding your benefits to finding the right doctor.

TALK TO A LIVE PERSON

Member Services

Representatives are available during extended hours to answer questions and help resolve concerns. To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY/TDD users should call 711.

SelectHealth Member Advocates®

Our Member Advocates help you find the right doctor for your needs. They can assist with the following:

- Appointment scheduling, including urgent conditions
- Finding the closest facility or doctor with the nearest available appointment

To contact Member Advocates, call 800-515-2220 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. To access the online provider directory, visit **selecthealth.org/providers**.

Behavioral Health Advocates℠

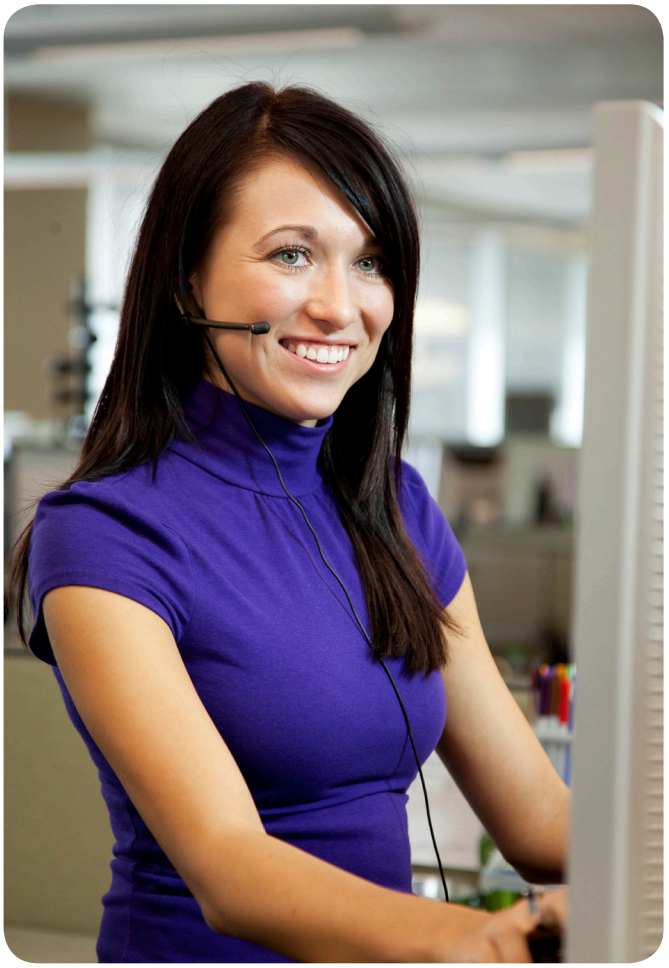
Representatives help you find the most appropriate mental health provider for your needs. To contact Behavioral Health Advocates, call 801-442-1989 (Salt Lake area) or 800-876-1989 weekdays, from 8:00 a.m. to 6:00 p.m.

AWARDS AND RECOGNITION

SelectHealth is consistently rated as Utah's top HMO plan by state and national organizations, receiving top scores in both member satisfaction and clinical performance. SelectHealth is also accredited by NCQA (National Committee for Quality Assurance). Results show that NCQA-accredited plans outperform nonaccredited plans in all measures of clinical care and member satisfaction.
*For more awards and details, visit **selecthealth.org/awards*** and ***NCQA.org***.

INTEGRATED WITH INTERMOUNTAIN HEALTHCARE®

As a subsidiary of Intermountain Healthcare, SelectHealth is part of one of the nation's top-ranked integrated health systems *(Modern Healthcare magazine, January 2012)*. Intermountain's nonprofit system includes physicians, clinics, and 22 hospitals, as well as insurance plans from SelectHealth.



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***MY HEALTH* IS YOUR ONLINE SOURCE** for personal health and benefit information. Log in at **selecthealth.org** to access tools designed to help you manage your health plan, make informed decisions, and understand your benefits.

ACCESS MEDICAL RECORDS

Our integration with Intermountain Healthcare® gives you access to your medical records* through *My Health*. You may view lab results, medications, and imaging reports. You may also track your doctor's appointments and e-mail questions to providers who participate in this program.

MANAGE YOUR SELECTHEALTH PLAN

COVERAGE AND CLAIMS

View your plan information, claim details, ID Cards, Explanations of Benefits (EOBs), and sign up for paperless EOBs.

PHARMACY TOOLS

Access your pharmacy benefit information, claims, prescription history, and lower-cost drug alternative information.

SEND SECURE MESSAGES

You can send secure messages to SelectHealth Member Services or your doctor*. This is a confidential and convenient way to get your questions answered.

**May not be available with all providers and facilities.*

LIVE WELL

Want a healthier lifestyle? The LiVe Well tools on *My Health* can help you achieve your goals by giving you access to Intermountain Healthcare resources outlined below.

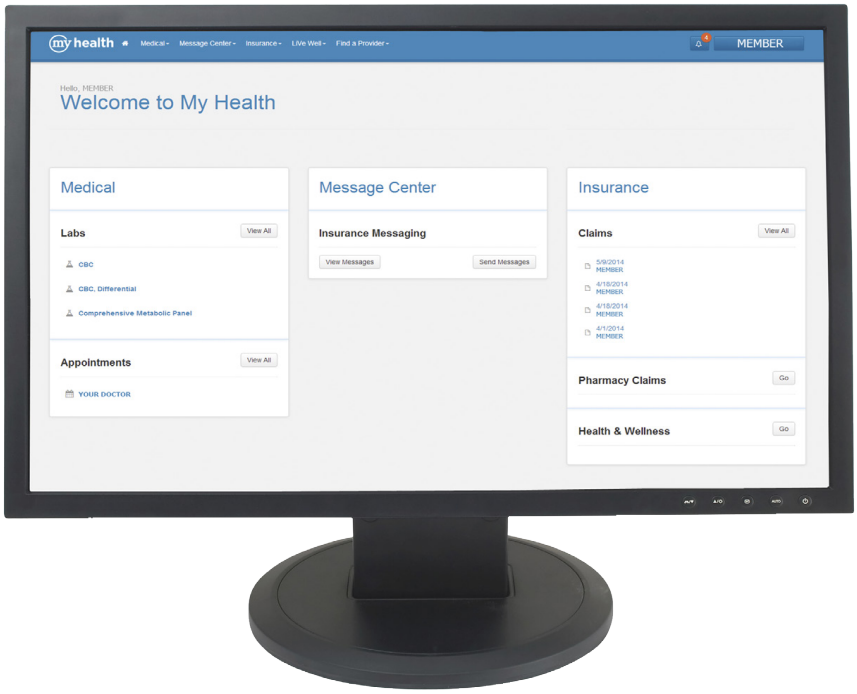
FAMILY HEALTH

The Family Health tool can help you understand the diseases that run in your family.

HEALTH RESOURCES

Find tools to help you manage your health, learn about symptoms and conditions, and discover treatment options.

To register for *My Health,* visit selecthealth.org and click on "Register."



Manage Your Plan With my health

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WE WANT YOU TO LIVE WELL, so we provide a number of resources to supplement our health plan benefits. From member discounts to disease management, the SelectHealth Wellness program is designed to help you maintain and enjoy a healthy, happy lifestyle.

CARE MANAGEMENT

Trained registered nurse care managers are available to assist you with various health concerns and can help coordinate services between providers and patients.

Our care management programs offer educational materials, newsletters, follow-up phone calls, and additional support. Care management covers these areas:

- Allergies and Rhinitis
- Asthma
- Cancer
- Chronic obstructive pulmonary disease
- Depression
- Diabetes
- Heart disease
- High blood pressure
- High-risk pregnancy
- Migraines

For more information, call Care Management at 800-442-5305.

SELECTHEALTH HEALTHY BEGINNINGS®

Our prenatal program provides support and resources for expectant mothers. In addition to pregnancy education materials, the program includes a risk assessment screening and provides high-risk case management when needed. For more information, call Healthy Beginnings at 866-442-5052.

SMOKING CESSATION

One of the most significant things a person can do to improve overall health is to quit smoking. We offer a free program that can help. Quit for Life® allows participants to progress at their own pace from home. For more information, call 801-442-6759.

WORK SITE PROGRAMS

Our comprehensive weight management and physical activity programs can help you incorporate health awareness into your daily work routine. Contact your employer for details.

ONLINE WELLNESS RESOURCES

We like our members to have important health information at their fingertips. Details about our programs, as well as additional wellness tools, can be found at **selecthealth.org/wellness**.

These benefits and services may not be available to all employers or regions. To confirm your benefits, call Member Services.

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YOUR PHARMACY BENEFIT PROGRAM, SelectHealth Prescriptions, makes filling prescriptions easy. We have more than 39,000 participating pharmacies nationwide, and you can view your pharmacy records online.

TIERED BENEFITS

Your drug benefit has three or four tiers (levels) of coverage. Drugs on lower tiers will cost you less without compromising quality.

USE PARTICIPATING PHARMACIES

To get the most from your prescription drug benefits, use one of the participating pharmacies found on *My Health* or call Member Services.

DEDUCTIBLES

Some plans have a deductible that must be met before payment is made by SelectHealth. Most plans have a deductible waiver on Tier 1 medications. See your member materials or call Member Services for details.

RETAIL90®

With Retail90, you can pick up a 90-day supply of maintenance medications at your convenience using your local pharmacy. To participate in this program, ask your doctor to write your prescription for 90 days and fill it at any Retail90 pharmacy.

You are eligible for this program if you have filled your prescription at least once using your SelectHealth benefits in the last six months. These steps ensure that you are stabilized on a maintenance medication.

MAIL ORDER PHARMACY

You also have the option to fill some prescriptions through the mail using our mail order service. Our current provider, Express Scripts, allows you to order and pay for refills online using a credit card. Online orders can be easily tracked and will arrive faster than refills submitted by mail. Starting January 1, 2015, Intermountain Home Delivery Pharmacy will be our new mail order service.

GENERICSAMPLE®

GenericSample is a great way to try a generic drug at no cost to you. This program eliminates your copay/coinsurance for the first 30-day fill of select generic prescriptions. GenericSample is only available at participating retail pharmacies. Eligible drugs may have strength and quantity limits.

GenericSample is not available on High Deductible Health Plans (HDHPs) or under the 90-day maintenance drug benefit.

ONLINE PHARMACY TOOLS

Our online tools will help you save money and manage your prescription drugs. Log in to *My Health* to access the following information:

- Your pharmacy claims history
- The tier status of prescription drugs
- Copay and benefit information
- Drug lookup
- Drug prices and lower-cost alternatives
- Potential drug interactions
- Pharmacy lookup

Not all plans have pharmacy benefits with SelectHealth.

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TO HELP YOU MAKE INFORMED CHOICES about your primary care providers and clinics, our provider search allows you to easily view clinics' quality scores and patient satisfaction ratings.

HOW DOES YOUR DOCTOR COMPARE?

Choosing a new doctor can be a big decision. To help you make an educated choice, we include patient satisfaction and performance scores on our website. Want to know how the wait time at your local clinic rates? How friendly are the providers, nurses, and reception staff? Do you want a provider with high scores for treating patients with diabetes? All of this information can be found on **selecthealth.org/providers**.

HOW DO WE DETERMINE THE RATINGS?

To help providers and clinics maintain high-quality standards, we've been gathering and reporting clinical quality data to providers for several years. The patient satisfaction data is collected through an annual 15-question member survey. This approach is different than most because our data is based on a pool of survey results rather than the opinion or emotion of one experience. The availability of this information can improve the quality of care over time.

We've been collecting data about the quality of our providers' care for a long time and are excited to be able to share it with you.

WHICH PROVIDERS?

Currently, we have patient satisfaction and performance scores on approximately 600 family practice doctors and clinics, which is nearly 75 percent of our primary care providers. Ratings are available for family medicine, internal medicine, OB/GYNs, and pediatric providers. Clinics must have 30 or more completed surveys for their results to appear.

TO FIND A CLINIC RATING, FOLLOW THESE SIMPLE STEPS:

- Visit **selecthealth.org/providers**
- Search for a family medicine, internal medicine, OB/GYN or pediatric provider
- Click on "Satisfaction & Quality Ratings"

If no ratings appear, there is no data for that group of providers.

For questions, call SelectHealth Member Advocates.

