

# 2016 Employee Benefits Guide



# GRAND COUNTY



# Employee Benefits Guide

## January 1, 2016 – December 31, 2016

### Grand County

<b>If you have questions regarding...</b>	<b>Contact</b>	<b>Call</b>	<b>Click</b>
Plan brochures, enrollment materials, general benefits information	Human Resources Department	(435) 259-1323	<a href="mailto:gchr@grandcountyutah.net">gchr@grandcountyutah.net</a>
Medical Dental Vision	Cigna	(800) 244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Health Savings Account Flexible Spending Account	National Benefit Services	(800) 274-0503 (801) 532-4000	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>
Life and AD&D Disability	Lincoln Financial	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
Employee Assistance Program	Blomquist Hale	(800) 926-9619	<a href="http://www.blomquisthale.com">www.blomquisthale.com</a>
Open enrollment questions, escalated claims issues	Marcie Gentry <i>GBS Benefits, Inc.</i>	(801) 933-2612	<a href="mailto:marcie.gentry@gbsbenefits.com">marcie.gentry@gbsbenefits.com</a>

# Table of Contents

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<b>Important Information</b> .....	5
Grand County's Benefits and You.....	6
Enrollment Guidelines.....	7
InfinityHR.....	8
Pharmacy Information.....	9
Summary of Material Modification.....	10
<b>Medical – Cigna</b> .....	11
Open Access Plus Traditional Plan \$1,000 Ded.....	12
Health Savings Account Open Access Plus Plan \$2,000 Ded.....	18
<b>Health Savings Account (HSA) – National Benefit Services</b> .....	24
HSA Info.....	25
Qualified & Non-Qualified Medical Expenses.....	26
<b>Dental – Cigna</b> .....	27
PPO Dental Summary.....	28
<b>Vision – Cigna</b> .....	31
Standard PPO Comprehensive Plan.....	32
<b>Life and AD&amp;D – Lincoln Financial</b> .....	35
Basic Life and AD&D.....	36
Voluntary Life with AD&D.....	38
<b>Disability – Lincoln Financial</b> .....	44
Long Term Disability.....	45
<b>Flexible Spending Account (FSA) – National Benefit Services</b> .....	47
Plan Highlights.....	48
<b>Employee Assistance Program (EAP) – Blomquist Hale</b> .....	50
EAP Info.....	51
<b>Premiums</b> .....	53
Monthly Costs & Employee Contributions.....	54

# Important Information



# Grand County's Benefits and You

## Welcome

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

## Know Your Benefits

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

**1**

**Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.

**2**

**Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.

**3**

**Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide us with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify us immediately if there are any discrepancies.

**Remember: Once the Enrollment Period has ended, you may not make or change your benefit elections, unless you experience a qualified life event.**

## Health Care Reform

### The Individual Mandate

The Affordable Care Act (ACA) requires most individuals to obtain acceptable health insurance coverage for themselves and their family members or pay an annual tax penalty. While at first the penalty is fairly modest, it substantially increases over the following two years. In addition to the penalty, people without health insurance will still be responsible for 100 percent of the cost of their medical care. The fee schedule over the next two years is as follows:

**2015**

**\$325 per adult and \$162.50 for each child (up to \$975 for families), or 2% of your family income, whichever is greater.**

**2016**

**\$695 per adult and \$347.50 for each child (up to \$2,085 for families), or 2.5% of your family income, whichever is greater.**

### Summary of Benefits and Coverage (SBC) and Uniform Glossary

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

For the most up-to-date information regarding the ACA, please visit [www.healthcare.gov](http://www.healthcare.gov).

# Enrollment Guidelines

## Who is Eligible?

You are eligible to enroll in Grand County's complete benefits package if you are a full-time employee averaging 40+ hours per week. If you are an employee averaging 30+ hours per week, you are eligible to enroll in Grand County's medical plan only. You may also enroll your eligible dependents in the same plans you choose for yourself.

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

## How We Define Medical Benefits Eligibility

We are a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

## When to Enroll

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

## How to Make Changes

Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Change in your legal marital status
- Birth, adoption, placement for adoption or legal guardianship of a child
- Death of a dependent
- Change in child's dependent status
- You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have **60 days** to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within **30 days** of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

## When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.

*This guide provides highlights of our benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. We reserve the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.*

# InfinityHR

Enrolling for benefits is easy! Please follow the steps below to elect or waive coverage for the current plan year.

## Information Needed

If you're adding a dependent(s), you will need the following:

- name
- date of birth
- social security number
- home address (if different from yours)

## Step 1: Getting Started

- In your web browser type [www.infinityhr.com](http://www.infinityhr.com) in the address bar.
- Click **"First time user? Forgot or want to Reset your password?"**
- Validate your identity by entering your Date of Birth and SSN then click "Find my Record".
- Enter a new password and make note of it for your records, then click create new password.
- Enter your User ID and Password then click log in.
  - **Your User ID is: [last name][last 4 digits of SSN]**
  - **For Example: Name: John Doe, SSN: xxx-xx-8888, User ID = doe8888**
- On the home screen look for **Change Events**.
- Select the event available, which should be **"Open Enrollment"**, then click **"Begin Event"**.
  - If enrolling outside of Open Enrollment, select the options that are appropriate such as, New Hire or Marriage.

## Step 2: Verify Your Personal and Dependent Information

- Verify your Personal Information.
- If you need to add or make a change click on **"edit personal information"** and make updates, then click **"Save Information"**.
- Once you have verified that everything is correct click **"Save & Continue"**.
- If you need to add a dependent click **"Add Dependent"** or if you need to change a dependent's information click **"Edit"** then add/update the information and click **"Save Information"**.
- Once all of your dependents have been added/updated, click **"Save & Continue"**.
  - *If your spouse will be enrolled in coverage they are considered a dependent for insurance purposes.*
  - **Please Note:** *If you plan on enrolling in Spouse Life Insurance or Child Life Insurance, you need to add your spouse and children as dependents on this screen.*

## Step 3: Make Your Open Enrollment Elections

- Follow the enrollment wizard through each step of the enrollment process and elect or decline each benefit.
  - **Please Note:** *As you elect plans, your dependents will appear at the bottom of the screen. Please remove the check mark from the box if you do not want a dependent covered on that specific plan.*
- Click **"Save & Continue"** to continue navigating through the system.

## Step 4: Confirm Your Elections

- After you have made all of your elections you will be at the **Review Tab**.
- Review the benefit elections for yourself and your dependents to ensure accuracy.
- Click **"Save & Confirm"**.
- The Enrollment Confirmation Statement will be available on your home screen as well as emailed to you.

