



2019

BENEFITS GUIDE



January 1 - December 31, 2019

WELCOME Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death
- Gain of other coverage
- Loss of other coverage

When Coverage Begins

Coverage is effective on the first day of the month following your hire date.

You must complete the enrollment process within 30 days of your date of hire. To enroll online, log in to www.spectrabenefits.com.

To make changes to your benefit elections, you must contact Human Resources within 30 days of the Qualifying Event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

UNDERSTANDING THE LANGUAGE

PROVIDER – General term used to describe a doctor, dentist, etc.

NETWORK – Set of providers that have agreed to discounted rates for services

EOB (EXPLANATION OF BENEFITS) – A notice sent by the insurance carrier to the insured indicating services provided and how they were covered

ALLOWED AMOUNT – The discounted amount an in-network provider has agreed to charge for a given service

EXCESS CHARGES – Charges from providers and facilities that exceed the allowed amount for covered services that are generally written off if utilizing an in-network provider

COPAY - A smaller, fixed amount that you must pay for covered services

DEDUCTIBLE – Amount you must pay each year before your plan starts to pay for designated covered services

COINSURANCE – A percentage of the allowed amount that you are responsible for

OUT-OF-POCKET MAXIMUM – Maximum amount that you are required to pay each year for covered expenses



UNDERSTANDING YOUR BENEFITS

- Use **IN-NETWORK PROVIDERS** to make sure you receive the **HIGHEST LEVEL OF BENEFIT** and to protect against additional excess charges
- **DO NOT UNDERGO ANY PROCEDURE** without first consulting your plan summary to **VERIFY** whether or not a certain **PROCEDURE IS COVERED** and there are no potential limitations
- Some services or medications **REQUIRE PRIOR AUTHORIZATION** and failure to receive may result in a **DENIAL OF A CLAIM**
- If possible, **UTILIZE AN URGENT CARE** for any illness or injury that is not life threatening as opposed to an emergency room
- Many **PRESCRIPTIONS HAVE A GENERIC ALTERNATIVE** and are often more cost-effective. These drugs are just as safe and effective as the equivalent name brand

UNDERSTANDING THE PROCESS

- Present your ID card to your provider at which time they may ask you to pay any applicable copay, deductible, etc.
- After your visit or procedure, the provider will send the insurance carrier a claim
- Claim is processed by the insurance carrier
- Payment is sent to the provider's office
- Insurance carrier will send you an EOB (Explanation of Benefits) in the mail or a notice via email
- The provider will send you a bill for any remaining balance – *be sure to compare to your EOB before submitting any payment*

Employee Monthly Premium

Benefit	Plan	Coverage	Employee Cost Per Month
Medical PEHP Traditional Option #1	\$750 PPO	Single Employee + 1 Family	\$108.38 \$224.34 \$303.45
Medical PEHP Star Option #2	\$2,000 HSA	Single Employee + 1 Family	\$27.70 \$57.33 \$77.55
Telemedicine Wellvia	Telemedicine	Employee Employee+Dependent(s) (enrolled on medical)	100% Employer Paid
Dental EMI Health Choice Option #1	Voluntary PPO	Single Employee+Spouse Employee+Child(ren) Family	\$33.90 \$71.70 \$77.10 \$126.60
Dental EMI Health Advantage Option # 2	Voluntary Copay	Single Employee+Spouse Employee+Child(ren) Family	\$21.50 \$44.80 \$48.20 \$72.50
Vision Opticare	Voluntary Vision 10-120B	Single Employee+One Family	\$7.84 \$14.07 \$23.38
Life Principal	Life / AD&D	Employee	100% Employer Paid
Voluntary Life Principal	Voluntary Life / AD&D	Employee Employee+Dependent(s)	See rate information below
Disability Principal	LTD	Employee	100% Employer Paid

