



# City Of Moab

# 2023

Benefits Book

Presented by: Intermountain Insurance Services

# CONTACT INFORMATION FOR BENEFIT VENDORS

Health Insurance .....2  
**Select Health**  
Member Services: 1-800-538-5038  
Website: [www.selecthealth.org](http://www.selecthealth.org)

Dental Insurance .....11  
**TDA/EMI**  
Customer Service: 800-662-5851  
Website: [www.EMIhealth.com](http://www.EMIhealth.com)

Vision Insurance .....12  
**VSP**  
Customer Service: 1-800-877-7195  
Website: [www.vsp.com](http://www.vsp.com)

Life & AD&D Insurance .....14  
**LifeMap**  
Customer Service: 1-800-286-1129  
Website: [www.lifemapco.com](http://www.lifemapco.com)

Short-Term Disability Insurance .....20  
**Mutual of Omaha**  
Customer Service: 1-800-775-6000  
Website: [www.mutualofomaha.com](http://www.mutualofomaha.com)

Teladoc.....23  
**Teladoc**  
Customer Service: 1-800-835-2362  
Website: [www.teladoc.com](http://www.teladoc.com)

HSA Bank.....  
**HSA Bank**  
Customer Service: 1-800-357-6246  
Website: [www.hsabank.com](http://www.hsabank.com)

Employee Assistance Program.....24  
**Blomquist Hale**  
Claims: 1-800-929-9619  
Website: [www.blomquisthale.com](http://www.blomquisthale.com)

Insurance Agent.....  
**Intermountain Insurance Services**  
Agent: Jeff Kelsey  
Account Manager: Angie Schroader  
Customer Service: 801-814-0050



MED NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY	
IN-NETWORK	OUT-OF-NETWORK
When using In-Network Providers, you are responsible to pay the amounts in this column.	When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS		
Lifetime Maximum Plan Payment - <i>Per Person</i>	None	
Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	calendar Year	
Maximum Annual Out-of-Network Payment - (per calendar Year)	None	None
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET <sup>5,6</sup>	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$2,500	\$5,000
Out-of-Pocket Maximum	\$3,000	\$6,000
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible	\$5,000	\$10,000
Out-of-Pocket Maximum	\$6,000	\$12,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice <sup>4</sup>	20% after Deductible	40% after Deductible
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per calendar Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup>	20% after Deductible	40% after Deductible
Up to 40 days per calendar Year for all therapy types combined		
Physician's Fees - ( <i>Medical, Surgical, Maternity, Anesthesia</i> )	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) <sup>1</sup>	20% after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100% after Deductible	Not Covered
Secondary Care Provider (SCP) <sup>1</sup>	20% after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20% after Deductible	Not Covered
Major Surgery	20% after Deductible	40% after Deductible
Physician's Fees - ( <i>Medical, Surgical, Maternity, Anesthesia</i> )	20% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA <sup>2,3</sup>	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	Not Covered
Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Not Covered
VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	Not Covered
All Other Eye Exams	20% after Deductible	40% after Deductible
OUTPATIENT SERVICES <sup>4</sup>	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	20% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room - ( <i>In-Network facility</i> )	20% after Deductible	See In-Network Benefit
Emergency Room - ( <i>Out-of-Network facility</i> )	20% after Deductible	See In-Network Benefit
Intermountain InstaCare <sup>®</sup> Facilities, Urgent Care Facilities	20% after Deductible	40% after Deductible
Intermountain KidsCare <sup>®</sup> Facilities	20% after Deductible	Not Available
Intermountain Connect Care <sup>®</sup>	Covered 100% after Deductible	Not Available
Radiation and Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major <sup>2</sup>	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	20% after Deductible	40% after Deductible



MED NETWORK / HSA QUALIFIED

	MEMBER PAYMENT SUMMARY	
	IN-NETWORK	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption <sup>4,7</sup>	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices <sup>2,4</sup> <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	Not Covered
Donor Fees for Covered Organ Transplants <sup>4</sup>	20% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	Not Covered
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Chemical Dependency <sup>4</sup>		
Office Visits	20% after Deductible	40% after Deductible
Virtual Visits	Covered 100% after Deductible	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20% after Deductible	40% after Deductible
Residential Treatment <sup>2</sup>	20% after Deductible	40% after Deductible
Injectable Drugs, Chemotherapy, and Specialty Medications <sup>4</sup>	20% after Deductible	40% after Deductible
Bariatric Surgery ( <i>Up to one surgery/lifetime</i> ) <sup>4</sup>	See Professional, Inpatient or Outpatient	Not Covered
<b>PRESCRIPTION DRUGS</b>		
Prescription Drug List (formulary)	RxSelect <sup>®</sup>	
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>		
Tier 1	\$15 after In-Network Deductible	
Tier 2	\$30 after In-Network Deductible	
Tier 3	\$50 after In-Network Deductible	
Tier 4	\$100 after In-Network Deductible	
Maintenance Drugs- <i>90 Day Supply (Mail-Order, Retail 90<sup>®</sup>)-selected drugs</i> <sup>4</sup>		
Tier 1	\$15 after In-Network Deductible	
Tier 2	\$60 after In-Network Deductible	
Tier 3	\$150 after In-Network Deductible	
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 **All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the Allowed Amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.**

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

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

**Benefits are administered and underwritten by SelectHealth, Inc.<sup>SM</sup> (domiciled in Utah).**





## Network Options - Medical

**SelectHealth Value** – pairable with HMO plans, Value can be offered to employees who live or work in Salt Lake, Utah, Davis, Weber, and Tooele counties, this network has about 5,000 providers.

**SelectHealth Med** – pairable with HMO or POS plans, this network is offered anywhere in Utah and has about 2,000 more providers than SelectHealth Value.

**SelectHealth Care** – pairable with HMO or POS plans, Care can also cover employees who live outside of Utah. This network has about 300 more providers than SelectHealth Med

Making sure you get the right care is our priority. All of our network options include your **Complete Care**.



### PRIMARY CARE PROVIDERS

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history, be your partner in preventive care, and help you find other doctors when you need them.

### INTERMOUNTAIN CONNECT CARE®

Visit a provider 24/7 via live online video. Many plans cover this service for only \$10, and you'll never pay more than \$49 for the visit.

### INTERMOUNTAIN INSTACARE®

What's open late and costs less than the ER? Our InstaCare and KidsCare clinics. If you need urgent care, these are great options.

### HOSPITALS

Intermountain hospitals span the state of Utah, offering a variety of care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it.

### SPECIALISTS

When you need more than your PCP, our network of specialists and surgeons can help—and there are thousands to choose from.

### LOCAL CLINICS

Intermountain community clinics and contracted clinics are in your area, so you never have to drive far to get the care you need. Plus, some clinics have extended hours!

### EMERGENCY CARE

If you have an emergency, call 911 or go to the nearest hospital—we've got you covered anywhere you are.

### INTERMOUNTAIN HEALTH ANSWERS®

Our free nurse line is available 24/7. Call about any medical condition and we'll help ease your mind.



