



2023 Benefits and Well-Being Guide

MOUNT SAINT VINCENT

Whole life, whole you. **Protect what matters most.**

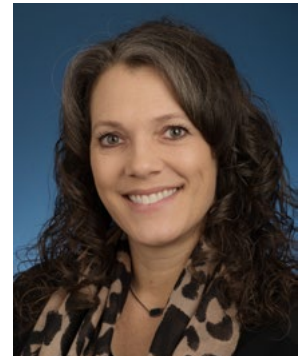


Now **Intermountain Healthcare**

Caregivers,

At Intermountain Health, you play a vital role in advancing our mission to help people live their healthiest lives and we are equally passionate about supporting you and your loved ones to also do just that. In alignment with our shared purpose, we are committed to providing a robust health and welfare benefit package that offers choice and flexibility to best support you and your family's needs.

This year, Open Enrollment is November 2 – 16. It's a milestone of sorts; the first step on a multi-year journey to align benefits across the new One Intermountain—all seven states and three regions in addition to our many remote caregivers across the U.S. Our team has worked hard to bring you the best options as we align to market, focusing on what matters most: choice. While the harmonization journey may have some twists and turns, we're here to make it as clear as possible so you can have access to the benefits you need most.



I encourage each of you to take some time and discover benefits options by carefully reviewing the information in this guide so you can make the best decision for your personal circumstance. Remember, the elections you make will remain in effect through December 31, 2023, unless you experience a qualified life event.

I'd like to call out a couple of changes to be aware of:

- **Medical insurance premiums are changing.** We carefully review our plans each year to ensure your Intermountain benefits work as hard as you do. This year is unique; health care is unfortunately not immune to rising costs and inflation-related pressures. As we strive to make things affordable for caregivers, we also must balance our offerings to current market data. Depending on the plan you choose, you may see a larger than normal increase in medical insurance premiums, particularly if you cover family members.
- **Vision plans are aligned across the system.** We are proud to share that the vision plans offered through EyeMed will be the same for all caregivers across the three regions. There are now two plans for you to choose from, a base and a buy-up option to best meet your needs this coming year.
- **Dental plans are more closely aligned.** While we will continue to have three different vendors across our organization next year, all caregivers will pay the same premium amounts for the base plan option or the buy-up option, depending on the coverage you elect.
- **Alignment in full-time rate definition.** Caregivers in the Peaks Region will be moving to Intermountain's benefit definitions for full-time and part-time when it comes to work hours: 30+ hours per week will pay the lower full-time rates for medical and dental coverage, while those less than 30 hours will pay part-time rates.

Open Enrollment can be overwhelming. Our team is here to answer questions for you. As you review this guide, if you have any questions about the benefit changes described in this guide, please contact AskHR at 833-442-7547 or askhr@imail.org.

Thank you for your continued commitment to our patients and communities. We are grateful for your hard work and dedication, especially when you may be navigating an unprecedented time in your life. You are there to help those in need, and we are a better organization and stronger community thanks to your efforts. Your health and well-being — and that of your family — will always be our top priority.

Warmly,

A handwritten signature in black ink that reads "Susan Schaub". The signature is fluid and cursive.

Susan Schaub
Vice President, Total Rewards



What's New for 2023

Each year, we evaluate our benefit offerings to make sure we're doing all we can to support our caregivers, provide value and manage our costs. With our expanded seven-state footprint, we're now on a multi-year journey to integrate our benefits across all our regions. As we embark on this path, you'll see that changes for the Peaks Region in 2023 are minor. We're taking our first steps towards becoming one Intermountain by aligning eligibility, our dental and vision plan offerings, what caregivers pay for health coverage, and some basic FSA election guidelines.

The following summary outlines the changes and enhancements to our benefits and well-being offerings that will go into effect on January 1, 2023, as part of aligning employee cost share closer to the market and to our population size across Intermountain's businesses, and as part of the effort to harmonize benefits.

Changes for 2023 are **highlighted in orange** throughout this guide.

What's new	What it means to you
ELIGIBILITY	
Eligibility for full-time benefits	In 2023, caregivers regularly scheduled to work 30+ hours per week will be reclassified as full-time for purposes of benefit eligibility (a change from 36+ hours in 2022). This means that more caregivers, specifically those classified in Workday at 0.75 – 1.0 FTE, will pay lower full-time medical and dental rates beginning January 1, 2023. Caregivers classified as part-time in Workday with a 0.5 – 0.74 FTE will continue to pay higher part-time rates. See page 9 for details.
MEDICAL	
Medical insurance premiums are changing	We carefully review our plans each year to ensure that your benefits work as hard as you do. This year is not unique; healthcare is unfortunately not immune to rising costs and inflation-related pressures. Depending on the plan you choose, you may see a larger than normal increase in medical insurance premiums, particularly if you cover family members.
Kaiser: more care options	No matter where life takes you, Kaiser Permanente has you covered. If something unexpected happens while you're away from home, it's now easier than ever to get care. Kaiser members can now access Cigna's PPO Network of providers and facilities across the globe for urgent and emergency needs.
Kaiser plans: cost share for intensive outpatient (IOP) and partial hospitalizations	Cost share for IOP and Partial Hospitalization on the HMO plan is changing from a \$25 copay to no cost share. On the DHMO plan, cost share is changing from \$25 copay to being subject to the plan deductible and coinsurance.
Kaiser plans: expanded preventive services	<p>The following will be considered preventive in 2023 and provided at no cost.</p> <ul style="list-style-type: none"> • Breastfeeding services and supplies: coverage will include breast milk storage supplies and additional equipment to support breastfeeding difficulties • Obesity prevention in women: coverage will include behavioral counseling for women aged 40 to 60 with a BMI between 18.5 and 29.0 • Postpartum visits will be covered under well-woman preventive visits • Bright Futures Periodicity Schedule <ul style="list-style-type: none"> – Sudden cardiac arrest and sudden cardiac death risk assessment – Hepatitis B virus infection risk assessment for children – Suicide risk added as an element of depression screening for individuals aged 12 to 21

Kaiser DHMO: mental health parity	10% coinsurance will no longer apply to services received during a mental health office visit for: <ul style="list-style-type: none"> • Outpatient Mental Health • Outpatient Substance Use Disorder • ABA Therapies • Physical, Occupational, and Speech Therapies for the treatment of autism spectrum disorders
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DENTAL

Delta Dental Core: plan changes	As part of the effort to harmonize benefit plans across Intermountain, there will be changes to the Core dental plan offered through Delta Dental of Colorado. This includes: <ul style="list-style-type: none"> • Increasing deductibles to \$25 per individual and \$50 per family (from \$0), • Decreasing the annual maximum to \$1,000 (from \$1,500), and • Adding coverage for major services. <p>See page 22 for more information. For details, the full Schedule of Benefits is available through the Virtual Benefits Fair.</p>
Dental premiums	Rate increases. In 2023, caregivers across all three regions will pay the same rates for dental plan coverage. This means small dental rate increases for the Peaks Region. See page 22 for details.

VISION

New plan options	As part of the effort to harmonize our benefits, Intermountain will offer two EyeMed vision plan options—each with premiums that will be the same for all caregivers across our three regions. <p>Both the Vision plan and Vision PLUS plan offer an annual eye exam, frame and contacts allowance, and coverage for lenses.</p> <ul style="list-style-type: none"> • The base Vision plan will offer basic coverage, with lower premiums and higher out-of-pocket costs when seeking care or purchasing frames and lenses. • The buy-up Vision PLUS plan will offer more coverage, with higher premiums and lower out-of-pocket costs when seeking care or purchasing frames and lenses. <p>Choose the plan that best fits your vision care needs. See page 23 for details.</p> <p>Note: If you elected vision coverage for 2022 and do not actively elect or decline vision coverage during Open Enrollment, you'll automatically be enrolled in the Vision PLUS plan for 2023, as it's most like the vision plan available in the Peaks Region in 2022.</p>
Vision premiums	Rate decreases. All caregivers will pay the same rates for vision coverage in 2023. For the Peaks Region, this means that rates will go down slightly for the Vision PLUS plan. Caregivers can save even more if enrolling in the new, lower-cost base Vision plan. See page 23 for details.

FLEXIBLE SPENDING ACCOUNT

Annual contribution limit	The annual Health Care FSA contribution limit will increase to \$2,850 (from \$2,750 in 2022).
Minimum contribution election	The minimum amount you can elect to contribute to either your Health Care FSA or Dependent Care FSA in 2023 is \$130 per year (up from \$12 per year).