Voluntary Life and AD&D Coverage & Premium

Age	Employee & Spouse		Child
	Per \$10,000 in Coverage		Per Unit
	Non Tobacco	Tobacco	All
<30	\$0.64	\$0.98	\$10,000 \$2.00
30-34	\$0.69	\$1.05	
35-39	\$0.92	\$1.47	
40-44	\$1.36	\$2.25	
45-49	\$1.97	\$3.34	
50-54	\$3.07	\$5.31	
55-59	\$4.70	\$8.21	\$20,000 \$4.00
60-64	\$6.44	\$11.31	
65-69	\$11.70	\$20.69	
70-74	\$19.98	\$33.05	
75+	\$19.98	\$33.05	

Medical Plans *PeHP*

Coinurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

- Benefits with an AD require that the deductible be met before the Plan begins to pay.
- If you utilize out of network providers, you may incur additional charges.
- Utilizing ER services out-of-network services may result in additional charges.

Key Medical Benefits Plan Choice#1	\$750 PPO Traditional Plan Summit or Advantage Network	
	In-Network	Out -of-Network
Deductible (per calendar year)		
Individual	\$750	
Family	\$1,500	
Out-of-Pocket Maximum (per calendar year)		
Individual	\$5,000	
Family	\$10,000	
Covered Services		
Office Visits (physician / specialist)	\$25 / \$35	40% AD
Routine Preventive Care	Covered 100%	Not Covered
Outpatient Diagnostic Lab & X-ray (Minor)	20% AD	40% AD
Outpatient Diagnostic Lab & X-ray (Major)	20% AD	40% AD
Emergency Room	\$175 AD	
Urgent Care Facility	\$45	40% AD
Inpatient Hospital Stay	20% AD	40% AD
Outpatient Surgery	20% AD	
Prescription Drugs	Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 Specialty)	
	\$15 / \$30 / \$65 / 20%-30%	
Retail Pharmacy (30-day supply)	Out of network pharmacy plan pays up to the discounted cost, minus the in-network copay. Member pays any balance. Specialty is 40-50% cost to member.	

Key Medical Benefits Plan Choice #2	\$2000 HSA Star Plan Summit or Advantage Network	
	In-Network	Out -of-Network
Deductible (per calendar year)		
Individual	\$2,000	
Family	\$4,000	
Out-of-Pocket Maximum (per calendar year)		
Individual	\$4,000	
Family	\$8,000	
Covered Services		
Office Visits (physician / specialist)	20% AD	40% AD
Routine Preventive Care	Covered 100%	Not Covered
Outpatient Diagnostic Lab & X-ray (Minor)	20% AD	40% AD
Outpatient Diagnostic Lab & X-ray (Major)	20% AD	40% AD
Emergency Room	20% AD	
Urgent Care Facility	20% AD	40% AD
Inpatient Hospital Stay	20% AD	40% AD
Outpatient Surgery	20% AD	
Prescription Drugs	Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 Specialty)	
	\$15 AD / \$30 AD / \$65 AD / 20%-30% AD	
Retail Pharmacy (30-day supply)	Out of network pharmacy plan pays up to the discounted cost, minus the in-network copay. Member pays any balance. Specialty is 40-50% cost to member	

Health Saving Account



What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account that can be funded by you with pre-tax dollars, by your employer, or both. The HSA helps pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and in some cases, health insurance premiums.

When do I use my HSA?

After visiting a physician, facility, or pharmacy, request that they submit your claim to your Medical Carrier for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out-of-pocket expenses will be billed. At this time you may choose the following options:

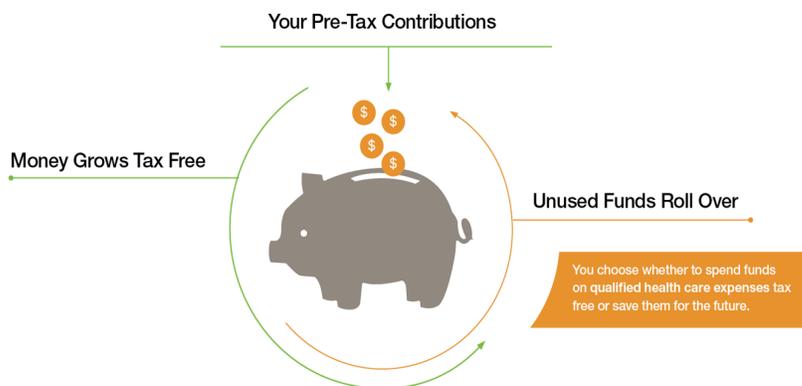
- Use your HSA debit card or HSA check to pay for any out-of-pocket expenses.
- You may choose to write a personal check, receiving reimbursement at a later date.
- You can choose to save your HSA dollars for future medical expenses.