# Stretching Your Rx Dollars

## GBS Rx Comparison Tool

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

### Isn't health insurance all I need?

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

### How can I find these savings?

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

1

#### On the web:

Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

[www.gbsbenefits.com/rxcomparisontool.html](http://www.gbsbenefits.com/rxcomparisontool.html)

#### Please Note:

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

2

#### On your phone:

On the pricing tool main page

([www.gbsbenefits.com/rxcomparisontool.html](http://www.gbsbenefits.com/rxcomparisontool.html)) you can select the mobile browser version from your phone. You will be prompted to install a GBS Rx bookmark (icon) on your phone's desktop. The next time you want to access the GBS Rx Pricing Tool, simply tap the icon on your phone's desktop and the mobile version of the tool will open in your phone's browser.

## Generic Prescriptions

\$4 30-Day Supply or a \$10 90-Day Supply

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

### Did You Know?

Even if the generic substitute for one of your prescription drugs is not on one of the \$4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at [www.crbestbuydrugs.org](http://www.crbestbuydrugs.org), a Consumer Reports site.

### Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the \$4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

### How can I find out if my prescription is on the \$4-Generic Drug List?

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price.

The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.

You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's \$4-Generic Drug List.

# Summary of Material Modification to the Grand County Welfare Benefit Plan

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This Summary of Material Modification (SMM) summarizes important changes to the information contained in our Summary Plan Description (SPD) for the Grand County Welfare Benefit Plan and describes the Plan as of January 1, 2016.

## **Health Savings Account (HSA)**

Effective January 1, 2016, the annual HSA contribution limit will increase \$100 from \$6,650 to \$6,750 for family coverage. The individual coverage annual limit will remain at \$3,350 for calendar year 2016.

If you have any questions about these changes in benefits, please contact your Plan Administrator at 435-259-1323.

# Medical

Cigna



# SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.

Grand County, UT  
Open Access Plus  
Effective 01/01/2016



General Services	In-Network	Out-of-Network
<b>Physician office visit</b>	Primary care physician You pay \$25 copay per visit Specialist You pay \$35 copay per visit	You pay 50% Plan pays 50% after the deductible is met
<b>Urgent care visit</b> • All services including Lab & X-ray	Urgent care copay You pay \$45	You pay 50% Plan pays 50% after the deductible is met
<b>Preventive Care</b>	Plan pays 100%, no copay, no deductible	Not Covered
<b>Preventive Services</b>	Plan pays 100%, no copay, no deductible	Not Covered
<b>Immunizations</b>	Plan pays 100%, no copay, no deductible	Not Covered
<b>Performance IV Tier pharmacy plan</b> • Includes contraceptives - with specific products covered at 100% • Drugs for which there is an over the counter therapeutic equivalent and lifestyle drugs are covered • If a Brand name drug is requested when there is a Generic equivalent, member must purchase the Generic drug, or pay 100% of the difference between the Brand name price and the Generic price, plus the appropriate brand-name copay. This is true even where physician may dictate "Dispense As Written (DAW)" on the prescription • Cigna National Pharmacy Network	Tier 1: \$5 copay Tier 2: \$25 copay Tier 3: \$50 copay Tier 4: 20% with \$150 member maximum per 30 day prescription Home Delivery 2.5x Retail 90-Day supply at 3x retail copay	Not Covered
<b>Coinsurance</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Calendar year deductible</b> • In-network and out-of-network expenses do not cross accumulate	Individual \$1,000 Family \$2,000	Individual \$4,000 Family \$8,000

1/1/2016

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General Services	In-Network	Out-of-Network
<b>Out-of-pocket annual maximum</b> <ul style="list-style-type: none"> <li>Medical copays apply towards the out-of-pocket maximums</li> <li>Medical deductibles apply towards the out-of-pocket maximums</li> <li>Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums</li> <li>Pharmacy copays and coinsurance apply towards the out-of-pocket maximums</li> </ul>	Individual \$4,000 Family \$8,000	Individual \$12,000 Family \$24,000
<b>Lifetime maximum</b>	Unlimited Per individual	
<b>Emergency room care</b> <ul style="list-style-type: none"> <li>All services rendered apply to ER benefit including Lab &amp; X-ray</li> </ul>	Emergency room copay You pay \$150	
<b>Ambulance</b> <ul style="list-style-type: none"> <li>Unlimited per day maximum</li> </ul>	You pay 20% Plan pays 80% after the in-network deductible is met	
<b>Office surgery</b> <ul style="list-style-type: none"> <li>Office visit copay applies even if no office visit charges are incurred</li> </ul>	Plan pays 100% after office visit copay	You pay 50% Plan pays 50% after the deductible is met
<b>Other office services</b> <ul style="list-style-type: none"> <li>100% after office visit copay</li> <li>Independent lab paid based on status of the facility</li> </ul>	Plan pays 100% after office visit copay	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient lab and x-ray</b> <ul style="list-style-type: none"> <li>Independent Lab and X-ray paid based on status of the facility</li> </ul>	Plan pays 100% no deductible	You pay 50% Plan pays 50% after the deductible is met
<b>Office advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Unlimited lifetime maximum</li> <li>Unlimited annual maximum</li> <li>Includes external prosthetic appliances</li> <li>Does accumulate towards the out-of-pocket maximum</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Breast-feeding equipment and supplies</b> <ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies</li> </ul>	Plan pays 100%, no copay, no deductible	Not Covered

Benefits	In-Network	Out-of-Network
<b>Hospital Services</b>		

1/1/2016

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Benefits	In-Network	Out-of-Network
<b>Inpatient hospital services</b> <ul style="list-style-type: none"> <li>Including anesthesia</li> <li>\$1,000 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services.</li> <li>Inpatient Lab &amp; X-ray services are subject to the professional service reimbursement</li> </ul>	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay \$1,000 per admission deductible Then You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient hospital services</b> <ul style="list-style-type: none"> <li>\$1,000 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services.</li> <li>Outpatient surgery</li> <li>Including anesthesia</li> <li>Ambulatory Surgery</li> <li>Lab &amp; X-Ray paid based on facility network status</li> </ul>	Outpatient facility You pay 20% Plan pays 80% after the deductible is met	Outpatient facility You pay \$1,000 per admission deductible Then You pay 50% Plan pays 50% after the deductible is met
<b>Skilled nursing facility care</b> <ul style="list-style-type: none"> <li>30 days per calendar year maximum</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Hospice care</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Home health care</b> <ul style="list-style-type: none"> <li>60 visits per calendar year maximum</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Mental Health and Substance Use Disorder</b>		
<b>Inpatient mental health</b> <ul style="list-style-type: none"> <li>\$1,000 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services.</li> </ul>	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay \$1,000 per admission deductible Then You pay 50% Plan pays 50% after the deductible is met
<b>Inpatient substance use disorder</b> <ul style="list-style-type: none"> <li>\$1,000 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services.</li> </ul>	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay \$1,000 per admission deductible Then You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient mental health – all other services</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50%
<b>Outpatient mental health – office</b>	You pay \$35 copay per visit	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient substance use disorder – all other services</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50%