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Benefits Overview

In order to make the right benefit decisions for you and your family, you need to be prepared. Refer to sclhealthbenefits.org for a step-by-step checklist of actions you should take during your enrollment period.

We provide some benefits at no cost to you. You will be automatically enrolled in these benefits; no action is required to receive:

- Basic Life and AD&D insurance
- Short and Long-Term Disability protection
- Health and Well-Being resources
- Business Travel Accident insurance

Other benefits are optional, and you and the company share the cost. Review your options, and complete your enrollment in the benefits that best meet your needs:

- Three medical plan options
- Two dental plan options
- Two vision plan options
- Health Care FSA
- Dependent Care FSA
- Supplemental Life and AD&D insurance
- Dependent Life and AD&D insurance
- Long-Term Disability Buy-Up

Glossary of Terms

We get it. Sometimes you feel like you need a PhD in jargon to navigate your benefits. While we try to keep it simple, here are some words you may encounter in this guide.

Glossary	Definition
Coinsurance	This is the percentage you pay directly to a provider or facility for covered services after your deductible is met.
Copay	The specific dollar amount you pay directly to a provider or facility for covered services. You pay a copayment when there is no deductible or coinsurance that applies.
Deductible	The dollar amount you pay each calendar year before the plans start to cover medical and pharmacy costs. The deductible only applies to services for which you pay coinsurance.
Dependents	Anyone other than yourself who you cover on our plan. This includes spouses, legally domiciled adults (see pages 9-10) and children.
Evidence of Insurability (EOI)	An application process in which you provide information on the condition of your health or your dependent's health to get certain types of insurance coverage. Evidence of insurability may be required for supplemental life and AD&D coverage for you and your dependents.
Imputed income	The value of certain benefits is considered imputed income, which means that you pay taxes on the value of that coverage. Basic Life Insurance that exceeds \$50,000; Basic Long Term Disability coverage; and health coverage for a legally domiciled adult (LDA) may be considered imputed income.



Legally domiciled adult (LDA)

A legally domiciled adult (LDA) is an individual over 18 years old who has lived in the same principal residence as you (for LDA A - 12 months and LDA B - 6 months) and remains a member of your household throughout the coverage period; and who either:

A. (1) has an on-going, exclusive and committed relationship with you similar to marriage (not a casual roommate or tenant); (2) shares basic living expenses and is financially interdependent with you; (3) is neither legally married to anyone else nor legally related to you by blood in any way that would prohibit marriage; and (4) and is neither receiving benefits from an employer nor eligible for any group coverage – or

B. (1) is your blood adult relative who meets the definition of your tax dependent as defined by Section 152 of the Internal Revenue Code during the coverage period; and (2) is neither receiving benefits from an employer nor eligible for any group coverage.

*The value of coverage for your LDA and/or your LDA's children who are not your tax dependents is considered imputed income for purposes of medical and dental insurance, which means that you pay taxes on the value of that coverage.

Out-of-pocket maximum

The most an individual or family will pay during the calendar year for covered healthcare services. Once you've reached your out-of-pocket maximum, the plan pays 100 percent of the allowed amount for covered services the remainder of the year.

Premium

The amount that must be paid for your health insurance or plan. You and the company split the cost of most premiums.



Eligibility

We are committed to providing you and your family with comprehensive benefits and programs. Full- and part-time caregivers are eligible to participate in our benefit plans.

To be eligible for benefits with the following rates:	You must be regularly scheduled to work:	And, your FTE status in Workday must indicate:
Full-time	At least 30 hours per week	0.75 - 1.0 FTE
Part-time	20 - 29.99 hours per week	0.5 - 0.74 FTE

Eligible Dependents

If you elect coverage for yourself, you may also elect coverage for your eligible dependents. Eligible dependents include:

- Your spouse or legally domiciled adult (LDA)
- Your child under the age of 26:
 - Biological child
 - Stepchild
 - Adopted child (including a child placed for adoption)
 - Child for whom you are the legal guardian
 - Child of your Type A LDA (children of Type B LDAs are not eligible)
- Your unmarried child over the age of 26 who is incapable of self-support by reason of mental or physical disability as determined by the Social Security Administration (SSA)

For full eligibility details for each of the benefit plans, refer to www.sclhealthbenefits.org, then select **Plan Documents** and then **Summary Plan Descriptions**. For more information or to add your LDA dependent, refer to **Who Can You Enroll in Coverage?** on www.sclhealthbenefits.org.

Enrolling dependents?

- In Workday, click your inbox in the upper right-hand corner and select the Benefit Change-New Hire or Change Benefits task.
- To enroll your dependents, you must check the boxes next to their name on the medical, dental, and vision plans you want them enrolled in. If your dependent is not listed, you can click on Add New Dependent in the coverage election to add. The newly added dependent will be viewable in the other coverage election options, but you must check the box next to their name to add them to each plan. Simply adding your dependent's information in Workday does not enroll them in coverage.
- Voluntary life and/or AD&D coverage for your spouse, LDA and/or children is only a viewable option after your dependent(s) are added as people to cover.
- When you enroll your spouse, LDA and/or children in medical, dental or vision coverage, you will be required to provide documentation to verify each dependent's eligibility. If you do not provide the necessary documents, your unverified dependents will be removed from your benefits plans. (See dependent verification on page 11).
- When enrolling in a medical plan, you will need to make a tobacco surcharge designation. If you enroll your spouse or LDA, you will be asked to make a similar working spouse surcharge election.
- If you elect to have your Type A LDA covered under your medical and/or dental plan, their portion of premium will be deducted after-tax and you will pay taxes on the portion of the premium that Intermountain Health Peaks Region contributes to your LDA's coverage.

Important – After submitting your elections, review and save your benefits confirmation statement. You will be able to view all dependent enrolled in each plan under the Dependents column on your statement.



Dual Coverage Limitations

Caregivers cannot be dually covered by our medical, dental, vision and life insurance plans. For example, if you and your spouse both work for us, you cannot both choose Caregiver + Spouse coverage.

For full eligibility details for each of the benefit plans, refer to www.sclhealthbenefits.org, then select **Plan Documents** and then **Summary Plan Descriptions**.

Dependent Verification

We partner with HMS (a Gainwell Technologies company), an independent third-party vendor, to verify that dependents enrolled in the our healthcare plans (medical, dental, vision) meet certain eligibility requirements. In order for your dependent(s) to maintain coverage, you must submit proof to HMS of their current relationship to you.

Shortly after you enroll any new dependents, HMS will contact you via mail and company email providing details about acceptable documentation and deadlines. If you fail to provide the required documentation, your dependent(s) will be dropped from coverage.

Examples of acceptable documentation include a marriage certificate, birth certificate and recent account statements. For a full list, refer to the Dependent Eligibility Audit section on www.sclhealthbenefits.org.

Note: You may be required to periodically re-verify your covered dependents. Re-verifications are chosen randomly by our third party administrator, HMS, who conducts all dependent verification audits. If you fail to provide the required documentation, your dependent(s) will be dropped from coverage.

Dependent verifications help ensure we are being good stewards of our benefit resources - helping lower costs for our organization and you!



Enrollment

When to enroll

You can sign up for benefits or change your elections/covered dependents at the following times.

- **Annual open enrollment.** You can elect or make changes for the next plan year during the annual benefits open enrollment period in the fall.
- **Within 31 days of your initial eligibility date.** You are eligible for coverage the first of the month following your hire date, or the date you become benefits-eligible. Your elections will remain in effect through the end of the year, and you will not be able to change your coverage unless you have a qualifying life event.
- **Within 31 days (or 60 days for birth/adoption) of experiencing a qualifying life event.** Outside of an enrollment period, you can only elect or make changes to your coverage if you have a qualifying work or family status change event such as a birth, marriage, divorce or experiencing a gain or loss of other coverage.

How to enroll

When you're logged on to the company network:

1. In Workday, open your inbox in the upper right corner and click the **New Hire** task or click the **Change Benefits for Open Enrollment** task.
2. Read the information at the top of the screen and follow the prompts to make your benefit elections.
3. After submitting your elections, review and save your benefits confirmation statement.

If you have difficulty logging into Workday, contact the ITDS Help Desk at **855-866-8282**.

If you do nothing

Company Paid Benefits

You will be automatically enrolled in company-paid benefits, including basic life and AD&D insurance, disability insurance, and business travel accident insurance, as well as a variety of health and well-being resources.

All other benefits

• New Hires

If you do not enroll within the 31 days of your initial eligibility date your coverage will be waived for you and your dependents for the current plan year.