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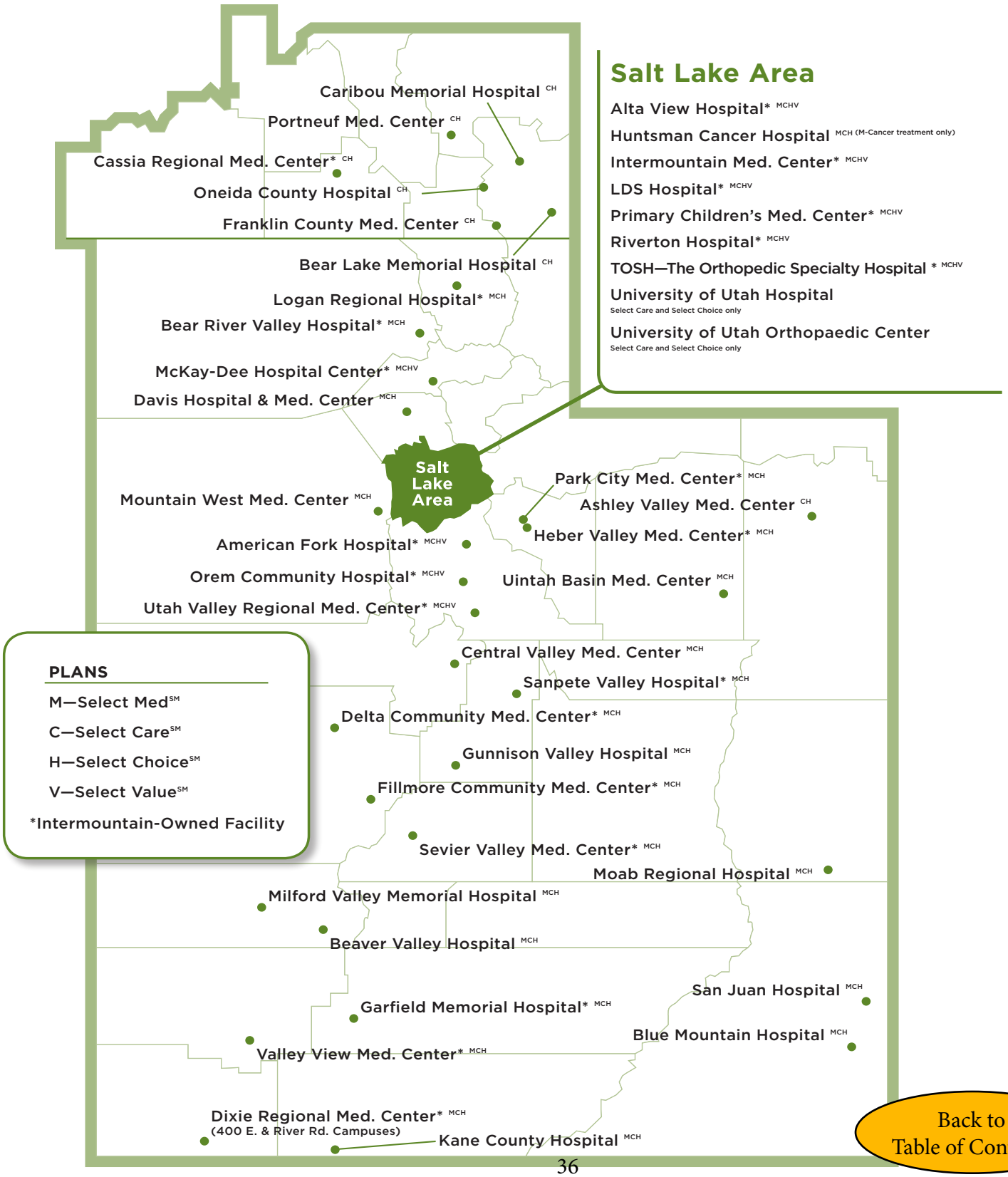
AS A SELECTHEALTH MEMBER you have access to Intermountain Healthcare's nationally recognized facilities, contracted hospitals, and clinics that meet our high-quality standards.

PARTICIPATING HOSPITALS AND CLINICS



Salt Lake Area

- Alta View Hospital* MCHV
- Huntsman Cancer Hospital MCH (M-Cancer treatment only)
- Intermountain Med. Center* MCHV
- LDS Hospital* MCHV
- Primary Children's Med. Center* MCHV
- Riverton Hospital* MCHV
- TOSH—The Orthopedic Specialty Hospital * MCHV
- University of Utah Hospital
  Select Care and Select Choice only
- University of Utah Orthopaedic Center
  Select Care and Select Choice only

PLANS

- M—Select Med℠
- C—Select Care℠
- H—Select Choice℠
- V—Select Value℠
- *Intermountain-Owned Facility

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WHERE WOULD YOU GO IF YOU HAD A BROKEN BONE? When you are unable to see your primary care provider, choosing the right alternative can save you time and money.

URGENT CONDITIONS

Intermountain InstaCare® clinics offer licensed doctors and registered nurses that can treat these types of urgent conditions:

- Sore throat
- Sprain
- Minor cut
- Upper or lower respiratory conditions
- Headache
- Strain
- Nausea, vomiting

Children get special treatment at Intermountain KidsCare® facilities, which offer after-hours pediatric services for these types of conditions:

- Upset stomach
- Broken bones needing X-rays
- Earache
- Cuts

You may call ahead, but no appointment is necessary. Most facilities are open seven days a week and offer extended hours. Visit **instacareutah.org** and **kidscareutah.org** for locations and more details.

EMERGENCIES

Emergency conditions exist when you think your life is in danger, part of your body may be permanently damaged, or you're having severe pain. Go to the Emergency Room (ER) or call 911 for these types of conditions:

- Severe breathing problems
- Chest pain
- Major bleeding
- Sudden, unexplained loss of consciousness

SHADED AREAS INDICATE OPTIONS THAT MAY BENEFIT YOU THE MOST

	Primary care provider	Secondary care provider	Intermountain KidsCare Clinic	Intermountain InstaCare Clinic	Emergency Room (ER)
APPOINTMENT NECESSARY	Yes*	Yes	No**	No	No
EXPENSE	**LOW:** Average cost **$120**	**MODERATE:** Average cost **$141**	**MODERATE:** Average cost **$141**	**MODERATE:** Average cost **$130**	**HIGH:** Average cost **$1,498**
URGENT CARE	Possible	Possible	Yes	Yes	Yes
EMERGENCY CARE	No	No	No	No	Yes
EXTENDED HOURS	Varies	Varies	Yes	Yes	Yes
WEEKENDS	Varies	Varies	Yes	Yes	Yes

*Same-day appointments may be available with some providers.
**Appointments are recommended but not required.

Data collected February 2012

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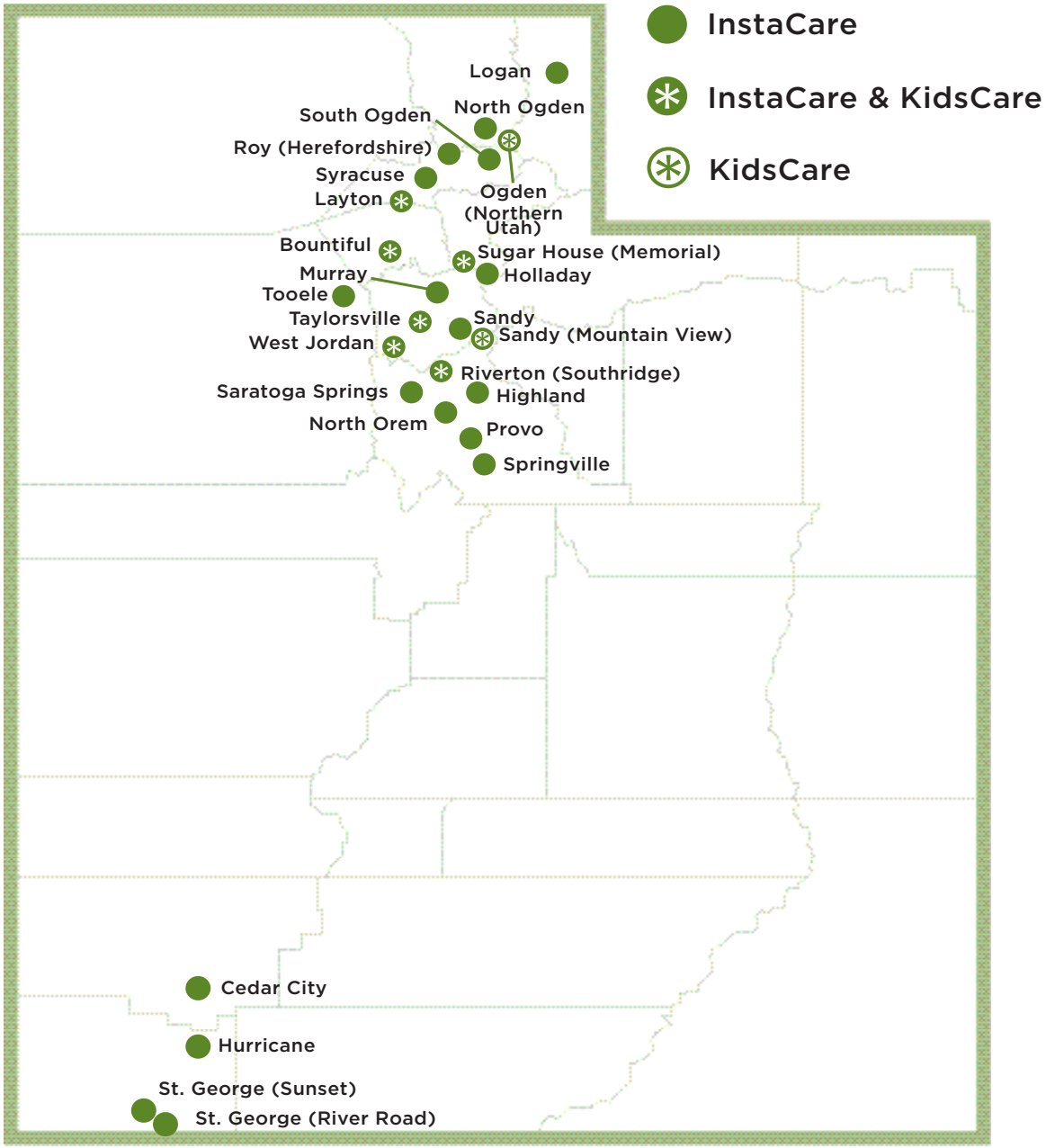
AS A SELECTHEALTH MEMBER, you have access to urgent care clinics owned by Intermountain Healthcare (shown on this map) as well as other participating clinics statewide. Refer to your provider directory or **selecthealth.org/providers** for locations.

INTERMOUNTAIN INSTACARE AND KIDSCARE CLINICS



To help you make informed choices about your healthcare providers and clinics, we offer information on our website where you can easily view participating status, clinic quality scores, and patient satisfaction ratings. Visit **selecthealth.org/providers**.

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A LITTLE EFFORT TODAY can have big results tomorrow. We encourage you to be proactive about your health and receive regular checkups and screenings.

WHY PREVENTIVE CARE

The goals of preventive care are to help you avoid illness and to detect problems when they are most treatable. Getting regular checkups can lower your medical costs and help you maintain a healthy lifestyle.

LITTLE OR NO COST TO YOU

Many of our plans cover preventive care 100 percent*—that means no copay, coinsurance, or deductible. For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copays, coinsurance, or deductibles may apply.

**See your member materials for details about your preventive care benefits.*

HOW WE HELP

Our online resources give you access to immunization schedules, tips for women's health, and information about preventive care exams and tests. You may also complete a personal health assessment and take quizzes about exercise and nutrition.

To encourage you to schedule a preventive care appointment, we have an interactive phone system that delivers education. These calls give you the option to have one of our Member Advocates call you back to help you find a doctor.

We provide a newsletter* that includes information on health, wellness, benefits, and pharmacy information. There is also a section dedicated to nutrition and fitness that includes healthy recipes.

**Newsletters may not be available to all employers.*

Many of our plans cover preventive care at little or no cost to you.

For more information about your preventive care benefits, see your member materials, call Member Services at 800-538-5038, or visit **selecthealth.org**.

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WHEN YOU ARE TRAVELING, peace of mind is priceless. It's important to know where to go if you need medical care.

OUTSIDE OF THE STATE

If you have an emergency or need urgent care outside of Utah, participating benefits apply to services you receive in a doctor's office, urgent care facility, or emergency room.

In an effort to reduce your medical out-of-pocket expenses incurred while traveling, SelectHealth has made an arrangement with the Multiplan and PHCS networks of healthcare providers and facilities. They have agreed to accept an allowed amount for covered services, which means you will not be responsible for excess charges when using these providers. In addition, they will bill SelectHealth directly.

Always present your ID Card when visiting providers or facilities. The logos on the card give you access to these networks.

To find Multiplan or PHCS providers and facilities, call Multiplan at 800-678-7427 or visit **multiplan.com**.

OUTSIDE OF THE COUNTRY

If you are traveling outside of the country and need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service and submit a claim to SelectHealth that includes the following:

- A printed receipt with the provider's address and phone number
- The date of service
- A description of the treatment received
- The amount charged

Have an emergency or need urgent care while traveling? You're protected. Participating benefits apply to services received for urgent or emergency conditions.

