Box Elder County

2024

Employee

Benefit Guide

BOX ELDER COUNTY

About Your Benefits

At Box Elder County, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Box Elder County benefits. If you have any questions, feel free to reach out to Human Resources at **435.734.3313**

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Eligibility and Enrollment

You are eligible to participate in Box Elder County's benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to log on to **UKG** and enroll. Your benefits begin on the first of the month following hire date.

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 59-60 for more details.

Making Changes to Your Benefits

Each year you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to **UKG** and make the change. Keep in mind, the changes you make must be directly related to the event.

Insurance Enrollment Information

NEW HIRE ENROLLMENT

New hire enrollment for insurance will be completed during Employee Orientation.

ENROLLMENT RESTRICTIONS

Employees who do not apply for benefit coverage within 30 days of hire date or insurance eligibility shall not be able to enroll in coverage until the next open enrollment period, unless they have a change of status.

Employees who decline coverage, or fail to enroll for coverage, at their initial eligibility shall be subject to insurance benefit restrictions as outlined in the insurance contracts.

OPEN ENROLLMENT

November is open enrollment for Box Elder County employees. Open enrollment begins **November 2, 2023** and employees will have until **November 17, 2023** to make changes on UKG. This is the period of time when you, as an eligible employee, are able to enroll for insurance coverage or elect changes to your insurance coverage. It is important to note that this is the only period of time you can make changes to your insurance coverage (with the exception of changes necessary due to a change in family status or insurance eligibility status).

This booklet contains a brief description of the insurance options available, cost information and other important notes to help you evaluate your insurance choices.

During this period of time, please take the opportunity to review your coverage choices, as well as any changes made to the group plans, benefits and premiums.

We strongly encourage you to update your insurance choices, including beneficiary designation, by participating in the open enrollment process. **You will need to confirm your insurance coverage options each year during the open enrollment period.**

CHANGES

- ACTIVE EMPLOYEE

  Review all of this information carefully. If you decide to make a change to your insurance coverage for the year 2024, you will need to complete the appropriate process on UKG by **November 17, 2023**.

- INSURANCE ELIGIBILITY

  To be eligible for medical/dental/vision and life insurance an employee must work an average of 30 hours per week. Cost and benefit levels for employer/employee contributions are determined by the County Commission.

- EMPLOYEE OUT OF POCKET

  The employee's out of pocket for medical, dental and vision insurance cost will be taken out pre-tax. This program allows employees to pay out of pocket premiums on health, dental or other group insurance with pre-tax dollars, which results in greater take home pay. Premiums for group insurance are automatically made through payroll deductions for those employees electing group coverage. This is not a reimbursable expense. **If the employee does not want to participate in this tax saving plan they must specify in writing to Human Resources by November 30th of any given year that they do not want to have their out of pocket medical and dental costs taken out pre-tax.**

Insurance Enrollment Information

OTHER ENROLLMENT EVENTS

CHANGE OF STATUS

- Marriage
- Birth / Adoption
- Legal guardianship
- Divorce
- Death
- Addition of children
- Deletion of children who lose dependent status
- Loss of spouse's job
- Entitlement to Medicaid & CHIP coverage

You must complete the paperwork with Human Resources 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 denied.

SECTION 125 FLEXIBLE SPENDING BENEFIT PLAN ENROLLMENT

For participation in the Section 125 Flexible Benefit Plan from January 1, 2024 through December 31, 2024, you may complete enrollment paperwork through Human Resources. To learn more about the National Benefit Services (NBS) 125 Flexible Spending Plan, review the appropriate section in this booklet. **The deadline for flexible spending enrollment is November 17, 2023**.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) provides short-term, **confidential** counseling for you and your family at no out-of-pocket expense to you. Blomquist Hale provides counseling services in collaboration with your employer or health insurer. Continuing in 2024, Nivati will also provide employee assistance benefits virtually.

The Employee Assistance Program (EAP) is available to you, your household members, and your dependent children. Individuals in your family may call for assistance for themselves or for other family members. The decision to use the EAP is voluntary and confidential.

IMPORTANT INSURANCE NOTES

ELIGIBILE DEPENDENTS

Employee's spouse, if not legally separated from employee.
Employee's children under age 26.
Employee's children with disabilities (as specifically approved by the insurance carrier).

BENEFICIARY CHANGES

Employees may change beneficiary designation for basic and supplemental life insurance coverage at any time. Beneficiaries can be changed on UKG.

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 Change on UKG within 30 days of the effective date of the change. If notice is not submitted in a timely manner, coverage opportunities may be lost.

Insurance Enrollment Information

CONTINUATION OF COVERAGE UNDER COBRA

"COBRA" stands for 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.

BOX ELDER COUNTY WELLNESS PROGRAM

The Wellness Program begins again on January 1, 2024. Employees who participate in the program will receive a discount on their insurance premium. See the Wellness Program pages in this booklet for more information.

Programs Offered:

- Fitness Center Reimbursement*
- Preventative Procedure Reimbursements*
- 1 mile/5K/10KWalk/Run Reimbursements*
- Tobacco Cessation Program*
- Monthly Incentives*

**Employees may receive up to $250 in reimbursements in the calendar year.*
Non-medical reimbursements will be subject to income taxes per IRS Code.

Online Resources:

- Health Insurance - **www.pehp.com**
- Dental Insurance – **www.dentalselect.com**
- Vision Insurance – **www.opticareofutah.com**
- EAP – **www.blomquisthale.com**
- EAP/Wellness – **www.Nivati.com**
- Employee Wellness – **www.boxeldercounty.org/employee--wellness.htm**

Letter from Commissioners

November 2023

Box Elder County's benefit package is an important part of your total compensation. We are pleased to offer you the opportunity to select from a variety of benefit options. Eligible employees (those who work an average of 30 hours/week) may participate in any or all of the following:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Basic Term Life Insurance
- Supplemental Term Life Insurance
- Section 125 Flexible Spending Benefit Plan
- Accidental Death & Dismemberment Insurance
- Employee Assistance Program
- Wellness Program
- Accident, Cancer, Critical Care, and Hospitalization Insurance
- Short Term Disability Insurance

This booklet is designed to help you make decisions about what coverage is best for you and your family. Enclosed you will find a brief description of the options available, a comparison of basic plan coverage and cost information. Remember this is a summary only. For more detailed information about any of the plans, don't hesitate to contact the insurance companies directly. Provider listings can be found on the web site of the carrier. Company phone numbers and web sites are listed on the back cover of this booklet.

Please take the time to carefully go through this information and make decisions about these valuable benefits. Employees who have carefully considered and selected their benefit options will have fewer questions or problems with their benefits throughout the year.

Open enrollment benefits must be confirmed on the UKG platform. Assistance can be obtained from Human Resources. All changes for open enrollment must be made in UKG by Friday, November 17, 2023.

If you have questions about insurance choices, contact Human Resources at 435.734.3313.

Sincerely,
County Commissioners

Stan Summer

Lee Perry

Boyd Bingham

Medical Coverage

You have a choice of two medical plans through PEHP (Public Employer's Health Plan) - the HDHP and PPO plan. Review the chart below for the amount you will pay for the medical service listed.

	Traditional (Summit Exclusive)		STAR HSA (Summit Exclusive)	
	In Network	**Out of Network**	**In Network**	**Out of Network**
Calendar Year Deductible (Individual/Family)	$1,000/$2,000	$2,500/$5,000	$1,600/$3,200	$3,000/$6,000
Coinsurance	20%	40%	20%	40%
Calendar Year Out-of-pocket Maximum (Individual/Family)	$4,500/$9,000	$6,500/$13,000	$3,000/$6,000	$4,500/$9,000
Preventive Care	0%	40% after deductible	0%	40% after deductible
Office Visits				
Primary Care	$35 co-pay/visit; PEHP e-Care: $10 co-pay per visit; PEHP Value Clinics: $10 co-pay	40% after deductible	20% after deductible	40% after deductible
Urgent Care	$45 copay per visit	40% after deductible	20% after deductible	40% after deductible
Specialist	$35 copay per visit	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible	20% after deductible/visit plus any balance billing	20% after deductible	20% after deductible/visit plus any balance billing

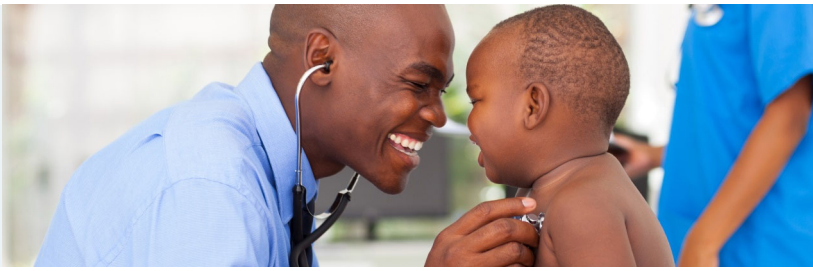
Box Elder County H.S.A Contributions		
Single: $1,200.00	Two Party: $1,800.00	Family: $2,400.00
Contribution amounts will be made in January and June to equal the above amounts		

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.pehp.org or call 800.765.7347 to find providers in the PEHP (Public Employer's Health Plan) network.



Medical Coverage

How the Plans Work

Both plans use the PEHP (Public Employer's Health Plan) network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the **High Deductible Health Plan**, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum.
After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the Traditional plan.

The **Traditional plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

	High Deductible Health Plan	Traditional Plan
Per-paycheck Cost for Coverage	Lowest	Highest
Calendar Year Deductible	Highest	Lowest
Calendar Year Out-of-pocket Maximum	Highest	Lowest
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health savings account Dependent care FSA	Health care FSA Dependent care FSA

Prescription Drug Coverage

Prescription drug coverage through PEHP (Public Employer's Health Plan) is included with both of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	Traditional (Summit Exclusive)		STAR HSA (Summit Exclusive)	
	In Network	**Out of Network**	**In Network**	**Out of Network**
Retail (30-day Supply) Generic drugs (Tier 1) Preferred brand drugs (Tier 2) Non-preferred brand drugs (Tier 3)	$15 copay/retail $30 copay/retail $65 copay/retail	The preferred copay after deductible plus the difference above the discounted cost	$15 copay after deductible/retail $30 copay after deductible/retail $65 copay after deductible/retail	The preferred copay after deductible plus the difference above the discounted cost
Specialty drugs (Tier 4)	Medical: 20% after deductible for Tier A drugs; 30% after deductible for Tier B drugs; Tier C1:10%, no maximum copay ; Tier C2: 20% No maximum copay; Tier C3: 30% No maximum copay	Tier A: 40% after deductible; Tier B: 50% after deductible	Medical: 20% after deductible for Tier A drugs; 30% after deductible for Tier B drugs Tier C1:10%, no maximum copay ; Tier C2: 20% No maximum copay; Tier C3: 30% No maximum copay	Tier A: 40% after deductible; Tier B: 50% after deductible

*PEHP formulary must be used. Retail and mail-order prescriptions not refillable until 75% of the total prescription supply within the last 180 days is used; some drugs require step therapy and/or pre-authorization.

Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

PEHP (Public Employer's Health Plan) regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using PEHP (Public Employer's Health Plan)'s mail-order pharmacy. You can register for mail-order pharmacy by logging on to www.pehp.org.

Expanded Preventive Medications

Prescription drug coverage on the STAR High Deductible Health Plan and Traditional Plan through PEH (Public Employer's Health Plan) has expanded preventive medication coverage.

ACA Medication List

Under the Affordable Care Act, PEHP Pharmacy offers the following preventive services covered at no cost to you, payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered.

DRUG NAME	RESTRICTIONS
aspirin 325mg	Female age 55-79 Male age 45-79
aspirin 81mg	Female age 55-79 Male age 45-79
buproban	Over age 18
buproprion HCL SR (generic Zyban)	Over age 18
calcium 500+vitamin D	Over age 65
CHANTIX	Over age 18
Chicken Pox vaccine	No Restriction
children's iron	Age 6 months - 1 year
emtricitabine-tenfovir	PrEP
FC CONDOM, FEMALE	Female under age 50
fer-iron	Age 6 months - 1 year
FLUORABON	Age 6 months - 5 years
FLUOR-A-DAY	Age 6 months - 5 years
fluoride	Age 6 months - 5 years
fluoritab	Age 6 months - 5 years
FLURA-DROPS	Age 6 months - 5 years
folic acid 0.4mg	Female age 10-50
folic acid 0.8mg	Female age 10-50
generic bowel preparations	Age 50-75
generic oral contraceptives	Female under age 50
generic prenatal vitamins	during pregnancy
Hepatitis A vaccine	No Restriction
Hepatitis B vaccine	No Restriction
HPV vaccine	Female age 11-27 Male age 11-22

DRUG NAME	RESTRICTIONS
Influenza vaccine	6 months and older
Meningitis vaccine	Age 2-56
MMR vaccine	No Restriction
MMR-Varicella vaccine	Under age 13
MY WAY	Female under age 50
NEXT CHOICE ONE DOSE	Female under age 50
NICOTROL	Over age 18
NICOTROL NS	Over age 18
NUVARING	Female under age 50
OTC SMOKING CESSATION	Available through the PEHP Quitline 1-855-366-7500
peg 3350-electrolyte	Age 50-75
PLAN B ONE-STEP	Female under age 50
Pnemonia vaccine	2 years and older
raloxifene	Female over age 35
Shingles Zoster vaccine	50 years and older
tamoxifen	Female over age 35
Tetanus vaccine	7 years and older
Tetanus-Diptheria vaccine	Age 7-65
Whooping cough, Tetanus, Diptheria vaccine	No Restriction
Tetanus-Diptheria vaccine	Age 7-65
VCF	Female under age 50
Whooping cough, Tetanus, Diptheria vaccine	No Restriction

Individual pharmacies may have their own restrictions on age and immunizations offered.

PEHP covers Smoking Cessation for up to 180 days per rolling 365 days.

Prescription Drug Savings

PEHP has several pharmacy programs that could save you money at https://www.pehp.org/pharmacy/savingsprograms.

Effective 1/1/2024 PEHP has contracted with an alternative pharmacy funding program. They act as a concierge to help reduce the cost of your medications by using one of thousands of foundations or charities. If your medication is eligible for this program you will be contacted 30 days prior to January 1, 2024. They may ask for financial information.

Once approved for the program you will receive significant cost savings. Approved medications must continue to be purchased through this program.

MARK CUBAN CostPlus DRUG COMPANY

Meds *too Expensive?*

Start saving with Cost Plus Drugs

Cost Plus Drugs online pharmacy helps patients like you save on medications

We offer hundreds of common drugs at the lowest possible prices and shipped right to your door. We negotiate directly with manufacturers and pass all savings directly to our patients.

Get started today in 3 easy steps!

1

Find your medication

Go to costplusdrugs.com/medications/ to find your generic drugs on our Medication List.

2

Create your account

Go to costplusdrugs.com/create-account/ and enter your basic health information. Make sure to complete all steps.

3

Ask your doctor to send a new prescription to: "Mark Cuban Cost Plus Drug Co."

Put the email address you used to create your account on the Rx.

Scan the QR code or visit costplusdrugs.com to get started!

"Everyone should have safe, affordable medicines with transparent prices."

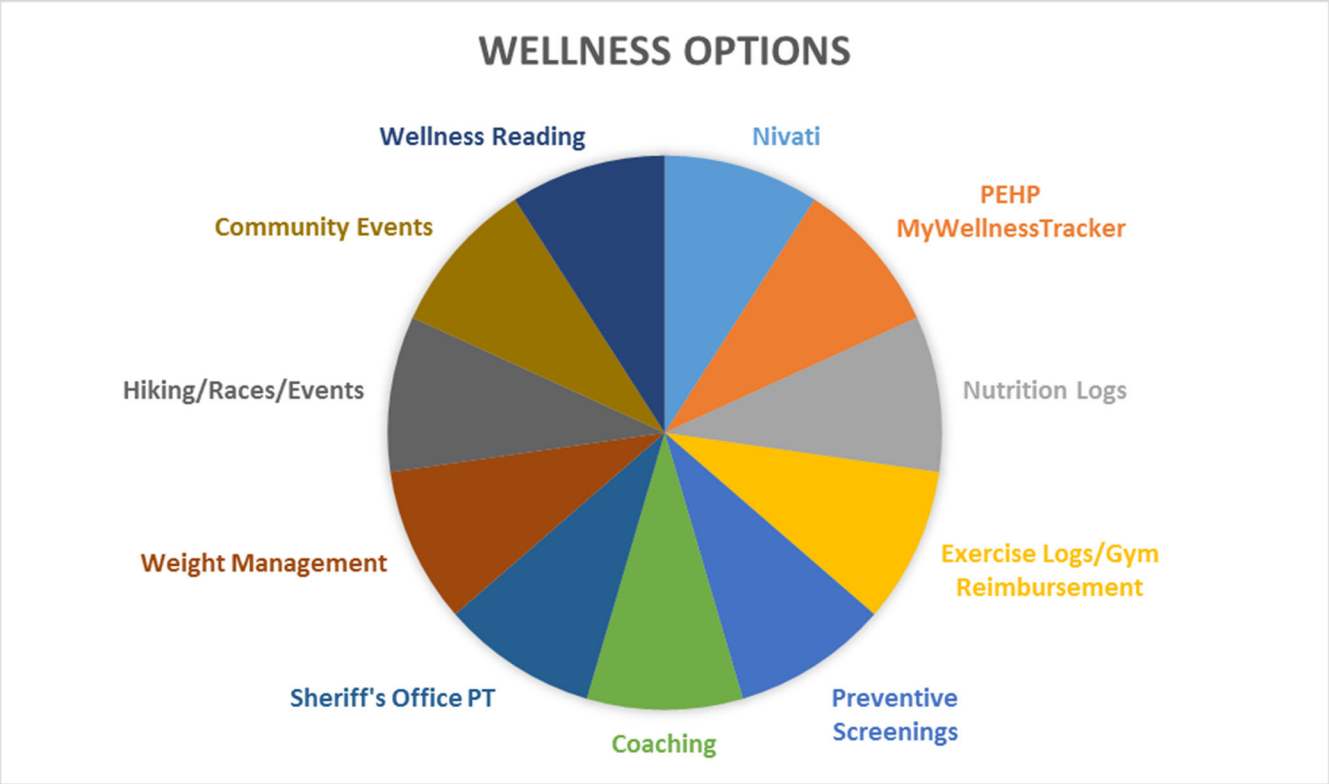
- Mark Cuban

2024 Wellness Program!

What is it?	A total well-being wellness program where you can earn points and reimbursements back from the county and the insurance company!
Why participate?	Save money on your insurance and improve your health and well-being.
How do I participate?	There are multiple participation options for employees and their family members!

What is required?	8 Points: January 1-June 30* 8 Points: July 1–December 31 *1 Point for PEHP Health Risk Assessment *1 Point for Biometric Screening/CDL Exam
What do I get?	Medical Insurance Savings Medical insurance premium discount - $47/month *(Insurance rates found at back of booklet)*
Earn Money?	Earn money from PEHP or County HR (reimbursements) for participating.

WELLNESS OPTIONS



What are my wellness options**?

- **Nivati –** Online wellness portal and EAP services
- **PEHP MyWellnessTracker –** PEHP online wellness portal
- **Nutrition Logs –** Submit monthly nutrition logs to HR for points
- **Exercise Logs/Gym Reimbursements –** Submit monthly logs to HR for points
- **Preventive Screenings –** Submit doctor's note, receipt, or Insurance Explanation of Benefits to HR for points
- **Coaching –** Participate in a coaching program through PEHP, Blomqust Hale or Nivati *(Requires provider verification of attendance only – not the reason for attending)*
- **Sheriff's Office PT –** Complete and pass Sheriff's Office PT testing (anyone can participate)
- **Weight Management –** Lose 10 pounds* and submit to HR for points (*BMI over 27 required)
- **Hiking/Races/Events –** Submit proof of participation or form to HR for points
- **Community Events –** attend county party and receive participation points
- **Wellness Reading –** Submit to HR for reading health-related articles, books

Points vary for each program. See HR Website for more detailed information.

****If you need an accommodation for a disabling condition (permanent or temporary), please contact HR.****

Gym Reimbursements

Box Elder County will pay up to **100%** of your gym membership or other fees related to the use of a physical fitness facility (up to the maximum $250 wellness reimbursement per year per eligible employee). A copy of your paid invoice or receipt along with a statement of participation should be submitted to Human Resources for processing of payment. In order for reimbursement to take place, you must have a statement from the facility showing that you attended at least 10 times for 30 minutes or more in one month. If you attend an organized class 7 times per month (for 60 or more minutes) you will be allowed reimbursement in place of the 10 times for 30 minutes.

***Special Rule for Weight Watchers:* If you choose to receive your reimbursement for the Weight Watchers program, you must provide proof of 90% attendance per 12-week session.

Preventative Procedure Reimbursement Guideline:

The County will pay $35 for any of the preventative procedures listed under "Procedures Covered" below (up to the maximum $250 wellness reimbursement per year per eligible employee). While at the doctor for one of these procedures, just have the doctor write a note saying that the procedure was done. You can bring a receipt or Explanation of Benefits in lieu of a doctor's note.

Procedures Covered*:

- Mammogram – starting at age 40 or referred by doctor
- Pap Smear – starting at age 18
- Prostate Exam – starting at age 40
- Rectal Exam – starting at age 45
- Colon Exam – starting at age 50 or referred by doctor
- Blood Lipid Profile – Preventative only; limit 1 per year

*Some procedures required a minimum age requirement or a family history of health problems that could be found early by having the proper tests conducted. To receive reimbursement, the employee must be over the minimum age or have sufficient family history that would be the cause for the exam before the minimum age. In either situation, a doctor's note is still required.