## It all starts with one good choice. Here's seven reasons to make SelectHealth your partner for better health.

### 1. RANKINGS AND NETWORKS

The National Committee for Quality Assurance has ranked us as Utah's top health plan for the past six years.\* Integration with Intermountain Healthcare® means that our members have access to some of the best hospitals, clinics, and doctors in the state. And for employees that live outside of Utah, we have arrangements with the MultiPlan and PHCS national networks of healthcare providers and facilities.

\*According to NCQA's Private Health Insurance Plan Rankings, 2013–2014

### 2. WORKING TO LOWER HEALTHCARE COSTS

Since many of our network doctors, providers, and hospitals support the same best practices and data-driven approach to healthcare that we do, our partnership drives innovation, efficiency, convenience, and lower costs. We can keep costs down by sharing data and identifying the most effective clinical practices.

Performance-based pay or “quality incentive” is a payment model that rewards caregivers for quality and efficiency. Our program gives doctors a financial incentive to achieve evidence-based benchmarks for primary care and the treatment of many common diseases. It also provides financial disincentives for unnecessary tests or procedures. Working with Intermountain Healthcare means more doctors and facilities participate in our quality incentive program, reducing costs and improving care.

Our members play a part, too, by seeking care in appropriate places, living healthy lifestyles, and following their doctor's prescribed treatments. This approach is called Shared Accountability, and it is helping us achieve the Triple Aim of better health, better care, and more predictable costs.

### 3. EXCELLENT PRESCRIPTION DRUG COVERAGE

SelectHealth Prescriptions® offers benefits at over 39,000 participating pharmacies and preferred pricing at many area pharmacies. Developed by physicians and pharmacists with years of clinical expertise, our formularies and pharmacy edits reduce prescription costs and support our generic dispensing rate of 84 percent, which is higher than the national average.

We don't employ pricing spreads. Instead we use a pass-through pricing model with no hidden fees or marked-up rates. This means our contracted rates with participating pharmacies are the same rates you will pay for prescription drugs.

Our online tools are designed to empower members to save money on prescription drugs. Members can see how different drugs are covered, how much they cost, and whether there are lower-cost generic alternatives available.

### 4. EXCEPTIONAL SERVICE

Our award-winning customer service team strives to resolve concerns on the first call. Representatives answer members' questions about claims or benefits - with extended weekday and Saturday hours. In addition, SelectHealth Member Advocates® help members find the right doctor for their needs. They will schedule appointments and help members find the closest or most appropriate facility or doctor.

While observing the highest standards of member privacy, our team has unique access to real-time clinical data about hospital admissions, emergency room visits, prescriptions, physician notes, and test results. We evaluate the data to promote cost-effective outcomes and ensure quality. This reduces unnecessary or duplicative procedures.

### 5. HELPING PEOPLE GET HEALTHY

Partner with SelectHealth to include our Healthy Living product in your workplace program to establish a culture of wellness. We combine employer consultations, an online community, and health education to engage your employees in adopting behaviors that support their well-

### 6. ADVANCED DIGITAL TOOLS

The SelectHealth member account, our secure member website, provides important health and benefit information 24 hours a day, seven days a week. Also, the new Intermountain Mobile App makes managing health easier. It offers many features designed to simplify the healthcare experience, including the ability to view lab results, get in line at an Instacare®, and view member ID Cards.

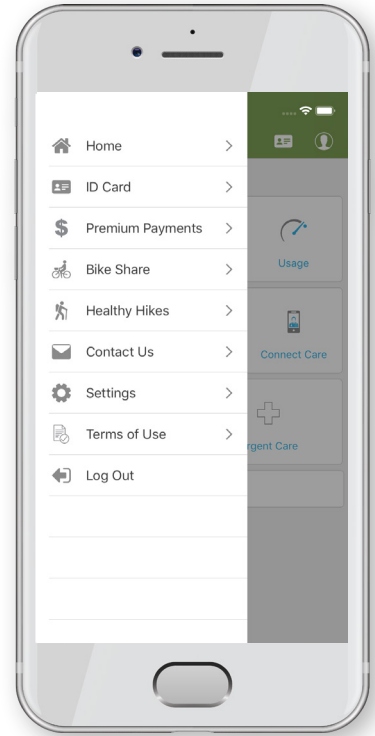
### 7. CONTRIBUTING TO A HEALTHIER COMMUNITY

From sponsoring the GREENbike program in Salt Lake City to helping elementary school kids stay active through programs like STEP Express, SelectHealth is invested in our community's health. Additionally, our Select 25 program awards \$2,500 each to 25 nonprofit organizations that encourage healthy behaviors or serve populations with special needs. And last year alone, 36,610 people attended our 244 free health fair events.

# Online Tools

## EVERYTHING AT YOUR FINGERTIPS

Our secure member website is your one-stop for information about your healthcare. Access your account using your mobile device or computer by visiting [selecthealth.org](https://selecthealth.org) and selecting "Member Login."



### THE SELECTHEALTH APP

On the go? Download the free SelectHealth app to access your account for your healthcare information and online tools!

### MEDICAL COST ESTIMATOR

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

### ID CARDS

Lost your ID card? No worries—you can view and print copies of your card by logging in to your member account.

### REQUEST A CALL

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

### CHAT WITH US

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

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

Also, If you use intermountain healthcare doctors and facilities you can connect to *My Health+* using the same username and password as your SelectHealth account.

### RX SAVINGS SOLUTIONS

Rx Savings Solutions is an easy to use, comprehensive online prescription tool that shows you ways to spend less money on your prescriptions. It will automatically alert you if you are paying too much for your medication and identifies less expensive alternatives.

Log into your SelectHealth member account at [selecthealth.org/rxsavings](https://selecthealth.org/rxsavings) to enroll and start saving!

# Choosing the Right Care



Getting the right care depending on your needs ensures you keep costs down. There are many care options to choose from.

## REGULAR SCHEDULED CARE

Scheduled care keeps you in shape and can help detect and correct any issues that may occur. Here are a few regular care resources.

### PRIMARY CARE PROVIDERS

A Primary Care Provider (PCP) treats patients for common medical problems and illness. You can trust a PCP to know your history, provide preventive care, and help you find necessary specialists. To find an in-network doctor, visit [selecthealth.org/find-a-doctor](https://selecthealth.org/find-a-doctor).

### SPECIALISTS

When you need more than your PCP, our network of specialists and surgeons can help—and there are thousands to choose from.

### LOCAL CLINICS

Intermountain community and contracted clinics are in your area, so you never have to drive far to get the care you need. Plus, some clinics have extended hours!

## WHEN YOU NEED HELP NOW

Choosing the right type of care can save you time and money.

### INTERMOUNTAIN HEALTH ANSWERS®

Our free nurse line is available 24/7 to ease your mind. Call **844-501-6600** about any condition or concern.