For more information or help finding a provider, call Member Services at 800-538-5038, or visit **selecthealth.org**.

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EMBRACING A HEALTHY LIFESTYLE is more convenient when it costs less. As a member of SelectHealth, you can get discounts on health-related products and services by simply showing your SelectHealth ID Card.

Discounts are available on the following products:

EYEWEAR

COMPANY	FRAMES AND LENSES	CONTACT LENSES	NON-RX SUNGLASSES
Visionworks	30% off	Everyday low prices	20% off
Moran Eye Center	20 to 30% off	10% off	20% off
ShopKo*	20% off	10% off	None
Standard Optical	35% off	10% off	25% off
Frameworks	20 to 40% off	10% off	25% off

**See participating stores for details.*

VISION CORRECTION

Members receive discounts up to 25 percent on vision correcting procedures, including LASIK eye surgery, available at various locations throughout the state.

ALTERNATIVE MEDICINE

Save up to 25 percent on chiropractic, massage therapy, and acupuncture services through a program called ChooseHealthy®, which is administered by American Specialty Health (ASH).

VITAMINS AND NUTRITIONAL SUPPLEMENTS

Our partnership with ChooseHealthy offers you savings of up to 40 percent on vitamins and nutritional supplements.

HEARING AIDS

Get up to 15 percent off hearing aids at Intermountain Healthcare audiology clinics.

For specific details and locations, call Member Services at 800-538-5038 or visit selecthealth.org/discounts.

Products and services offered through our member discounts program are not covered benefits. These discounts are offered by participating vendors separate from your health plan benefits. SelectHealth does not endorse, guarantee or warrant in any way the products and/or services offered by participating vendors. Discounts and vendors may be subject to change without notice.

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DENTAL INSURANCE PLANS

The following pages contain information on the two dental insurance plans offered by Davis School District. Insurance eligible employees may choose one of the following two plans:

DELTA DENTAL BASIC PPO

DELTA DENTAL PREMIER + PPO

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DENTAL PLANS COMPARISON

JANUARY 1, 2015 through DECEMBER 31, 2015

BENEFITS	DELTA DENTAL BASIC PPO		DELTA DENTAL PREMIER + PPO	
	PPO Dentists	Premier Dentists & Non-Delta Dentists*	Premier Dentists & Non-Delta Dentists*	PPO Dentists
Deductible Per Calendar Year	$50 Per Member for Basic and Prosthodontic Services (3 Per Family Unit)		None	
Calendar Year Maximum Benefit Per Person	$1,000		$1,500	
Lifetime Orthodontic Maximum Per Member	$1,000		$1,500	
Preventive and Diagnostic Benefits (Cleaning and X-rays)	100% PPO fee schedule	80% PPO fee schedule	80% of UCR (Usual, Customary and Reasonable)	80% PPO fee schedule
Basic Benefits (Restoration and Denture Repair)	80% PPO fee schedule	60% PPO fee schedule	80% of UCR (Usual, Customary and Reasonable)	80% PPO fee schedule
Major Benefits (Crowns and Prosthodontics)**	50% PPO fee schedule	40% PPO fee schedule	50% of UCR (Usual, Customary and Reasonable)	50% PPO fee schedule
Orthodontic Benefits**	50% PPO fee schedule	40% PPO fee schedule	50% Benefit up to $1,500 Life Time Maximum	

*You pay balance of billed charge when services are received from a Non-Delta Dentist.
**One year waiting period for these services if you enroll later than the date you were initially eligible for coverage.

This is an illustrative summary only.
It is not meant to replace or fully interpret your summary plan description (SPD).
Refer to your SPD for detailed explanations and coverage descriptions.

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DELTA DENTAL® BASIC PPO

The following is a brief summary of benefits and description of the Delta Dental Basic PPO program. The Summary Plan Description contains complete details of benefits, limitations, exclusions, grievance procedures and binding arbitration for disputes.

BENEFITS	PPO DENTISTS	PREMIER AND NON-DELTA DENTISTS*
Deductible Per Calendar Year	$50 Per Member for Basic and Major Services (3 Per Family Unit)	
Calendar Year Maximum Benefit Per Member	$1,000	
Orthodontics Lifetime Maximum Per Member (Separate from Calendar year Maximum)	$1,000	
Preventive and Diagnostic Benefits (Cleaning and X-rays)	100% of PPO fee schedule	80% of PPO fee schedule
Basic Benefits (Restoration and Denture Repair)	80% of PPO fee schedule After Deductible	60% of PPO fee schedule After Deductible
Major Benefits (Crown and Prosthodontics)**	50% of PPO fee schedule After Deductible	40% of PPO fee schedule After Deductible
Orthodontics**	50% of PPO fee schedule	40% of PPO fee schedule

*You pay balance of billed charge when services are received from a Non-Delta Dentist.
**One year waiting period for these services if you enroll later than the date you were initially eligible for coverage.

Using a PPO Dentist will maximize your benefits. Benefits for services received from a PPO Dentist are paid at a higher percentage than if you had benefits paid for services received from a Premier or Non-Delta Dentist. Benefits are based on the PPO fee schedule, which is typically less than the UCR fee schedule. PPO participating dentists have agreed not to charge above the PPO fee schedule.

Using a Premier Dentist or Non-Delta Dentist means benefits for services are paid at a lower percentage then if you use a PPO Dentist. Benefits will be based on the PPO fee schedule. In addition to your coinsurance percentage you would be responsible for any balance between Delta Dental Plan expenses and charges billed by the provider.

When you receive services from a Non-Delta Dentist, you are required to submit your claims to Delta Dental for reimbursement. Benefit payments will be made directly to you and you will be responsible for paying the Non-Delta Dentists for eligible services. Claim forms are available on our web site at www.deltadentalins.com.

ELIGIBILITY/CLAIMS CONTACT INFORMATION
Delta Dental Insurance Company
P. O. Box 1809
Alpharetta, GA 30023-1809
1-800-521-2651

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DELTA DENTAL PREMIER + PPO

The following provides a brief summary of benefits and a description of the Delta Dental Insurance Company (Delta Dental) Premier + PPO Plan. The Summary Plan Description contains complete details of benefits, limitations, exclusions, grievance procedures and binding arbitration for disputes.

BENEFITS	PREMIER DENTISTS & NON-DELTA DENTISTS*	PPO DENTISTS
Deductible Per Calendar Year	NONE	
Calendar Year Maximum Benefit Per Member	$1,500	
Orthodontic Lifetime Maximum Per Member	$1,500	
Preventive and Diagnostic Benefits (Cleaning and X-rays)	80% of UCR (Usual, Customary and Reasonable)	80% of PPO fee schedule
Basic Benefits (Restoration and Denture Repair)	80% of UCR (Usual, Customary and Reasonable)	80% of PPO fee schedule
Major Benefits (Crowns and Prosthodontics)**	50% of UCR (Usual, Customary and Reasonable)	50% of PPO fee schedule
Orthodontic Benefits**	50% Benefit Up to $1,500 Life Time Maximum	

*You pay balance of billed charge when services are received from a Non-Delta Dentist.
**One year waiting period for these services if you enroll later than the date you were initially eligible for coverage.

If you are enrolled on the Delta Dental Premier + PPO Plan you have the option to visit a ***Premier, PPO, or Non-Delta Dentist***.

Using a *Premier Dentist* your benefits will pay for services based on a UCR (Usual, Customary and Reasonable) fee schedule. You will be responsible for your coninsurance percentage. Participating providers agree not to charge more than the contracted UCR fees.

Using a *PPO Dentist* will *maximize* your benefits. Charges are based on the PPO fee schedule which is typically less than the UCR fee schedule. Therefore, you would have lower coinsurance costs and participating providers have agreed not to charge more for services than allowed by the PPO fee schedule.

Using a Non-Delta Dentist means higher out-of-pocket costs. Services are based on the UCR fee schedule and the dentist may bill you for costs above the Delta Dental Plan eligible expenses in addition to your coinsurance. When you receive Covered Services from Non-Delta Dentists, you will receive the benefits of this dental care program. Benefit payments will be made directly to you, and you will be responsible for paying the Non-Delta Dentist for Covered Services. You cannot assign or transfer the benefits of this program to a Non-Delta Dentist or to any other person or entity. Such an assignment will be null and void. You should note that the charges of a Non-Delta Dentist may exceed Eligible Dental Expenses. Such excess charges are not covered by the program.

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To receive benefit payments for Covered Services provided by Non-Delta Dentists, you may need to submit your own claim. In that case, obtain an itemized statement from the Non-Delta Dentist, attach it to a claim form, and send it to the claims address indicated below. Be sure to include your name, age, gender, contract (identification) number, and any other information requested by Delta Dental.

For a listing of dentists in your area, visit our web site at www.deltadentalins.com and click on the dentist directory. Then choose the Delta Dental PPO dentists link.

Verify Provider Participation

We recommend you verify your dentist's participating status before *each* dental visit. Make sure you specifically ask if the dentist "***participates***" in the Delta Dental Premier or PPO networks.

Need to find a Dentist?

Go to www.deltadentalins.com and select *Find A Dentist* for a current listing.

You may have a long standing relationship with a dentist who does not participate in a Delta Dental Plan and you don't want to change providers. If this is the case, we invite you to "Recommend Your Dentist" for participation in the Delta Dental PPO or Premier networks by visiting www.deltadentalins.com →Enrollees →"Recommend Your Dentist for Membership" →Select a Plan Option →Complete form on line and submit.

COORDINATION OF BENEFITS (COB)

When you and/or your family members are also enrolled in another dental program, payments for Covered Services will be determined by coordinating the benefits of the two programs. Dual coverage will provide the maximum benefits to which you are entitled while preventing payments duplication. The primary carrier pays the full benefits covered in its program and then the secondary carriers is responsible for payment of the balance of covered expenses not to exceed that carrier's maximum payment level. In no event will payment be made in excess of expenses incurred. A dental program covering a person under state or federal continuation coverage (i.e., COBRA) will always be a secondary carrier. Primary responsibility for paying benefits is determined by COB rules. (Please refer to the Summary Plan Description for COB Rules.)

ELIGIBILITY/CLAIMS CONTACT INFORMATION
Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809
(800) 521-2651

DELTA DENTAL Value Added Vision Care Discount Plan. Delta Dental members simply visit www.eyemedvisioncare.com/deltadental to view plan details, locate a provider and print out a vision care ID card. For further information visit the website or call 1-866-246-9041.

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VISION INSURANCE PLAN

The following pages contain information on the voluntary vision insurance plan available to insurance eligible employees through Opticare of Utah

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Attention Davis School District Employees:

Approximately 50% of the U.S. population (80% of those over the age of 45) requires corrective vision. Vision insurance is a vehicle to help fund the cost of these expenses. Opticare of Utah is excited to renew the partnership with Davis School District in offering VOLUNTARY Vision benefits for 2015 to you and your family members. Keep in mind, the employee must enroll in order to enroll any dependents on this benefit. However, if you have a family with multiple dependents but only one dependent needs the vision benefit, the employee will only have to elect coverage for themselves and the dependent (i.e. 2-party coverage rather than family coverage) in order to have this vision benefit.

Opticare of Utah is Utah's largest and fastest growing managed-vision care provider. With your 120B plan you will receive a benefit every plan year; there are low co-pays and no waiting periods or deductibles to meet. Please note, vision exams are not covered under this plan, but are covered under the district's healthcare plans with Altius and SelectHealth.

Opticare of Utah has over 100 contracted eye care facilities in Utah. You have TWO networks to utilize the best way that fits your individual needs:

1. In Network: If you visit any of our participating providers you will receive your benefit at the time of service. Some of our contracted providers are: Standard Optical, VisionWorks, Shopko, America's Best, as well as many independent optometrists. Please refer to our website www.opticareofutah.com for a complete provider listing.

2. Out of Network: This includes any provider not listed in our directory. You can go anywhere you want and still have access to great benefits; you will just need to pay up front and submit to us for reimbursement.

The following pages include a summary of benefits, including rates and instructions on how to locate a provider. Please feel free to call Opticare of Utah 801-869-2020 or 800-363-0950 for any additional questions.

Eye care is a critical part of overall health care; an eye exam is more than just a means to prescription eyewear. Regular comprehensive eye exams can give early detection to many eye and systemic diseases such as: diabetes, multiple sclerosis, and high blood pressure, among others, which can help lower overall healthcare costs.

We look forward to keeping a good eye on you and your families.