Wellness Reimbursement Program Limits:

Up to $250 can be reimbursed annually for wellness participation per employee. Reimbursements will be processed through payroll for appropriate tax requirements.

Once the budget is exhausted, his program will be put on hold until the next budget cycle.

Wellness Program FAQs:

The following questions and answers will explain how the program works and how it applies to you.

How will a County Wellness Incentive Program help?
It is clear that nationally and locally people are affected more than ever by the additional stress, poor life style habits, and just being too busy to focus on taking care of their health. We know that people who are engaged in healthy lifestyle activities deal with stress better, are more focused at work, and tend to be healthier. Given the research and the need to improve the health of our employees we are excited to present this Program. You will note many similarities from past years (i.e. Wellness Challenges) but will also find more options for achieving better health and wellness! We know reaching health goals is a very individual process so our aim is to make it a program that allows everyone to succeed. We want to reward employees for being actively involved with well-being, realizing the benefits of more energy, better health, and productivity.

How does the program work?
Each benefited employee will receive a $47 reduction in monthly insurance premium if they participate in the program. (See rate sheet in Benefits Booklet, p. 60-61) Employees who **choose not to participate** in the Wellness Program will **not be eligible** for the $47 reduction in monthly insurance premium.

How does the Wellness Incentive work?
It involves completion of a biometric scan (1 point) and the online Personal Health Assessment (PHA – 1 point). In addition, each participating employee will also need to complete 14 additional wellness incentive points to receive the lower premium (total of 16 points).

What information will the County see?
The participation information from the Personal Health Assessment will be kept confidential in accordance with HIPPA regulations. The County will only see a list of who took the assessment and group totals (no individual information).

What if employees have a medical condition that limits their ability to participate?
If it is unreasonably difficult for you to achieve the standards of the reward under the wellness incentive program due to a medical condition, contact Human Resources who will put you in contact with a representative from the insurance company or broker. PEHP and GBS will work with you to develop another way for you to qualify for the wellness incentive.

What if the employee completes the wellness credits before the deadline?
There is an additional award incentive for employees who achieve more than 16 wellness incentive points in the benefit year. For every point you earn over 16, you will get 1 entry for a Grand Prize. Credit for wellness incentive points will be collected at the time the incentive is complete.

When will the lower premium be applied to an employee's health insurance plan?
The points will be earned 6 months in advance of the premium. For example, January 1-June 30, 2024 qualifies the employee for the premium reduction for July 1-December 31, 2024. Earning points from July 1-December 31, 2024 qualifies the employee for the premium reduction for January 1 –June 30, 2025.

What if I participate in a program not listed on the County Wellness Incentive Program Completion Forms?
You can get credit for participating in programs not listed on the completion forms. To be eligible, the program needs to meet specific criteria for wellness and have authorization in advance. (See the Wellness Incentive Program "Criteria for Wellness Credit" form.)

1. The activity needs to be a safe, effective, and healthy form of stress management, diabetes control, hypertension reduction, cholesterol reduction, weight control, or disease management supported by the guidelines given by the following organizations:
    - American College of Sports Medicine
    - American Diabetes Association
    - Center for Disease Control
    - National Institute of Health
    - American Medical Association.
2. You will need to provide proof of purchase or participation in the activity, program, or treatment.
3. You must participate in the program for at least two months.

Do I have to do the Personal Health Assessment (PHA) and Biometric Screening?
The Personal Health Assessment (PHA) and Biometric Screening (cholesterol, glucose, blood pressure, BMI, and waist measurements) reported in the PHA is a baseline to establish what risks there are to employees' health. From the information assessed, an employee can determine which healthy activities they want to complete to help better their wellbeing. The activities give the employees the points for the Wellness Incentive Program.

If I go to my doctor for the wellness screening and get my cholesterol, glucose blood pressure, BMI and waist measurements checked in the doctor's office, how do I make sure I won't be charged?
Because of the new health care reform guidelines with the Affordable Care Act (ACA), both employees and spouses can receive preventative care provided by participating providers covered at 100%. Here are some examples of Adult Preventative services that are covered: Exams – preventative office visits, including well woman exam, breast cancer screening, cervical cancer screening, colorectal cancer screening, prostate cancer screening, certain bone density screening, lipid screening, and routine blood and urine screenings. The full list can be found at https://www.healthcare.gov/preventive-care-benefits/. PEHP will process the claims based on the provider's clinical assessment of the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, and the preventative care is administered during the visit, cost sharing may apply. This means your doctor's office may ask you to pay a co-pay for the office visit. If you have additional questions, please contact PEHP at 801-366-7555.

What if I am in perfect health? Do I still need to participate to receive the discount?
Absolutely! Even healthy people can improve health with an active lifestyle. Most often those who are in perfect health will already be engaged in activities that count as credits toward the incentive.

Why do I need to do this? It's just one more thing to do.
We totally understand how you feel. That is exactly why we want you to participate. The stress of doing everything is why you need to do something for your own health. The program is flexible. Do an activity that is fun and that makes you feel better. It will be worth it.

Can I count my yearly physical for a credit on the wellness incentive?
Yes, you can count test results for cholesterol, glucose, and blood pressure for the biometric screenings. A note from the doctor is required stating you went and had a blood test.

Can I count my CDL Medical card examination for a credit on the wellness incentive?
Yes, you can count the results if cholesterol, glucose, and blood pressure are tested for a wellness point. A note from the doctor is required stating you went and had a blood test.

We hope you are supportive of this initiative. We believe it will make a notable different in employee health and wellness.

Box Elder County Wellness Program

Box Elder County values the health and overall well-being of its employees. For the 2024 plan year, the county has partnered with PEHP to provide a confidential health and wellness program for full-time benefited employees and spouses. Employees and spouses who elect medical coverage through PEHP and participate in Box Elder County's wellness program during the 2024 plan year will be eligible to receive cash rebates through the PEHP Healthy Utah program and online myWellness Tracker.

Healthy Utah Rebates

- $50 First Steps Rebate:
  - ◊ Complete onsite biometric testing (dates and locations TBD) ***or*** visit your own primary care physician and complete the First Steps/Next Steps rebate form
  - ◊ Complete the PEHP Healthy Utah online Health Questionnaire within 90 days of biometric testing
- $50 Next Steps Rebate: After receiving the First Steps rebate, participate in your choice of 2 PEHP Wellness Activities from the "Choose Your Path to Wellness" webpage at pehp.org/wellness. Submit the rebate form to Healthy Utah within 12 months of testing to receive rebate.
- $100 Diabetes Management Rebate
- $50 Tobacco Cessation Rebate
- $50 WeeCare Rebate

Once you complete your biometric testing and Health Questionnaire, a First Steps rebate check will be processed and sent to you within 2-4 weeks!

All rebates are taxable incentives and PEHP will deduct FICA tax from your rebate check(s).

myWellness Tracker Rewards

- Points are awarded for completing Wellness Challenges and Video Courses through myWellness Tracker online or with the WellRight App
- There are three achievement levels you can reach by earning points
- You earn $50 for each level that you reach
- You can earn up to $150 each plan year

Your check will automatically be processed and will be sent to you at the end of the plan year. This is a taxable incentive and PEHP will deduct FICA tax from your rebate check.

PEHP Health & Benefits

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing," (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

PEHP Health & Benefits

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

More »»

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

» You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

» Your health plan generally must:

› Cover emergency services without requiring you to get approval for services in advance (prior authorization).

› Cover emergency services by out-of-network providers.

› Base what you owe the provider or facility (cost-sharing) on what it would pay an innetwork provider or facility and show that amount in your explanation of benefits.

› Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed

You may contact the federal Health and Human Services department.

Visit **hhs.gov** for more information about your rights under federal law.

PEHP Health & Benefits

12/3/21

Dental Coverage

Box Elder County offers one dental plan through Dental Select (Ameritas). Review the chart below for the amount Dental Select (Ameritas) will pay for the dental service listed.

	Platinum PPO	
	In Network	**Out of Network***
Calendar Year Deductible (Individual/Family)	$25 / $75	$25 / $75
Calendar Year Maximum** (Per Person)	$1,200	$1,200
Preventive Care (Routine Cleaning and X-rays)	100%	100%
Basic Services (Fillings, Basic Root Canals)	80% after deductible	80% after deductible
Major Services (Extractions, Crowns) 12 month waiting period	50% after deductible	50% after deductible
Orthodontia (Children up to age 19) 12 month waiting period	50%	50%
Orthodontia Lifetime Maximum (Per Person)	$1,500	$1,500

** dental maximum increases by $100 each year until it reaches $2,000

*Out of Network is reimbursed up to 90% of reasonable and customary. Balance billing may apply.

Finding In-network Dentists

You pay less for services when you use a dentist in the Dental Select network. You can find an in-network dentist by visiting www.dentalselect.com or calling 800.999.9789.

Vision Coverage

Box Elder County's vision plan through Opticare Vision helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed. Please Note: Your medical plan will cover your eye exam, this is not included in your vision coverage.

	Vision Plan		
	In Network [Select Network]	**In Network [Broad Network]**	**Out of Network**
Lenses (Once every 12 months) Single Vision Bifocal Trifocal	 Covered in full Covered in full Covered in full	 $10 copay $10 copay $10 copay	 Up to $70 Up to $70 Up to $70
Frames (Once every 12 months)	$120 allowance	$110 allowance	Up to $65
Contact Lenses (Once every 12 months) Allowance Conventional Disposable **Contact lenses are covered in lieu of** lens and frame benefit	 $120 allowance Up to 20% off Up to 10% off	 $110 allowance Retail Retail	 Up to $90

Finding In-network Eye Doctors

You can find an in-network eye doctor in the Opticare Vision network by visiting www.opticareofutah.com or calling 800.363.0950.

Vision In Network Providers

Spending Accounts

Paying for Health Care

Box Elder County offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)
What medical plan can I choose?	High Deductible Health Plan	Traditional Plan
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS Publication 502 for the types of expenses that may be eligible)	
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available January 1
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)	No, you will lose any funds remaining in your account at the end of the year, unless your plan has a grace period or carryover
How do I pay for eligible expenses?	With your HealthEquity debit card (you can also submit claims for reimbursement online at www.healthequity.com)	With your National Benefits Services debit card (you can also submit claims for reimbursement online at www.nbsbenefits.com)
How much can I contribute each year?	$4,150 for individual coverage or $8,300 for family coverage. An additional $1,000 can be contributed if you are age 55+. The maximums are a combination of employee and employer contributions.	You can contribute $3,050 to your healthcare FSA. This maximum may change once the IRS releases the new maximum for 2024.
Can I change my contributions throughout the year?	Yes, you can log on to UKG to change your per-paycheck contributions at any time	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

Note: By law, you are not allowed to contribute to an HSA if you have disqualifying coverage, such as Medicare or a general purpose health FSA.