### INTERMOUNTAIN CONNECT CARE®

Connect Care® is a convenient way to talk to your provider about urgent medical issues. Use your mobile device, anytime, anywhere—all for \$0 out-of-pocket costs per visit.

To get started, download the app or visit [intermountainconnectcare.org](https://intermountainconnectcare.org).

### INTERMOUNTAIN INSTACARE®

What's open late and costs less than the ER? InstaCare clinics. If you need urgent care, this is a great option.

## EMERGENCY AND URGENT CARE

We've got you covered outside your network service area if you need urgent or emergency care. If you need urgent care while in Utah, you'll need to go to an in-network facility. For emergencies, call 911 or go to the nearest hospital.

## EXTRA SPECIAL CARE

For times when you need more than just your regular doctor, we have a broad network of facilities for any kind of treatment you seek.

## HOSPITALS

Intermountain hospitals span the state of Utah, offering a variety of care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more. And because we are integrated with Intermountain, you get high-quality care at a low cost.

Outside of Intermountain hospitals, we partner with top-quality facilities and providers to get you the care you need most.

## INTERMOUNTAIN EMPLOYEE ASSISTANCE PROGRAM (EAP)

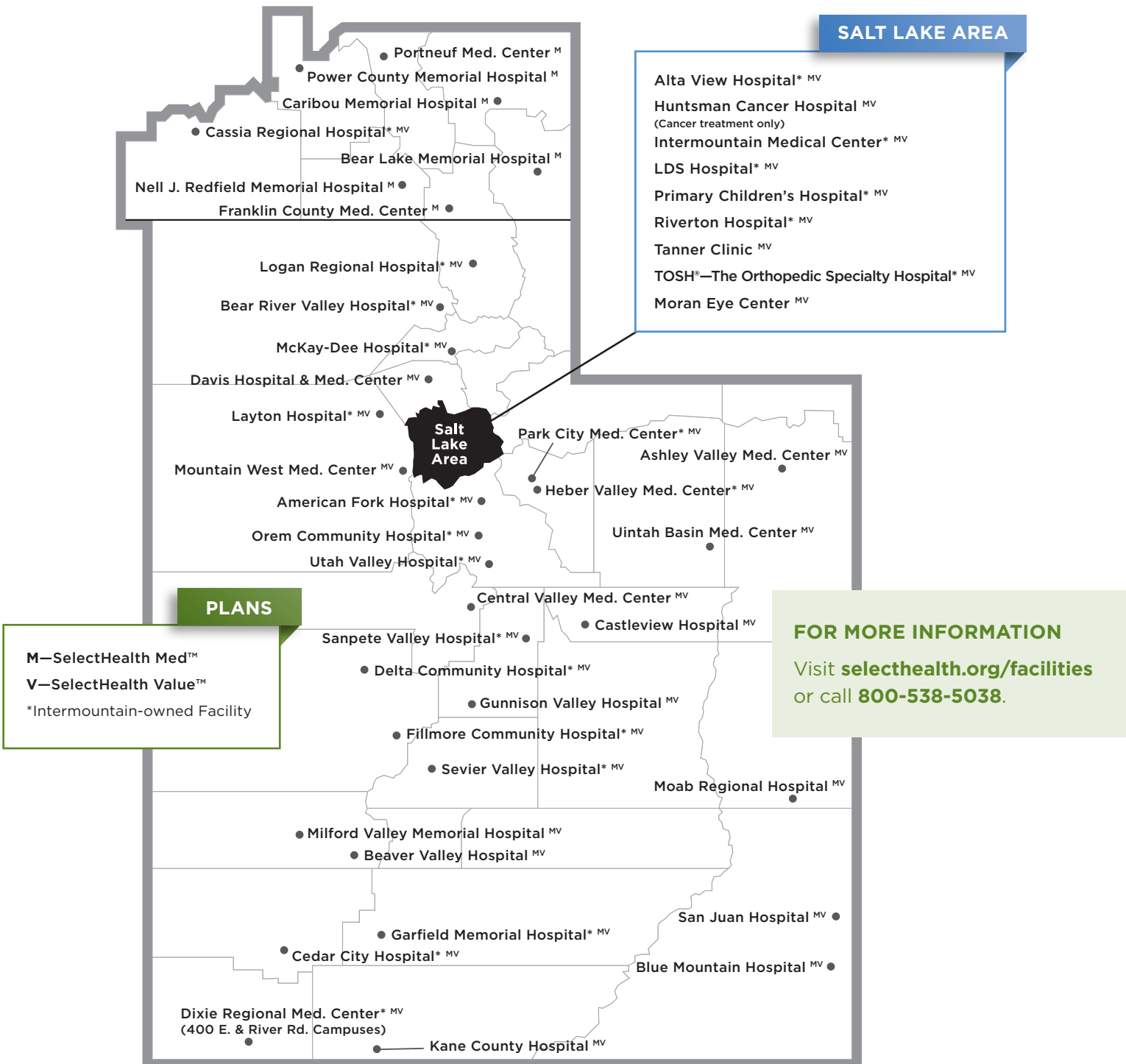
We've added the Intermountain LiVe Well Employee Assistance Program to your plan at no additional cost to you! Take advantage of:

- > Up to four counseling sessions per incident, per family member (children up to age 26)
  - Counseling sessions offered in person, virtually, or over the phone
  - Includes assessment for EAP appropriateness, problem solving, short-term counseling, and referral to additional services
- > Telephonic crisis response available 24/7
- > Access to Intermountain web-based EAP resources

Questions? Visit [intermountainhealthcare.org/eap](https://intermountainhealthcare.org/eap).

# Facility Map

Use the map and key below to determine which hospitals are in-network on your SelectHealth plan.



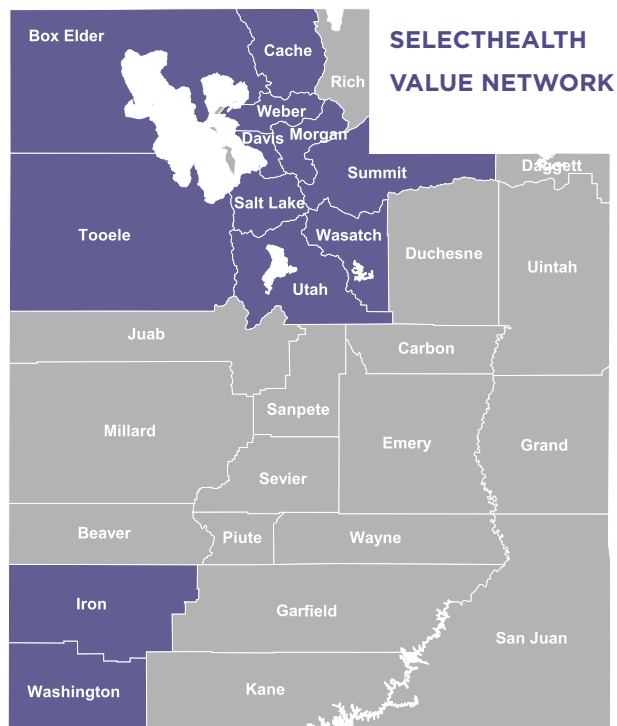


# Our Networks

Our integration with Intermountain Healthcare gives you access to the best hospitals, clinics, and doctors in Utah. We offer two provider networks that range in size and coverage.