• Open Enrollment

If you do not make your next year's elections during Open Enrollment, you will roll into the same coverages you currently have—**except for Flexible Spending accounts that need to be elected each year.**

Even if you do not intend to enroll, you should use your enrollment opportunity as a chance to learn more about all the valuable benefits available to you and your dependents.

How to change your benefits after a qualifying life event

1. In Workday, open your inbox in the upper right-hand corner and click the **Change Benefits for Open Enrollment** task.
2. Follow the prompts to make your benefit elections.
3. After submitting your elections, review and save your benefits confirmation statement.

NOTE: Some life events will require you to submit documentation that supports the date of your event and the type of event you reported. If proof is required, you will be contacted by Human Resources.

If you want to participate in an FSA, you must actively elect coverage every calendar year.



YOUR WELL-BEING

Supporting a whole life, a whole you!

You are committed to improving our patients' lives every day. We want to do the same for you. That's why we offer valuable health and well-being programs designed to empower you to live well today and help you plan for the future

Program	Details
QuitLine	Quitting tobacco isn't just good for your health – it's good for your wallet too. Need help getting there? Our QuitLine program provides you with guidance and support to quit tobacco at no cost to you. Coaches are available 5 a.m. to 11 p.m. MT seven days a week to help you get started and stay motivated. To access the program or learn more, call 888-543-1506 or visit sclhealthquitline.quitlogix.org .

NEW:

Employee Assistance Program (EAP) – Intermountain Health

The Intermountain EAP is your partner in living a life filled with energy, strength, and vitality. Taking care of your mental health is as essential to your well-being as taking care of your physical health: creating positive relationships at home and work, effectively managing stress, and thriving during times of change.

- Regardless of your medical plan enrollment, you and your spouse/partner and dependents ages 6-26 can access the EAP services through Intermountain Health 24/7/365.
- Your EAP provides confidential counseling and support on issues that affect well-being, health or work performance, such as depression, stress, PTSD, relationships, and parenting.
- Free, brief, confidential counseling sessions per incident.
- Masters level certified clinicians with specializations in many areas, including trauma, EMDR, eating disorders, bereavement, LGBTQ population, mindfulness, life adjustment, and meditation
- Legal assistance for help hiring an attorney and forms, such as advance directives, beneficiary worksheet, childcare instructions, executor's checklist and power of attorney for finances/real estate and wills
- Financial well-being such as estate planning, getting your affairs in order, help searching for a certified financial planner, financial calculators, financial basics handbook and loan comparison worksheet

As part of your Intermountain EAP line-up, there is a program called Care Coach. A Care Coach is an elder care professional who can work with individuals or families to assess their elder's needs and preferences, discuss care scenarios as a group, and establish a care plan agreeable to everyone.

We're only one phone call away. Contact us today to get started.

Call us at 800-832-7733



Scan the QR code to add Intermountain EAP's contact information to your phone.

Financial Well-being

Need assistance with your 401(k)?
Your T. Rowe Price Retirement Planning Team offers confidential consultations — a complimentary service provided to you as a caregiver.

Contact T. Rowe Price at 800-922-9945 to schedule your one-on-one appointment.

It can be stressful juggling multiple financial priorities while also planning for the future. Managing your money is personal and it can impact everything — including your physical health and emotional well-being.

We're here to help. To learn more about the useful tools and valuable resources available to you and your family, visit www.sclhealthbenefits.org/financial-wellness.



Program

Details

WorkLife Partnership

We partner with WorkLife Partnership to support our caregivers in overcoming difficult challenges, because we know that life happens. This free, confidential service is available to all caregivers and can connect you with support and resources in your community to help with:

- Finding resources for affordable childcare
- Support with transportation
- Budgeting and financial wellness
- Understanding medical benefits and how to use them
- Accessing resources to find affordable housing
- Utility bill assistance
- Free or low-cost meals for children
- Connecting with behavioral health resources
- Support with stress management
- Accessing food pantries
- And much more!

Our WorkLife Partnership Resource Navigator, Maria Pearson, can connect Monday - Friday from 8:00 a.m. to 5:00 p.m. MT via phone, text, email or video chat. Simply call 303-589-7412, text "Navigator" to 888-219-8993 or email mpearson@worklifecolorado.org. If you require assistance between 6:00 a.m. and 8:00 a.m MT or 5:00 p.m. and 7:00 p.m. MT, you may contact WorkLife Partnership staff at 888-219-8993.

"I can't put into words how much WorkLife Partnership means to me. They really care, help me stay calm and connect me with the resources I need to find peace of mind."



YOUR HEALTH

Medical Plans

We offer a range of medical plan options so you can pick the plan that works best for you, your family and your personal circumstances.

When you enroll in a medical plan, you will automatically receive pharmacy coverage through your medical plan vendor. All medical plans also come with an HRA that you can earn contributions from us by participating in wellness activities.

Kaiser medical plans provide team-based care, centered on you and your specific needs. You have easy access to primary care, specialists, x-ray and laboratory services under one roof. Kaiser coordinated care ensures that your providers have instant access to all of your medical records. Appointments are available in person or on-line, and you can get advice or ask questions by phone or chat.

On average, Intermountain Health covers 80% of the cost of medical insurance for our caregivers in the Peaks Region and 70% for their dependents.

Kaiser Deductible Health Maintenance Organization (DHMO)

This plan has the lowest premiums for MSV staff members. It offers all of the convenience of the HMO plan, but you pay for services until the annual deductible is met. Kaiser Health Maintenance Organization (HMO) This plan has moderate premiums and no deductible. The cost of care is based on a copay at the point of service.

Kaiser Health Maintenance Organization (HMO)

This plan has moderate premiums and no deductible. The cost of care is based on a copay at the point of service.

Cigna Preferred Provider Organization (PPO)

This plan has higher premiums and offers the predictability of a copay structure (you pay a flat rate for most care).

For urgent and emergency care while traveling out of state, Kaiser members now have access to Cigna’s PPO network of providers and facilities.

Network

Understanding the provider network is important to choosing the right medical plan for you. As you review your plan options, please keep in mind that the health insurance plans we offer are designed to keep healthcare affordable for you by providing better coverage when you see Tier 1 providers. This chart provides a brief comparison of our network coverage.

	Cigna PPO		Kaiser EPO
	Intermountain Health Peaks Region Network Tier 1	Cigna Network Tier 2	Kaiser Network
Doctors	Intermountain Health Peaks Region physicians and specialists Select physicians and specialists who partner with us to deliver care to our patients	Cigna Open Access Plus network physicians and specialists	Kaiser Permanente of Colorado physicians in the Front Range
Hospitals	Intermountain Health Peaks Region hospitals and medical centers Children’s Hospital Colorado and select facilities who partner with us to deliver care to our patients	Cigna Open Access Plus hospitals and facilities	Good Samaritan Medical Center Saint Joseph Hospital Lutheran Medical Center Children’s Hospital Colorado Kaiser Permanente of Colorado network hospitals and facilities in the Front Range

How to find a provider/facility

Visit www.sclhealthbenefits.org and select “Find a Network Provider.”

In most cases, we are able to provide you with lower copays, deductibles, coinsurance and out-of-pocket maximums if you see providers within the Intermountain Health Peaks Region — think of it as an employee discount giving you preferred access to the exceptional care you work so hard to provide!

What if my provider is out of network?

If you receive care from a provider who is not a part of the networks described on page 15, your services may not be discounted and you could be billed the difference between what the plan pays and what the provider chooses to charge. Seeing providers outside of the Tier 1 and Tier 2 networks will cost you the most out-of-pocket. You must see providers in the Kaiser network to receive coverage.

Preventive care

Even if you're in the best shape of your life, a serious condition with no early signs or symptoms could put your health at risk. Early detection is your best defense. It can also be another way you can keep your healthcare costs down.

No matter which medical plan you choose, there is no cost to you for in-network preventive care services, such as routine physical exams, well baby and well child care visits, immunizations, and age/gender-specific cancer screenings. For details, visit www.sclhealthbenefits.org/plan-documents/summary-plan-descriptions.

Your virtual care network

Now, more than ever, accessible care means more than a clinic in your neighborhood. It means 24/7 access to providers, right from the comfort of your home. Each of our medical plans offer virtual options for medical and behavioral health visits – all you need is a computer or a mobile device.

	Cigna PPO	Kaiser EPO
Medical visits	Intermountain Health Peaks Region Video Visit Appointments - \$10 Doctor on Demand - \$20	kp.org - \$0
Behavioral health visits	Doctor on Demand - \$0	kp.org - \$0
Where to learn more	www.sclhealth.org/virtual-care or doctorondemand.com	Visit kp.org

Dedicated support to help you meet your goals

Whether you are trying to lose weight, lower your blood pressure, manage stress or stay motivated, you can get the extra support you need to make healthy changes and stick with them. All of our medical plans come with personal health coaching.