What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA ($1,000 per tax year) if you will be 55 years or older by December 31. Learn more at www.healthequity.com.

Spending Accounts

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your National Benefits Services debit card (you can also submit claims for reimbursement online at www.nbsbenefits.com)
How much can I contribute each year?	You can contribute $5,000to your dependent health FSA unless you are married filing separate tax return in which the maximum contribution is $2,500.

Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.

Life and AD&D Insurance

Life and AD&D Insurance

Box Elder County provides basic life and accidental death and dismemberment (AD&D) insurance through Hartford at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	**You:** $25,000 **Your spouse:** $10,000 **Your child(ren):** $2,000	**You:** Increments of $5,000 up to $600,000 Guaranteed issue at initial enrollment: $450,000 **Your spouse:** Increments of $5,000 up to $250,000 (not to exceed 100% of your amount) Guaranteed issue at initial enrollment: $30,000 **Your child(ren):** Live birth but under age 26 year(s): Increments of $5,000 to max $10,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	$50,000	**You:** Increments of $25,000 up to $250,000 **Your spouse:** Increments of $5,000 up to $30,000 **Your child(ren):** Live birth but under age 26 year(s): Increments of $5,000 to max $10,000

Rates are on next page

Keep Your Beneficiaries Up to Date

You must log on to www.thehartford.com to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Voluntary Life and AD&D Rates

Single Employee Plan

Employee Coverage	Spouse Coverage	Coverage Each Child	Monthly Cost
$25,000			$1.00
$50,000			$2.00
$75,000			$3.00
$100,000			$4.00
$125,000			$5.00
$150,000			$6.00
$175,000			$7.00
$200,000			$8.00
$225,000			$9.00
$250,000			$10.00

Family Plan with Children

Employee Coverage	Spouse Coverage	Coverage Each Child	Monthly Cost
$25,000	$10,000	$1,250	$1.40
$50,000	$20,000	$2,500	$2.80
$75,000	$30,000	$3,750	$4.20
$100,000	$40,000	$5,000	$5.60
$125,000	$50,000	$6,250	$7.00
$150,000	$60,000	$7,500	$8.40
$175,000	$70,000	$8,750	$9.80
$200,000	$80,000	$10,000	$11.20
$225,000	$90,000	$11,250	$12.60
$250,000	$100,000	$12,500	$14.00

Family Plan without Children

Employee Coverage	Spouse Coverage	Coverage Each Child	Monthly Cost
$25,000	$12,500		$1.15
$50,000	$25,000		$2.30
$75,000	$37,500		$3.45
$100,000	$50,000		$4.60
$125,000	$62,500		$5.75
$150,000	$75,000		$6.90
$175,000	$87,500		$8.05
$200,000	$100,000		$9.20
$225,000	$112,500		$10.35
$250,000	$125,000		$11.50

Family Plan without Spouse

Employee Coverage	Spouse Coverage	Coverage Each Child	Monthly Cost
$25,000		$5,000	$1.15
$50,000		$10,000	$2.30
$75,000		$15,000	$3.45
$100,000		$20,000	$4.60
$125,000		$25,000	$5.75
$150,000		$30,000	$6.90
$175,000		$35,000	$8.05
$200,000		$40,000	$9.20
$225,000		$45,000	$10.35
$250,000		$50,000	$11.50

Short Term Disability

Voluntary Short-Term Disability Insurance (STD)

Short-Term Disability (STD) insurance provides income if you become disabled due to an injury or illness. Benefits begin on the fifteenth day of any injury, hospitalization, or illness and can continue for up to 3 months.

Short-Term Disability	
Benefits Begin	15th day of Accident or Illness
Benefits Payable	Up to 3 Months
Income Replaced	Not to exceed 60% of Income
Maximum Benefit	$5,000

Voluntary Short-Term Disability Premiums

Monthly Benefit*	Age 18-49	Age 50-59	Age 60+
$300	$6.96	$8.76	$13.14
$400	$9.28	$11.68	$17.52
$500	$11.60	$14.60	$21.90
$600	$13.92	$17.52	$26.28
$700	$16.24	$20.44	$30.66
$800	$18.56	$23.36	$35.04
$900	$20.88	$26.28	$39.42
$1,000	$23.20	$29.20	$43.80
$1,100	$25.52	$32.12	$48.18
$1,200	$27.84	$35.04	$52.56
$1,300	$30.16	$37.96	$56.94
$1,400	$32.48	$40.88	$61.32
$1,500	$34.80	$43.80	$65.70
$1,600	$37.12	$46.72	$70.08
$1,700	$39.44	$49.64	$74.46
$1,800	$41.76	$52.56	$78.84
$1,900	$44.08	$55.48	$83.22
$2,000	$46.40	$58.40	$87.60
$2,100	$48.72	$61.32	$91.98
$2,200	$51.04	$64.24	$96.36
$2,300	$53.36	$67.16	$100.74
$2,400	$55.68	$70.08	$105.12
$2,500	$58.00	$73.00	$109.50
$2,600	$60.32	$75.92	$113.88
$2,700	$62.64	$78.84	$118.26
$2,800	$64.96	$81.76	$122.64
$2,900	$67.28	$84.68	$127.02
$3,000	$69.60	$87.60	$131.40
$3,100	$71.92	$90.52	$135.78
$3,200	$74.24	$93.44	$140.16
$3,300	$76.56	$96.36	$144.54
$3,400	$78.88	$99.28	$148.92
$3,500	$81.20	$102.20	$153.30
$3,600	$83.52	$105.12	$157.68
$3,700	$85.84	$108.04	$162.06
$3,800	$88.16	$110.96	$166.44
$3,900	$90.48	$113.88	$170.82
$4,000	$92.80	$116.80	$175.20
$4,100	$95.12	$119.72	$179.58
$4,200	$97.44	$122.64	$183.96
$4,300	$99.76	$125.56	$188.34
$4,400	$102.08	$128.48	$192.72
$4,500	$104.40	$131.40	$197.10
$4,600	$106.72	$134.32	$201.48
$4,700	$109.04	$137.24	$205.86
$4,800	$111.36	$140.16	$210.24
$4,900	$113.68	$143.08	$214.62
$5,000	$116.00	$146.00	$219.00

*Monthly benefit cannot exceed 60% of monthly compensation

Accident Plan

Voluntary Accident Insurance (off-the-job)

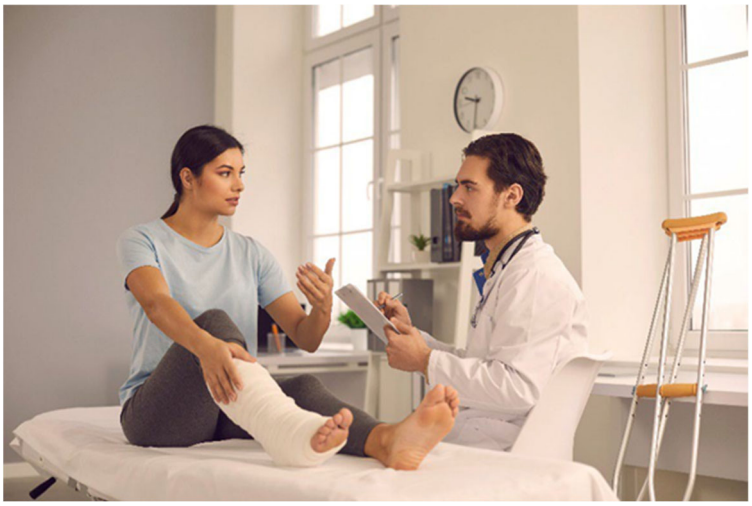
An accidental injury can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed to the emergency room to realize you need more protection. With accident insurance, you will receive additional coverage that your medical insurance may not cover.

Accident Benefits	
Accidental Death	$30,000
Common Carrier Accidental Death	$90,000
Dislocation or Fracture	up to $6,000
Standard Hospital Admission	$1,050
Accident Hospital Income Benefit	$100 per day
Accident ICU Hospital Income Benefit	$300 per day
Accident Physician Treatment	$75
Major Diagnostic Testing (CT/MRI)	$240
Emergency Room Services	$250
Accident Follow-up Treatment	$75
Ambulance – Ground	$210
Ambulance – Air	$1,050

Accident Benefits	
Major Surgery	$1,500
Appliance	$200
Prosthetic Device	Up to $1,500
Blood, Plasma, Platelets	$400
Therapy – Physical, Occupational, Speech	$75
Transportation (100 miles or more, 2 trips max)	$600
Accident Follow-Up Treatment (up to 6 visits)	$125
Wellness Benefit Rider Once per year for Employee & Spouse	$150

Voluntary Accident Insurance (off-the-job) Monthly Premiums

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
$22.32	$27.97	$34.44	$40.86



CancerSelect Plus

Chances are someone in you know has been diagnosed with cancer. When those medical emergencies occur, oftentimes you are suddenly faced with lengthy medical treatment, drastic lifestyle changes and uncertain futures.

CancerSelect Plus provides meaningful direct and indirect medical benefits to you to help pay the costs of cancer treatment. Benefits are paid in addition to any other insurance you may have and are paid directly to you or directly to anyone else you choose.

Also included is a cancer screening wellness rider that pays a benefit amount per calendar year to each insured for specific tests performed to determine whether cancer exists in a covered person.

Highlights of CancerSelect Plus:

Hospital Benefit	Benefit	Hospital Benefit	Benefit
Hospital Confinement Per day for confinement	$200	Ambulance	$200
Hospice Care Per day/100 lifetime max	$200	Surgery	$2,000 Inpatient $3,000 Outpatient
Prosthesis	$1,100	Hair Prosthesis	$100
Reconstructive Surgery	Up to $500	Radiation & Chemotherapy	$150
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant	$150 per day	Initial Diagnosis Benefit	$2,000
ICU Rider	$200	Ambulance Benefit	$200 or $400

Monthly Premiums for CancerSelect Plus:

Employee	Single Parent Family	Family
$21.01	**$24.18**	**$37.38**

CriticalAssistance Advance

CriticalAssistance Advance provides extra money to families to help cover costs associated with critical illnesses, such as heart attack, stroke, or other serious illness.

You will receive a lump-sum payment upon diagnosis of a covered illness.