How much can be contributed to an HSA? As noted by federal law, the Annual Contribution limits are:

Types of Coverage	2019 Maximum Annual Contribution
Individual	\$3,500
2 Party or Family	\$7,000
Catch Up Contribution Age 55+	\$1,000

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. **Remember to keep all medical receipts. Don't forget when calculating the annual contribution to include your employer contribution so not to exceed the annual limit.**

Example Individual who would like to max their contribution would take \$3,500 subtract $40 \times 12 = \$480$ for their \$3,020 contribution.



- Potential tax savings of 30%+
- Employee and Employer may contribute
- Leftover funds each year roll to the next year
- Utilize for qualified medical, dental and vision expenses
- Funds available as deposited
- Includes a debit card
- Investment opportunities available
- Fees are based on the balance in your account
- Contact Health Equity with banking questions

Telehealth



Benefit	Details
Eligibility	All Benefit Eligible Employees & Dependents
Consult Copay	\$0
Availability	24 / 7 / 365
Access Doctor Via	Phone Online Mobile App

70% of primary care visits can be managed using Telehealth
 40% of urgent care visits can be managed using Telehealth

Common Conditions Treated



- ✓ acid reflux
- ✓ allergies
- ✓ asthma
- ✓ bladder infection
- ✓ bronchitis
- ✓ cold & flu
- ✓ infections
- ✓ Nausea
- ✓ Rashes
- ✓ sinus conditions
- ✓ sore throat
- ✓ thyroid conditions
- ✓ urinary tract infection
- ✓ and more..

Prescription Policy



- If doctor determines a prescription is necessary, it will be called in to your pharmacy of choice.
- Our doctors do not prescribe DEA (schedule I-IV) controlled substances.
- WellVia operates within state regulations



Phone Call



Online Portal



Mobile App

Dental Plans



Key Dental Benefits	Voluntary Advantage Copay Plan	
	Advantage	Out-of-Network
Deductible (per calendar year)		
Individual	\$0	
Family	\$0	
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	Unlimited	
Covered Services		
Preventive Services (Cleanings, Exams, X-rays)	Covered 100%	See out of network payment schedule in Benefit Compass
Basic Services (Fillings, Oral Surgery)	See Benefit Compass for Copay Schedule	See out of network payment schedule in Benefit Compass
Major Services (Endodontics, Periodontics Crowns,)	See Benefit Compass for Copay Schedule	See out of network payment schedule in Benefit Compass
Orthodontia (Adult and Child(ren))	Advantage Providers only 25% discount	

Key Dental Benefits	Voluntary Choice PPO Plan		
	Advantage	Premier	Non-Network
Deductible Individual / Family	\$0/\$0	\$50/\$150	
Annual Maximum Per Person	\$2,000	\$1,000	
Preventive Care	Covered 100%	Covered 100%	20%
Basic	20% ^{AD}	20% ^{AD}	40% ^{AD}
Major	50% ^{AD}	50% ^{AD}	60% ^{AD}
Orthodontic Children up to age 19 Adults age 19 and older	50% (\$1,000 Lifetime Max) 25% discount if Advantage or Premier Network		
Waiting Periods Basic Major Ortho	None None None		

Coinurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.

- There is **no deductible** required if the **Advantage Network** is used.
- Utilizing an out of network provider could incur additional charges.