- **Cigna Personal Health Team (PHT)** – Cigna plan members can connect with the Cigna PHT for support in achieving personal health goals. When you leverage the power of Cigna PHT to manage a chronic condition, you may be eligible to receive up to \$400 in your HRA from the company. Visit www.cigna.com/sclhealth/healthyyou to learn more.
- **Cigna Healthy Pregnancies, Healthy Babies** – Cigna medical plan members can receive personalized support and education during pregnancy. Moms may receive \$200 in their HRA if they enroll within their first trimester, or \$100 if they enroll in their second trimester. The HRA will be credited once the program is complete. Call 800-615-2906 to learn more.
- **Kaiser Permanente Telephonic Wellness Coaching** – Kaiser plan members can receive coaching over the phone at no cost. Simply call 866-862-4295 Monday through Friday from 7 a.m. to 8 p.m. MT
- **myStrength and Calm** – Kaiser plan members have access to free apps and other helpful self-care resources at no cost. myStrength is a program based on cognitive behavioral therapy offering guided tools to help with a broad range of mental health challenges. Calm is a research-based meditation and mindfulness app that can help you lower stress, reduce anxiety and improve sleep quality.
- **Virtual Visits** – Visit with a doctor 24/7 for advice, referrals, prescriptions and more, face-to-face online, all at no cost to you. Virtual video visits may be scheduled with your primary care physician or specialist. You can also access a health care professional on-demand for urgent medical issues anytime, day or night.
- **KP Chat** – Get answers to your questions or schedule an appointment through this convenient chat feature. You can easily chat with a clinician, pharmacist, financial counselor, mental health specialist or member services to get the information you need, when you need it.
- **Dispatch Health** – Offering quality care in the comfort of your own home. These urgent care professionals come to your home equipped with all the tools necessary to provide advanced medical care for complex injuries and illnesses that do not require an emergency room visit.



Quick Glance – Your Medical Benefit Options

Here's a quick overview of your out-of-pocket costs for each of the medical plan options. This chart shows in-network (Tier 1 and Tier 2) only. For out-of-network (Tier 3), refer to the Summaries of Benefits and Coverage (SBC) and Summary Plan Descriptions (SPD) available at www.sclhealthbenefits.org.

	Kaiser DHMO	Kaiser HMO	Cigna PPO	
	Kaiser Network	Kaiser Network	Peaks Region Network (Tier 1)	Cigna Network (Tier 2)
HRA	Lowest	Moderate	Highest	
Deductible	\$1,000/person \$2,000/family	N/A	\$750/person \$1,500/family	\$2,000/person \$4,000/family
Out-of-Pocket Maximum	\$3,500/person \$7,000/family	\$2,000/person \$4,500/family	\$2,000/person \$4,000/family	\$5,000/person \$10,000/family
Video Visits	\$0 copay	\$0 copay	Intermountain Health Medical Group: \$10 copay Doctor On Demand: \$20 copay for medical; \$0 copay for behavioral health	
Primary Care Physician Office Visit	\$25 copay	\$25 copay	\$25 copay	\$50 copay
Specialist Office Visit	\$45 copay	\$35 copay	\$40 copay	\$75 copay
Preventive Care	Covered 100%	Covered 100%	Covered 100%	
Inpatient Hospital/Facility	20% after deductible	\$1,000 copay	15% coinsurance after deductible	40% coinsurance after deductible
Outpatient Hospital/Facility	20% after deductible	\$500 copay	15% coinsurance after deductible	30% coinsurance after deductible
Mental Health/Substance Use Disorder	\$25 office visit, PCP or Specialist, Group Therapy costs 50% of office visit (\$12), no charge for virtual care, \$500 intensive outpatient or partial hospitalization, \$1,000 inpatient stay (medical or mental health)	\$25 office visit, PCP or Specialist, Group Therapy costs 50% of office visit (\$12), no charge for virtual care, 20% coinsurance for intensive outpatient or partial hospitalization or inpatient hospitalization per admission; subject to deductible.	Office visit: copay applies Hospital or Facility: 15% coinsurance after deductible	
Urgent Care	\$45 copay	\$50 Copay	\$50 copay, then 15% coinsurance of balance	
Hospital ER	20% after deductible	\$250 Copay	\$150 copay, then 15% coinsurance of balance (copay waived if admitted)	
Diagnostic Lab and X-ray	X-ray: 20% after deductible Lab: Covered 100%	Covered 100%	Office visit: copay applies Outpatient facility: 15% coinsurance after deductible	Office visit: copay applies Outpatient facility: 30% coinsurance after deductible



Prescription Coverage

Prescription drug coverage is included in your medical plan election. You will access your prescription drug benefit through Intermountain Health Peaks Region Pharmacies or your medical plan's pharmacy network.

Quick Glance – Your Pharmacy Benefits

	Kaiser Network Pharmacy DMO	Kaiser Network Pharmacy HMO	Cigna PPO	
	Kaiser Network Pharmacy	Kaiser Network Pharmacy	SCL Health Network Pharmacy	Cigna Network Pharmacy
Retail Up to 30-day supply from your in-network neighborhood pharmacy				
Generic	\$20 copay	\$20 copay	\$10 copay	30% coinsurance
Formulary	\$40 copay	\$40 copay	\$30 copay	25% coinsurance (\$75 maximum per script)
Non-Formulary	\$60 copay	\$60 copay	50% coinsurance (\$125 maximum per script)	50% coinsurance (No maximum)
Maintenance Medications	3 months for 2x 30-day supply at Kaiser pharmacies	3 months for 2x 30-day supply at Kaiser pharmacies	Get three months for the price of two! 90-day supplies are 2x the retail amounts shown above*	Your medical plan allows one 30-day fill at a retail pharmacy, then they must be filled via mail/Intermountain Health Peaks Region Pharmacy
Specialty Via Franklin Specialty Pharmacy				
	20% (\$250 max)	20% (\$250 max)	Must be filled at Franklin Specialty Pharmacy 25% coinsurance after deductible (\$250 maximum per script)	Not covered
Diabetic Supplies and Insulin 30-day supply at an Intermountain Health Peaks Region/Kaiser Pharmacy				
Preferred Insulin and Non-Insulin Diabetes Drugs			\$25	\$25
Preferred Diabetic Supplies			OneTouch brand test strips, lancets and syringes are covered 100% when you fill your prescription at an SCL Health Network Pharmacy	

*When purchased via mail or at an Intermountain Health Peaks Region/Kaiser Network Pharmacy

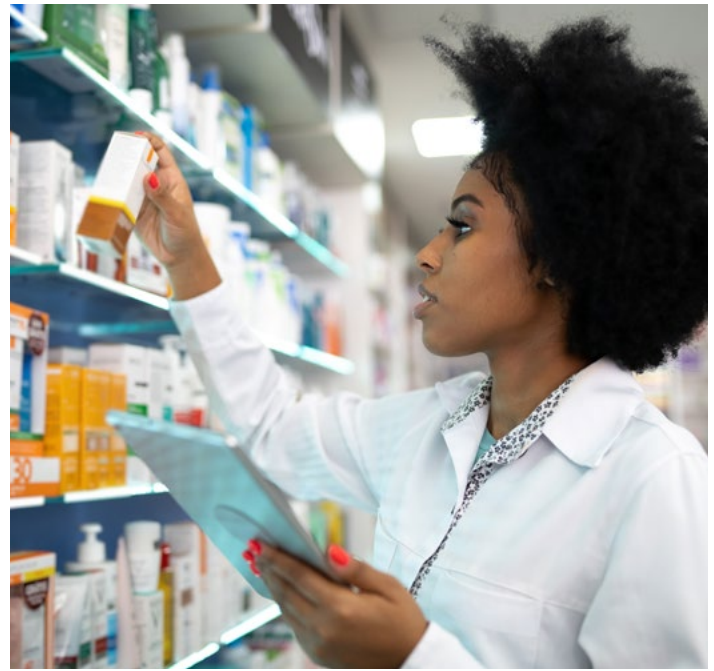


A note about generics

We try to save you money by automatically filling prescriptions with the generic version, when available. If you want a brand name prescription, your provider must write “DAW” (Dispense As Written) on your prescription to avoid extra costs. The formulary cost will still apply for DAW prescriptions. If you ask the pharmacy for a non-formulary brand medication, you’ll pay the full retail cost of the drug.

Your pharmacy network

Our network pharmacies are ready to serve you with lower cost options and convenient locations. Whether you choose delivery or pick up, you will pay the same amount.