Monthly Premiums for Critical Illness Advance:

Non-Tobacco Users:

Employee				
Age	$10000	$15000	$20000	$25000
18-29	$13.70	$16.55	$19.40	$22.25
30-39	$14.70	$18.05	$21.40	$24.75
40-49	$21.30	$27.95	$34.60	$41.25
50-59	$33.10	$45.65	$58.20	$70.75
60-64	$62.70	$90.05	$117.40	$144.75
65+	$72.30	$104.45	$136.60	$168.75
1 Parent Family				
18-29	$16.15	$19.10	$22.05	$25.00
30-39	$17.15	$20.60	$24.05	$27.50
40-49	$23.75	$30.50	$37.25	$44.00
50-59	$35.55	$48.20	$60.85	$73.50
60-64	$65.15	$92.60	$120.05	$147.50
65+	$74.75	$107.00	$139.25	$171.50
2 Parent Family				
18-29	$23.35	$26.90	$30.45	$34.00
30-39	$25.65	$30.35	$35.05	$39.75
40-49	$35.65	$45.35	$55.05	$64.75
50-59	$51.85	$69.65	$87.45	$105.25
60-64	$96.25	$136.25	$176.25	$216.25
65+	$104.15	$148.10	$192.05	$236.00

Tobacco Users:

Employee				
Age	$10000	$15000	$20000	$25000
18-29	$19.00	$24.50	$30.00	$35.50
30-39	$20.90	$27.35	$33.80	$40.25
40-49	$34.50	$47.75	$61.00	$74.25
50-59	$62.80	$90.20	$117.60	$145.00
60-64	$113.10	$165.65	$218.20	$270.75
65+	$124.40	$182.60	$240.80	$299.00
1 Parent Family				
18-29	$21.45	$27.05	$32.65	$38.25
30-39	$23.35	$29.90	$36.45	$43.00
40-49	$36.95	$50.30	$63.65	$77.00
50-59	$65.25	$92.75	$120.25	$147.75
60-64	$115.55	$168.20	$220.85	$273.50
65+	$126.85	$185.15	$243.45	$301.75
2 Parent Family				
18-29	$29.95	$36.80	$43.65	$50.50
30-39	$31.95	$39.80	$47.65	$55.50
40-49	$54.45	$73.55	$92.65	$111.75
50-59	$97.35	$137.90	$178.45	$219.00
60-64	$172.15	$250.10	$328.05	$406.00
65+	$188.45	$274.55	$360.65	$446.75

Hospital Select II

Hospital Select II pays you in the event you are hospitalized. It pays an initial benefit for hospitalization as well as a per diem for the amount of days you are in the hospital. This voluntary plan can help you and your eligible family members when you need it most.

Benefits	Amount Payable
Hospital Confinement 1 day per confinement per calendar year	$1,000
Intensive Care Indemnity Benefit Pays for each day you are confined to a hospital (up to 10 days)	$100
Daily In-Hospital Indemnity Benefit Pays each day your are confined to a hospital (but not ER/Outpatient stay/Observation)	$100

Monthly Rates:

Employee	Employee & Spouse	Employee & Child	Family
$16.93	**$36.02**	**$24.89**	**$40.81**

WHEN LIFE GETS CHALLENGING

We Can Help

The Blomquist Hale Solutions Program provides direct, **face-to-face** guidance to address virtually any stressful life situation or problem. Not to mention there is absolutely **no cost** to you. Meeting with our team is simple. Call to schedule an appointment today. **(800) 926-9619**

Count On:

- ☑ 24/7 Crisis Service
- ☑ 100% Confidential
- ☑ Professional, Friendly Team
- ☑ Convenient Locations
- ☑ Extended Hours
- ☑ No Co-pay Required

WE CAN HELP WITH

- Marital & Family Counseling
- Stress, Anxiety or Depression
- Personal & Emotional Challenges
- Grief or Loss
- Financial or Legal Problems
- Substance Abuse or Addictions
- Senior Care Planning

BLOMQUIST HALE APP: Your Direct Connection to Mental Health Resources

You can now download the Blomquist Hale app to your smart phone!

The Blomquist Hale app gives you direct access to mental health resources such as webinars, informational handouts, articles and more! Simply search Blomquist Hale on the app store.

To register for workshops, please visit us at:
https://blomquisthale.com/workshops/

Blomquist Hale SOLUTIONS

*There is no guaranteed number of sessions per topic and that the number of sessions will be determined by clinical need as determined by provider. Upon determination that the provider determines that a longer-term solution may be needed, the employee may be referred to a different provider through medical insurance.

nivati

MENTAL HEALTH FOR EVERY EMPLOYEE

Experience the easiest way to understand and improve employee mental health. Nivati's unique platform addresses the whole person in a clinically proven approach to Therapeutic Lifestyle Change. Nivati meets employees where they're at with what they need, whether it's hundreds of on-demand courses or live 1:1 and group sessions on mental health and wellbeing, it's all here in our platform.

"During our first session, my therapist was gentle and wanted to understand me. By the time we finished, I already felt like a weight had been lifted. I was able to find balance so I could focus on my work and do a better job."

"I love my sessions with Roxana. She has really help me to feel better in this difficult time. She has changed my life 180 degrees."

THE COMPLETE APPROACH TO MENTAL HEALTH

Group Classes

Our expert providers will help you hold awesome live group classes and trainings to improve employee wellbeing.

1:1 Sessions

Book 1-on-1 sessions with mental health counselors, coaches, nutritionists, financial coaches and more.

On-Demand Courses

Access robust video, audio and text content in all wellbeing categories, created by our licensed providers.

GET STARTED WITH NIVATI

1. **CREATE AN ACCOUNT**

   Create an account or login at nivati.com

2. **TAKE THE WELLBEING ASSESSMENT**

   Take the wellness questionnaire upon login.

3. **ATTEND YOUR FIRST SESSION**

   Book a live session or visit our content library.

Legal Resources

LegalShield™ LEGAL PLAN

To Enroll go to: www.WPCbenefitsLSenrollment.net

What Your Legal Plan Covers

Advice, Consultation & Representation

Advice
Phone consultations with your law firm for any personal legal matter, even pre-existing matters.

Letters and Phone Calls on Your Behalf
A phone call or letter on a lawyer's letterhead can help quickly resolve your legal matters.

Contract and Document Review
Your provider law firm will review personal documents (up to 15 pages each).

Trial Defense
Your law firm will provide a scheduled number of hours for representation as a respondent/ defendant in a covered civil action. In New York this benefit requires a discounted hourly fee payment for services.

YEAR	PRE-TRIAL TIME	TRIAL TIME	TOTAL
1	2.5	57.5	60
2	3	117	120
3	3.5	176.5	180
4	4	236	240
5	4.5	295.5	300

24/7 Emergency Access

24/7/365 access to a lawyer if your rights, freedoms or liberties are being denied or threatened. Emergency access is available anytime you are:

- In the presence of a law enforcement officer that may place you under arrest or take away your rights, freedoms or liberties.
- In the presence of an executive branch official who is attempting to take away your children.
- Injured and are being asked to sign a document that would forfeit or waive your rights, freedoms or liberties.

Family Matters*

Uncontested Name Change
Receive assistance for an uncontested name change.

Uncontested Adoption Representation
Representation by your provider law firm for uncontested adoption proceedings.

Uncontested Separation or Annulment
Receive assistance for uncontested legal separation or uncontested civil annulment.

Uncontested Divorce
Receive assistance and representation for an uncontested divorce.

Document Preparation

- **Will Preparation:** Your provider lawyer will assist in preparation of a Standard Will, Physician's Directive and Living Will.
- **Health Care and Financial Power of Attorney:** Your provider law firm can prepare a Power of Attorney as part of your estate planning needs.

Residential Loan Document Assistance

Your provider law firm will prepare or review required mortgage documents for the purchase of your primary residence, once per membership year.

Residential

- Speeding Ticket Assistance: Assistance with non-criminal, moving traffic matters when driving with a license and proper registration.
- Advice, consultation and representation for criminal charges for traffic accidents resulting in death.

Traffic

- Receive up to 2.5 hours of assistance to help with driver's license reinstatement.
- Assistance for collecting property damage claims of $5,000 or less as a result of driving, riding in, or being struck by any motor vehicle.
- Available for members with a valid driver's license and driving a non-commercial motor vehicle.

IRS Audit Assistance

Receive representation if audited by the IRS on your personal tax return.

- 1 hour of advice, consultation and assistance when notified of an audit
- 2.5 hours of additional assistance if a settlement is not achieved in the first thirty days
- 46.5 hours of assistance if your case goes to court
- Coverage for this service begins with the tax return due April 15th of the year you enroll

25% off Additional Legal Services:

You may continue to use your provider lawyer for legal situations that extend beyond plan features. The additional services are 25% off the law firm's standard hourly rates. Your Provider Lawyer will go over these fees and let you know when the 25% discount applies. This discount does not include contingency matters.

*Available 90 consecutive days from the effective date of your plan.

This is a general overview of the legal plan coverage available from Prepaid Legal Services, Inc. d/b/a LegalShield ("LegalShield") for illustration purposes only. See a plan contract for specific state of residence for complete terms, coverage, amounts and conditions. Trial defense is not available in all states. LegalShield provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice.

Access LegalShield on the go!

With our smartphone app, members have answers to their questions and access to their plan benefits at the touch of a button. You can even send information to your law firm with features like submit a traffic ticket or start a legal document. The LegalShield app makes it easy to access legal guidance you can trust.

Download the free app from the App Store or Google Play.

Download on the App Store

GET IT ON Google Play

Legal Plan Covers:

- The member
- The member's spouse/domestic partner
- Never-married dependent children under age 26 living at home
- Dependent children under age 18 for whom the member is legal guardian
- Never married, dependent children who are full-time college students up to age 26
- Physically or mentally disabled children living at home

FOR MORE INFORMATION, CONTACT YOUR INDEPENDENT ASSOCIATE:

LESLIE UDY
801-830-3629
lesileudy.legalshield@gmail.com
www.wpcbenefitsisenrollment.com

LegalShield™

LegalShield is here to protect your gun rights.

Gun Owners Supplement Plan

(Can only be purchased with a Legal Plan or Legal / IDShield Combo Plan)

Advice and Consultation (Personal)

- Gun owner rights
- Carry and license requirements
- Advice on where carrying your concealed firearm is allowed
- Advice on where carrying your firearm is openly allowed
- Recent changes in gun laws

24/7 Toll-Free Emergency Access to a Provider lawyer for consultation in the event of a Covered Firearm Incident.