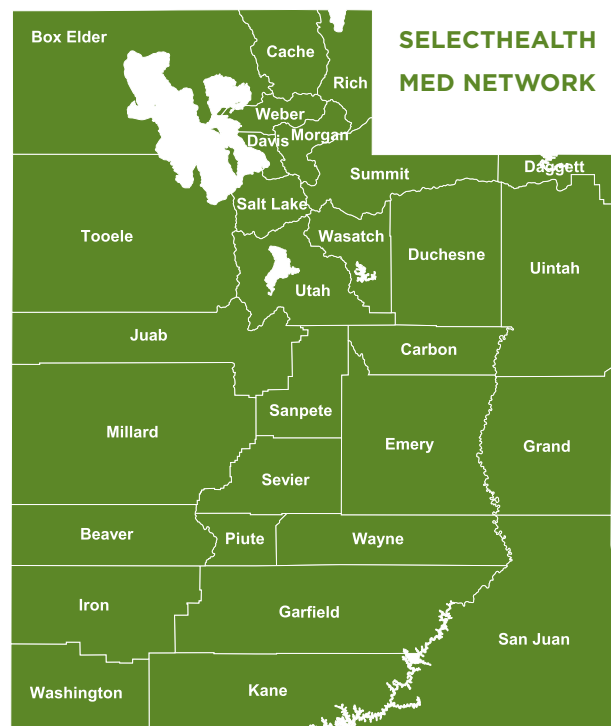
## SELECTHEALTH VALUE NETWORK

SelectHealth Value® is highly integrated with Intermountain Healthcare and is a great option for employees along the Wasatch Front. SelectHealth Value provides access to all Intermountain facilities in Box Elder, Cache, Weber, Davis, Morgan, Salt Lake, Summit, Wasatch, Utah, Tooele, Iron, and Washington counties. Remember, this option only has out-of-area coverage for urgent and emergency care. It does not include the national coverage described on the following page.



## SELECTHEALTH MED NETWORK

SelectHealth Med® is affordable and comprehensive, including more hospitals and providers than SelectHealth Value. **Additionally, this plan option now includes national access (read more about national access on the next page).** This is our most popular provider network, reaching from Northern to Southern Utah. For cancer treatment, the Huntsman Cancer Institute is in-network. In addition, a swing-out option provides benefits at out-of-network hospitals and providers for most services.



Members choosing their own network can quickly look up whether or not their preferred doctor is in-network, view patient satisfaction ratings, and see a full list of hospitals and clinics by visiting [selecthealth.org/find-a-doctor](https://selecthealth.org/find-a-doctor).

**The workplace has changed,  
so we've changed too.**

Employees like you are increasingly working from home. Some of you may be working remotely in a completely different state than your employer. To meet your needs, our SelectHealth Med plans with out-of-network benefits now include in-network access across the U.S. If you want this national access, make sure you enroll on a SelectHealth Med Small Employer plan. Here's what you'll get:



**NATIONAL NETWORK**

**Easy access** to the UnitedHealthcare® Options PPO network outside of Utah, Idaho, and Nevada. This network includes access to 83% of all hospitals and two out of every three healthcare professionals in the U.S. Use the SelectHealth website or mobile app to easily search for in-network providers and facilities anywhere in the country.

State	Network
Utah	SelectHealth Med
Idaho	St. Luke's Health Partner's, Brightpath, and the SelectHealth Network
Nevada	SelectHealth Value
All Other States	UnitedHealthcare Options PPO

Visit [selecthealth.org/provider](https://selecthealth.org/provider) or use our mobile app to search for in-network doctors and facilities. Remember to choose the right network from the drop-down list.

**Extra help** when needed. If you need help finding providers or getting appointments, our Member Advocates team will set up appointments for you.



**SUPERIOR SERVICE**

**Superior customer service from SelectHealth.**

No matter where you live, you can talk to a live person in 20 seconds on average. And our team is available early and stays late, so time zones are not an issue.

**SelectHealth communication.** All of your member materials will come from SelectHealth—including ID cards, care reminders, and explanations of benefits. So no matter where you live, you'll know where things stand.



**SAME BENEFITS**

**Uniform benefits.** The same benefit and plan designs are available, no matter where you live.

**SelectHealth Rx benefits.** You have prescription benefits with SelectHealth which gives you access to 55,000 pharmacies nationwide, Rx Savings Solutions, and quick preauthorizations.



**Group:** Moab City Corporation - (Option 1)  
**Plan:** Choice Indemnity  
**Underwritten & Administered by:** Educators Health Plans Life, Accident & Health, a Utah Company  
**Effective Date:** 1/1/2023  
**Benefit Year:** Calendar  
**Plan Type:** Contributory / Fully Insured  
**Proposal Date:** 10/11/2022  
**Employer Contribution Requirement:** 50%  
**Minimum Participation Requirement:** 75% of Eligible (Minimum of 2 enrolled)  
**Rate Guarantee:** 2 Years  
**Proposal Valid:** Up to the proposed effective date

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to R&C
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	80% up to R&C
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50% up to R&C
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>			
Type 2 - Basic		None	
Type 3 - Major		None	
Type 4 - Orthodontics		None	
<b>Deductible</b>	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$50.00	\$50.00
Family Max	\$0.00	\$150.00	\$150.00
<b>Deductible Applies To</b>	N / A	Type 2 & Type 3	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$2,000.00	\$1,500.00	
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00		
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	R & C (80th)
<b>Monthly Rates</b>			
Employee		\$32.40	
Employee + Spouse		\$64.79	
Employee + Child(ren)		\$69.65	
Employee + Spouse + Child(ren)		\$105.29	
<b>Provisions / Limitations / Exclusions</b>			
Exams (including Periodontal), Cleanings and Fluoride			2 per year
Fluoride			Up to age 16
Sealants			Up to age 16
Space Maintainers			Up to age 16
Bitewing X-Rays			Up to 4, twice per year
Periapical X-Rays			6 per year
Panoramic X-Ray			1 every 3 years
Impacted Teeth			Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)			Covered in Type 3 - Major*
Anesthesia - (For children age 7 and under, once per year)			Covered in Type 3 - Major*
Implants / Implant Abutments			Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures			1 every 5 years per tooth
Fillings on the same surface			1 every 18 months
When using a Non-participating Provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).			
* Anesthesia is not subject to waiting periods.			

EHPLD.CHOICE.OUT.B

- Notes**
- Rates are based on EMI Health being the sole carrier.
  - Deductible Takeover - Not Included
  - New Hire Takeover Provision (If applicable) - Prior plan credit included. Only insured benefits are credible.
  - Administration Fee - \$2.00 per employee to a maximum of \$20.00 will be charged each month.
  - New Group Takeover Provision (If applicable) - With proof of coverage and effective dates from the employer's prior dental carrier, the employee's waiting period, if any, will be reduced by the number of months the employee was covered by the prior plan. The takeover provision only applies to benefits that were covered by the group's prior dental plan.