Opticare Plan: 120B

	Monthly Premium
Single	$ 4.11
Two Party	$ 7.97
Family	$10.46

Davis School District	**In Network**	**Out-of-network**
Eye Exam		
No Eye Examination Benefit		
Standard Plastic Lenses		
Single Vision	$10 Co-pay	♦$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	$10 Co-pay	
Trifocal (FT 7x28)	$10 Co-pay	
Lens Options		
*Progressive *(Standard plastic no-line)*	$50 Co-pay	
*Premium Progressive Options	No Discount	
*Glass lenses	15% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
Coatings		
Scratch Resistant Coating	$10 Co-pay	
Ultra Violet protection	$10 Co-pay	
Other Options *A/R, edge polish, tints, mirrors, etc.*	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	$120 Allowance	♦$80 Allowance
Additional Eyewear		
****Additional Pairs of Glasses Throughout the Year**	Up to 50% Off Retail	
Contacts		
Contact benefits is in lieu Of lens and frame benefit.	$120 Allowance	♦$80 Allowance
Additional contact purchases:		
***Conventional	Retail	
***Disposables	Retail	
Frequency		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months
Refractive Surgery		
****LASIK	$250 Off Per Eye	Not Covered

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

Discounts

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

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

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

******LASIK(Refractive surgery) Standard Optical Locations ONLY.** *LASIK services are not an insured benefit – this is a discount only.*

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

♦ ***Out of Network*** *– Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.*

For more Information please visit www.opticareofutah.com or call 800-363-0950

OOU.GRP.POL.B.120B

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Visit Our Providers

Want to visit an Opticare of Utah participating preferred provider?

We have over 100 providers located in the State of Utah and over 18,000 nationwide.

To locate a provider in your area view our website:

www.opticareofutah.com

From the home page, click FIND an Opticare Provider and search by network choice (Select or Broad).

There you will find a selection of optical chains and independent private practice offices.

Needing to visit one of our nationwide providers?

Simply find a provider by searching with the Out-of-State network option searchable by zip code.

Need help or have questions?

Contact us:

(801) 869-2020 or (800) 363-0950

service@opticareofutah.com

Standard Optical
Where Good Vision is Always in Fashion.

Visionworks

SHOPKO
eyecare center

AMERICA'S BEST
CONTACTS & EYEGLASSES

INDEPENDENT OPTOMETRY NETWORK

FirstLook
Vision Network

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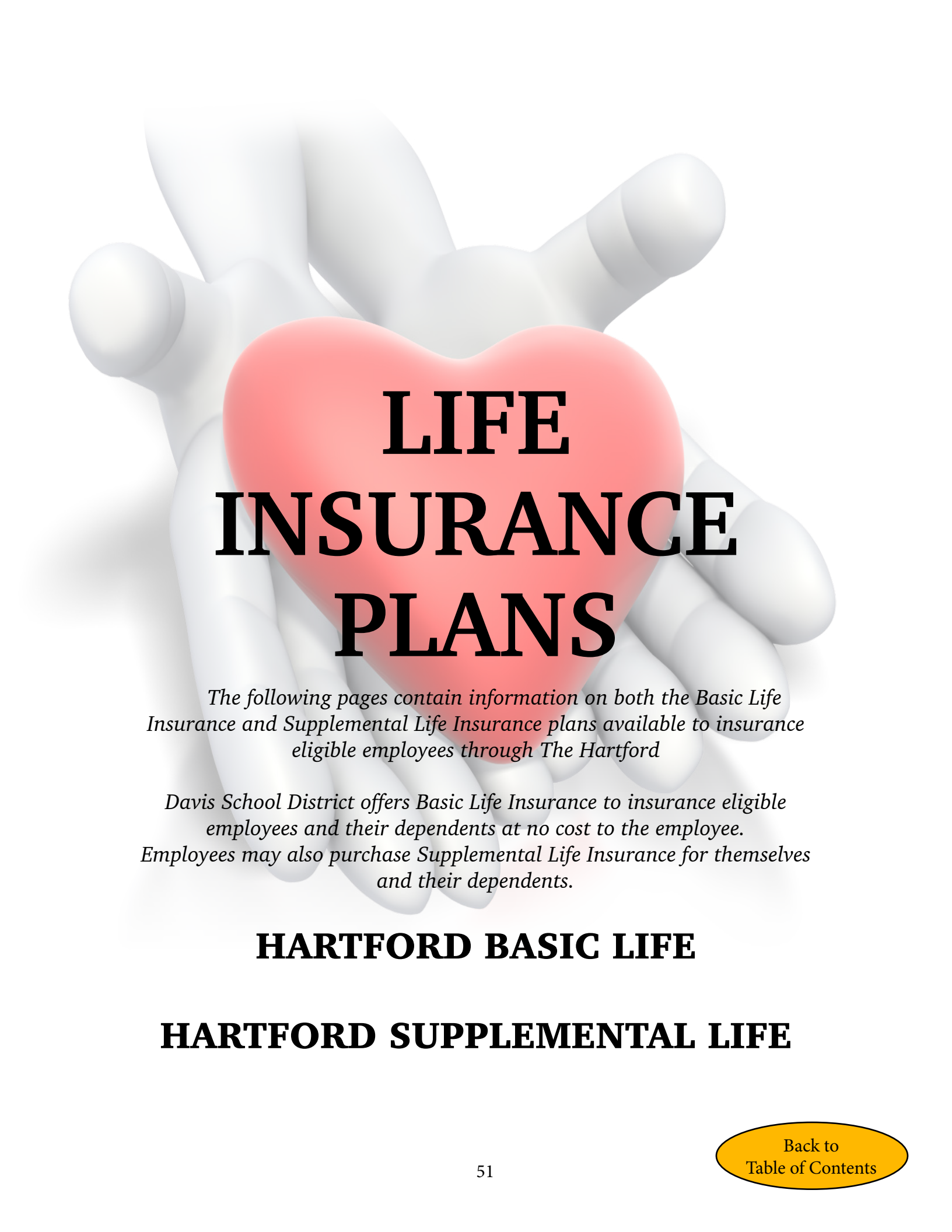

LIFE INSURANCE PLANS

The following pages contain information on both the Basic Life Insurance and Supplemental Life Insurance plans available to insurance eligible employees through The Hartford

Davis School District offers Basic Life Insurance to insurance eligible employees and their dependents at no cost to the employee. Employees may also purchase Supplemental Life Insurance for themselves and their dependents.

HARTFORD BASIC LIFE

HARTFORD SUPPLEMENTAL LIFE

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GROUP BENEFITS

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

THE HARTFORD

Benefit Highlights

Davis School District

What is Basic and Supplemental Life Insurance?	Your employer provides, at no cost to you, Basic Life and AD&D Insurance in an amount equal to 1 times your annual Salary, rounded to the next higher $1,000, to a maximum of $150,000. Supplemental Life Insurance is coverage that you pay for. Life Insurance pays your *beneficiary* (please see below) a benefit if you die while you are covered. This highlight sheet is an overview of your Basic Life and AD&D Insurance and Supplemental Life Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.
Why do I need Life Insurance?	Life Insurance provides affordable financial security for your loved ones, although when it comes down to it, contemplating some pretty unpleasant things is hard to do. But when you consider the fact that between 1995 and 1997, almost 40% of all deaths that occurred were people between the ages of 25 and 64[1], it's harder to ignore. Especially when your family depends on your income. [1]Death Rates by Age, Sex and Race: 1970 to 1997, U.S. Census Bureau, Statistical Abstract of the United States, 1999, page 95.
Am I eligible?	You are eligible if you are an active full time Employee or Retiree.
How much Supplemental Life Insurance can I purchase?	You can purchase Supplemental Life Insurance in increments of $10,000. The maximum amount you can purchase cannot be more than $500,000, the minimum amount you can purchase cannot be less than $20,000.
Basic AD&D Coverage	AD&D provides benefits due to certain injuries or death from an accident. The covered injuries or death can occur up to 365 days after that accident. The Insurance pays: • 100% of the amount of coverage you purchase in the event of accidental loss of life, two limbs, the sight of both eyes, one limb and the sight of one eye, or speech and hearing in both ears or quadriplegia. • 75% for paraplegia or triplegia (paralysis of three limbs). • One-half (50%) for accidental loss of one limb, sight of one eye, or speech or hearing in both ears or hemiplegia. • One-quarter (25%) for accidental loss of thumb and index finger of the same hand or uniplegia. Your total benefit for all losses due to the same accident will not be more than 100% of the amount of coverage you purchase. Spouse and dependent children are not eligible for coverage under AD&D plan.
Am I guaranteed coverage?	The guaranteed issue amount is the amount of Insurance that you may elect without providing evidence of insurability. You are eligible to enroll for coverage up to the guaranteed issue amount of $250,000, if enrolled within 31 days of eligibility *no medical information is required.* You must provide evidence of insurability and be approved by The Hartford to receive coverage above the guaranteed issue amount. You may need to complete a Personal Health Application. These are available from The Hartford or your employer.
Are there other limitations to enrollment?	If you do not enroll in Supplemental Life within 31 days of your first day of eligibility, you will be considered a "late entrant." Typically, late entrants must show evidence of insurability and may be responsible for the cost of physical exams or other associated costs if they are required.
Spouse Supplemental Life Insurance	If you elect Supplemental Life Insurance for yourself, you may choose to purchase Spouse Supplemental Life Insurance in increments of $10,000 to a maximum of $200,000. Coverage cannot exceed 100% of the amount of your Employee Supplemental Life Insurance coverage. You may not elect coverage for your Spouse if they are an active member of the armed forces of any country or international authority, or is already covered as an Employee under this policy. Spouse premium rates based on Spouse's age. If your Spouse is confined in a hospital or elsewhere because of disability on the date his or her Insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days. Your Spouse is guaranteed coverage of up to $50,000, if enrolled within 31 days of eligibility. Your Spouse must provide evidence of insurability and be approved by The Hartford to receive coverage above the guaranteed issue amount. Your Spouse may need to complete a *Personal Health Application.* These are available from The Hartford or your employer.

Child(ren) Supplemental Life Insurance	If you elect Supplemental Life Insurance for yourself, you may choose to purchase Child(ren) Supplemental Life Insurance coverage in the amount(s) of $5,000 or $10,000 for each Child– no medical information is required. You may not elect coverage for your Child if your Child is an active member of the armed forces of any country or international authority. • If your dependent Child is confined in a hospital or elsewhere because of disability on the date his or her Insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days. • Children are covered from 1 Day to 26 years old • Children age 26 or older may be covered if they were disabled prior to attaining age 26.
Spouse Basic Life Insurance	Your employer provides, at no cost to you, Spouse Basic Life Insurance in an amount equal to $3,000.
Child(ren) Basic Life Insurance	Your employer provides, at no cost to you, Child(ren) Basic Life Insurance in an amount equal to $3,000 for each child–*no medical information is required*. Children are covered from 1 Day to 26 years old.
Does my coverage reduce as I get older?	Your benefit will be reduced to 65% at age 65 and to 40% of the original amount at age 80.
Can I keep my Life coverage if I leave my employer?	Yes, subject to the contract, you have the option of: • Converting your group Life coverage to your own individual policy (policies). • If you leave your employer, Portability is an option that allows you to continue your Supplemental Life Insurance coverage. To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age. This option allows you to continue all or a portion of your Supplemental Life Insurance coverage under a separate Portability term policy. Portability is subject to a minimum of $5,000 and a maximum of $250,000 and does include coverage for your Spouse and Child(ren). To elect Portability, you must apply and pay the premium within 31 days of the termination of your Life Insurance. Evidence of Insurability will not be required. Dependent Spouse Portability is subject to a maximum of $50,000. Dependent Child Portability is subject to a maximum of $10,000.
What is the Living Benefits Option?	If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.
Do I still pay my Life Insurance premiums if I become disabled?	If you become totally disabled before age 60 and your disability lasts for at least 6 months, your Supplemental Life Insurance premium may be waived. The premium for your dependent's coverage will also be waived if you are disabled and approved for waiver of premium.
What is Life Conversations and Travel Assist?	Life Conversations is a comprehensive life planning program with tools, information and services you need to begin difficult life conversations with your family. Life conversations Includes Funeral Planning and Concierge Services, Estate Guidance, Beneficiary Assist and Travel Assistance. For more information visit www.hartfordlifeconversations.com. Travel Assist is a program that provides you, your Spouse and covered Dependent Children with immediate access to doctors, medical facilities and certain other travel related services when faced with a medical emergency while traveling 100 miles or more from home or foreign country. Please refer to the Travel Assist brochure for further plan information. These value added services are available at no additional cost.

Important Details
As is standard with most term life Insurance, this Insurance coverage includes certain limitations and exclusions:

- Death by suicide (two years). This exclusion applies to coverage which was elected within the 2 year period immediately prior to death.