Trial Defense for Gun Related Matters**

- Defense of covered civil and criminal lawsuits filed in state or federal court.
- 60 total hours for covered lawsuits (10hrs pre-trial and 40 hours trial per plan year)

NFA Gun Trust Services

- One (1) NFA Gun Trust prepared by your provider Law Firm per membership year for a flat fee of $250

25% Discount

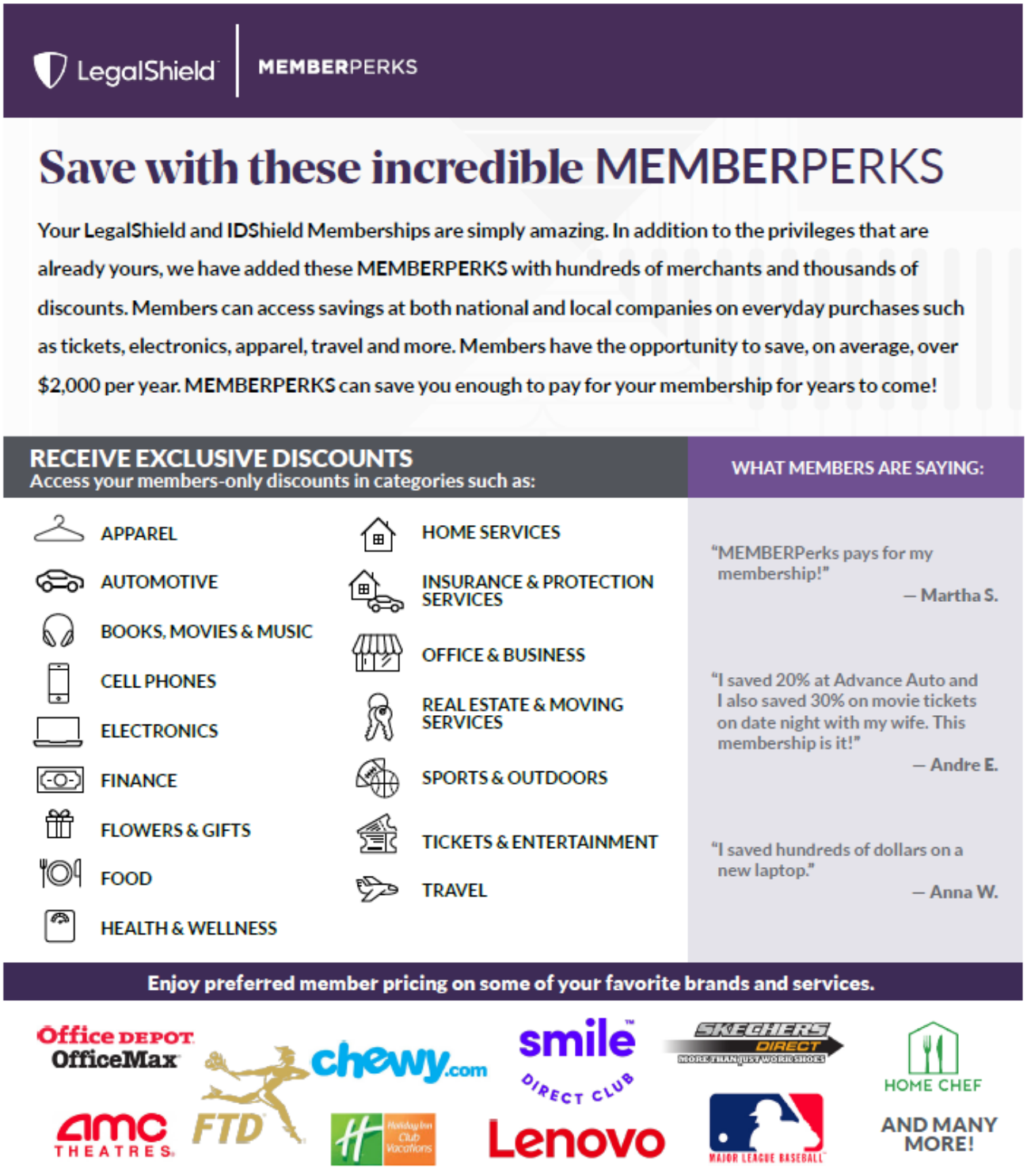
- As a member, you are entitled to a 25% discount off the provider lawyer's standard hourly rate for additional trial defense services and/or grand jury investigations related to a covered firearm incident.

To Enroll go to:

www.WPCbenefitsLSenrollment.net

(Gun Owners Supplement can only be purchased in combination with a LegalShield Legal Plan.)

Legal Resources



Legal Resources

Your privacy is your business.
Protecting it is ours.

You do a lot online. Most of us don't want to think about it, but the reality is that your private data and reputation can be stolen with a just few simple keystrokes. Rather than leaving security up to chance, you can proactively arm yourself against cybercrimes and reputation hijacking with IDShield's impressive privacy and reputation management consultation.

Trend Micro Maximum Security: Get complete, multi-device protection against ransom ware, viruses, dangerous websites, and identity thieves. Includes mobile security for Android and iOS. The cloud-based AI technology delivers highly effective and proactive protection against ever-evolving malware infections.

VPN Proxy One: Convenient protection anywhere you connect, including hotels, cafes, offices, and schools through encrypted communications provided by Trend Micro's VPN Proxy One. Filters help block malicious websites, online fraud, and internet scams. Full anonymity - no location or online activity tracking. Turns a public hotspot into a secure Wi-Fi via Virtual Private Network (VPN with bank-grade data encryption to keep your information protected from hackers.

Password Manager: Get multiple device protection and privacy to create unique, encrypted passwords to give you control of your digital life.

Privacy Management: Rather than leaving security up to chance, you can proactively arm yourself against cybercrimes and reputation hijacking. Our identity theft specialists can consult you on best practices to ensure that your private information remains private.

Financial Threshold Account Monitoring: Provides monitoring for banking, credit card and investment account activity.

Continuous Credit Monitoring: We monitor your Experian credit report. If changes or inquiries occur, you'll receive an instant alert.

Monthly Credit Score Tracker: Keep an eye on changes to your credit score with a 12-month historic view of your credit trends.

Reputation Management: Scans your social media accounts for existing content that could be damaging to your online reputation. You will be notified of old accounts, high-risk posts and images, and will have the ability to review and the choice to remove flagged content

Reputation Score: Scores your existing online reputational risks.

Social Media Monitoring: Monitors social media accounts for reputational and privacy risks.

Unlimited Service Guarantee: We don't give up until your identity is restored. If an identity theft event does occur, our industry-leading Licensed Private Investigators will do whatever it takes for as long as it takes to help recover and restore your identity to its pre-theft status.

Unlimited Consultation: Receive consultation on any identity-related issue.

$3 Million Identity Fraud Protection: If you incur expenses as a result of a covered identity theft event, this policy covers lost wages, child and elder care, travel, legal defense fees and stolen funds via electronic transfers.

Stay connected with our Mobile App: Download our free IDShield mobile app, so you can have 24/7 assistance for emergencies - right in the palm of your hand.

To Enroll go to:
www.WPCbenefitsLSenrollment.net

2024 Insurance Rates

The following is a breakdown of insurance cost for the year 2024

Box Elder County will continue to pay 100% of the premium for:

- ⇒ Basic Life Insurance
- ⇒ Accidental Death & Dismemberment Insurance
- ⇒ Dependent Life, if applicable
- ⇒ EAP
- ⇒ Administrative Fee for Flex Spending
- ⇒ Employee Vision

County continues to fund 85% of Medical and Dental Insurance Premiums
Employee's portion of Medical and Dental Premium is 15%

Carriers

Medical: PEHP
Dental: Dental Select Platinum Plan
Life Insurance and AD&D: The Hartford
EAP: Blomquist Hale
Vision: Opticare Plan 120CC

PEHP– Traditional Summit Exclusive

Wellness *Participation Rates*

Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	$819.88	$696.90	$122.98	$61.49
Two Party	$1,664.34	$1,414.70	$249.64	$124.82
Family	$2,213.66	$1,881.62	$332.04	$166.02

PEHP– Traditional Summit Exclusive

NON – Wellness Participation Rates

Please see page 12 For more information on your wellness incentive program

Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	$819.88	$696.90	$169.98	$84.99
Two Party	$1,664.34	$1,414.70	$296.64	$148.32
Family	$2,213.66	$1,881.62	$379.04	$189.52

Dental Select PPO Classic Plan				
Dental	**Total Premium Per Month**	**Box Elder County Contribution**	**Employee Contribution Per Month**	**Employee Contribution Per Pay Period**
Single	$49.68	$42.24	$7.44	$3.72
Two Party	$73.62	$62.58	$11.04	$5.52
Family	$106.58	$90.60	$15.98	$7.99

Opticare Vision Services 120CC Plan	
Optional Vision	**Employee Contribution Per Pay Period**
Single	Paid By County
Two Party	$1.96
Family	$3.66

2024 Insurance Rates

The following is a breakdown of insurance cost for the year 2024

Box Elder County will continue to pay 100% of the premium for:

- ⇒ Basic Life Insurance
- ⇒ Accidental Death & Dismemberment Insurance
- ⇒ Dependent Life, if applicable
- ⇒ EAP
- ⇒ Administrative Fee for Flex Spending
- ⇒ Employee Vision

County continues to fund 85% of Medical and Dental Insurance Premiums
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Carriers

Medical: PEHP
Dental: Dental Select Platinum Plan
Life Insurance and AD&D: The Hartford
EAP: Blomquist Hale
Vision: Opticare Plan 120CC

PEHP– Star HSA Summit Exclusive

Wellness *Participation Rates*

Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	$762.88	$648.46	$114.42	$57.21
Two Party	$1,548.64	$1,316.34	$232.30	$116.15
Family	$2,059.76	$1,750.80	$308.96	$154.48

Box Elder County H.S.A Contributions		
Single: $1,200.00	Two Party: $1,800.00	Family: $2,400.00

Contribution amounts will be made in January and June to equal the above amounts

PEHP– Star HSA Summit Exclusive

NON – Wellness Participation Rates

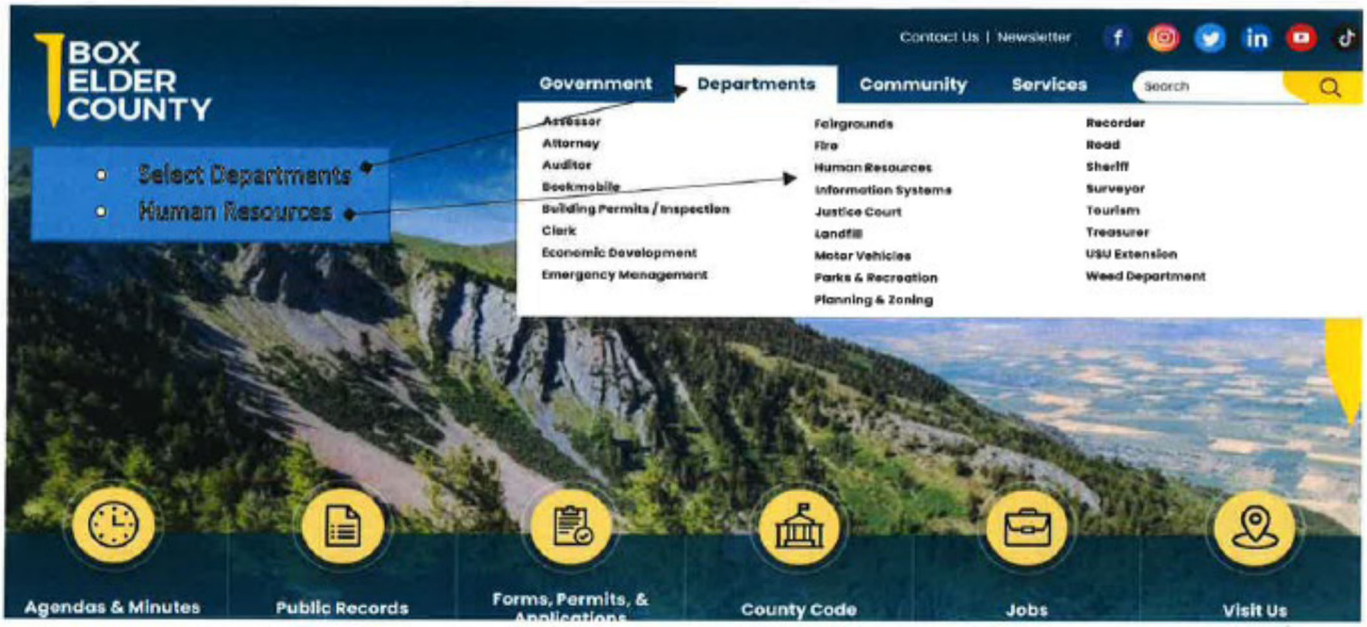
Medical	Total Premium Per Month	Box Elder County Contribution	Employee Contribution Per Month	Employee Contribution Per Pay Period
Single	$762.88	$648.46	$161.42	$80.71
Two Party	$1,548.64	$1,316.34	$279.30	$139.65
Family	$2,059.76	$1,750.80	$355.96	$177.98