## A LOOK AT YOUR VSP VISION COVERAGE



### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CITY OF MOAB AND VSP.

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

#### VALUE AND SAVINGS YOU LOVE.

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

#### PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



**Like shopping online?** Go to [eyeconic.com](http://eyeconic.com) and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

#### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.



#### USING YOUR BENEFIT IS EASY!

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

### GET YOUR PERFECT PAIR

**EXTRA \$20** +  
TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://VSP.COM/OFFERS).

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



**Enroll today.**

Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

## YOUR VSP VISION BENEFITS SUMMARY

CITY OF MOAB and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$150 Walmart®/Sam's Club® frame allowance</li> <li>\$80 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>PRIMARY EYECARE<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam	As needed
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

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

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

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

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

Classification: Restricted

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.





## Basic Life and AD&D Insurance

For City of Moab - Class 1

### How the Plan Works

Life is full of many twists and turns. LifeMap Basic Life and AD&D coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**  
 If you are a full-time active employee working a minimum of 32 hours per week, you will be covered with these benefits.
- Who pays for the coverage?**  
 Life and AD&D Insurance premiums are paid for by your employer.
- Dependent Eligibility Requirement**  
 Dependents must be a legal spouse and or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- Guarantee Issue**  
 With no questions asked, you will be covered for up to \$25,000 in Basic Life and AD&D Insurance.

### Benefits Summary

#### Plan Benefits

Employee Life Insurance	\$25,000
Employee AD&D Insurance	\$25,000
Dependent Life Insurance	Spouse \$2,000 Child(ren): \$2,000

#### Guarantee Issue Amount

Employee	\$25,000
Spouse	\$2,000
Dependent Child(ren)	\$2,000

#### Plan Features

Accelerated Benefit	A covered employee who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Conversion	Basic Life may be converted to an individual policy, without proof of insurability, within 31 days of loss of eligibility.
Portability	Basic Life may be ported without proof of insurability within 31 days of termination. If elected, portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.
Waiver of Premium	Life coverage continued without payment of premium if insured becomes totally disabled (proof of disability required). Coverage may be continued up to age 65.

#### Reduction Schedule

If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, to 15% at age 85, and to 10% at age 90.

#### Accidental Death & Dismemberment

If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.

#### AD&D Benefits Included

- Adaptive Home/Vehicle Benefit
- Rehab Benefit
- Air Bag and Seat Belt
- Spouse and Child Education
- Coma
- Day Care
- Exposure and Disappearance
- Felonious Assault

[LifeMapCo.com](http://LifeMapCo.com)

1 (800) 794-5390

*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*

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Insurance for every step of life.

### Additional Benefits

- **Travel Assistance**  
When traveling 100 or more miles away from home, or outside of your home country, you can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world.
- **Repatriation**  
If death occurs more than 100 miles from your primary residence, a benefit may be payable to prepare and ship your body to the place of burial or cremation.
- **Seat Belt**  
If you die in an automobile accident and were wearing your seat belt, your beneficiary(ies) will collect an amount equal to the AD&D benefit to a maximum of \$10,000 in addition to the Basic Life and Basic AD&D benefits described above.

### Limitations & Exclusions

- **Life:** No restrictions or exclusions regarding time, place or circumstances of death.
- **AD&D** benefits are not payable for death or dismemberment caused by or as result of:
  - suicide or such attempts;
  - participation in a riot;
  - war or act of war;
  - military service for any country;
  - committing or attempting to commit an assault or felony;
  - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
  - heart attack or stroke;
  - bodily infirmity or disease from bacterial or viral infections not the result of an injury; or
  - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician.
  - travel, flight in or descent from any aircraft, including balloons and gliders, except as a fare-paying passenger on a regularly scheduled flight;
  - the insured Employee's intoxication

LifeMapCo.com  
1 (800) 794-5390

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## Basic Life and AD&D Insurance

For City of Moab - Class 2

### How the Plan Works

Life is full of many twists and turns. LifeMap Basic Life and AD&D coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**  
 If you are a full-time active Firefighter or Police Officer working a minimum of 32 hours per week, you will be covered with these benefits.
- Who pays for the coverage?**  
 Life and AD&D Insurance premiums are paid for by your employer.
- Dependent Eligibility Requirement**  
 Dependents must be a legal spouse and or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- Guarantee Issue**  
 With no questions asked, you will be covered for up to \$25,000 in Basic Life and AD&D Insurance.

### Benefits Summary

#### Plan Benefits

Employee Life Insurance	\$25,000
Employee AD&D Insurance	\$125,000
Dependent Life Insurance	Spouse \$2,000 Child(ren): \$2,000

#### Guarantee Issue Amount

Employee	\$25,000
Spouse	\$2,000
Dependent Child(ren)	\$2,000

#### Plan Features

Accelerated Benefit	A covered employee who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Conversion	Basic Life may be converted to an individual policy, without proof of insurability, within 31 days of loss of eligibility.
Portability	Basic Life may be ported without proof of insurability within 31 days of termination. If elected, portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.
Waiver of Premium	Life coverage continued without payment of premium if insured becomes totally disabled (proof of disability required). Coverage may be continued up to age 65.

#### Reduction Schedule

If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, to 15% at age 85, and to 10% at age 90.

#### Accidental Death & Dismemberment

If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.

#### AD&D Benefits Included

- Adaptive Home/Vehicle Benefit
- Rehab Benefit
- Air Bag and Seat Belt
- Spouse and Child Education
- Coma
- Day Care
- Exposure and Disappearance
- Felonious Assault

[LifeMapCo.com](http://LifeMapCo.com)

1 (800) 794-5390

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Insurance for every step of life.

### Additional Benefits

- **Travel Assistance**  
When traveling 100 or more miles away from home, or outside of your home country, you can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world.
- **Repatriation**  
If death occurs more than 100 miles from your primary residence, a benefit may be payable to prepare and ship your body to the place of burial or cremation.
- **Seat Belt**  
If you die in an automobile accident and were wearing your seat belt, your beneficiary(ies) will collect an amount equal to the AD&D benefit to a maximum of \$10,000 in addition to the Basic Life and Basic AD&D benefits described above.