AD&D Insurance does not cover losses caused by or contributed by:

• Sickness; disease; or any treatment for either; • Any infection, except certain ones caused by an accidental cut or wound; • Intentionally self-inflicted injury, suicide or suicide attempt; • War or act of war, whether declared or not;	• Injury sustained while in the armed forces of any country or international authority; • Taking prescription or illegal drugs unless prescribed for or administered by a licensed physician; • Injury sustained while committing or attempting to commit a felony; • The injured person's intoxication.

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.

This Benefit Highlights Sheet is an overview of the Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

DISABILITY INSURANCE PLANS

SHORT-TERM DISABILITY INCOME PROTECTION

LONG-TERM DISABILITY INCOME PROTECTION

The following pages include information on both Short-Term Disability and Long-Term Disabilty plans available to eligible employees through UNUM.

Short-term and Long-term disability insurance provides income protection by paying a percentage of your monthly income if you become disabled and unable to work. If you elect long-term disability coverage, the district pays a portion of the cost of the monthly premium.

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Short Term Disability Income Protection insurance plan highlights
Policy number #537234

How many weeks can you afford to be without a paycheck? With Short Term Disability Insurance, you won't have to miss several weeks of pay if you are unable to work because of a non-work related injury or illness.

This voluntary STD plan pays a percentage of your weekly salary for up to 22 weeks if you meet the definition of disability defined in the plan. Premiums are payroll deducted on a post-tax basis, so any benefits paid to you are not subject to state or federal income tax.

Your Plan

Benefit Amount	66 2/3% of your base weekly earnings (as defined by your employer) to a maximum of $1,385 per week. (Employees currently enrolled in plans with benefit percentages of 33%, 50%, or 66% have the option of remaining in their current plan. However, all other UnumProvident plan provisions will apply.) Your STD benefits may be reduced by the amount of other income replacement benefits you receive for the same disability, such as benefits from state-mandated disability plans or Worker's Compensation, etc. However, the minimum weekly benefit is $25.
Guarantee Issue	You will not have to answer medical questions if you enroll before or on the date you become initially eligible, or within the 30 days following the date you become initially eligible for coverage. You will be required to provide evidence of insurability if you enroll following these enrollment periods or if you voluntarily cancel your coverage and are reapplying. Please see your Plan Administrator for your eligibility date.
Definition of Disability	You are disabled when Unum determines that due to your sickness or injury: • you are unable to perform the material and substantial duties of your regular occupation; and • you are not working in any occupation.
Elimination Period	The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is 30 days. If your disability is due to a sickness, your Elimination Period is 30 days.
Benefit Duration	If you meet the definition of disability you may receive a benefit for 22 weeks.

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Limitations/Exclusions/ Termination of Coverage

Pre-existing Condition Exclusion	You have a pre-existing condition if: • you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and • the disability begins in the 12 months after your effective date of coverage.
Instances When Benefits Would Not Be Paid	Benefits would not be paid for loss resulting from: • war, declared or undeclared, or any act of war; • active participation in a riot; • intentionally self-inflicted injuries; • loss of a professional license, occupational license or certification; • commission of a crime for which you have been convicted under state or federal law; • any period of disability during which you are incarcerated; • an **occupational injury or sickness**,(*this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law);* • pre-existing condition.
Termination of Coverage	Your coverage under the policy ends on the earliest of the following: • The date the policy or plan is cancelled; • The date you no longer are in an eligible group; • The date your eligible group is no longer covered; • The last day of the period for which you made any required contributions; • The last day you are in active employment except as provided under the covered layoff or leave of absence provision. Please see your Plan Administrator for further information on these provisions. Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.
Delayed Effective Date of Coverage	Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.
Questions on Claims or Benefits?	Call Unum's Customer Service Center at 800-421-0344.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Underwritten by:

Unum Life Insurance Company of America
2211 Congress Street, Portland, Maine 04122
www.unum.com

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Long Term Disability Income Protections insurance plan highlights 537234

This voluntary LTD plan pays a percentage of your monthly salary if you meet the definition of disability defined in the plan. The maximum period of payment is based on your age at disability. Your employer pays for half the cost (or a prorated portion if you are not a full time employee). Your half (or prorated portion) of the premiums are payroll deducted on a post tax basis, so that portion of your benefit is not subject to state or federal income tax.

Your Plan

Benefit Amount	60% of your base monthly earnings (as defined by your employer) to a maximum of $6,000 per month. Your LTD benefits may be reduced by the amount of other income replacement benefits you receive for the same disability, such as benefits from Social Security or Worker's Compensation, etc.
Guarantee Issue	You will not have to answer medical questions if you enroll before or on the date you become initially eligible, or within the 30 days following the date you become initially eligible for coverage. You will be required to provide evidence of insurability if you enroll following these enrollment periods or if you voluntarily cancel your coverage and are reapplying. Please see your Plan Administrator for your eligibility date.
Definition of Disability	You are disabled when Unum determines that: • you are limited from performing the material and substantial duties of your regular occupation; and • you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury. • After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience

Elimination Period	The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. LTD benefits would begin after 180 consecutive days of disability, as described in the definition above.
Benefit Duration	Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability. If your disability occurs before age 60, benefits will be payable until age 65. If your disability occurs at or after age 60, benefits would be paid according to a benefit duration schedule.
Cost of Living Adjustment	Unum will make a Cost of Living Adjustment (COLA) after you have received 1 full year(s) of payments for your disability. Your payments will increase by 2% beginning on the first anniversary of payments and each following anniversary while you continue to receive payments for your disability.

Additional Benefits

Rehabilitation and Return to Work Assistance	Unum has a vocational rehabilitation program available to assist you to return to work. This program is offered as a service, and is voluntary on your part and on Unum's part. Unum may elect to offer you a return-to-work program including, but not limited to, the following services: • coordination with your Employer to assist you to return to work; • evaluation of adaptive equipment to allow you to work; • vocational evaluation to determine how your disability may impact your employment options; • job placement services; • resume preparation; • job seeking skills training; or • retraining for a new occupation.
Waiver of Premium	You will not be required to pay LTD premiums as long as you are receiving LTD benefits.
Conversion	If you are covered under your group's LTD plan for 12 consecutive months and you choose to leave you may convert your LTD coverage to coverage under a group trust contract. There are certain times that you may not convert your coverage. Please see your certificate booklet for details.

Work/Life Balance Employee Assistance Program	Unum's work/life balance employee assistance program is a comprehensive resource designed to provide fast and convenient answers and advice on a wide variety of topics ranging from severe to everyday problems. Available to you and your family members, Unum's work/life balance employee assistance program provides 24 hour access to professional advice - even face to face sessions when needed. Every inquiry is answered by an experienced, masters-level consultant, who can help in a variety of ways including: telephone consultations, personalized searches and referrals, educational materials, Tips-on-Tape™, and online resources. Some of the topics addressed are parenting and childcare, older adults, legal and financial issues, emotional well-being and education. And if you should become disabled and be on claim, the new On Claim Support service can help you handle everyday concerns, the kinds of things that used to be easy to do. A consultant and a researcher can help find solutions to problems such as finding child care, setting up appointments and arranging transportation.
Universal Access Card	The Universal Access card puts you in touch with some of Unum's support services that enhance your coverage and help you deal with concerns both in and out of the workplace.
Worldwide Emergency Travel Assistance Services	A 24-hour network of emergency medical and legal resources offers valuable protection for you and your family when traveling more than 100 miles from home. With just one call, you have access to a global network of highly qualified professionals trained to manage any travel emergency. (Note that spouses traveling on business are not eligible.)
Survivor Benefit	Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment. This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In this case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

Limitations/Exclusions/ Termination of Coverage

Pre-existing Condition Exclusion	You have a pre-existing condition if: • you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; and • the disability begins in the first 12 months after your effective date of coverage.

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Instances When Benefits Would Not Be Paid	Benefits would not be paid for disabilities caused by, contributed to by, or resulting from: • intentionally self-inflicted injuries; • active participation in a riot; • war, declared or undeclared, or any act of war; • conviction of a crime under state or federal law; • loss of professional license, occupational license or certification; • pre-existing conditions (see definition). Unum will not pay a benefit for any period of disability during which you are incarcerated.
Mental and Nervous	Disabilities due to a sickness or injury which are primarily based on self-reported symptoms and disabilities due to mental illness have a limited payment period of 24 months per lifetime. Mental and nervous benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.
Termination of Coverage	Your coverage under the policy ends on the earliest of the following: • The date the policy or plan is cancelled; • The date you no longer are in an eligible group; • The date your eligible group is no longer covered; • The last day of the period for which you made any required contributions; • The last day you are in active employment except as provided under the covered layoff or leave of absence provision. Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.
Questions on Claims or Benefits?	Call Unum's Customer Service Center at 800-421-0344.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

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PREMIUM SCHEDULES

The following pages include the premium schedules listed below.

ACTIVE EMPLOYEE

Includes premiums for Health, Dental, and Long-Term Disability

SHORT-TERM DISABILITY

SUPPLEMENTAL TERM LIFE

VISION INSURANCE

COBRA PARTICIPANTS

Includes premiums for Health and Dental

RETIREE PARTICIPANTS

Includes premiums for Health and Dental

When reviewing premium schedules, remember that for active employees:

District pays full premium cost of:
Basic Term Life Insurance

District contributes to the premium cost of:
Health Insurance
Dental Insurance
Long-Term Disability Insurance

Employee pays full premium cost of:
Supplemental Term Life Insurance
Short-Term Disability Insurance
Vision Insurance

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Based on 12 checks*

Plans and Coverage	Monthly Premium Cost	Annual Cost Total	Eligible Hours Per Week: 35 + Hours per week — District Monthly Cost	35 + Hours per week — Employee Monthly Cost**	32.5 + Hours per week — District Monthly Cost	32.5 + Hours per week — Employee Monthly Cost**	30 + Hours per week — District Monthly Cost	30 + Hours per week — Employee Monthly Cost**
HEALTH PLANS								
ALTIUS (Traditional)								
Employee + 2 or more	1,397.50	16,770.00	1,212.75	184.75	1,051.05	346.45	970.20	427.30
Employee + 1	1,037.30	12,447.60	913.78	123.52	791.94	245.36	731.02	306.28
Employee Only	480.20	5,762.40	451.39	28.81	391.20	89.00	361.11	119.09
SELECTMED (Traditional)								
Employee + 2 or more	1,408.80	16,905.60	1,222.54	186.26	1,059.53	349.27	978.03	430.77
Employee + 1	1,045.50	12,546.00	921.01	124.49	798.21	247.29	736.81	308.69
Employee Only	484.00	5,808.00	454.96	29.04	394.30	89.70	363.97	120.03
ALTIUS (High Deductible)								
Employee + 2 or more	1,247.80	14,973.60	1,082.84	164.96	938.46	309.34	866.27	381.53
Employee + 1	926.20	11,114.40	815.91	110.29	707.12	219.08	652.73	273.47
Employee Only	428.80	5,145..60	403.07	25.73	349.33	79.47	322.46	106.34
SELECTMED (High Deductible)								
Employee + 2 or more	1,259.80	15,117.60	1,093.24	166.56	947.47	312.33	874.59	385.21
Employee + 1	935.00	11,220.00	823.66	111.34	713.84	221.16	658.93	276.07
Employee Only	432.80	5,193.60	406.83	25.97	352.59	80.21	325.46	107.34
LONG TERM DISABILITY								
UNUM								
Employee Only	18.09	217.08	9.05	9.04	7.84	10.25	7.24	10.85
DENTAL PLANS								
DELTA BASIC PPO								
Employee + 2 or more	88.19	1,058.28	79.09	9.10	68.54	19.65	63.27	24.92
Employee + 1	59.93	719.16	57.69	2.24	50.00	9.93	46.15	13.78
Employee Only	29.97	359.64	29.97	0.00	25.97	4.00	23.98	5.99
DELTA PREMIER + PPO								
Employee + 2 or more	118.32	1,419.84	79.09	39.23	68.54	49.78	63.27	55.05
Employee + 1	75.52	906.24	57.69	17.83	50.00	25.52	46.15	29.37
Employee Only	44.28	531.36	42.07	2.21	36.46	7.82	33.66	10.62

Premium schedule continued on next page

*Employees who receive 10 checks a year rather than 12 will prepay a protion of the annual premium. Therefore, the monthly amount deducted from an employee's paycheck will exceed the Employee Monthly Cost amount.

**Employees enrolled in district health insurance will also be subject to a monthly wellness premium in the amount of $6.25.

NOTE: Premiums listed for less than 30 hours per work week are applicable to employees who meet the eligibility criteria requirements of an employment start date and insurance eligibility date of June 30, 2004, or earlier.