Visit www.sclhealthbenefits.org > **Healthcare** > **Prescription** to access mail order pharmacy forms and formulary lists for both Cigna and Kaiser.

Pharmacy Network

	Cigna PPO	Kaiser DHMO and HMO
	Intermountain Health Peaks Region Pharmacy Network	Cigna Pharmacy Network
Retail	<ul style="list-style-type: none"> Good Samaritan Medical Center Pharmacy Services Lutheran Medical Center Pharmacy Candelas Pharmacy Platte Valley Pharmacy Saint Joseph Hospital Outpatient Pharmacy St. James Healthcare Medical Arts Pharmacy St. Vincent Healthcare Outpatient Pharmacy 	<ul style="list-style-type: none"> Cigna Retail Pharmacy Network Kaiser Pharmacy Network Good Samaritan Medical Center Pharmacy Services Lutheran Medical Center Pharmacy Platte Valley Pharmacy Saint Joseph Hospital Outpatient Pharmacy Kaiser Permanente Retail Pharmacy Network
Mail Order	SCL Health Mail Order Pharmacy Services at Good Samaritan Medical Center	N/A
Maintenance	<ul style="list-style-type: none"> Mail Order Pharmacy Services at Good Samaritan Medical Center (up to 90-day supply) or Intermountain Health Peaks Region Retail Pharmacies (up to 90-day supply) (see list above) 	<ul style="list-style-type: none"> Cigna Retail Pharmacy Network <i>First fill only</i> Kaiser Permanente Mail Order Pharmacy Service Intermountain Health Peaks Region Retail Pharmacies (up to 30-day supply) Kaiser Permanente Retail Pharmacy Network (up to 30-day supply) Kaiser Permanente Mail Order Pharmacy Service (up to 90-day supply)
Specialty	Specialty Pharmacy Services at Franklin Pharmacy	N/A
		SCL Health Specialty Pharmacy Services at Franklin Pharmacy

For more information about the Intermountain Health Peaks Region Pharmacy Network, visit www.sclhealth.org/services/pharmacy.



Medical Plan Premiums

Premiums are deducted from your first two paychecks each month. This means that although there are 26 pay periods in the year, there are only 24 pay periods that benefit deductions will be taken out of your paycheck.

Please note: The amounts shown below do not include Medical Premium Assistance.

	Annual Cost (for full time caregivers)		Full-Time		Part-Time	
			Your Cost Per Pay Period	Decrease per pay period from 2022 to 2023	Your Cost Per Pay Period	Decrease per pay period from 2022 to 2023
	Your portion	Company portion				
Kaiser DHMO						
Caregiver Only	\$ 1,020.72	\$ 5,783.04	\$ 42.53	\$ 2.52	\$ 102.77	\$ 6.08
Caregiver + Spouse (LDA)	\$ 5,764.56	\$ 8,183.16	\$ 240.19	\$ 20.12	\$ 400.43	\$ 23.68
Caregiver + Child(ren)	\$ 5,424.24	\$ 8,183.16	\$ 226.01	\$ 19.27	\$ 386.25	\$ 22.83
Caregiver + Family	\$ 11,461.92	\$ 8,183.16	\$ 477.58	\$ 34.15	\$ 637.82	\$ 37.71
Kaiser HMO						
Caregiver Only	\$ 2,312.16	\$ 5,783.04	\$ 96.34	\$ 5.76	\$ 156.58	\$ 9.32
Caregiver + Spouse (LDA)	\$ 8,412.48	\$ 8,183.16	\$ 350.52	\$ 26.78	\$ 510.76	\$ 30.34
Caregiver + Child(ren)	\$ 8,007.60	\$ 8,183.16	\$ 333.65	\$ 25.78	\$ 493.89	\$ 29.34
Caregiver + Family	\$ 15,212.40	\$ 8,183.16	\$ 633.85	\$ 43.58	\$ 794.09	\$ 47.14
Cigna PPO						
Caregiver Only	\$ 4,334.16	\$ 5,783.04	\$ 180.59	\$ 14.18	\$ 240.83	\$ 17.74
Caregiver + Spouse (LDA)	\$ 12,051.36	\$ 8,183.16	\$ 502.14	\$ 42.60	\$ 662.38	\$ 46.16
Caregiver + Child(ren)	\$ 10,027.92	\$ 8,183.16	\$ 417.83	\$ 36.92	\$ 578.07	\$ 40.48
Caregiver + Family	\$ 20,145.12	\$ 8,183.16	\$ 839.38	\$ 65.34	\$ 999.62	\$ 68.90



Flexible Spending Accounts

A Flexible Spending Account (FSA) is a great way to save money. You never pay taxes on this money as long as you use it to pay eligible expenses, so it boosts your spending power.

There are two different types of FSAs, and you can enroll in either or both. Both are administered by WEX, formerly known as Discovery Benefits. You decide how much to contribute to each FSA on a plan year basis, up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods in the plan and deducted evenly on a pretax basis.

When you enroll, plan your contributions carefully. **The minimum contribution to the Health Care FSA is \$130.00.** You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event.

Our Health Care FSA has a 2½ month grace period (through March 15 of the following year) to incur expenses after the close of the plan year, while the Dependent Care FSA only allows expenses to be incurred during the plan year. Both have a claim filing deadline of 120 days after the end of the plan year (April 30, 2024).

Important: Think carefully about your contribution amount! FSAs are subject to the IRS “use it or lose it” rule, meaning any unused funds remaining in your account(s) after these deadlines will be forfeited.

Remember: You must actively elect to contribute to your FSA every calendar year if you want to continue participating. Elections from prior years will not rollover.

Health Care FSA

With a Health Care FSA, the entire election amount is available on the first day of the plan year. That makes an FSA a great tool for saving money, especially when big expenses are anticipated. Common eligible expenses are prescriptions, hearing aids, orthopedic goods, doctor and dentist visits, chiropractic care, orthodontia and even laser eye surgery.

For 2023, you can contribute up to **\$2,850** annually in your Health Care FSA.

Dependent Care FSA

A Dependent Care FSA allows you to put money aside for work-related dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. You may receive reimbursement up to the balance in your account at the time the request is made. To be eligible for a Dependent Care account, you and your spouse must work, be looking for work or be full-time students. Common eligible expenses are daycare, before and after school care or extended day programs, back up emergency care and adult daycare.

You will need to consider whether it is more beneficial to use the Dependent Care FSA or the Child and Dependent Care Credit on your federal income tax return. You cannot utilize both tax savings.

You can contribute up to \$5,000 to your Dependent Care FSA in 2023 if you are single or if you are married and file a joint income tax return. If you are married and your spouse files a separate tax return, the most you can contribute is \$2,500.

Note: The IRS allows pre-tax contributions to Flexible Spending Accounts as long as the plan does not favor highly-compensated employees (HCE) as defined by the IRS. To ensure our plans remain compliant with this provision, you will not be allowed to enroll in the Dependent Care FSA if your salary is **\$135,000** or more.



WEX Debit Card

The WEX debit card is the fastest and most convenient way to pay for eligible expenses. The debit card makes it easy to access funds in your pre-tax account, reducing your out-of-pocket costs. At many merchants, it also simplifies the way expenses are verified for eligibility.

Swipe your debit card to instantly pay for eligible expenses with funds from your account. Occasionally, documentation will be needed to verify the eligibility of an expense paid for on your debit card. Even places like doctors' and dentists' offices may require you to submit documentation because some expenses available at these facilities may not be IRS-eligible (e.g., cosmetic procedures, teeth whitening).



Submitting Receipts and Filing Claims

The IRS requires FSA participants to provide documentation to show that an expense is FSA-eligible.

When submitting documentation for a debit card transaction, an Explanation of Benefits (EOB) from your insurance company will typically be your best bet, as it contains all the information you need to substantiate a claim. But, when in doubt, the IRS has identified the criteria for what needs to be included when submitting documentation for eligible expenses:

To find out which specific expenses are eligible, view the searchable eligibility list at www.wexinc.com/insights/benefits-toolkit

- Name of the provider/merchant
- Date(s) of service
- Type(s) of service
- Amount (after insurance, if applicable)
- Name of person who received the services (if the account covers dependents)

You can file claims and submit documentation in seconds using the WEX mobile app. Just use your phone's camera to take pictures of your documents and upload them on the spot. You can also file claims and submit documentation through your WEX online account or via fax or mail.

No matter which method you use, WEX will process your claim in just two business days!



Dental

We are pleased to partner with Delta Dental to help you and your family take care of your smile. Good oral health and dental hygiene can prevent bad breath, tooth decay and gum disease. There are two affordable options available.