Benefits	In-Network	Out-of-Network
<b>Outpatient substance use disorder – office</b>	You pay \$35 copay per visit	You pay 50% Plan pays 50% after the deductible is met
<b>Therapy Services</b>		
<b>Outpatient physical therapy</b> • 20 visits per calendar year	You pay \$35 copay	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient speech therapy, hearing therapy and occupational therapy</b> • 20 visits per calendar year	You pay \$35 copay	You pay 50% Plan pays 50% after the deductible is met
<b>Chiropractic services</b> • 20 visits per calendar year • Unlimited lifetime dollar maximum	You pay \$35 copay	You pay 50% Plan pays 50% after the deductible is met
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Additional Services</b>		
<b>Family planning</b> • Vasectomy • Excludes elective abortions • Includes infertility testing for diagnosis only	Varies based on place of service	Not Covered
<b>Contraceptives</b> • Includes contraceptive devices as ordered or prescribed by a physician • Surgical services such as tubal ligation are covered (excluding reversals) • Physician services	Plan pays 100%, no copay, no deductible	You pay 50% Plan pays 50% after the deductible is met
<b>TMJ</b>	Not Covered	Not Covered
<b>Organ transplant</b> • Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities • Travel maximum \$10,000 per lifetime (only available if using Cigna LifeSOURCE Transplant Network® facility)	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility Not Covered
<b>Out-of-area services</b> • Coverage for services rendered outside a network area • ER and Ambulance paid the same as network services • Preventive care services covered at 100% for out of area • Out-of-network deductible and out-of-pocket maximums apply	For all other services You pay 20% Plan pays 80% after the out-of-network deductible is met	

1/1/2016

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## Additional Information

**Selection of a Primary Care Provider-** Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.myCigna.com](http://www.myCigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists-** You do not need prior authorization from the 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, visit [www.myCigna.com](http://www.myCigna.com) or contact customer service at the phone number listed on the back of your ID card.

### Out of Pocket Maximum

Once you reach the individual or family out-of-pocket maximum (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.

- Medical copays apply towards the out-of-pocket maximums
- Medical deductibles apply towards the out-of-pocket maximums

### Plan Coverage for Out-of-network Providers

- The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or at 110% of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or supply or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations.

### Precertification Penalty

Pre-authorization is required on all inpatient admissions and outpatient surgery not performed in the doctor's office. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow the recommended care plan for obtaining pre-treatment authorization for an out-of-network provider, an ineligible expense penalty of \$250 will be applied.

### General Notice of Preexisting Condition Exclusion

- Not applicable

## Exclusions

### What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any Worker's Compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Sex transformation
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

### These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

*All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.*

# SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.



Grand County  
Health Savings Account Open Access Plus  
Effective 01/01/2016

General Services	In-Network	Out-of-Network
<b>Physician office visit</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Urgent care visit</b> • All services including Lab & X-ray	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Preventive Care</b>	Plan pays 100%, no copay, no deductible	Not Covered
<b>Preventive Services</b>	Plan pays 100%, no copay, no deductible	Not Covered
<b>Immunizations</b>	Plan pays 100%, no copay, no deductible	Not Covered
<b>Med pharmacy plan</b> • Includes contraceptives - with specific products covered at 100% • Deductible and out of pocket maximums are integrated with medical • Pharmacy copays accumulate to the medical out-of-pocket • Member can elect Brand or Generic with no penalty • Includes home delivery • Cigna National Pharmacy Network • Your Cigna Performance Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com. • Specialty medications are limited to a 90-day supply	Once the medical deductible is met then the member is responsible for the copay  <b>Retail</b> - (per 30 day supply) Tier 1: \$10 Tier 2: \$40 Tier 3: \$70 <b>Home Delivery</b> - (per 90 day supply) 2.5x 90-Day supply at 3x retail copay	Not Covered
<b>Coinsurance</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Calendar year deductible</b> • Entire Family deductible must be met before benefits will be paid • In-network and out-of-network expenses do not cross accumulate	Individual \$2,000 Family \$4,000	Individual \$4,000 Family \$8,000

1/1/2016

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General Services	In-Network	Out-of-Network
<b>Out-of-pocket annual maximum</b> <ul style="list-style-type: none"> <li>Medical deductibles apply towards the out-of-pocket maximums</li> <li>Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums</li> </ul>	Individual \$4,000 Family \$6,550	Individual \$8,000 Family \$13,100
<b>Lifetime maximum</b>	Unlimited Per individual	
<b>Emergency room care</b> <ul style="list-style-type: none"> <li>All services rendered apply to ER benefit including Lab &amp; X-ray</li> </ul>	You pay 20% Plan pays 80% after the in-network deductible is met	
<b>Ambulance</b> <ul style="list-style-type: none"> <li>Unlimited per day maximum</li> </ul>	You pay 20% Plan pays 80% after the in-network deductible is met	
<b>Office surgery</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Other office services</b> <ul style="list-style-type: none"> <li>Independent lab paid based on status of the facility</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient lab and x-ray</b> <ul style="list-style-type: none"> <li>Independent Lab and X-ray paid based on status of the facility</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Office advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Unlimited lifetime maximum</li> <li>Unlimited annual maximum</li> <li>Includes external prosthetic appliances</li> <li>Does accumulate towards the out-of-pocket maximum</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Breast-feeding equipment and supplies</b> <ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies</li> </ul>	Plan pays 100%, no copay, no deductible	Not Covered

Benefits	In-Network	Out-of-Network
<b>Hospital Services</b>		
<b>Inpatient hospital services</b> <ul style="list-style-type: none"> <li>Including anesthesia</li> <li>Inpatient Lab &amp; X-ray services are subject to the professional service reimbursement</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient hospital services</b> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Including anesthesia</li> <li>Ambulatory Surgery</li> <li>Lab &amp; X-Ray paid based on facility network status</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met

1/1/2016

ASO / EHB State: UT

Health Savings Account Open Access Plus - Grand County - HSA OAP - 2016 - 5098508. Version# 6