### Limitations & Exclusions

- **Life:** No restrictions or exclusions regarding time, place or circumstances of death.
- **AD&D** benefits are not payable for death or dismemberment caused by or as result of:
  - suicide or such attempts;
  - participation in a riot;
  - war or act of war;
  - military service for any country;
  - committing or attempting to commit an assault or felony;
  - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
  - heart attack or stroke;
  - bodily infirmity or disease from bacterial or viral infections not the result of an injury; or
  - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician.
  - travel, flight in or descent from any aircraft, including balloons and gliders, except as a fare-paying passenger on a regularly scheduled flight;
  - the insured Employee's intoxication

LifeMapCo.com  
1 (800) 794-5390

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## Voluntary Life and AD&D Insurance

For City of Moab

### How the Plan Works

Life is full of many twists and turns. LifeMap Voluntary Life and AD&D coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**  
 If you are a full-time active employee working a minimum of 32 hours per week, you will be eligible for these benefits.
- Who pays for the coverage?**  
 Voluntary Life and AD&D Insurance premiums are paid by you, the employee, through payroll deduction.
- Dependent Eligibility Requirement** Dependents must be a legal spouse and/or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- Guarantee Issue**  
 Enroll within 31 days of your initial eligibility date and with no questions asked, you will be covered for up to \$150,000 in Life and AD&D Insurance. With a few extra steps of completing our Evidence of Insurability requirements, you may be covered for up to \$500,000!
- Step-Up Guarantee:** If you enroll for at least \$10,000 when you are first eligible for coverage, you may increase your benefit amount during Annual Enrollment, up to \$150,000, in increments of \$5,000, on a guarantee issue basis.

**LifeMapCo.com**  
**1 (800) 794-5390**

### Benefits Summary

#### Plan Benefits

Employee Life and AD&D Insurance	\$5,000 increments to a maximum of \$500,000 or 5 times your annual earnings, whichever is less
Spouse Life and AD&D Insurance	\$5,000 increments to a maximum of \$500,000
Child(ren) Life and AD&D Insurance	\$2,000 increments to a maximum of \$10,000 (employee or spouse must elect coverage for themselves to elect Child(ren) coverage)

#### Guarantee Issue Amount

Employee	\$150,000
Spouse	\$20,000
Dependent Child(ren)	\$10,000

#### Plan Features

Accelerated Benefit	A covered employee or spouse who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Voluntary Life Only - Conversion	Voluntary Life may be converted to an individual policy, without proof of insurability, within 31 days of loss of eligibility.
Voluntary Life Only - Portability	Voluntary Life may be ported without proof of insurability within 31 days of termination. If elected, portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.
Voluntary Life Only - Waiver of Premium	Voluntary Life coverage may be continued without payment of premium if a covered employee or spouse becomes totally disabled (proof of disability required). Coverage may be continued up to age 65.

#### Reduction Schedule

If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, to 15% at age 85, and to 10% at age 90.

#### Accidental Death & Dismemberment

If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.

#### AD&D Benefits Included

- Adaptive Home/Vehicle Benefit
- Rehab Benefit
- Air Bag and Seat Belt
- Spouse and Child Education
- Coma
- Day Care
- Exposure and Disappearance
- Felonious Assault

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Monthly Rates	
per \$1,000 of Benefit	
Age	Employee & Spouse*
24 and under	\$0.087
25-29	\$0.087
30-34	\$0.090
35-39	\$0.113
40-44	\$0.129
45-49	\$0.210
50-54	\$0.246
55-59	\$0.370
60-64	\$0.604
65-69	\$0.604
70-74	\$0.604
75 and over	\$0.604
Dependent Child	
\$0.266 per \$2,000 of benefit regardless of the number of children in the family	

\* Rates include Life and AD&D

### Limitations & Exclusions

- **Life:** Suicide, intentionally self-inflicted injury; or any attempts to injure oneself are excluded during the first two years of coverage or increase of coverage.
- **AD&D** benefits are not payable for death or dismemberment caused by or as result of:
  - suicide or such attempts;
  - participation in a riot;
  - war or act of war;
  - military service for any country;
  - committing or attempting to commit an assault or felony;
  - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
  - heart attack or stroke;
  - bodily infirmity or disease from bacterial or viral infections not the result of an injury; or
  - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician.
  - travel, flight in or descent from any aircraft, including balloons and gliders, except as a fare-paying passenger on a regularly scheduled flight;
  - the insured person's intoxication

### Monthly Premium Calculation

To calculate your monthly payroll deduction, use the formula below:

	÷	1,000	x	
Desired Benefit				Rate (from table left)
<b>Estimated Monthly Payroll Deduction:</b>				

[LifeMapCo.com](http://LifeMapCo.com)  
1 (800) 794-5390



## > Short-Term Disability Insurance



### How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

#### We've Got You Covered

As an active employee of City of Moab, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



#### ELIGIBILITY - 2019 STD BENEFIT SUMMARY

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
<b>BENEFITS</b>	
<b>Elimination Period</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>• On the 15th day of your disabling injury.</li> <li>• On the 15th day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.
<b>Maximum Benefit Period</b>	Up to 11 weeks
<b>Maximum Weekly Benefit</b>	\$1,500
<b>Minimum Weekly Benefit</b>	None
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
<b>Definition of Weekly Earnings</b>	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
<b>FEATURES</b>	
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>SERVICES</b>	
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- A pre-existing condition limitation does not apply.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a loss of a professional license, occupation license or certification

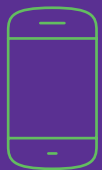
All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.



# HEALTHCARE NOW AT YOUR FINGERTIPS

Teladoc's **mobile app** gives you simple and convenient access to a doctor in **10 minutes or less\***.



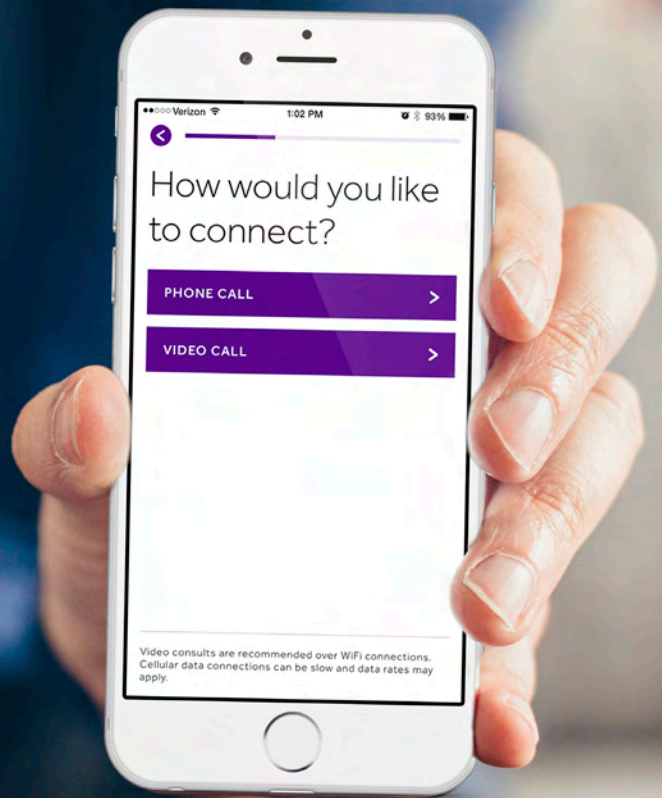
Update medical history.