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Active Employee Premium Schedules

January 1 through December 31, 2015

Based on 12 checks*

Plans and Coverage	Monthly Premium Cost	Annual Cost Total	Eligible Hours Per Week: 27.5 + Hours per week — District Monthly Cost	27.5 + Hours per week — Employee Monthly Cost**	25 + Hours per week — District Monthly Cost	25 + Hours per week — Employee Monthly Cost**	22.5 + Hours per week — District Monthly Cost	22.5 + Hours per week — Employee Monthly Cost**	20 + Hours per week — District Monthly Cost	20 + Hours per week — Employee Monthly Cost**
HEALTH PLANS										
ALTIUS (Traditional)										
Employee + 2 or more	1,397.50	16,770.00	889.35	508.15	808.50	589.00	727.65	669.85	646.80	750.70
Employee + 1	1,037.30	12447.60	670.11	367.19	609.19	428.11	548.27	489.03	487.35	549.95
Employee Only	480.20	5,762.40	331.02	149.18	300.93	179.27	270.83	209.37	240.74	239.46
SELECTMED (Traditional)										
Employee + 2 or more	1,408.80	16,905.60	896.53	512.27	815.03	593.77	733.52	675.28	652.02	756.78
Employee + 1	1,045.50	12,546.00	675.41	370.09	614.01	431.49	552.61	492.89	491.21	554.29
Employee Only	484.00	5,808.00	333.64	150.36	303.31	180.69	272.98	211.02	242.65	241.35
ALTIUS (High Deductible)										
Employee + 2 or more	1,247.80	14,973.60	794.08	453.72	721.89	525.91	649.70	598.10	577.51	670.29
Employee + 1	926.20	11,114.40	598.33	327.87	543.94	382.26	489.55	436.65	435.15	491.05
Employee Only	428.80	5,145.60	295.58	133.22	268.71	160.09	241.84	186.96	214.97	213.83
SELECTMED (High Deductible)										
Employee + 2 or more	1,259.80	15,117.60	801.71	458.09	728.83	530.97	655.94	603.86	583.06	676.74
Employee + 1	935.00	11,220.00	604.02	330.98	549.11	385.89	494.20	440.80	439.29	495.71
Employee Only	432.10	5,193.60	298.34	134.46	271.22	161.58	244.10	188.70	216.98	215.82
LONG TERM DISABILITY										
UNUM										
Employee Only	18.09	217.08	6.64	11.45	6.03	12.06	5.43	12.66	4.83	13.26
DENTAL PLANS										
DELTA BASIC PPO										
Employee + 2 or more	88.19	1,058.28	58.00	30.19	52.73	35.46	47.45	40.74	42.18	46.01
Employee + 1	59.93	719.16	42.31	17.62	38.46	21.47	34.61	25.32	30.77	29.16
Employee Only	29.97	359.64	21.98	7.99	19.98	9.99	17.98	11.99	15.98	13.99
DELTA PREMIER + PPO										
Employee + 2 or more	118.32	1,419.84	58.00	60.32	52.73	65.59	47.45	70.87	42.18	76.14
Employee + 1	75.52	906.24	42.31	33.21	38.46	37.06	34.61	40.91	30.77	44.75
Employee Only	44.28	531.36	30.85	13.43	28.05	16.23	25.24	19.04	22.44	21.84

*Employees who receive 10 checks a year rather than 12 will prepay a protion of the annual premium. Therefore, the monthly amount deducted from an employee's paycheck will exceed the Employee Monthly Cost amount.

**Employees enrolled in district health insurance will also be subject to a monthly wellness premium in the amount of $6.25.

NOTE: Premiums listed for less than 30 hours per work week are applicable to employees who meet the eligibility criteria requirements of an employment start date and insurance eligibility date of June 30, 2004, or earlier.

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SHORT-TERM DISABILITY RATES

Premium Rates per $10 of Base Salary		
Age	***Male***	***Female***
29 and under	.05	.10
30-39	.08	.13
40-49	.11	.20
50-59	.16	.27
60 and over	.23	.32

Sample Premium Calculation: Yearly base salary ($26,696) divide by 52 weeks = $513; weekly salary $513 x 66.6667% of benefit = $342.00 (round to nearest $10) = $340 divide by 10 = $34 x .23 (rate) = $7.82 monthly premium.

SUPPLEMENTAL LIFE RATES

Monthly Rates per $1,000 of Coverage

Attained Age	Employee & Spouse Rates
34 and under	$ .06
35 to 39	.09
40 to 44	.11
45 to 49	.17
50 to 54	.23
55 to 59	.39
60 to 64	.47
65 to 69	.76
70 to 74	1.43
75 to 79	2.49

Child(ren)		
	Coverage for $ 5,000	$ .78
	Coverage for $10,000	1.56

Calculate your total monthly premium here

	Desired No. of Thousands		Premium Per $1,000		Total Premium
Employee	_____	X	_____	=	_____
Spouse	_____	X	_____	=	_____
Child(ren)	$5,000 (.78)		$10,000 ($1.56)	=	_____
			Total Monthly Premium	=	_____

(Employee's who receive 10 checks a year rather than 12 will prepay a portion of the annual premium)

VISION MONTHLY RATES

Employee Only	$ 4.11
Employee + 1	$ 7.97
Employee + 2 or more	$10.46

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COBRA PREMIUMS

Qualified beneficiaries who continue coverage under COBRA, the federal health care continuation law, pay 102% of the premium cost. Premiums are remitted directly to the district's COBRA Administrator.

January 1, 2015 through December 31, 2015

Health Plans — Monthly Premiums

ALTIUS PEAK ADVANTAGE (Traditional Health Plan)

Family	$1,425.45
2-Party	1,058.05
Single	489.80

SELECT MED (Traditional Health Plan)

Family	$1,436.98
2-Party	1,066.41
Single	493.68

ALTIUS PEAK PLUS (High Deductible Health Plan)

Family	$1,272.76
2-Party	944.72
Single	437.38

SELECT MED HEALTHSAVE (High Deductible Health Plan)

Family	$1,285.00
2-Party	953.70
Single	441.46

Dental Plans — Monthly Premiums

DELTA BASIC PPO

Family	$ 89.95
2-Party	61.13
Single	30.57

DELTA PREMIER + PPO

Family	$120.69
2-Party	77.03
Single	45.17

Vision — Monthly Premiums

OPTICARE OF UTAH

Family	$ 10.67
2-Party	8.13
Single	4.19

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RETIREE PREMIUMS

As defined in the Davis School District Negotiated Agreements, employees who retire under the Davis School District Early Retirement Incentive Medical and Dental Plan (ERP) may continue to be enrolled in group medical and dental programs until they become eligible for medicare, or for ten consecutive years following retirement, whichever occurs first. Special provisions apply to retirees who return to active employment with the district. (Dependents may have limited continuation of coverage in cases where they would otherwise lose coverage - see ERP document.)

Retired Employees in **first three years** of plan participation–

- Refer to the Active Employee Premium Schedule.

Retired Employees **beyond the first three years** of plan participation–

- Refer to the schedule below.

January 1, 2015 through December 31, 2015

Health Plans	Monthly Premiums
ALTIUS PEAK ADVANTAGE (Traditional Health Plan)	
Family	$1,425.45
2-Party	1,058.05
Single	489.80
SELECT MED (Traditional Health Plan)	
Family	$1,436.98
2-Party	1,066.41
Single	493.68
ALTIUS PEAK PLUS (High Deductible Health Plan)	
Family	$1,272.76
2-Party	944.72
Single	437.38
SELECT MED HEALTHSAVE (High Deductible Health Plan)	
Family	$1,285.00
2-Party	953.70
Single	441.46

Dental Plans	Monthly Premiums
DELTA BASIC PPO	
Family	$ 89.95
2-Party	61.13
Single	30.57
DELTA PREMIER + PPO	
Family	$120.69
2-Party	77.03
Single	45.17

Vision	Monthly Premiums
OPTICARE OF UTAH	
Family	$ 10.67
2-Party	8.13
Single	4.19

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IMPORTANT INSURANCE NOTES

The following pages include important information regarding miscellaneous insurance issues.

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ADDITIONAL DISTRICT BENEFITS

In addition to insurance coverage, the district offers a significant number of valuable benefits to eligible employees. These benefits include, but are not limited to, the following: vacation leave, personal leave, sick leave, catastrophic sick leave bank, workers compensation coverage, early retirement plan, contribution to a tax-deferred annuity plan, participation in the Utah State Retirement System, and flexible benefit plan.

For more information about these benefits, review the current *Educators or Classified Negotiated Agreements* available on the district website at: www.davis.k12.ut.us or contact the District Payroll or Human Resources Departments.

BENEFICIARY CHANGES

Employees may change beneficiary designation for basic and supplemental life insurance coverage at any time. Change forms are available from the District Insurance Office.

BENEFIT PLAN INFORMATION

Information about district benefit plans can be found on the district website (www.davis.k12.ut.us). From the homepage, select *"Departments"* then *"Insurance"* for the *"Davis School District Benefits Guide,"* insurance change forms, insurance company website links, Medicare notice, privacy practices notice, etc.

CANCELLATION OF COVERAGE

Employees who wish to cancel insurance coverage do not need to wait for an open enrollment period. Any policy may be canceled by submitting a **written request** to the District Insurance Division. Coverage will be terminated the end of the month in which the request is received.

CHANGE OF ADDRESS

Employees who have a change of address need to notify the Payroll Office at 801-402-5236. Correct address information helps assure that information mailed from the insurance companies (e.g. membership cards, updated policy information, Explanation of Benefits) is received in a timely manner.

CHANGE OF NAME

By law, the district must use the name on an employee's social security card for payroll purposes. This assures that social security contributions are credited appropriately. The district also uses the name on the social security card for insurance identification purposes. Therefore, it is important that the same name is used when accessing health care services to avoid unnecessary claim denial. Employees should contact the Social Security Administration to make a name change on their card. The new social security card must be taken to the Payroll Department to update district records.

CHANGE OF STATUS

Employees who experience a change of status (marriage, birth, adoption, divorce, death, addition of children, deletion of children who lose dependent status, loss of spouse's job) must submit written notice of same to the District Insurance Division within 30 days of the effective date of the event. If notice is not submitted in a timely manner, coverage opportunities may be lost and/or delayed. **Failure to submit timely notice regarding spouse and/or dependents losing eligibility status may be considered insurance fraud and subject employees to district disciplinary action.**

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CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Meidicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Utah, you can contact the Utah Medicaid office at http://health.utah.gov/upp or 1-866-435-7414 to find out if premium assistance is available.

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

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

CONTINUATION OF COVERAGE UNDER COBRA

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

COORDINATION OF BENEFITS

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

As a general rule, when a child is covered as a dependent of both parents, under two separate plans, the primary plan is the plan carried by the parent whose birthday falls earliest in the calendar year. If both parents have the same birthday, the plan that has been in effect for the longest period of time is the primary plan. If an employee and his/her spouse both work for the District, refer to the Eligibility note in this section for coordination information.

In order to assure the appropriate processing of claims, you are required to provide information to all insurance companies regarding other coverage. Failure to provide requested information may result in a delay of processing or denial of claims.

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EARLY RETIREMENT PLAN (ERP)

- **Eligibility** - To be eligible for the ERP, employees must have ten years of salary schedule service credit (including five years current service in the district) and meet the eligibility requirements for and be receiving Utah State Retirement System benefits within 90 calendar days following retirement. Employees with at least five but fewer than ten years of salary service credit who meet the above criteria may also apply for these benefits on a pro rated basis. Employees and/or their dependents who are eligible for Medicare are not eligible to continue participation in the district's Early Retirement Plan (See "Medicare and Medigap Plans" in this section for more information.)

- **Enrollment** - Enrollment in the ERP is contingent upon the retiree completing an enrollment form and contributing the same premium for all coverage as required of active employees for the first three years and the full premium, as determined by the District Insurance Committee, for the following seven years. At time of retirement, employees may choose to take a credit of 21.5 percent of the value of their accumulated sick leave to be applied toward the payment of ERP insurance premiums during retirement.

- **Period of Coverage** - Employees who retire under the Early Retirement Incentive Program may continue to be enrolled in group medical and dental programs under the ERP until they become eligible for medicare, or for the ten consecutive years following retirement, whichever occurs first. By electing participation in this plan, employees and their dependents are electing an alternative to COBRA participation.

- **Life Insurance** - Participants in the ERP may also continue to carry life insurance during the first three years of retirement or until they become eligible for medicare, whichever occurs first. Employees who continue supplemental term life insurance coverage will be responsible for direct payment of premiums or for establishing a direct payment plan from their bank account. The initial premium must be paid within 30 days of the date of retirement. Additional premium payments are due the first of each month to the Davis School District Accounting Department, P. O. Box 588, Farmington, UT 84025-0588. If premiums are not paid on a timely basis, coverage will terminate at the end of the month for which premiums have been paid.