Vision Plan (VSP 10-120B)



	In Network	Out-of-network
Eye Exam		
Eye Exam	\$10 Co-pay	◆\$40 Allowance
Contact exam	\$10 Co-pay	◆\$40 Allowance
Dilation	Retail	Included above
Contact Fitting	Retail	Included above
Standard Plastic Lenses		
Single Vision	\$10 Co-pay	◆\$85 Allowance
Bifocal (FT 28)	\$10 Co-pay	for lenses, options,
Trifocal (FT 7x28)	\$10 Co-pay	and coatings
Lens Options		
*Progressive (Standard plastic no-line)	\$50 Co-pay	
*Premium Progressive Options	No Discount	
*Glass lenses	15% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
Coatings		
Scratch Resistant Coating	\$10 Co-pay	
Ultra Violet protection	\$10 Co-pay	
Other Options	Up to 25% Discount	
<i>A/R, edge polish, tints, mirrors, etc.</i>		
Frames		
Allowance Based on Retail Pricing	\$120 Allowance	◆\$80 Allowance
Additional Eyewear		
** Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
Contacts		
Contact benefits is in lieu Of lens and frame benefit.	\$120 Allowance	◆\$80 Allowance
Additional contact purchases:		
***Conventional	Retail	
***Disposables	Retail	
Frequency		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months
Refractive Surgery		
****LASIK	\$250 Off Per Eye	Not Covered

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

Discounts

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

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

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

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

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

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

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

Employer Paid Life/AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Life	\$50,000
AD&D Benefit Amount	\$50,000

Employee Paid Voluntary Life/AD&D

Benefits	Details
Employee Life Newly Eligible Guarantee Open Enrollment Guarantee	\$10,000 to \$300,000 up to 5x Salary Up to \$60,000 Up to \$10,000 if already enrolled
Spouse Life Newly Eligible Guarantee Open Enrollment Guarantee	\$5,000 to \$100,000 up to 100% of Employee Up to \$20,000 Up to \$5,000 if already enrolled
Dependent Child Life	\$10,000 or \$20,000
AD&D	Matches Employee and Spouse life election

Employer Paid Long Term Disability

Long-Term Disability	
Benefit Percentage	66 2/3% up to \$6,000
When Benefits Begin	90 Day Elimination Period Social Security Normal Retirement Age
Maximum Benefit Duration	(pre-existing conditions may apply)



Benefit Compass: Online System for Medical, Accident & Critical Illness

You can:

Enroll in Coverage Updated Benefits

- Open Enrollment
- Coverage for Special Enrollment Events
- Contact Information

Access

- Required Legal & Compliance Notices
- Benefit Summaries
- Provider Search & Online Resources

Key Contact Info

- HR
- Spectra Management
- Carriers

Benefit Compass Mobile App Employee Navigator



Website
www.spectrabenefits.com

Company Identifier
valley

Benefit Compass

Your Benefits Website: www.spectrabenefits.com

First Time Registration:

1. Access Website, click on "New User Registration"
2. Provide Personal Information and Company Identifier: landmarkHW
3. Create User Name and Password

Open Enrollment/New Hire Login

1. Access Website to Login
2. Log in using username and password previously created
3. Click on Start Benefits Button
4. Complete Employee Info
5. Enroll or Decline Each Eligible Benefit Option in Benefits
6. Review Benefit Elections in Summary and Click **AGREE** to Electronically Sign

Qualifying Event Changes

1. Access Website to Login
2. Log in using username and password
3. Click on Benefits Menu and Select Applicable **CHANGE COVERAGE** Option
4. Follow Prompts & Complete Required Fields & Applicable Forms
5. **Provide Required Documentation to HR within 30 Days of Event Date.**

HR & BENEFIT
COMPASS LOGIN

User Name

Password

LOGIN

[NEW USER REGISTRATION >](#)
[FORGOT PASSWORD >](#)

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	PEHP	800-765-7347	www.pehp.com
HSA	Health Equity	866-346-5800	www.healthequity.com
Telemedicine	WellVia	855-WELLVIA	www.WellViaSolutions.com
Dental	EMI	800-662-5851	www.emihealth.com
Vision	Opticare of Utah	800-363-0950	www.opticareofutah.com
Critical Illness	UNUM	866-679-3054	www.unum.com
Life and Disability	Principal	800-986-3343	www.principal.com