Dental Select PPO Classic Plan				
Dental	**Total Premium Per Month**	**Box Elder County Contribution**	**Employee Contribution Per Month**	**Employee Contribution Per Pay Period**
Single	$49.68	$42.24	$7.44	$3.72
Two Party	$73.62	$62.58	$11.04	$5.52
Family	$106.58	$90.60	$15.98	$7.99

Opticare Vision Services 120CC Plan	
Optional Vision	**Employee Contribution Per Pay Period**
Single	Paid By County
Two Party	$1.96
Family	$3.66

UKG Enrollment

GO TO: boxeldercounty.org



UKG Enrollment

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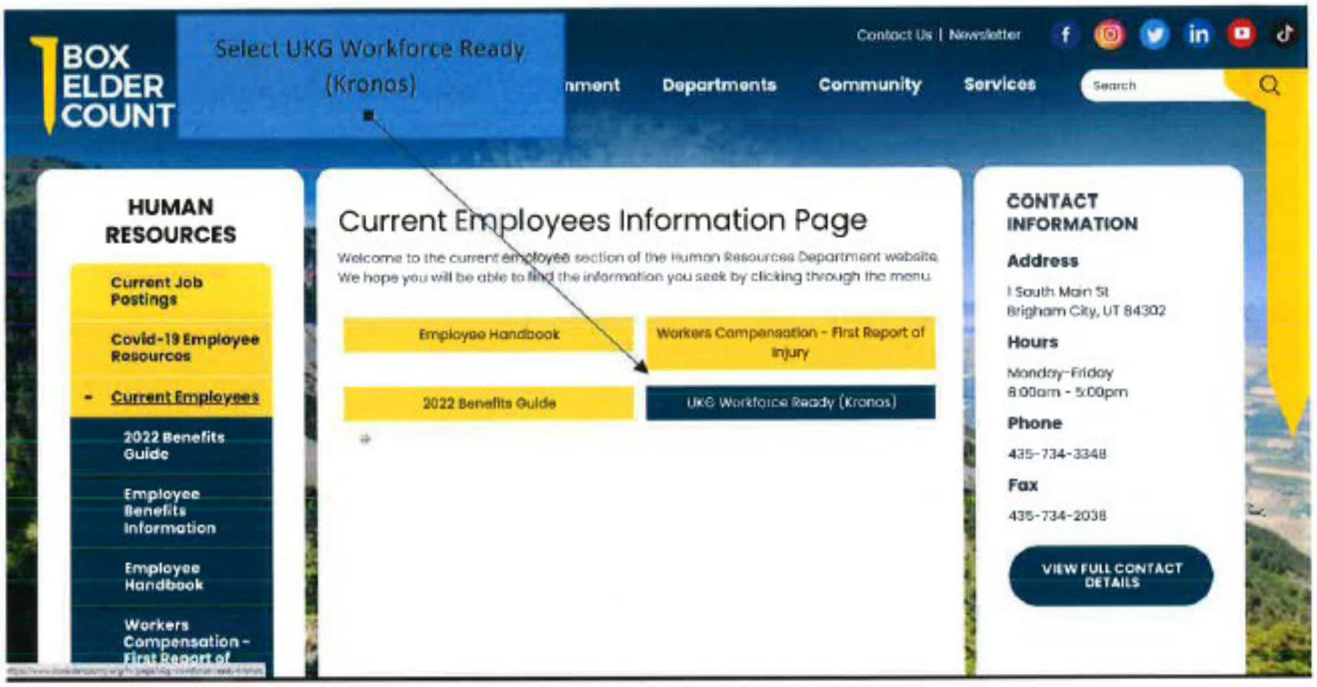
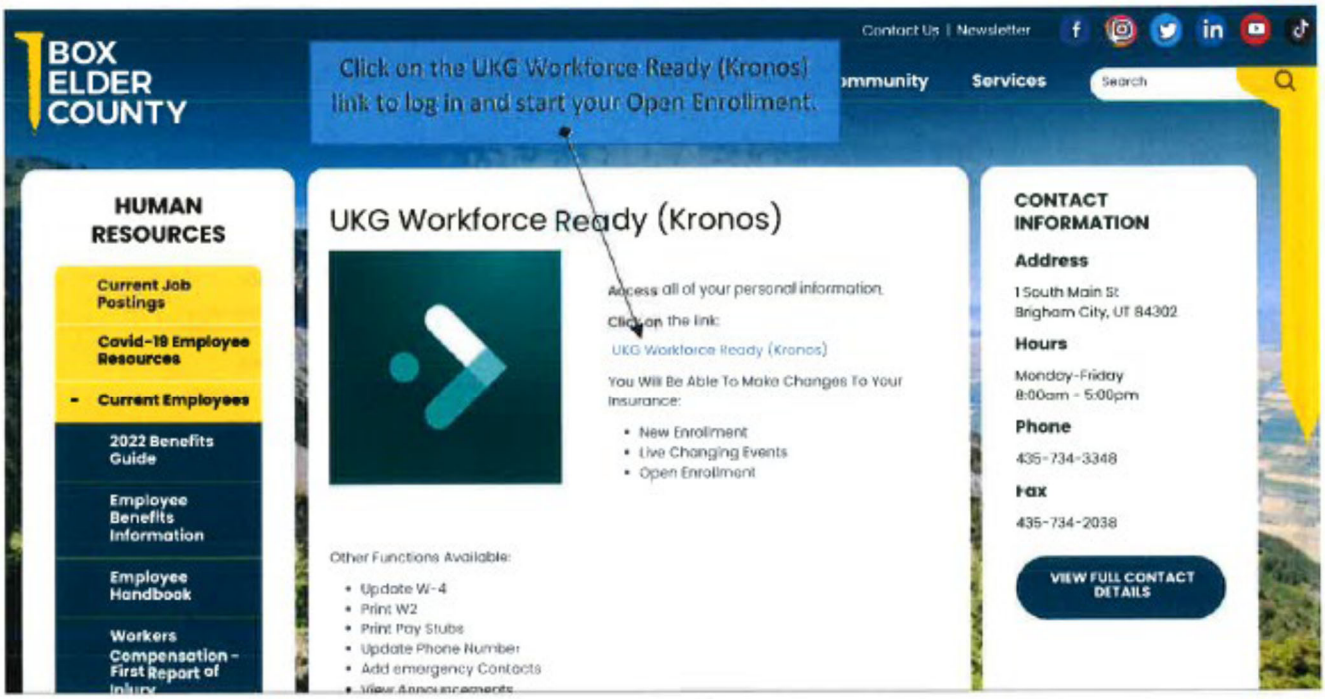




Employee Open Enrollment Steps

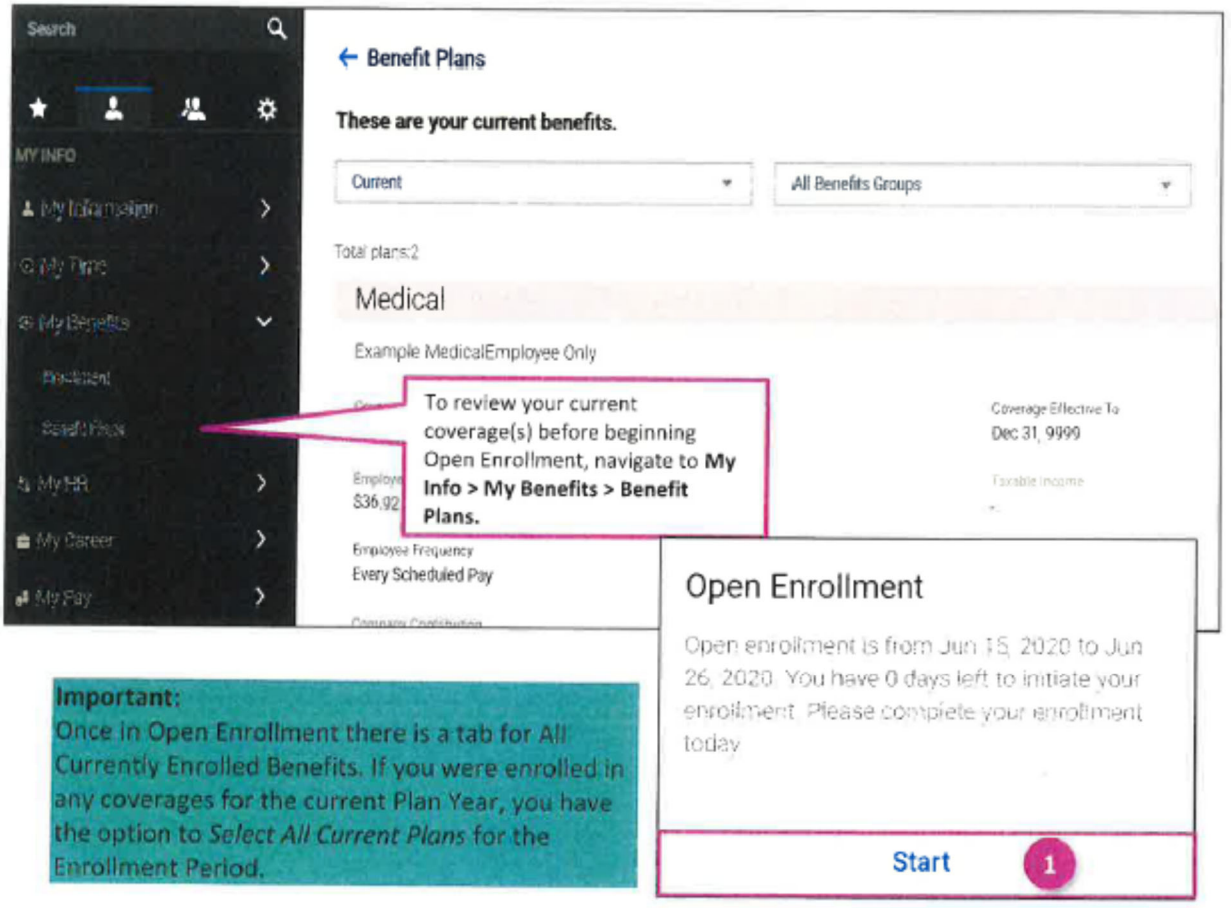
This job aid covers how an employee navigates through Open Enrollment in the application. These options are only available during your company's Open Enrollment timeframe.