- **Dependent Coverage** - Special provisions apply for dependent coverage continuation in the ERP in cases where the retiree loses coverage eligibility. See the District Insurance Office for details. Please note, dependents eligible for medicare are ineligible for coverage under the ERP.

- **Return to Active Employment** - Special provisions apply to retired employees who receive Davis School District retirement incentives and subsequently return to employment with the Davis School District. See the District Insurance Office for details.

- **Additional Information** - For more information on the ERP, refer to the *Educators or Classified Negotiated Agreements* or call the Insurance Division at 801-402-5636.

EFFECTIVE DATE/TERMINATION DATE

As of January 1, 2014, the effective date of coverage for an insurance eligible employee is 90 calendar days after his/her start date for health insurance coverage, and the first day of the month following 90 calendar days after his/her start date for all other insurance coverages. An employee who loses insurance eligibility because of a break in service with the district does not have a 90-calendar day waiting period before the insurance effective date if the employee begins coverage, or is hired into an insurance eligible position, or combination of positions, by the district, within 12 months of losing coverage eligibility.

When dependent eligibility occurs subsequent to the employee's initial eligibility (e.g. marriage, birth, adoption) coverage will be effective the date of the event. Coverage that requires underwriting will not be effective until underwriting approval is completed. **Remember, no coverage will be effective without completion of appropriate Insurance Enrollment Forms and appropriate documentation.**

If an employee terminates employment or when coverage eligibility is lost, insurance coverage shall terminate the last day of the month in which eligibility was lost. However, if an employee working in a licensed position loses eligibility after the end of the school year, coverage may continue through: *August 31 for employees working on a traditional schedule or retiring from district employment; July 31 for employees working on a year round schedule.* If a dependent loses eligibility status unrelated to the termination of the employee (e.g. marriage, divorce, death, or child reaches age 26) insurance coverage shall terminate the last day of the month in which eligibility was lost.

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ELIGIBILITY

- **Employees Eligible to Participate in District Group Insurance Plans Include:**
  Employees with an employment start date July 1, 2004, or later, working in a position that is: authorized for an average of thirty (30) or more hours per work week and authorized for at least 168 days each fiscal year; OR, authorized for an average of thirty (30) or more hours per work week and authorized for a total of at least 1,008 hours each fiscal year.

  Employees with an employment start date and insurance eligibility date June 30, 2004, or earlier, working in a position that is: authorized for an average of twenty (20) or more hours per work week and authorized for at least 168 days each fiscal year; **OR**, authorized for an average of twenty (20) or more hours per work week and authorized for a total of at least 704 hours each fiscal year.

  Employees with an employment start date June 30, 2004, or earlier, but not eligible for insurance July 1, 2004, working in a position that is: authorized for an average of thirty (30) or more hours per work week and authorized for at least 168 days each fiscal year; **OR**, authorized for an average of thirty (30) or more hours per work week and authorized for a total of at least 1,008 hours each fiscal year.

  Employees working in a combination of positions that are: authorized for an average of thirty (30) or more hours per work week and authorized for at least 168 days each fiscal year; **OR**, authorized for an average of thirty (30) or more hours per work week and authorized for a total of at least 1,008 hours each fiscal year.

- **Retired Employees**
  A retired employee who has retired under the district incentive program and elected the Early Retirement Incentive Medical and Dental Plan (ERP) is eligible to participate as specified in the ERP.

- **Change in Work Hours**
  An eligible part-time employee who declined coverage when first eligible, but later experiences a change in approved work hours may apply to enroll if done so within 30 days of the change in hours. The change must be to a total of 35 hours or more per work week for licensed positions and 37.5 hours or more per work week for classified positions. The employee is responsible for contacting the Insurance Division to request and complete enrollment.

- **Married Couple Working for the District**
  If an employee and his/her spouse work for the district, both employees shall be eligible for coverage if they meet other eligibility guidelines. Medical and dental coverage shall be provided under the name of one spouse only rather than as coordinated coverage for both. Dependent children are eligible to be covered under only one district-employed parent.

- **Eligible Dependents**
  - Employee's spouse.
  - Employee's children under the age of 26.
  - Employee's children with disabilities age 26 and older (as specifically approved by the insurance carrier).

ENROLLMENT RESTRICTIONS

Employees who decline coverage or who do not apply for benefit coverage within 30 days of insurance eligibility date or change of status date shall not be able to enroll in coverage until the next district open enrollment period. In these cases, coverage is subject to insurance benefit restrictions as outlined in the insurance contracts.

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LEAVE OF ABSENCE

Employees anticipating or experiencing an absence exceeding ten consecutive work days shall submit a written request for a leave of absence to the Human Resources Department (regardless of accumulated paid leave). During a leave of absence, insurance coverage eligibility is lost at the end of the month in which an employee:

- not eligible for family and medical leave (FMLA) exhausts approved paid leave (or has no available paid leave for the position). If the employee is insurance eligible as a result of combined positions he/she loses insurance eligibility if paid leave is exhausted in a position that is needed to meet the insurance eligibility threshold.
- eligible for family and medical leave (FMLA) exhausts approved paid leave and is beyond the FMLA period. If the employee is insurance eligible as a result of combined positions, he/she loses insurance eligibility if paid leave is exhausted in a position that is needed to meet the insurance eligibility threshold and he/she is beyond the FMLA period.

Catastrophic sick leave and/or advanced paid leave approval provides paid leave only and does not provide for continuation of insurance eligibility.

MEDICARE "CREDITABLE COVERAGE NOTICE"

The "Creditable Coverage Notice" for Medicare eligible employees and dependents is included on page 74 of this Benefits Guide. This notice contains important information about the prescription drug coverage provided by the health insurance plans offered by Davis School District.

PREMIUM PAYMENT

- **Payroll Deductions**
  Insurance premiums shall be payroll deducted where possible. Deductions taken from an employee's payroll check at the end of the month are payment for that month's insurance coverage.

- **Schedule (Costs)**
  Where the district participates in the cost of insurance premiums, the contribution is prorated based on authorized average hours per work week for the position or combination of positions. Premium schedules are listed in this booklet and on the district web page.

- **Payment Adjustments**
  Employees are financially responsible for their portion of insurance premiums. When an employee does not receive a payroll check or receives a payroll check with an incorrect or insufficient insurance premium deduction, an adjustment will be made as soon as possible on a succeeding payroll check. Adjustments may consist of a refund or an additional premium deduction. In some cases, the employee may be asked to directly pay any amount owing.

- **Part-Time Employees**
  Employees who are scheduled to receive less than 12 checks per year will prepay a portion of the annual premium. Part-time employees working less than 225 days who are paid in 10 checks rather than 12 will have their annual insurance premium deducted over 9 payroll checks. If coverage eligibility is lost, any prepaid premium amount shall be refunded.

- **Married Couple Working for the District**
  If an employee and his/her spouse both work for the District in insurance eligible positions, the District shall pay up to 100% of the premium cost for one of the employed spouses for medical and dental coverage. Eligible, enrolled spouses employed in positions authorized for 32.5 or less hours per work week shall receive a prorated premium contribution reflecting the higher contribution level.

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SUMMARY OF BENEFITS AND COVERAGE (SBC) INFORMATON A summary of Benefits and Coverage (SBC) for each of the health insurance plans offered by the District may be found at www.davis.k12.ut.us/dsd/insurance.

WEB SITE INFORMATION

Information regarding insurance benefits, leaves of absence, family leave, retirement incentives and the catastrophic sick leave bank can be found on the district web site at: www.davis.k12.ut.us. Web site addresses for the different insurance carriers are listed at the end of this guide.

By using the district computer system you can:

- learn more about your current insurance enrollments.
- review the current Benefits Guide,
- review and/or print documents related to your coverage,
- link to company web sites.

To review your current insurance coverage, log on to the district's ENCORE System.

1. Select *Financial Information*
2. Select *Insurance*
3. Select the *Information Icon* 
4. Enter your Encore password
5. Select *Personnel Information (W4, Insurance)*
6. Select *Insurance*

To review other insurance information go to www.davis.k12.ut.us.

1. Select *Departments*
2. Select *Insurance*
3. Select *Specific Plan Information*

This is summary information only.
It is not meant to replace or fully interpret provisions of the negotiated agreements, FMLA, COBRA, district policy or your insurance benefits.
Benefits, eligibility guidelines and premium contributions are subject to change at any time.

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Davis School District

Important Notice from Davis School District About
Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Davis School District has determined that the prescription drug coverage offered by the Davis School District Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Davis School District coverage will not be affected. If you do decide to join a Medicare drug plan and drop your Davis School District coverage, be aware that you and your dependents will be able to get this coverage back if you continue to meet Davis School District's insurance eligibility guidelines.

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage. . . .

Contact the Davis School District Insurance Office at 801-402-5200 for further information or call Altius at 800-377-4161 or SelectHealth at 800-538-5038. NOTE: This notice will be provided each year. You will also get it before the next period you can enroll in a Medicare drug plan, and if this coverage through Davis School District changes. You may also request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage . . .

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 15, 2014
Name of Entity:	Davis School District
Contact Office:	District Insurance Office
Address:	45 E. State Street, Farmington, UT 84025
Phone Number:	(801) 402-5200

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FLEXIBLE BENEFIT PLAN

The following pages include information on how you can save on medical, dental etc. costs and how it works. Money taken out is on a pretax basis which can save around 30% in taxes!

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WHAT IS A FLEXIBLE BENEFIT PLAN?

The flexible benefit plan allows you to elect an amount for the year that you plan to spend on out-of-pocket health care and day care expenses. The money is then taken out of your paycheck on a pretax basis, which means you can save around 30% in taxes!

You Save:

7.65% FICA
7.1% State
15% + Federal
30% + Savings

For example: If you pay $100/month for braces with this plan, you could save $360/year in taxes!

HOW DOES IT WORK?

You deposit money into your account through pre-tax payroll deductions. Once eligible expenses are incurred, you simply file a request to receive reimbursement from your account. These expenses can be incurred by yourself, your spouse or any of your dependants. NBS processes claims daily so you will receive your reimbursement funds quickly!

HOW DO I GET REIMBURSED?

You can pay for expenses out of pocket, and then send in your receipt with the reimbursement claim form to NBS, or you can choose to get the NBS Benefits Prepaid MasterCard. For more information about this card, see page 80.

ARE THERE MAXIMUM AMOUNTS I CAN CONTRIBUTE?

The maximum annual election for a health care expense account is $2,500. This maximum amount is set by the IRS and was reduced in 2013 due to Health Care Reform legislation. The maximum allowable election for a dependent care account is $5,000 per family for a married couple filing jointly (or a single parent) and $2,500 for a married person filing separately.

CAN I CHANGE THE AMOUNT I CONTRIBUTE DURING THE YEAR?

Yes, you can change your contribution amount during the year, but only if you have a qualifying life event occur during the year. These events include: a birth or death in the family, adoption, no longer dependent, marriage or divorce, employment change, and spousal employment change.

DO I NEED TO SPEND ALL OF THE MONEY THIS PLAN YEAR?

Careful planning is important. For an expense to be eligible it must be incurred in the plan year. The Internal Revenue Code does not allow the plan to return your unused payroll deductions to you. There is, however, a claims grace period through March 15th following the plan year during which expenses for reimbursement under your account can continue to be incurred. Reimbursement requests will be paid out from any funds left over from the previous plan year first. All requests for reimbursement for the plan year and the grace period must be submitted by March 31st following the plan year.

SPECIAL NOTE FOR EMPLOYEES ELECTING "HIGH DEDUCTIBLE HEALTH PLAN" INSURANCE COVERAGE:

If you elect one of the High Deductible Health Plan insurance options along with a Health Saving Account, you will not be eligible for a regular health care flexible spending account. You do, however, have the option of enrolling in a "limited purpose" flexible spending account. This limited purpose flexible spending account may be used only for qualified vision and dental expenses. The maximum annual election for this type of account is $2,500.

HOW DO I SIGN UP?

Use the District's electronic open enrollment system .

The District's insurance open enrollment period is the only time you may elect to enroll in the plan unless you are a new employee.

You must make a new election each year during open enrollment if you wish to continue your participation in the Flexible Benefit Plan.