Benefits	In-Network	Out-of-Network
<b>Skilled nursing facility care</b> <ul style="list-style-type: none"> <li>30 days per calendar year maximum</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Hospice care</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Home health care</b> <ul style="list-style-type: none"> <li>60 visits per calendar year maximum</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Mental Health and Substance Use Disorder</b>		
<b>Inpatient mental health</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Inpatient substance use disorder</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient mental health – all other services</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient mental health – office</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient substance use disorder – all other services</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient substance use disorder – office</b>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Therapy Services</b>		
<b>Outpatient physical therapy</b> <ul style="list-style-type: none"> <li>20 visits per calendar year</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Outpatient speech therapy, hearing therapy and occupational therapy</b> <ul style="list-style-type: none"> <li>20 visits per calendar year</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Chiropractic services</b> <ul style="list-style-type: none"> <li>20 visits per calendar year</li> </ul>	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Additional Services</b>		
<b>Family planning</b> <ul style="list-style-type: none"> <li>Vasectomy</li> <li>Excludes elective abortions</li> <li>Includes infertility testing for diagnosis only</li> </ul>	Varies based on place of service	You pay 50% Plan pays 50% after the deductible is met
<b>Contraceptives</b> <ul style="list-style-type: none"> <li>Includes contraceptive devices as ordered or prescribed by a physician</li> <li>Surgical services such as tubal ligation are covered (excluding reversals)</li> <li>Physician services</li> </ul>	Plan pays 100%, no copay, no deductible	You pay 50% Plan pays 50% after the deductible is met
<b>TMJ</b>	Not Covered	Not Covered

1/1/2016

ASO / EHB State: UT

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Benefits	In-Network	Out-of-Network
<b>Organ transplant</b> <ul style="list-style-type: none"> <li>Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities</li> <li>Travel maximum \$10,000 per lifetime (only available if using Cigna LifeSOURCE Transplant Network® facility)</li> </ul>	<p>You pay 20% Plan pays 80% after the deductible is met</p>	<p>Not Covered</p>
<b>Out-of-area services</b> <ul style="list-style-type: none"> <li>Coverage for services rendered outside a network area</li> <li>ER and Ambulance paid the same as network services</li> <li>Preventive care services covered at 100% for out of area</li> <li>In-network deductible and out-of-pocket maximums apply</li> </ul>	<p>For all other services You pay 20% Plan pays 80% after the in-network deductible is met</p>	
<b>Vision Services</b>		
<b>Eye exams</b>	<p>Plan pays 100%, no copay, no deductible</p>	
<b>Lenses, contacts and frames</b>	<p>Not Covered</p>	
<b>Benefit period</b>	<p>Once every calendar year</p>	

## Additional Information

**Selection of a Primary Care Provider-** Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.myCigna.com](http://www.myCigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists-** You do not need prior authorization from the 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, visit [www.myCigna.com](http://www.myCigna.com) or contact customer service at the phone number listed on the back of your ID card.

### Out of Pocket Maximum

Once you reach the individual or family out-of-pocket maximum (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.

- Medical deductibles apply towards the out-of-pocket maximums

### Plan Coverage for Out-of-network Providers

- The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or at 110% of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or supply or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations.

### Precertification Penalty

Pre-authorization is required on all inpatient admissions and outpatient surgery not performed in the doctor's office. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow the recommended care plan for obtaining pre-treatment authorization for an out-of-network provider, an ineligible expense penalty of \$250 will be applied.

### General Notice of Preexisting Condition Exclusion

- Not applicable

## Exclusions

### What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any Worker's Compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Sex transformation
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

### These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

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# Health Savings Account

National Benefit Services



# Health Savings Account

## About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are similar to retirement accounts in that funds rollover year-to-year, it is portable if you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

## The HSA Advantage

A Health Savings Account offers you many advantages.

### It's a Tax Saver:

- Contributions are excluded from federal income tax
- Your money grows tax-free
- Withdrawals used to pay for qualified health care expenses are also tax-free

**Ownership:** The money in your HSA is always yours. Unspent balances simply roll over from year to year until spent.

**Flexibility:** You decide when and how much to contribute to your account.

**Portable:** Your money stays put even if you change health plans or employers, or if you retire.

## Who Is Eligible?

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

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

## How much can I contribute to an HSA?

Each year the IRS establishes the maximum contribution limits (see the table below). These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

<b>2015</b>	<b>Self Only: \$3,350</b> <b>Family: \$6,650</b>	<b>2016</b>	<b>Self Only: \$3,350</b> <b>Family: \$6,750</b>
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At age 55, an additional \$1,000 contribution is allowed annually.

## Determining Your Annual Contribution

Your allowed annual contribution is calculated based on the number of months covered by a qualified HDHP plan and your coverage type (self-only or family). For example, if you have self-only coverage 8 months of the year, your maximum contribution limit is \$2,233. Formula:  $\$2,233 = 8 \times (\$3,350 / 12)$

Per the last-month rule (IRS Publication 969), if you are eligible on the 1<sup>st</sup> day of the last month of your tax year (usually December 1<sup>st</sup>), you are considered eligible for the entire year. You may contribute up to the annual maximum IRS limit, but only if you maintain qualified HDHP coverage for the entire following year.

## Our Banking Partner

We have partnered with National Benefit Services for HSA administration. For newly enrolled employees, your demographic data is transmitted to the bank upon electing our qualified HDHP. National Benefit Services will mail you a welcome kit upon activating your account which will contain information about the bank and how to use the online banking features and your debit card. If you are an existing account holder, you will continue to use your same Health Savings Account which rolls over year after year. Please use the same debit card you currently have. The bank will automatically send you a new debit card approximately one month before your current card expires.

## Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses for you, your legal spouse and your tax dependents, even if they are not covered on your plan. Qualified health care expenses are designated by the IRS (Publication 502). They include medical, dental, vision and prescription expenses not covered by the insurance carrier.

### Qualified expenses include, but are not limited to:

- Acupuncture
- Alcoholism (rehab)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs
- Birth control pills/prescription contraceptives
- Body scans
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed)
- Nursing home medical care
- Nursing services
- Optometrist
- Lasik surgery
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants
- Weight-loss program (prescribed)
- Wheelchairs
- Wigs (prescribed)

### Non-qualified expenses include any expenses incurred before you establish your HSA. Other non-qualified expenses include, but are not limited to:

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral Expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums\*
- Medicines and drugs from other countries
- Non-prescription drugs (other than insulin)
- Teeth whitening

\*Some exceptions may apply

### In addition to qualified health care expenses, the following insurance premiums may be reimbursed from your HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums
- Medicare premiums (Parts A, B, C, etc.)

### Important!

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

## Documentation is Key

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

- The distributions were exclusively to pay or reimburse qualified medical expenses,
- The qualified expenses had not been previously paid or reimbursed from another source, and
- The qualified expense had not been taken as an itemized deduction in any year.

Do not send these records with your tax return. Keep them with your tax records.