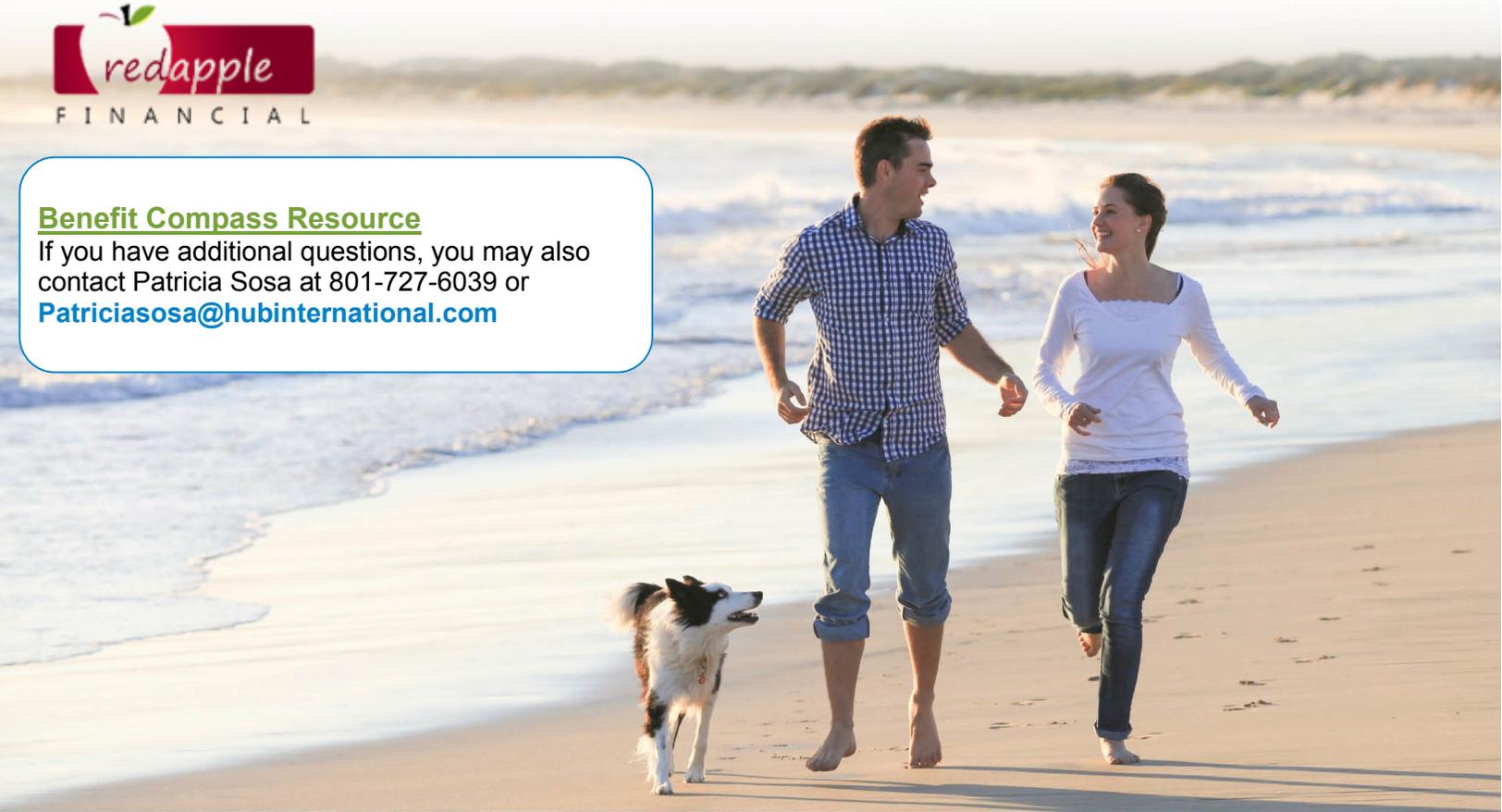
Human Resources

If you have additional questions, you may also contact Nate Adams Red Apple at 801-394-4140 ext. 1201
nate@redapplefinance.com



Benefit Compass Resource

If you have additional questions, you may also contact Patricia Sosa at 801-727-6039 or
Patriciasosa@hubinternational.com



Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.