Request a phone, video or mobile app visit



Talk to a doctor. **Anytime. Anywhere.**



## Talk to a doctor now for free

**MyDrConsult.com | 1-800-DOC-CONSULT (362-2667)**

### Teladoc can treat



- Cold & flu symptoms
- Respiratory infection
- Sinus problems
- Ear infection
- **And more!**

### Use Teladoc when



- You need care now.
- You're considering the ER or urgent care for a non-emergency issue
- Traveling out of town

### Teladoc's wait time



Talk to a doctor in **less than 10 minutes**  
(median call back time)

**Download**  
the Mobile App!

Available on the iPhone  
**App Store**

ANDROID APP ON  
**Google play**



Brought to you by:  
**American Health Holding**

With your consent, Teladoc can send consult results to your primary care physician.

\*median call back time

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# Employee Assistance Program (EAP)

## Assistance With Life's Challenges



The Blomquist Hale Employee Assistance Program provides direct, **face-to-face guidance** to address virtually any type of problem or stressful life situation.

### **Brief, Solution-Focused Therapy**

Our licensed clinicians use a brief, solution-focused therapy model to resolve problems quickly. Using this approach, you learn to identify core issues and how to create and participate in a long-term solution.

### **Guaranteed Confidentiality**

Blomquist Hale practices strict adherence to all professional, state and federal privacy guidelines. Confidentiality is guaranteed to all participants.

### **Direct Care – No Set Session Limits**

There is no set limit on the number of sessions provided through our counselors. However, cases which require care beyond the scope of the EAP are referred to appropriate community providers.

### **Simple 24/7 Accessibility**

EAP Counselors are available during regular and extended hours, and Crisis Line support is available 24/7. Simply call the number below to set up an appointment. No paperwork or approval needed.

24/7 Crisis Service

No Set Session Limits

100% Confidential

[blomquisthale.com](http://blomquisthale.com)

**Need help? Call us today  
to set up an appointment.**

**1-800-926-9619**

# Employee Assistance Program Specifics

**Convenient locations • Professional, friendly team • Extended hours**

## Services Include:

- Stress, Anxiety or Depression
- Personal and Emotional Challenges
- Marital, Relationship and Family Counseling
- Grief or Loss
- Substance Abuse and Other Addictions

## Eligibility

Services are offered to employees and their dependents.

## No Co-Pay Required

The entire cost of our service is covered by your employer. The services provided by Blomquist Hale are FREE, with no co-payment, deductible or insurance approval required.

## Setting an Appointment

Meeting with our team is simple. Call us today to set up an EAP appointment.



*The Employee Assistance Program (EAP) at Blomquist Hale is your resource for resolving stressful life issues.*

**[blomquisthale.com](http://blomquisthale.com)**



REAL RESULTS FOR REAL PEOPLE.

## WELLNESS MADE EASY

Download the myHealthCheck360 mobile app today!



## EVERYTHING AT YOUR FINGERTIPS

Get more than ever before with the myHealthCheck360 mobile app. More access, more support, and better tracking. Get started with the myHealthCheck360 mobile app by following the steps below.

### CREATE YOUR ACCOUNT

- Download the myHealthCheck360 app
- Click **Create an account** and enter your information
  - Your company code is **CMOAB**
  - Your unique identifier is your **last 4 SSN**
- Agree to the terms and conditions and click **SIGN UP**

### LOOKING FOR MORE HOW TO'S ON THE APP?

Visit our [Knowledge Center](#)



### PRO TIP

## CONNECT YOUR DEVICE

Get the most from your myHealthCheck360 experience by connecting a device like FitBit or Garmin, or a tracking app like Apple Health or MyFitnessPal.

### TO CONNECT A DEVICE

- Select **More** at the bottom of your screen
- Select **Connect Apps & Devices**
- Find your fitness app or device and select **Connect**
- Select **OK** and login to your fitness app's account



REAL RESULTS FOR REAL PEOPLE.

## CITY OF MOAB'S WELLNESS PROGRAM

City of Moab is continuing to team up with HealthCheck360 to provide you with a wellness program. HealthCheck360 is devoted to improving your health and overall wellbeing with tools, motivation, and support to be a healthier you. Complete a biometric screening and health survey to earn \$1,000 HSA contribution from City of Moab.

Earn 200 Lifestyle Rewards points from January 1<sup>st</sup> to June 30<sup>th</sup> to earn a 50% premium reduction for first half of the year. Then earn another 200 Lifestyle Rewards points from July 1<sup>st</sup> to December 31<sup>st</sup> to earn a 50% premium reduction for the second half of the year.

### CREATE YOUR ACCOUNT

- Download the myHealthCheck360 app.
- Click **Create an account** and enter your information.
  - Your company code is **CMOAB**
  - Your unique identifier is your **Last 4 SSN**
- Agree to the terms and conditions and click **SIGN UP**.

### LOOKING FOR MORE HOW TO'S ON THE APP?

Visit our [Knowledge Base](#).

Wondering about HC360 confidentiality? [Click here for details](#).

### CONTACT US

#### HEALTHCHECK360 SUPPORT

P: 866.511.0360

E: [support@healthcheck360.com](mailto:support@healthcheck360.com)

#### FREE HEALTH COACHING

P: 866.511.0360 ext 5099

E: [healthcoach@healthcheck360.com](mailto:healthcoach@healthcheck360.com)

#### HEALTHCHECK360 CONDITION MANAGEMENT

P: 866.511.0360 ext 5635

E: [conditionmanagement@healthcheck360.com](mailto:conditionmanagement@healthcheck360.com)

### CLIENT CONTACT INFORMATION

P: 435.259.9991

E: [hr@moabcity.org](mailto:hr@moabcity.org)



#### MOBILE APP

The HealthCheck360 mobile app allows you to access all parts of your program and your health results on-the-go.

Invite friends to participate in wellness challenges; track your health, schedule your screening, and much more.



#### UNLIMITED HEALTH COACHING

Contact us at 1.866.511.0360 ext. 5099 to speak to a health coach anytime, completely free.



#### LUNCH & LEARN WEBINARS

Join us the first Wednesday of every month for tips, tricks, and hacks, directly from our health coaches. Register for upcoming webinars on our [blog](#).



#### MONTHLY CALENDARS & NEWSLETTERS

Each month you get access to a calendar with daily tips and a newsletter with information delivered right to your email inbox.



#### BLOG ARTICLES

Subscribe to the HealthCheck360 [blog](#) to get recipes, exercises, health tips and more!



#### SOCIAL MEDIA

Follow us on Facebook, Twitter, and Instagram for quick tips year-round and the chance to win prizes!



## EARN YOUR LIFESTYLE REWARDS POINTS

Choose activities from the list below to earn points towards your Lifestyle Rewards goal. Activities will be accepted from January 1, 2023 through June 30, 2023. Participants who earn 200 points are eligible for an 50% premium reduction for the following six months.