Changes for 2023 are shown in **orange**.

Something to smile about:
With our dental plans, preventive care (cleanings and checkups) doesn't count toward your annual maximum.

Network	Choice Plan			Core Plan	
	PPO	Premier	Out of Network	PPO/Premier	Out of Network
Deductible	None	\$25/person \$50/family		\$25/person \$50/family	
Annual Maximum	\$1,500			\$1,000	
Preventive count toward max?	No			No	
Preventive Care	100%			100%	
Basic restorative services*	85%	80% after deductible	75% after deductible	85% after deductible	75% after deductible
Major restorative services*	55%	50% after deductible	45% after deductible	55% after deductible	45% after deductible
Orthodontia	55% (adult/child)	50% (adult/child)	45% (adult/child)	Not Covered	
Orthodontia Maximum	\$1,500			Not Covered	
Other	Three exams per year + third cleaning covered for certain medical conditions such as diabetes, pregnancy, cancer				

*Basic dental services include simple restorative work such as fillings and extractions. Major dental services involve lengthy or complex procedures such as crowns, bridges, oral surgery, or implants.

To Find a Network Dentist or Learn More
Log in to www.deltadentalco.com or download the Delta Dental mobile app. You may also call Delta Dental of Colorado at **800-610-0201**.

	Annual Cost (for full time caregivers)		Full-Time		Part-Time	
			Your Cost Per Pay Period	Increase per pay period from 2022 to 2023	Your Cost Per Pay Period	Increase per pay period from 2022 to 2023
	Your portion	Company portion				
Delta Dental Choice						
Caregiver Only	\$ 246.96	\$ 230.40	\$ 10.29	\$ 1.94	\$ 15.44	\$ 2.91
Caregiver + Spouse (LDA)	\$ 494.16	\$ 459.96	\$ 20.59	\$ 1.91	\$ 30.88	\$ 2.86
Caregiver + Child(ren)	\$ 617.52	\$ 336.60	\$ 25.73	\$ 7.05	\$ 38.60	\$ 10.58
Caregiver + Family	\$ 864.48	\$ 567.24	\$ 36.02	\$ 6.99	\$ 54.03	\$ 10.48
Delta Dental Core						
Caregiver Only	\$ 164.64	\$ 139.44	\$ 6.86	\$ 1.93	\$ 10.29	\$ 2.89
Caregiver + Spouse (LDA)	\$ 329.52	\$ 278.40	\$ 13.73	\$ 2.34	\$ 20.59	\$ 3.50
Caregiver + Child(ren)	\$ 411.84	\$ 196.08	\$ 17.16	\$ 5.77	\$ 24.02	\$ 6.93
Caregiver + Family	\$ 576.48	\$ 335.52	\$ 24.02	\$ 6.02	\$ 33.62	\$ 6.62

YOUR HEALTH

Vision

We offer two plan options through EyeMed Vision Care: a base vision plan and a buy-up vision PLUS plan.

Both plans offer an annual eye exam, frames and contact allowances and coverage for lenses.

- The **vision** plan will offer basic coverage with lower premiums and higher out-of-pocket costs when seeking care or purchasing frames or lenses.
- The **vision PLUS** plan will offer more coverage, with higher premiums and lower out-of-pocket costs when seeking care or purchasing frames and lenses.

NOTE: During Open Enrollment (November 2-16, 2022), if you are currently enrolled in the vision plan, you will automatically default to the Vision PLUS Plan for 2023, as it is most similar to the current plan available in 2022. You must make a new active election if you do not want this plan for the 2023 plan year.

Locate an EyeMed Vision Care Provider

To locate a provider near you, visit www.eyemed.com and choose the Insight Network, or call 866-800-5457.

EyeMed’s network of providers includes private practitioners, as well as the premier retailers LensCrafters, America’s Best and most Pearle Vision locations.

	Annual Cost	Your cost per pay period	Decrease per pay period from 2022 to 2023
Premiums			
Vision plan			
Caregiver Only	\$69.12	\$2.88	N/A
Caregiver + Spouse/LDA	\$127.68	\$5.32	N/A
Caregiver + Child(ren)	\$113.76	\$4.74	N/A
Caregiver + Family	\$179.52	\$7.48	N/A
Vision PLUS plan			
Caregiver Only	\$132.00	\$5.50	(\$0.10)
Caregiver + Spouse/LDA	\$243.96	\$10.17	(\$0.19)
Caregiver + Child(ren)	\$217.32	\$9.06	(\$0.17)
Caregiver + Family	\$342.84	\$14.29	(\$0.27)

In-network benefits are available to enrolled members who do not have access to Insight network providers within their geographical area. For more information about this or the out-of-network benefits, contact EyeMed at 866-800-5457.

	Vision - NEW PLAN! (base plan)	Vision PLUS - NEW NAME! (buy-up plan)
Network	Insight	Insight
Benefit Frequency	Exam/Lenses/Frame 12 months/12 months/24 months	Exam/Lenses/Frame 12 months/12 months/24 months
Healthy Eyes	No	Yes - includes additional services and frequency for diabetics and exam benefits twice per year for kids <19
Exam with dilation	\$10 copay	\$0
Retinal Imaging	Up to \$39	\$15 copay
Frames	Up to a \$130 allowance, plus 20% discount on amounts over \$130	Up to a \$175 allowance, plus 20% discount on amounts over \$175
Lenses		
Single Vision, Bifocal, Trifocal	\$10 copay	\$0 copay
Standard Progressive	\$75	\$65
Premium Progressive (tiers 1-4)	\$95/\$105/\$120/\$175	\$85/\$95/\$110/\$200
UV Treatment	\$15	\$0
Tint	\$15	\$0
Standard scratch coating	\$15	\$0
Polycarbonate	\$0 kids/\$40 adults	\$0 kids/ \$0 adults
Standard Anti-reflective coating	\$5	\$45
Premium Anti-reflective coating (tiers 1-3)	\$57/\$68/20% off retail	\$57/\$68/ \$85
Contacts (in lieu of lenses)	Up to a \$130 allowance, plus 15% discount on amounts over \$130	Up to a \$175 allowance, plus 15% discount on amounts over \$175



YOUR FINANCIAL PROTECTIONS

Basic Life and AD&D

Life insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, Intermountain Health automatically provides basic life and accidental death and dismemberment (AD&D) coverage equal to one times your annual base salary (minimum \$25,000) in the Peaks Region – at no cost to you – to help preserve your family’s standard of living in the event of your death or serious injury. This company-paid benefit is offered through Lincoln Financial.

All caregivers have access to Lincoln Financial’s robust resources – including free will preparation!

Included with this coverage are the following additional tools and services:

- Online will preparation and information on funeral planning, basic identity theft and legal and financial support
- 24/7 travel assistance services that provide access to pre-travel, personal and emergency help
- Services to help your beneficiaries cope with grief, legal and financial issues that may arise

Please note: You are subject to taxes on the value of basic life insurance over \$50,000.

Supplemental Life and AD&D

You may elect to purchase additional Life and AD&D coverage for you and your eligible dependents. You can customize your insurance needs by electing the Life and AD&D coverage that makes the most sense for you and your family.

Life Insurance

Coverage For	Coverage Options	Maximum	Guaranteed Issue
Caregiver	1x, 2x, 3x, 4x or 5x base salary	\$2,000,000	A salary multiple of coverage that does not exceed \$500,000 if enrolling when first eligible. Any increase of more than one multiple of salary or any increase in salary multiple for any coverage amount that exceeds \$500,000 during a future open enrollment or qualifying life event is subject to EOI.*
Spouse or LDA Type A**	\$25,000, \$50,000, \$100,000, \$150,000 or \$200,000	Lesser of \$200,000 or an amount that does not exceed your combined Basic and Supplemental coverage	\$50,000 if enrolling for the first time. Any increase of more than one benefit level or any increase in coverage that exceeds \$50,000 during a future open enrollment or qualifying life event is subject to EOI.*
Child(ren) under the age of 26	\$5,000, \$10,000 or \$25,000	\$25,000	\$25,000

AD&D Insurance

Coverage For	Coverage Options	Maximum
Caregiver	1x, 2x, 3x, 4x or 5x base salary	\$2,000,000
Spouse or LDA Type A**	\$25,000, \$50,000, \$100,000, \$150,000 or \$200,000	\$200,000
Child(ren) under the age of 26	\$5,000, \$10,000 or \$25,000	\$25,000

* If EOI is required, your increased coverage begins as of the date indicated on the approval letter from the insurance company. Until EOI is approved, or if you fail to provide EOI when required, coverage defaults to the highest level that does not require EOI.