# Dental

Cigna



# Cigna Dental Benefit Summary

## Grand County - Effective 01/01/2016



All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

### Benefits

### Cigna Dental PPO

Network	In-Network		Out-of-Network	
	Total Cigna DPPO			
<b>Calendar Year Maximum</b> (Class I, II and III expenses)	\$1,500		\$1,500	
<b>Annual Deductible</b> Individual Family	None None		None None	
<b>Reimbursement Levels**</b>	Based on Reduced Contracted Fees		90th percentile of Reasonable and Customary Allowances	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I - Preventive &amp; Diagnostic Care</b> Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-rays Panoramic X-ray Periapical X-rays Fluoride Application Sealants Space Maintainers Emergency Care to Relieve Pain	100%	No Charge	100%	No Charge
<b>Class II - Basic Restorative Care</b> Fillings and Brush Biopsy Root Canal Therapy/Endodontics Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Oral Surgery – Simple Extractions Oral Surgery – all except simple extractions Anesthetics Surgical Extractions of Impacted Teeth Repairs to Bridges, Crowns and Inlays	80%	20%	80%	20%
<b>Class III - Major Restorative Care</b> Crowns Dentures Bridges Inlays/Onlays Prosthesis Over Implant	50%	50%	50%	50%
<b>Class IV - Orthodontia</b>  Lifetime Maximum	50%	50%	50%	50%
	\$1,500 Dependent children to age 19		\$1,500 Dependent children to age 19	

Missing Tooth Limitation – The amount payable is 50% of the amount otherwise payable until insured for 24 months; thereafter, considered a Class III expense.

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

Dental Oral Health Integration Program (OHIP) - All dental customers = Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Integration Program (OHIP)® is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation. The program provides:

- 100% coverage for certain dental procedures
- guidance on behavioral issues related to oral health
- discounts on prescription and non-prescription dental products

For more information and to see the complete list of eligible conditions, go to [www.mycigna.com](http://www.mycigna.com) or call customer service 24/7 at 1-866-494-2111.

\*\*For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

## Cigna Dental PPO Exclusions and Limitations

Procedure	Exclusions and Limitations
Late Entrants Limit	50% coverage on Class III and IV for 24 months
Exams	Two per Calendar year
Prophylaxis (Cleanings)	Two per Calendar year
Fluoride	1 per Calendar year for people under 19
X-Rays (routine)	Bitewings: 2 per Calendar year
X-Rays (non-routine)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and Partial	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment
Prosthesis Over Implant	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses

### Benefit Exclusions:

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- A surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

*This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description. Benefits are insured and/or administered by Connecticut General Life Insurance Company.*

*"Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.*

DPPO insurance coverage is set forth on the following policy form numbers: AR: HP-POL77; CA: HP-POL57; CO: HP-POL78; CT: HP-POL58; DE: HP-POL79; FL: HP-POL60; ID: HP-POL82; IL: HP-POL62; KS: HP-POL84; LA: HP-POL86; MA: HP-POL 63; MI: HP-POL88; MO: HP-POL65; MS: HP-POL90; NC: HP-POL96; NE: HP-POL92; NH: HP-POL94; NM: HP-POL95; NV: HP-POL93; NY: HP-POL67; OH: HP-POL98; OK: HP-POL99; OR: HP-POL68; PA: HP-POL100; RI: HP-POL101; SC: HP-POL102; SD: HP-POL103; TN: HP-POL69; TX: HP-POL70; UT: HP-POL104; VA: HP-POL72; VT: HP-POL71; WA: POL-07/08; WI: HP-POL107; WV: HP-POL106; and WY: HP-POL108.

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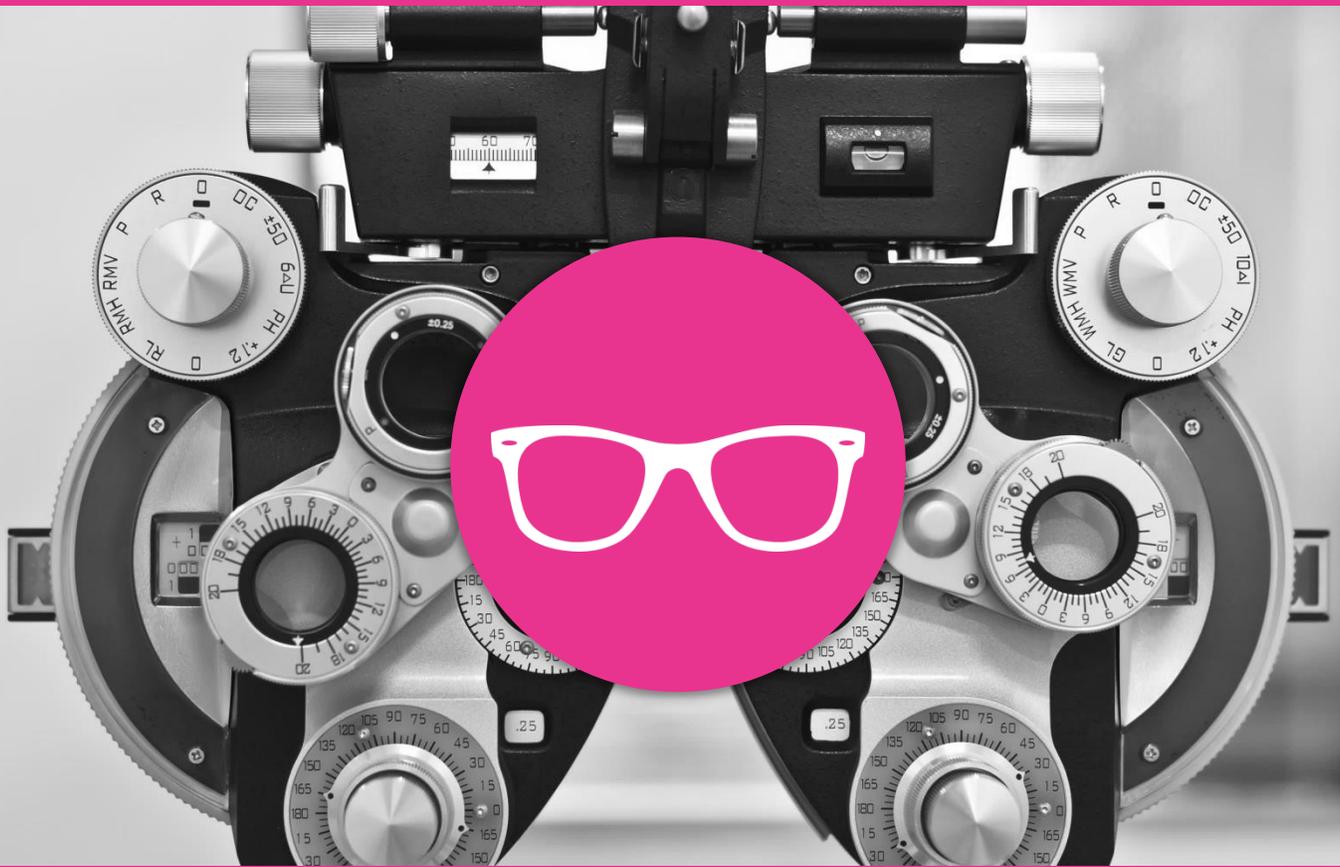
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# Vision