ACTIVITY	POINTS PER ACTIVITY	MAXIMUM POINTS	VALIDATION
<b>HEALTHY HABITS</b>			
Biometric Screening	50	50	<b>Approved Automatically</b> – Points will be awarded when your results are in the HC360 system.
Take Health Survey	50	50	<b>Approved Automatically</b> – Points will be awarded when you complete your survey.
Set Steps, Minutes of Activity, and Weight Goals	5	15	<b>Approved Automatically</b> – Points will be awarded after setting goals. In app click on More & Goals.
Complete a HC360 Challenge	25	50	<b>Approved Automatically</b> – Points will be awarded when you track at least once a week during challenge.
View a HealthCheck360 Webinar	10	100	<b>Submit</b> – Points will be awarded after submitting what webinar you watched.
Achieve 30 Minutes of Activity OR 8,000 Steps per Day	5	300	<b>Approved Automatically</b> – Points will be awarded when you log or sync your device to achieve the steps or minutes of activity goal.
Track Nutrition (log what you eat in a day)	1	150	<b>Approved automatically</b> – Points will be awarded when you log your food intake daily.
Resiliency Practice (log how you are feeling)	1	150	<b>Approved automatically</b> – Points will be awarded once you log your mood in the <i>Journal</i> on myHealthCheck360.
Track Your Hydration	1	150	<b>Approved automatically</b> – Points will be awarded when you log your hydration.
<b>SOCIAL &amp; EMOTIONAL HEALTH</b>			
Attend a Safety Training	15	180	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.





REAL RESULTS FOR REAL PEOPLE.

ACTIVITY	POINTS PER ACTIVITY	MAXIMUM POINTS	VALIDATION
Volunteer (Sports, Art, City sponsored events)	15	60	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Donate Blood/Platelets	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Share a “Healthy Selfie”	10	60	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Diversity, Belonging, Inclusion, Equity (Read a book, take a class)	15	60	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Blomquist Hale - EAP Monthly Webinar	10	100	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Healthy Office Habits (Take a break from your desk, stretching, meditation break- submit a picture on your walk or meditation video)	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Alternate Commute- Bike, Walk, or Carpool to work	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Mental Health Care	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Take a Hike	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Cook a Healthy Meal (Submit a picture of the meal or recipe)	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Complete a Self-Care Activity	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Participate in a “Fun Run” (Color Run, Turkey Trot)	20	40	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Eat/Shop Local	5	10	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Family Game Night	5	10	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Visit a National Park	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Plant a Garden	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.



REAL RESULTS FOR REAL PEOPLE.

ACTIVITY	POINTS PER ACTIVITY	MAXIMUM POINTS	VALIDATION
Celebrate Earth Day	5	10	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Spring Cleaning	10	20	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
<b>ENGAGED BENEFITS</b>			
Attend a Preventative Care Visit (eye exam, dental visit, annual physical)	25	100	<b>Submit with Upload</b> – Upload a document showing you completed your preventative care visit.
Age Appropriate Cancer Screening (prostate check, mammogram/pap smear, colonoscopy or other)	25	75	<b>Submit with Upload</b> – Upload a document showing you completed your preventative care screening.
Prenatal or Postpartum Care Visits	25	75	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.
Flu Shot	25	25	<b>Submit with Upload</b> – Upload a document showing you received the flu shot.
Get the COVID-19 Vaccine or Booster	5	15	<b>Submit</b> – Log into your myHealthCheck360 app and submit for activity to earn points.

If you are unable to meet a health outcome for an incentive under the HealthCheck360 Program, you can work with HealthCheck360 for an opportunity to earn the same incentive through a reasonable alternative process. To speak with a representative about what options are available to you, contact HealthCheck360 at 1-866-511-0360.

# Moab City - 2022

## Health Savings Account

Your HSA is **YOUR SAVINGS ACCOUNT**. You can use the funds for any qualified expense or future year's expenses.

The City of Moab contributes to your Health Savings Account (HSA) to help offset your medical expenses. If you contribute and participate in the wellness program, you can cover your family's medical expenses for 2022.

Family:	Single:
Annual Medical Deductible \$5,000	Annual Medical Deductible: \$2,500
Annual Out of Pocket Max: \$6,000	Annual Out of Pocket Max: \$3,000
Employee HSA Contribution: \$3,875 (\$149.03 per 26 pay periods)	Employee HSA Contribution: \$1,925 (\$74.03 per 26 pay periods)
Moab City Contribution: up to \$2,875 Match PLUS \$1,000 Wellness Participation **	Moab City Contribution: up to \$925 Match PLUS \$1,000 Wellness Participation**
<b>**Must participate to receive</b>	<b>**Must Participate to receive</b>

Your in-network out-of-pocket max includes your deductible amount and will be fully covered by your HSA funds including the City match and wellness contribution. Once your in-network out-of-pocket max is met, your in-network medical expenses are covered at 100% for the remainder of the year.

*Take Advantage of the City's HSA contribution match and wellness contribution!!*

### 2023 Contribution Limits:

Family - \$7,750

Single - \$3,850

# City of Moab

## 2023 Pay Period Dates & Holidays

Month	Pay Period	Week Number	Pay Date	Holiday	Date
January	12/19/22 - 1/1/23	2	1/6/23	New Year's Day (Observed)	1/2
	1/2/23-1/15/23	4	1/20/23	Dr. Martin Luther King Jr. Day	1/16
	1/16/23-1/29/23	6	2/3/23		
February	1/30/23-2/12/23	8	2/17/23	Presidents' Day	2/20
	2/13/23-2/26/23	10	3/3/23		
March	2/27/23-3/12/23	12	3/17/23		
	3/13/23-3/26/23	14	3/31/23		
April	3/27/23-4/09/23	16	4/14/23		
	4/10/23-4/23/23	18	4/28/23		
May	4/24/23-5/7/23	20	5/12/23		
	5/8/23-5/21/23	22	5/26/23		
June	5/22/23-6/4/23	24	6/9/23	Memorial Day	5/29
	6/5/23-6/18/23	26	6/23/23		
July	6/19/23-7/2/23	28	7/7/23	Juneteenth	6/19
	7/3/23-7/16/23	30	7/21/23	Independence Day	7/4
	7/17/23-7/30/23	32	8/4/23	Pioneer Day	7/24
August	7/31/23-8/13/23	34	8/18/23		
	8/14/23-8/27/23	36	9/1/23		
September	8/28/23-9/10/23	38	9/15/23	Labor Day	9/4
	9/11/23-9/24/23	40	9/29/23		
October	9/25/23-10/8/23	42	10/13/23	Indigenous Peoples' Day	10/9
	10/9/23-10/22/23	44	10/27/23		
November	10/23/23-11/5/23	46	11/10/23	Veterans Day (Observed)	11/10
	11/6/23-11/19/23	48	11/24/23	Thanksgiving Day Day After Thanksgiving	11/23 11/24
December	11/20/23-12/3/23	50	12/8/23	Christmas Eve (Observed) Christmas Day (Observed)	12/25 12/26
	12/4/23-12/17/23	52	12/22/23		