** LDA Type B dependents are not eligible for life or AD&D insurance coverage.



Coverage costs

Rates are deducted from paychecks on a post-tax basis. You pay the full cost of this coverage.

Supplemental Caregiver Life Insurance		
Age Band	Monthly Cost per \$1,000	To calculate your monthly life insurance cost: <ol style="list-style-type: none"> Multiply your annual base salary by the level of coverage you select (1x, 2x, 3x, 4x or 5x) Round the result to the next highest 1,000 Divide that amount by 1,000 Multiply that result by the monthly cost according to your age
<30	\$ 0.032	
30-34	\$ 0.036	
35-39	\$ 0.048	
40-44	\$ 0.069	
45-49	\$ 0.121	
50-54	\$ 0.186	
55-59	\$ 0.307	
60-64	\$ 0.440	
65-69	\$ 0.912	
70+	\$ 1.574	

Example:

Your salary is \$49,800, age 38, and electing 2x coverage:

- $\$49,800 \times 2 = \$99,600$
- Round \$99,600 to the next highest 1,000 = \$100,000
- $\$100,000$ divided by 1,000 = \$100
- $\$100$ times $\$.048 = \4.80

Spouse/LDA-A Life Insurance	
Coverage	Monthly Cost
\$ 25,000	\$ 5.68
\$ 50,000	\$ 11.35
\$ 100,000	\$ 22.70
\$ 150,000	\$ 34.05
\$ 200,000	\$ 45.40

Age-Based Coverage Reduction Formula

If age 65 or older, Life and AD&D insurance benefits are reduced as indicated in this table.

Premiums are also reduced relative to reduced benefits; so if you are receiving 65% benefit, you only pay 65% of the premium.

Age Range	Payable
65 to 69	65%
70 to 74	40%
75 and older	20%

Child(ren) Life Insurance	
Coverage	Monthly Cost
\$ 5,000	\$ 0.44
\$ 10,000	\$ 0.88
\$ 25,000	\$ 2.20

Voluntary AD&D Insurance	
Coverage	Monthly Cost per \$1,000
Caregiver	\$ 0.010
Spouse/LDA-A	\$ 0.010
Child (ren)	\$ 0.010





Designating your beneficiaries

Update your life insurance beneficiaries through Workday at any time. We encourage you to take the opportunity to designate or review your beneficiaries when enrolling in your 2023 benefits. If there is no named or surviving beneficiary, death benefits will be paid to the first surviving class of the following living relatives:

1. Spouse;
2. Child or children;
3. Mother or father;
4. Brothers or sisters; or
5. The executors or administrators of your estate.

While you are at it...

To update your Retirement Plan beneficiaries, visit www.rps.troweprice.com

Business Travel Accident

Business travel accident insurance protects you in the event of death or serious covered injury caused by an accident that occurs while traveling on business authorized by the company. We pay the full cost for this coverage. Everyday commuting is excluded.

Caregivers have coverage equal to 1x base salary (up to a maximum of \$200,000) for accidental death while on a business trip. In the event of dismemberment, payments are made depending on the severity of the injury, with the amount not exceeding 1x salary (up to a maximum of \$200,000). In the event of a death claim, the beneficiary designation for basic life insurance will be used.

This benefit is in addition to the basic life and AD&D insurance coverage that the company also provides.

Income Protections

Intermountain Health provides short-term disability (STD) and long-term disability (LTD) coverage at no cost to all eligible caregivers in the Peaks Region to support you in the instance you could not work due to an illness or non-work-related injury.

Plus, you have the option to purchase additional LTD protection through the LTD Buy-up option if you want additional protection.

Short-Term Disability (STD)

All benefits-eligible caregivers are automatically enrolled in this company-paid benefit. Your Short-Term Disability plan pays 60% of pre-disability base pay for day 8 through day 180 of your disability.

You may supplement STD pay from your current extended sick leave (ESL) balance and/or Paid Time Off (PTO) hours. The STD benefit is taxable when paid during disability. Your STD benefit is reduced by certain offsets, such as state disability and Social Security disability benefits.

Basic Long-Term Disability (LTD)

All benefits-eligible caregivers are automatically enrolled in this company-paid benefit. Your Long-Term Disability plan pays 50% of pre-disability base pay after 180 days of disability, up to a maximum of \$15,000 per month.

You pay imputed income taxes on the cost of the company's premium; however, you pay no tax when the benefit is paid during disability. The benefit is reduced by certain offsets, such as primary Social Security benefits.

Long-Term Disability Buy-Up

You may enroll in additional LTD coverage on top of the Basic LTD coverage provided by Intermountain Health in the Peaks Region. The LTD buy-up option gives you a 10% increase to the basic LTD benefit to provide 60% of your pre-disability base pay, up to a maximum of \$18,000 monthly.

The cost of buy-up coverage is \$0.396 per \$100 of coverage per month. You pay the buy-up premium on a post-tax basis, so the benefit paid during your disability remains nontaxable.

Learn More

Visit www.sclhealthbenefits.org/financial-wellness/disability for forms and resources to help you navigate these benefits.



Legal

The company provides you a way to protect your finances, family and future by offering you the ability to purchase legal insurance through MetLife Legal Plans.

The plan offers:

- Unlimited telephone and office consultations for personal legal matters (covered services) with an attorney in the MetLife network.
- E-Services including attorney locator; law firm e-panel; law guide; free, downloadable legal documents; financial planning; insurance and work/life resources.
- Representative Services include (but are not limited to) digital estate planning and estate planning documents, family law, real estate matters, document preparation, personal property protection, financial matters and many more!

- LifeStages Identity Management Services. Improve your peace of mind in every phase of life with proactive identity management education and support. Your coverage provides dedicated services that helps you avoid and respond to identity theft — including calling creditors, placing fraud alerts and sticking with you for as long as recovery takes.

The legal plan coverage costs \$15.74 per month regardless of full-time or part-time status.

To learn more, visit the MetLife Legal Plan website at www.legalplans.com or call their Client Service Center at 800-821-6400. Customer service representatives are available Monday through Friday, 6 a.m. to 5 p.m. MT.



Pet Insurance

You work hard to provide your family with everything they need. Whether your family includes kids with two feet or four paws, we want to help you find affordable care for your furry, feathered and scaly friends. With Nationwide Pet Insurance, you can be reimbursed for certain medical

expenses, and Intermountain Health caregivers receive preferred pricing.

To learn more, visit the website at www.petinsurance.com/intermountainhealthcare or call the Client Service Center at 877-738-7874.



ADDITIONAL INFORMATION

2023 Premiums At-A-Glance

Pay period deductions are taken from your first two paychecks each month. This means that although there are 26 pay periods in the year, there are only 24 pay periods that benefit deductions will be taken out of your paycheck.

Please note: The amounts shown below do not include Medical Premium Assistance discount.