Cigna



# SUMMARY OF BENEFITS Connecticut General Life Insurance Co.



## Cigna Vision Grand County C1 - Standard PPO Comprehensive Plan

### Welcome to Cigna Vision Schedule of Vision Coverage

Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$10	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$20	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period)			
Single Vision	Covered 100% after Copay	Up to \$32	12 months
Bifocal	Covered 100% after Copay	Up to \$55	12 months
Trifocal	Covered 100% after Copay	Up to \$65	12 months
Lenticular	Covered 100% after Copay	Up to \$80	12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	Up to \$130	Up to \$105	12 months
Therapeutic	Covered 100%	Up to \$210	12 months
Frame Retail Allowance (one per frequency period)	Up to \$130	Up to \$71	12 months

\*\* Your Frequency Period begins on January 1 (Calendar year basis)

#### Definitions:

**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

**Coinsurance:** the percentage of charges Cigna will pay. Customer is financially responsible for the balance.

**Allowance:** the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

**Materials:** eyeglass lenses, frames, and/or contact lenses.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

#### In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 18 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
  - 20% savings non-covered lens options
  - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;



- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

**Vision Network Savings Program:**

- When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

**What's Not Covered:**

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription eyeglasses, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service



## How to use your Cigna Vision Benefits

### 1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log in to **myCigna.com**, go to your Vision coverage page and search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com** and click on the Find a Doctor tab at the top. Then select "Eye Doctor" from the list below and click on the "Cigna Vision Directory" link.
3. Prefer the phone? Call our 1.800 number, found on your Cigna insurance card, and speak with a Cigna Vision customer service representative

### 2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

### 3. Out-of-network plan reimbursement

## How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 997561, Sacramento, CA 95899-7561.

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Any benefit information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

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# Life and AD&D

Lincoln Financial





**Group Term Life Insurance  
Life and AD&D**

**SUMMARY OF BENEFITS**

**Sponsored by: Grand County**

<b>Coverage</b>	<b>Benefit Amount Employee</b>	<b>Benefit Amount Spouse and Dependents</b>
Life	\$50,000	Spouse: \$5,000 Child: 14 days to 6 months: \$500 Child: 6 months to age 26: \$2,500
Guarantee Issue	\$50,000	
AD&D	Will Equal the Life Benefit	N/A
<b>Benefit Reduction</b>	<b>Employee</b>	<b>Spouse</b>
Benefits will reduce:	35% at age 65; An additional 15% of original amount at age 70; An additional 15% of original amount at age 75; Benefits terminate at retirement	Benefits terminate at Spouse age 70
<b>Additional Benefits</b>		
See Understanding Your Benefits Page:	Accelerated Death Benefit Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit Conversion Accident Plus	
<b>Enrolling for Coverage</b>	<b>Employee</b>	<b>Spouse or Dependent</b>
Eligibility:	All employees in an eligible class.	Effective date of coverage will be delayed if Spouse or dependent is in a period of limited activity on policy issue date.

(Please see other side)

## Understanding Your Benefits

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
<b>Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Accident Plus</b>	If loss occurs due to an accident, you may also receive the following Accident Plus benefits: Coma, Plegia, Repatriation, Education, Spouse Training, & Child Care. Refer to your certificate for more details.
<b>Term Life</b>	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**For assistance or additional information Contact Lincoln Financial Group at**

(800) 423-2765; reference ID:  
**GRANDCNTY**

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

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. **Not for use in New York.**



## Voluntary Life Insurance with Accidental Death and Dismemberment (AD&D)

### SUMMARY OF BENEFITS

**Sponsored by: Grand County**

Life Benefit	Employee	Spouse	Dependent
<i>Employee must elect coverage for Spouse or dependents to be eligible.</i>			
Amount	Choice of \$10,000 increments	Choice of \$5,000	Age 14 Days to 6 months: \$250 6 months to age 26: \$2,500 - \$5,000 - \$7,500 - \$10,000 Newborn children to age 14 days are not eligible for a benefit
Minimum Amount	\$10,000	\$5,000	\$2,500
Maximum Amount	\$300,000, limited to 5 times your annual salary	\$150,000, limited to 50% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$150,000	\$30,000	

AD&D Benefit	Employee	Spouse
Amount	Optional coverage can be purchased by you for additional premium. Benefit amount equal to the life amount elected by you.	Same as employee

Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; Additional 25% of original amount at age 70; Additional 15% of original amount at age 75; Benefits terminate at employee age 80 or Retirement, whichever occurs first	35% at Employee Age 65 Benefits terminate at Employee Age 70 or Retirement, whichever occurs first

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion
See Definition:	Accident Plus
See Definition:	Seat Belt, Airbag, and Common Carrier

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your Spouse .
<b>Accident Plus</b>	If loss occurs due to an accident, you may also receive the following Accident Plus benefits: Coma, Plegia, Repatriation, Education, Spouse Training, & Child Care. Refer to your certificate for more details.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Portability</b>	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
<b>Seat Belt, Airbag, and Common Carrier</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
<b>Term Life</b>	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
<b>Exclusion: Suicide</b>	Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**For assistance or additional information Contact Lincoln Financial Group at**

(800) 423-2765; reference ID: **GRANDCNTY**

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

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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**Monthly Employee Premium  
Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.