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FLEXIBLE BENEFIT PLAN EXAMPLE

	Without 125 Plan	With 125 Plan
Gross Pay	**$1,500.00**	**$1,500.00**
Amount Withheld for Flexible Benefit Plan	0.00	-200.00
Taxable Earnings	**$1,500.00**	**$1,300.00**
Minus:		
Federal Income Tax (15%)	-225.00	-195.00
State Income Tax (7.2%)	-108.00	-93.60
FICA (7.65%)	-114.75	-99.45
Same expenses paid After Taxes . . .	-200.00	0.00
Take Home Pay	852.25	911.95
	Monthly Savings	**$59.70**
	Annual Savings	**$716.40**

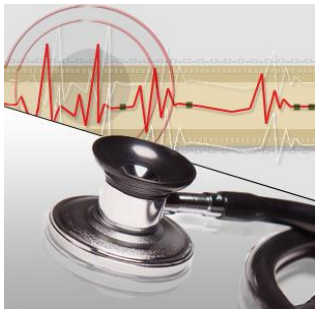
www.nbsbenefits.com

On our website you can:

Access your account balance 24 hours per day
Get all forms including reimbursement forms
Calculate projected savings and expenses
Find many other useful forms and financial planning tools

Health Care Expense Account
Sample Expenses

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence



Medical Expenses

Acupuncture
Addiction programs
Adoption (medical expenses for baby birth)
Alternative healer fees
Ambulance
Body scans
Breast pumps
Care for mentally handicapped
Chiropractor
Co-payments
Crutches
Diabetes (i.e. insulin, glucose monitor)
Eye patches
Fertility treatment
First aid (i.e. bandages, gauze)
Hearing aids & batteries
Hypnosis (for treatment of illness)
Incontinence products (ie Depends, Serene)
Joint support bandages and hosiery
Lab fees
Monitoring device (blood pressure, cholesterol)
Physical exams
Pregnancy tests
Prescription drugs
Psychiatrist/Psychologist (for mental illness)
Physical therapy
Speech therapy
Vaccinations
Vaporizers or humidifiers
Weight loss program fees (if prescribed by physician)
Wheelchair

Dental Expenses

Artificial teeth
Co-payments
Deductible
Dental work
Dentures
Orthodontia expenses
Preventative care at dentist office
Bridges, crowns, etc.

Vision Expenses

Braille – books & magazines
Contact lenses
Contact lens solutions
Eye exams
Eye glasses
Laser surgery
Office fees
Guide dog and its upkeep, other animal aid

Items listed below generally do not qualify for reimbursement

Personal Hygiene (i.e. deodorant, soap, body powder, shaving cream, sanitary products)
Addiction products
Allergy relief (oral meds, nasal spray)
Antacids and heartburn relief
Anti-itch and hydrocortisone creams
Athlete's foot treatment
Arthritis pain relieving creams
Cold medicines (i.e. syrups, drops, tablets)
Cosmetic surgery
Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)
Counseling (i.e. marriage/family counseling)
Dental care – routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, breath strips, teeth whitening/bleaching, etc.)
Exercise equipment
Fever & pain reducers (i.e. Aspirin, Tylenol)
Hair care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)
Health club or fitness program fees
Homeopathic supplement or herbs
Household or domestic help
Laser hair removal
Laxatives
Massage therapy
Motion sickness medication
Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
Skin care (i.e. sun block, moisturizing lotion, lip balm)
Sleep aids (i.e. oral meds, snoring strips)
Smoking cessation relief (i.e. patches, gum)
Stomach & digestive relief (i.e. Pepto-Bismol, Imodium)
Tooth and mouth pain relief (Orajel, Anbesol)
Vitamins
Wart removal medication
Weight reduction aids (i.e. Slimfast, appetite suppressant

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

For Additional Information, Visit www.nbsbenefits.com

Welfare-547 (1/12)

NBS Benefits Prepaid MasterCard®

The Smart Way to Pay for the Things You Need

The NBS Benefits® Prepaid MasterCard®
As part of your flexible benefit plan, you can receive your own NBS Benefits card that makes using your flex dollars easier than ever. As long as the merchant or service provider accepts MasterCard, there's no need to pay cash upfront and then wait for reimbursement.

HERE'S HOW IT WORKS . . .

1. Enroll in the flexible benefit plan and select an annual contribution amount.
2. Pre-tax funds are loaded into your account via payroll deduction.
3. You receive your NBS Benefits card in the mail, and can use it immediately for qualified expenses. Funds are deducted directly from your flex account. Purchases that exceed the available funds are declined, and you'll have to use another form of payment and submit a claim for reimbursement.
4. An NBS Benefits card is similar to a credit card in that you always select "Credit" and sign for purchases. Your card does not require a PIN and you cannot withdraw cash. If the merchant or service provider does not accept MasterCard, you'll need to use another form of payment and submit a claim for reimbursement. To see a list of stores that accept the card see http://sig-is.org/card-holder/store-locator.
5. If you already have an NBS Benefits card, please retain the card as it will be reloaded with your new plan year's election amount.

Sign up for the flexible benefit plan today, and keep those hard earned dollars in your wallet.

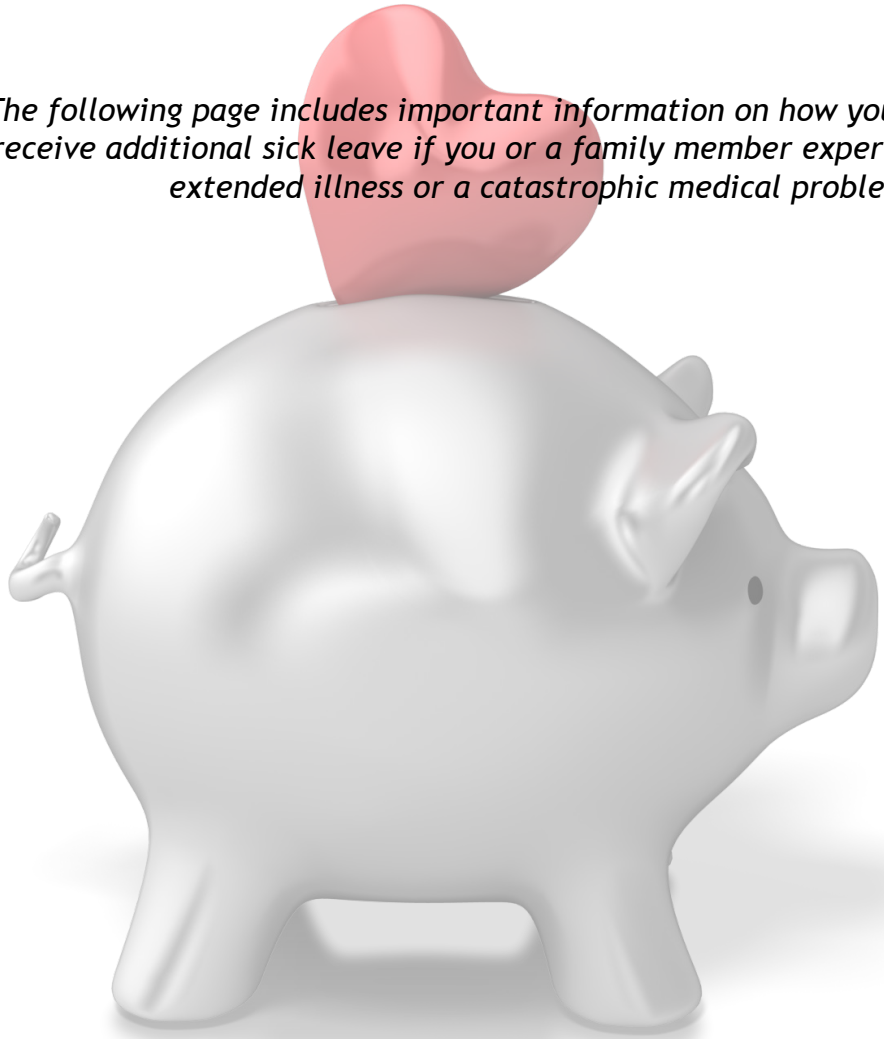
Please note, the NBS Benefits Card is optional and costs $18 per year. The cost will be subtracted up front from your first check of the year, tax-free. You will be sent one card automatically when you enroll for the card. You can request additional cards at https://nbsbenefits.com/ordernew-cards. You can get a second card at no additional cost, then for each card after there is a $5 card fee. Enrollment is for the plan year and is not reversible. **If you have any questions about the plan, call the District Payroll Department at 801-402-5236 or NBS at 800-274-0503.**

KEEP YOUR NBS BENEFITS CARD FOR 2015

To re-activate your NBS Benefits card and/or re-enroll, employees must access the open enrollment system to make those elections. When you elect or re-activate the NBS Benefits card, the administrative fee will be a one time deduction from your January payroll check, and your elected amount is loaded to your card for the 2015 plan year. Some of your cards will be expiring during the 2015 plan year. You can check your expiration date on your card. Most cards are good for three years. If your card is expiring in 2015, you will receive a new card at no additional cost in your name one month prior to the expiration date. Please watch for these to come in the mail to your home.

CATASTROPHIC SICK LEAVE BANK

The following page includes important information on how you can qualify to receive additional sick leave if you or a family member experience a severe, extended illness or a catastrophic medical problem.



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WHAT IS THE CATASTROPHIC SICK LEAVE BANK?

Upon the recommendation of the Davis Education Association and the Davis Educational Support Professionals, the district has established a Catastrophic Sick Leave Bank from which participating employees may receive additional sick leave when they or an immediate family member experience a severe, extended illness or a catastrophic medical problem.

Who is qualified for the benefit?

Only employees who have contributed to the bank as required and who have depleted all available sick leave and personal/vacation leave shall be eligible to receive consideration for sick leave from the bank.

Only severe, extended illness and catastrophic medical problems of an employee or immediate family member will be considered for leave withdrawals from the bank. Illness or medical problems of a short-term nature shall not be considered. Life-threatening illness and severe accidents requiring extended recovery periods will be given first priority.

How to apply for the benefit.

Requests to use leave from the Catastrophic Sick Leave Bank must be in writing and addressed to the Human Resources Director. The request must include:

- reason for the request,
- written verification from attending physician (indicating nature, severity of illness or health problem, and projected recovery date).

The district reserves the right to approve requests, deny requests, or to approve only a portion of the days requested.

HOW TO ENROLL IN THE CATASTROPHIC SICK LEAVE BANK

To participate in the Catastrophic Sick Leave Bank program, an employee must contribute one day of his or her sick leave to the bank. This contribution must be made during the district's insurance open enrollment period. The contribution is made by following the instructions on the district's automated open enrollment system.

Who should contribute?

Due to the fact that the Catastrophic Sick Leave Bank still has a substantial balance of hours remaining, employees who contributed to the bank during either of the two previous years' open enrollment periods do not need to contribute again this year in order to remain eligible for the program's benefits during the upcoming year. (The district's automated open enrollment system will let you know if you contributed to the bank during the previous two years.)

Employees who did not contribute a day of sick leave during either of the last two years but wish to participate in the Catastrophic Sick Leave Bank program will need to contribute one day of sick leave to the bank prior to the end of this year's open enrollment period. Employees who contribute during the open enrollment period will be eligible to apply for benefits from the Catastrophic Sick Leave Bank beginning January 1, 2015.

Specific provisions governing the Catastrophic Sick Leave Bank may be found in the current Classified Agreement and Educators' Agreement.

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Contact Information

Customer Service/RX	800-377-4161
Local	801-323-6200
MH Net (Mental Health)	800-701-8663
www.altiushealthplans.com	

Customer Service	800-538-5038
Local	801-442-5038
Member Advocates	801-442-4993
Mail Order RX	800-875-3146
Mental Health	800-876-1989
www.selecthealth.org	

Customer Service	800-521-2651
www.deltadentalins.com	

Customer Service	800-363-0950
www.opticareofutah.com	

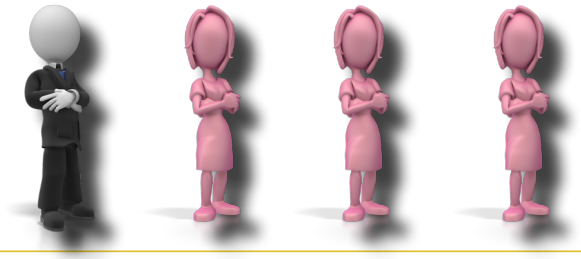
Customer Service	800-421-0344
www.unum.com	

Customer Service	800-886-5598 ext.32806
www.groupbenefits.thehartford.com	

Customer Service	866-346-5800
www.healthequity.com	

Customer Service	800-274-0503
Local	801-532-4000
Fax	800-478-1528
www.nbsbenefits.com	

Davis School District Payroll Department	
Flexible Benefits Questions	801-402-5282



Davis School District Insurance Division	
Nyoka Egan-Insurance Technician	801-402-5200
Email: negan@dsdmail.net	
Denise Robins Insurance Specialist	801-402-5139
Email: drobins@dsdmail.net	
Rose Bassett -Insurance Technician	801-402-5636
Email: rbassett@dsdmail.net	
Steven Baker-HR Associate Director	801-402-5315
Email: stbaker@dsdmail.net	

Toll Free	800-688-401k
Local	801-366-7770
www.urs.org	

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