	Total Monthly Cost Includes your cost and company portion	Full-Time		Part-Time	
		Your Monthly Premium	Your Cost Per Pay Period	Your Monthly Premium	Your Cost Per Pay Period
Medical					
Kaiser DHMO					
Caregiver Only	\$ 566.98	\$ 85.05	\$ 42.53	\$ 205.53	\$ 102.77
Caregiver + Spouse/LDA	\$ 1,162.30	\$ 480.37	\$ 240.19	\$ 800.85	\$ 400.43
Caregiver + Child(ren)	\$ 1,133.95	\$ 452.02	\$ 226.01	\$ 772.50	\$ 386.25
Caregiver + Family	\$ 1,637.08	\$ 955.15	\$ 477.58	\$ 1,275.63	\$ 637.82
Kaiser HMO					
Caregiver Only	\$ 674.71	\$ 192.68	\$ 96.34	\$ 313.16	\$ 156.58
Caregiver + Spouse/LDA	\$ 1,382.96	\$ 701.03	\$ 350.52	\$ 1,021.51	\$ 510.76
Caregiver + Child(ren)	\$ 1,349.23	\$ 667.30	\$ 333.65	\$ 987.78	\$ 493.89
Caregiver + Family	\$ 1,949.63	\$ 1,267.70	\$ 633.85	\$ 1,588.18	\$ 794.09
Cigna PPO					
Caregiver Only	\$ 843.10	\$ 361.17	\$ 180.59	\$ 481.65	\$ 240.83
Caregiver + Spouse/LDA	\$ 1,686.21	\$ 1,004.28	\$ 502.14	\$ 1,324.76	\$ 662.38
Caregiver + Child(ren)	\$ 1,517.58	\$ 835.65	\$ 417.83	\$ 1,156.13	\$ 578.07
Caregiver + Family	\$ 2,360.69	\$ 1,678.76	\$ 839.38	\$ 1,999.24	\$ 999.62
Dental					
Delta Dental Core					
Caregiver Only	\$ 25.34	\$ 13.72	\$ 6.86	\$ 20.58	\$ 10.29
Caregiver + Spouse/LDA	\$ 50.66	\$ 27.45	\$ 13.73	\$ 41.18	\$ 20.59
Caregiver + Child(ren)	\$ 50.66	\$ 34.31	\$ 17.16	\$ 48.03	\$ 24.02
Caregiver + Family	\$ 76.00	\$ 48.03	\$ 24.02	\$ 72.05	\$ 36.03
Delta Dental Choice					
Caregiver Only	\$ 39.78	\$ 20.58	\$ 10.29	\$ 30.87	\$ 15.44
Caregiver + Spouse/LDA	\$ 79.51	\$ 41.17	\$ 20.59	\$ 61.76	\$ 30.88
Caregiver + Child(ren)	\$ 79.51	\$ 31.46	\$ 25.73	\$ 77.19	\$ 38.60
Caregiver + Family	\$ 119.31	\$ 72.04	\$ 36.02	\$ 108.06	\$ 54.03
Vision					
EyeMed Vision					
Caregiver Only	\$ 5.76	\$ 5.76	\$ 2.88	\$ 5.76	\$ 2.88
Caregiver + Spouse/LDA	\$ 10.64	\$ 10.64	\$ 5.32	\$ 10.64	\$ 5.32
Caregiver + Child(ren)	\$ 9.48	\$ 9.48	\$ 4.74	\$ 9.48	\$ 4.74
Caregiver + Family	\$ 14.96	\$ 14.96	\$ 7.48	\$ 14.96	\$ 7.48
EyeMed Vision PLUS					
Caregiver Only	\$ 11.00	\$ 11.00	\$ 5.50	\$ 11.00	\$ 5.50
Caregiver + Spouse/LDA	\$ 20.33	\$ 20.33	\$ 10.17	\$ 20.33	\$ 10.17
Caregiver + Child(ren)	\$ 18.11	\$ 18.11	\$ 9.06	\$ 18.11	\$ 9.06
Caregiver + Family	\$ 28.57	\$ 28.57	\$ 14.29	\$ 28.57	\$ 14.29

2023 Premiums-At-A-Glance

Supplemental Caregiver Life Insurance		
Age Band	Monthly Cost per \$1,000	To calculate your monthly life insurance cost:
<30	\$ 0.032	Example: Your salary is \$49,800, age 38, and electing 2x coverage: 1. $\$49,800 \times 2 = \$99,600$ 2. Round \$99,600 to the next highest 1,000 = \$100,000 3. $\$100,000$ divided by 1,000 = \$100 4. $\$100$ times $\$.048 = \4.80
30-34	\$ 0.036	
35-39	\$ 0.048	
40-44	\$ 0.069	
45-49	\$ 0.121	
50-54	\$ 0.186	
55-59	\$ 0.307	
60-64	\$ 0.440	
65-69	\$ 0.912	
70+	\$ 1.574	1. Multiply your annual base salary by the level of coverage you select (1x, 2x, 3x, 4x or 5x) 2. Round the result to the next highest 1,000 3. Divide that amount by 1,000 4. Multiply that result by the monthly cost according to your age

Age-Based Coverage Reduction Formula

If age 65 or older, Life and AD&D insurance benefits are reduced as indicated in this table.

Premiums are also reduced relative to reduced benefits; so if you are receiving 65% benefit, you only pay 65% of the premium.

Age	Payable
65 - 69	65%
70 - 74	40%
75 and older	20%

Spouse/LDA-A Life Insurance	
Coverage	Monthly Cost
\$ 25,000	\$ 5.68
\$ 50,000	\$ 11.35
\$ 100,000	\$ 22.70
\$ 150,000	\$ 34.05
\$ 200,000	\$ 45.40

Child(ren) Life Insurance	
Coverage	Monthly Cost
\$ 5,000	\$ 0.44
\$ 10,000	\$ 0.88
\$ 25,000	\$ 2.20

Voluntary AD&D Insurance	
Coverage	Monthly Cost per \$1,000
Caregiver	\$ 0.010
Spouse/LDA-A	\$ 0.010
Child(ren)	\$ 0.010

MetLife Legal Plan	
Coverage	Monthly Cost
Caregiver + Family	\$ 15.74

Long-Term Disability	
Coverage	Monthly Cost per \$100
50% Basic	\$0 – Company-paid benefit
60% Buy-up	\$ 0.396

To calculate your monthly LTD buy up cost:

1. Divide your annual base salary by 12 months
2. Divide by 100
3. Multiply by the monthly cost

Example:

Salary = \$49,800

1. $\$49,800$ divided by 12 = \$4,150
2. $\$4,150$ divided by \$100 = \$41.50
3. $\$41.50$ times $\$0.396 = \16.43

Life, AD&D, LTD and Legal premiums are after-tax payroll deductions.



Resources

Benefit	Vendor	Phone	Website
Benefits Resources	AskHR	833-442-7547	AskHR@imail.org to log a ticket
	ITDS Help Desk	877-SCL-ITDS	Visit The Landing and select The Hub to log a ticket
	Benefits Fair	NA	https://sclhealthvirtualfairs.com
Medical and Pharmacy	Cigna <i>Group number 3155584</i>	800-CIGNA24 (800-244-6224) Ask for the "Hospital Vertical Team"	www.mycigna.com
	Kaiser Permanente <i>Use your Health Record number record located on your ID card</i>	877-883-6698 866-427-7701 - Rx	www.kp.org
	Mail Order Pharmacy Services at Good Samaritan Medical Center	855-235-4301 303-689-6121	www.sclhealth.org/services/pharmacy
	Specialty Pharmacy Services at Franklin Pharmacy	844-803-0864 303-318-1305	www.sclhealth.org/services/pharmacy
Dental	Delta Dental <i>Group number 11127</i>	800-610-0201	www.deltadentalco.com
Vision	EyeMed <i>Group number 9752718</i>	866-723-0513	www.eyemedvisioncare.com
Health and Well-being	QuitLine	888-543-1506	sclhealthquitline.quitlogix.org
	Intermountain EAP	800-832-7733	
	Coach Care	800-832-7733	
	Doctor on Demand	NA	www.doctorondemand.com
	Cigna Personal Health Team	877-459-6150	www.cigna.com/sclhealth/healthyyou
	Cigna Healthy Pregnancies, Healthy Babies	800-615-2906	www.mycigna.com
	Kaiser Permanente Health & Wellness	866-862-4295	healthy.kaiserpermanente.org
Flexible Spending Accounts (FSA)	WEX	866-451-3399	www.wexinc.com
Life and AD&D	Lincoln Financial <i>Group number SA3-860-061065-01</i>	800-213-7646	www.mylincolnportal.com
Disability	Lincoln Financial <i>Group number SA3-860-061065-01</i>	800-213-7646	www.mylincolnportal.com
Legal	MetLife Legal Plans	800-821-6400	www.legalplans.com
Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/intermountainhealthcare
Retirement Savings	T. Rowe Price	800-922-9945	www.rps.troweprice.com



Legal Notices

Intermountain Health provides you with required regulatory notices. These important benefit regulatory notices are required disclosures that should be reviewed by all caregivers, their adult dependents (including spouses) and guardians of minor children who are covered under the Intermountain Health Peaks Region Benefit Plan.

- Summary Plan Descriptions (SPDs)
- HIPAA Privacy Notice
- Family Medical Leave Act Rights Responsibilities Notice
- HIPAA Special Enrollment Rights Notice
- Medicaid and the Children’s Health Insurance Program (CHIP) Notice
- Medicare Part D Certificate of Creditable Coverage
- Newborns Act Notice
- Women’s Health and Cancer Rights Act Notice

To access these notices, simply visit the Plan Documents section located on the Benefits website at www.sclhealthbenefits.org.





500 Eldorado Blvd. | Suite 4300 | Broomfield, CO 80021 | 303-813-5190 | sclhealth.org

This guide provides a brief summary of the various plans included in the Intermountain Health Peaks Region benefits program. It also notifies you of changes to the plans and how the changes affect your benefits. These changes also affect some of the information in the summary plan descriptions for the program. Complete details of the plans are included in the official plan documents and contracts. If there is a difference between this benefits enrollment guide and the legal documents or contracts, then the plan documents or contracts will govern in every instance. In addition, Intermountain Health reserves the right to change or terminate the benefits program, individual plans or any provisions of any plans at any time.