*Benefits and premium amounts reflect age reductions.*

Monthly RATE Per \$1000	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.0400	<25	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
0.0400	25-29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
0.0500	30-34	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
0.0600	35-39	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
0.1000	40-44	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
0.1600	45-49	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
0.2500	50-54	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
0.3600	55-59	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40	\$36.00
0.6200	60-64	\$6.20	\$12.40	\$18.60	\$24.80	\$31.00	\$37.20	\$43.40	\$49.60	\$55.80	\$62.00
1.5200	65-69	<b>\$6,500</b>	<b>\$13,000</b>	<b>\$19,500</b>	<b>\$26,000</b>	<b>\$32,500</b>	<b>\$39,000</b>	<b>\$45,500</b>	<b>\$52,000</b>	<b>\$58,500</b>	<b>\$65,000</b>
		\$9.88	\$19.76	\$29.64	\$39.52	\$49.40	\$59.28	\$69.16	\$79.04	\$88.92	\$98.80
2.6100	70-74	<b>\$4,000</b>	<b>\$8,000</b>	<b>\$12,000</b>	<b>\$16,000</b>	<b>\$20,000</b>	<b>\$24,000</b>	<b>\$28,000</b>	<b>\$32,000</b>	<b>\$36,000</b>	<b>\$40,000</b>
		\$10.44	\$20.88	\$31.32	\$41.76	\$52.20	\$62.64	\$73.08	\$83.52	\$93.96	\$104.40
8.5900	75-79	<b>\$2,500</b>	<b>\$5,000</b>	<b>\$7,500</b>	<b>\$10,000</b>	<b>\$12,500</b>	<b>\$15,000</b>	<b>\$17,500</b>	<b>\$20,000</b>	<b>\$22,500</b>	<b>\$25,000</b>
		\$21.48	\$42.95	\$64.43	\$85.90	\$107.38	\$128.85	\$150.33	\$171.80	\$193.28	\$214.75

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 100,000

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example: 35	0.0600	X	150	=	\$ 9.00
		X		=	

**Dependent Children Benefit**

**Monthly Rate:**

<b>\$ 2,500</b>	<b>\$ 5,000</b>	<b>\$ 7,500</b>	<b>\$ 10,000</b>
<b>\$ 0.50</b>	<b>\$ 1.00</b>	<b>\$ 1.50</b>	<b>\$ 2.00</b>

Premium covers all dependent children regardless of the number of children.

**Monthly Spouse Premium**  
**Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
 Spouse premiums will be calculated based on the Employee Age  
 Refer to Program Specifications for your maximum benefit amounts.  
*Benefits and premium amounts reflect age reductions.*

Monthly RATE Per \$1000	AGE	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0400	<25	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
0.0400	25-29	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00
0.0500	30-34	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
0.0600	35-39	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.1000	40-44	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
0.1600	45-49	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
0.2500	50-54	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.3600	55-59	\$1.80	\$3.60	\$5.40	\$7.20	\$9.00	\$10.80	\$12.60	\$14.40	\$16.20	\$18.00
0.6200	60-64	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
1.5200	65-69	<b>\$3,250</b>	<b>\$6,500</b>	<b>\$9,750</b>	<b>\$13,000</b>	<b>\$16,250</b>	<b>\$19,500</b>	<b>\$22,750</b>	<b>\$26,000</b>	<b>\$29,250</b>	<b>\$32,500</b>
		\$4.94	\$9.88	\$14.82	\$19.76	\$24.70	\$29.64	\$34.58	\$39.52	\$44.46	\$49.40

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 50,000

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.0600	X	75	=	\$ 4.50
			X		=	

**Dependent Children Benefit**  
**Monthly Rate:**

\$ 2,500	\$ 5,000	\$ 7,500	\$ 10,000
\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00

Premium covers all dependent children regardless of the number of children.

**Monthly Employee Premium**  
**Life and Accidental Death and Dismemberment Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
 Refer to Program Specifications for your maximum benefit amounts.  
*Benefits and premium amounts reflect age reductions.*

Monthly RATE Per \$1000	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.0800	<25	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
0.0800	25-29	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
0.0900	30-34	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
0.1000	35-39	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
0.1400	40-44	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
0.2000	45-49	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
0.2900	50-54	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$26.10	\$29.00
0.4000	55-59	\$4.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00	\$40.00
0.6600	60-64	\$6.60	\$13.20	\$19.80	\$26.40	\$33.00	\$39.60	\$46.20	\$52.80	\$59.40	\$66.00
1.5600	<b>65-69</b>	<b>\$6,500</b>	<b>\$13,000</b>	<b>\$19,500</b>	<b>\$26,000</b>	<b>\$32,500</b>	<b>\$39,000</b>	<b>\$45,500</b>	<b>\$52,000</b>	<b>\$58,500</b>	<b>\$65,000</b>
		\$10.14	\$20.28	\$30.42	\$40.56	\$50.70	\$60.84	\$70.98	\$81.12	\$91.26	\$101.40
2.6500	<b>70-74</b>	<b>\$4,000</b>	<b>\$8,000</b>	<b>\$12,000</b>	<b>\$16,000</b>	<b>\$20,000</b>	<b>\$24,000</b>	<b>\$28,000</b>	<b>\$32,000</b>	<b>\$36,000</b>	<b>\$40,000</b>
		\$10.60	\$21.20	\$31.80	\$42.40	\$53.00	\$63.60	\$74.20	\$84.80	\$95.40	\$106.00
8.6300	<b>75-79</b>	<b>\$2,500</b>	<b>\$5,000</b>	<b>\$7,500</b>	<b>\$10,000</b>	<b>\$12,500</b>	<b>\$15,000</b>	<b>\$17,500</b>	<b>\$20,000</b>	<b>\$22,500</b>	<b>\$25,000</b>
		\$21.58	\$43.15	\$64.73	\$86.30	\$107.88	\$129.45	\$151.03	\$172.60	\$194.18	\$215.75

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 100,000

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
<b>Example: 35</b>	<b>0.1000</b>	<b>X</b>	<b>150</b>	<b>=</b>	<b>\$ 15.00</b>
		<b>X</b>		<b>=</b>	

Dependent Children Benefit	\$ 2,500	\$ 5,000	\$ 7,500	\$ 10,000
Monthly Rate:	\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00

Premium covers all dependent children regardless of the number of children.

**Monthly Spouse Premium**

**Life and Accidental Death and Dismemberment Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
 Spouse premiums will be calculated based on the Employee Age  
 Refer to Program Specifications for your maximum benefit amounts.

*Benefits and premium amounts reflect age reductions.*

Monthly RATE Per \$1000	AGE	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.0800	<25	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
0.0800	25-29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
0.0900	30-34	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
0.1000	35-39	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
0.1400	40-44	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
0.2000	45-49	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
0.2900	50-54	\$1.45	\$2.90	\$4.35	\$5.80	\$7.25	\$8.70	\$10.15	\$11.60	\$13.05	\$14.50
0.4000	55-59	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
0.6600	60-64	\$3.30	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80	\$23.10	\$26.40	\$29.70	\$33.00
1.5600	<b>65-69</b>	<b>\$3,250</b>	<b>\$6,500</b>	<b>\$9,750</b>	<b>\$13,000</b>	<b>\$16,250</b>	<b>\$19,500</b>	<b>\$22,750</b>	<b>\$26,000</b>	<b>\$29,250</b>	<b>\$32,500</b>
		\$5.07	\$10.14	\$15.21	\$20.28	\$25.35	\$30.42	\$35.49	\$40.56	\$45.63	\$50.70

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 50,000

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.1000	X	75	=	\$ 7.50
			X		=	

**Dependent Children Benefit**

Monthly Rate:

\$ 2,500	\$ 5,000	\$ 7,500	\$ 10,000
\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00

Premium covers all dependent children regardless of the number of children.