Accessing Open Enrollment

Navigation: **My Info > My Benefits > Enrollment**

During your company's designated Open Enrollment timeframe, complete the following steps to access the enrollment screens.

1. Select Start within the Open Enrollment Widget



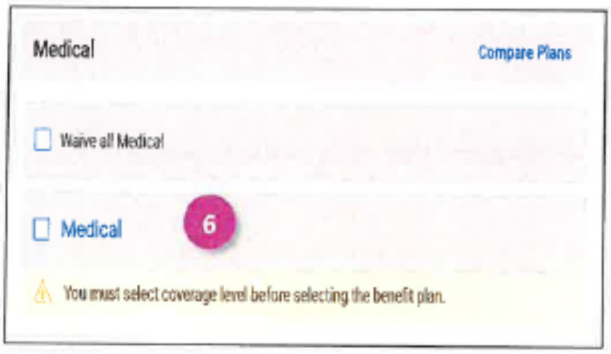
Important:
Once in Open Enrollment there is a tab for All Currently Enrolled Benefits. If you were enrolled in any coverages for the current Plan Year, you have the option to *Select All Current Plans* for the Enrollment Period.

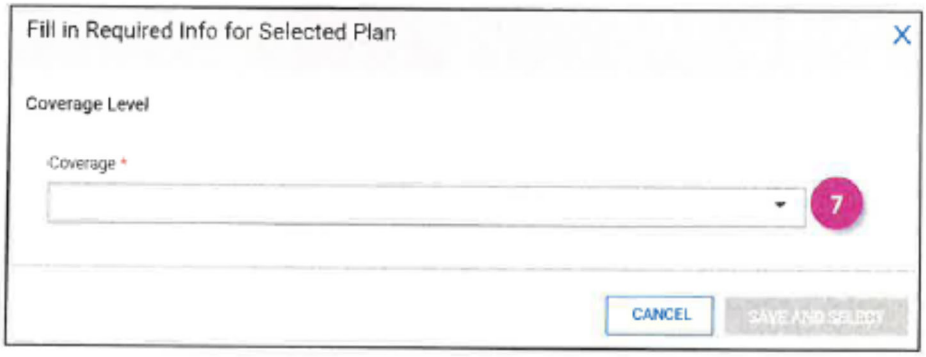
UKG Enrollment

Enrolling in Coverage

To elect your benefit plans on each tab:

2. Review the Instructions tab.
3. Select **Continue**.
4. Review the All Current Benefits Enrollments tab.
5. Select **Save & Continue**.
6. Select the plan to enroll in. (Waive if not needed).
7. Select the coverage level of the plan you want to enroll in.
8. Complete the contact information (if applicable; see Selecting Contacts below).
9. Select **Save and Select.**
10. Select **Continue** to move to the next tab.
11. Repeat steps 4-11 for each tab.





Selecting Contacts

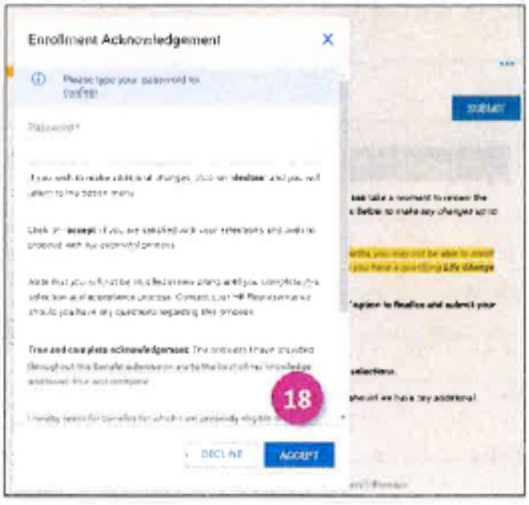
Follow the steps to select plan contacts. This includes a spouse, children, or beneficiaries.

12. Select the **+Add drop down** for the appropriate contact.
13. If a contact needs to be added, select **Add New**. Add appropriate information and **Continue**.
14. If a contact exists but needs added to the plan, select **Add from Existing Contacts,** and select the individual.
15. Select **Save and Select.**

Submitting Open Enrollment

On the final tab of enrollment is Confirm and Submit. After verifying your selections:

16. Select **Submit**.
17. In the Enrollment Acknowledgement popup, enter your login password.
18. Select **Accept**.
19. Select **OK**.
20. Select **OK**.



Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	PEHP (Public Employer's Health Plan)	800.765.7347	www.pehp.org
Dental	Dental Select	800.999.9789	www.dentalselect.com
Vision	Opticare Vision	800.363.0950	www.opticareofutah.com
Health Savings Account	HealthEquity	866.346.5800	www.healthequity.com
Flexible Spending Account	National Benefits Services	800.274.0503	www.nbsbenefits.com
Life and AD&D	Hartford	860.547.5000	www.thehartford.com
Voluntary Life and AD&D	Hartford	860.547.5000	www.thehartford.com
Short Term Disability	Transamerica Life Insurance Company	888.763.7474	www.transamerica.com
Accident Insurance	Transamerica Life Insurance Company	888.763.7474	www.transamerica.com
Cancer Insurance	Transamerica Life Insurance Company	888.763.7474	www.transamerica.com
Critical Illness Insurance	Transamerica Life Insurance Company	888.763.7474	www.transamerica.com
Hospital Indemnity Insurance	Transamerica Life Insurance Company	888.763.7474	www.transamerica.com
EAP	Blomquist Hale	Call: 801.262.9619 Text: 801.383.0580	supportnow@blomquisthale.com
Wellness	Nivati	800.556.2950	www.nivati.com

Human Resources Team	Role	Phone	Email
Jenica Stander	Human Resources Director	435.734.3364	jstander@boxeldercounty.org
Diane Black	Benefits and Payroll Administrator	435.734.3313	dblack@boxeldercounty.org
Mariana Hernandez	HR Generalist	435.734.3348	mhernandez@boxeldercounty.org

Notice Regarding Wellness Programs

Box Elder County's wellness program is a voluntary wellness program available to all employees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire that asks a series of questions about your health-related activities and behaviors. You will also be asked to complete biometric testing, which will include blood pressure, BMI, blood glucose and cholesterol screenings. You are not required to complete the health questionnaire or to participate in the biometric testing or other medical examinations. The information from your health questionnaire and the results from your biometric testing will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You are encouraged to share your results or concerns with your own doctor.

Employees who elect medical coverage through PEHP that choose to participate in the wellness program will receive a premium savings of $47/month for meeting the wellness program guidelines. Although you are not required to complete the health questionnaire or participate in the biometric testing, only employees who do so will receive a $47/month premium savings. Please see the Wellness program overview for specific details.

Additional incentives and reimbursements are available to employees and spouses who participate in certain health-related activities and participate in PEHP's myWellness Tracker Rewards. Employees and Spouses are also eligible to earn additional rebates through PEHP's Healthy Utah program. Please see wellness program guidelines in the benefits guide for more information.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 435.734.3313.

For More Information or to Report a Problem

- If you have questions or would like additional information, or if you would like to make a request to inspect, copy, or amend health information, or for an accounting of disclosures, contact the plan privacy officer. All requests must be submitted in writing.
- If you believe your privacy rights have been violated, you can file a formal complaint with the plan privacy officer; or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the payment activities that we provided to you.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[12]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Legal Notices

When Can I Enroll in Health Insurance Coverage through the Marketplace?
You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage**. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?
If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage.
Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting- medicaid-chip/ for more details.

How Can I Get More Information?
For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Jenica Stander.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Box Elder County		4. Employer Identification Number (EIN) 87-6000293	
5. Employer address 1 S Main St		6. Employer phone number 435.734.3364	
7. City Brigham City		8. State Utah	9. ZIP code 84302-2548
10. Who can we contact about employee health coverage at this job? Jenica Stander			
11. Phone number (if different from above)	12. Email address Jstander@boxeldercounty.org		

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  X All employees. Eligible employees are: All eligible employees who are classified and budgeted as full time.

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  X We do offer coverage. Eligible dependents are: Eligible dependents are legal spouse, children up to age 26, unmarried children of any age who are mentally or physically disabled.

  ☐ We do not offer coverage.

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid- year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Legal Notices

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

---

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) No ☐ (STOP and return form to employee)

---

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $_____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

---

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

---

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? $_____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Legal Notices

Patient Protections Disclosure

The Box Elder County Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, PEHP (Public Employer's Health Plan) designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the PEHP (Public Employer's Health Plan) at 800.765.7347 or www.pehp.org.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from PEHP (Public Employer's Health Plan) or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the PEHP (Public Employer's Health Plan) at 800.765.7347 or www.pehp.org.

Women's Health & Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Traditional (Summit Exclusive) (Individual: 20% coinsurance and $1,000 deductible; Family: 20% coinsurance and $2,000 deductible)
Plan 2: STAR HSA (Summit Exclusive) (Individual: 20% coinsurance and $1,600 deductible; Family: 20% coinsurance and $3,200 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 435.734.3364 or Jstander@boxeldercounty.org.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Legal Notices

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid- a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=e n_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

Legal Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs- services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Box Elder County is committed to the privacy of your health information. The administrators of the Box Elder County Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Jenica Stander - HR Manager at 435.734.3364 or Jstander@boxeldercounty.org.

HIPAA Special Enrollment Rights

Box Elder County Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Box Elder County Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Jenica Stander - HR Manager at 435.734.3364 or Jstander@boxeldercounty.org.

Legal Notices

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Box Elder County
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 Box Elder County 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. **Box Elder County has determined that the prescription drug coverage offered by the medical 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 Box Elder County coverage may be affected. It is possible that your current prescription coverage may have coordination of benefits with Medicare Part D. *See* pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. Medicare-eligible individuals who enroll in Medicare Part D can also keep this Plan's coverage, and this Plan will pay primary to Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Box Elder County coverage, be aware that you and your dependents may not be eligible to get this coverage back, except at a subsequent open enrollment period or if you have a "special enrollment" event.

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 Box Elder County 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 person listed below for further information. **NOTE**: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Box Elder County changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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:	**January 01, 2024**
Name of Entity/Sender:	**Box Elder County**
Contact—Position/Office:	**Jenica Stander - HR Manager**
Office Address:	**1 S Main St** **Brigham City, Utah 84302-2548** **United States**
Phone Number:	**435.734.3364**

Notes

Notes

Gallagher

Insurance | Risk Management | Consulting