# Disability

Lincoln Financial



## Group Long-Term Disability Insurance

### SUMMARY OF BENEFITS

Sponsored by: **Grand County**

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

All Full-Time Employees excluding Special Service District Employees

LTD Benefit					
	Monthly Benefit	Maximum Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
<b>Employer Paid Plan</b>	66.67%	\$6,000	Later of Age 65 or Social Security Normal Retirement Age	24 Months	90 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12				
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.				
<b>Benefit Limitations</b>	Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: No Limit				
Enrolling for Coverage					
<b>Eligibility:</b>	All employees in an eligible class.				

(Please see other side)

## Understanding Your Benefits

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li><li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings from any form of employment;</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Coverage Termination</b>	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

## Additional Benefits

EmployeeConnect<sup>SM</sup>  
Conversion  
Survivor Income Benefit

**See your Schedule of Benefits on your Certificate for more information**

## For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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# Flexible Spending Account

National Benefit Services



# FLEXIBLE BENEFITS PLAN

Grand County

Employer ID NBS439650

## PLAN HIGHLIGHTS

Login at: [www.participant.NBSbenefits.com](http://www.participant.NBSbenefits.com)



Congratulations! Grand County has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of the Plan is that the benefits being offered are paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

### DETERMINING CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

### GENERAL PLAN INFORMATION

Plan Year End:.....December 31st

Run-out Period:.....90 Days

Maximum Medical Limit.....Current IRS limit \$2,550  
.....See Code Section 125(i)(2) or current enrollment information

Maximum Dependent Care Limit:.....\$5,000

### WHEN AM I ELIGIBLE TO PARTICIPATE

If you work 32 hours or more each week for the company, you will be eligible to join the Plan following 30 days of employment. The number of days worked by temporary and contract Employees, who are hired by the Employer, will be credited towards the 30 day eligibility requirement. Those Employees who experience a break of service of 6 months or less will be eligible to participate in the Plan immediately upon reinstatement.

You will enter the Plan on the first day of the month following 30 days of employment.

### WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

#### Health Savings Account:

A Health Savings Account allows participants insured by a Qualified High Deductible Insurance Plan to save for deductibles and other expenses not covered under the Plan.

#### Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you and be excluded from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider, as well as the amount of such expense and proof that the expense has been incurred.

#### Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore,

#### NBS Welfare Benefit Service Center

8523 S. Redwood Road  
West Jordan, UT 84088  
801-532-4000 or 1-800- 274-0503  
Fax: 1-800-478-1528



#### Grand County Cafeteria Plan Grandy County

Plan Contact Person:  
Orlinda Robertson  
125 East Center Street  
Moab, UT 84532  
(435) 259-1378

# Flexible Benefits Plan

## Highlights Continued

qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

### HOW DO I RECEIVE REIMBURSEMENTS

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at [www.NBSbenefits.com](http://www.NBSbenefits.com).

Claim forms must be submitted no later than 90 days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. Any contributions remaining at the end of the Plan Year will be forfeited.

### NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Orthodontic expenses that are paid fully up-front at the time of banding are reimbursable in full after the initial service has been performed and payment has been made. Ongoing orthodontia payments are reimbursable only as they are paid.

### WHO ARE HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

Updated: 10/4/2015

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8523 S. Redwood Road  
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# Employee Assistance Program

Blomquist Hale



# Employee Assistance Program (EAP)



- 24/7 Crisis Service
- No Set Session Limits
- 100% Confidential

## Assistance With Life's Challenges

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

### Brief, Solution-Focused Therapy

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

### Guaranteed Confidentiality

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

### Direct Care – No Set Session Limits

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

### Simple 24/7 Accessibility

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

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

**800-926-9619**

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

# Employee Assistance Program Specifics

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

## Get Help With:

- Stress, Anxiety or Depression
- Personal and Emotional Challenges
- Marital, Relationship and Family Counseling
- Grief or Loss
- Financial or Legal Difficulties
- Substance Abuse and Other Addictions
- Senior Care Planning

## Eligibility

Services are offered to employees and their eligible dependents.

## No Co-Pay Required

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

## Setting an Appointment

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



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

*A benefit for employees & dependents of*



**blomquisthale.com**

**BLOMQUIST HALE**

**Affiliate providers nationwide • Toll Free 1-800-926-9619**

# Premiums



# Grand County

## Employee Contributions & Premiums

January 1, 2016 – December 31, 2016

### Medical SelectHealth

Open Access Plus Traditional Plan \$1,000 Ded				
Status	Total Premium Per Month	Grand County Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
<i>Single</i>	\$523.07	\$439.38	\$83.69	\$41.85
<i>Two Party</i>	\$993.82	\$834.81	\$159.01	\$79.51
<i>Family</i>	\$1,490.73	\$1,252.21	\$238.52	\$119.26
Health Savings Account Open Access Plus Plan \$2,000 Ded				
Status	Total Premium Per Month	Grand County Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
<i>Single</i>	\$438.21	\$438.21	\$0.00	\$0.00
<i>Two Party</i>	\$832.59	\$832.59	\$0.00	\$0.00
<i>Family</i>	\$1,248.90	\$1,248.90	\$0.00	\$0.00

### Health Savings Account National Benefit Services

HSA Contributions	
Status	Grand County Contribution Per Month
<i>Single</i>	\$100.00
<i>Two Party</i>	\$200.00
<i>Family</i>	\$200.00

### Dental Cigna

DPPO Advantage Plan				
Status	Total Premium Per Month	Grand County Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
<i>Single</i>	\$50.00	\$50.00	\$0.00	\$0.00
<i>Two Party</i>	\$63.00	\$63.00	\$0.00	\$0.00
<i>Family</i>	\$92.00	\$92.00	\$0.00	\$0.00

### Vision Cigna

Standard PPO Comprehensive Plan				
Status	Total Premium Per Month	Grand County Contribution Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
<i>Single</i>	\$7.84	\$7.84	\$0.00	\$0.00
<i>Two Party</i>	\$13.15	\$13.15	\$0.00	\$0.00
<i>Family</i>	\$20.14	\$20.14	\$0.00	\$0.00

### Life Lincoln Financial

Basic Life	
100% Paid by Grand County for Employee Only	

### Disability Lincoln Financial

Long Term Disability	
100% Paid by Grand County for Employee Only	





465 South 400 East, Suite 300  
Salt Lake City, UT 84111  
(801) 364-7233