

Employee Benefits

Everything you need to know about your employee benefits for the 2022 plan year



Benefits at Orem City

January 1, 2022 - December 31, 2022

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

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.

Medical

PEHP
(800) 765-7347
www.pehp.org

Health Savings Account

HealthEquity
(866) 346-5800
www.healthequity.com

Dental

MetLife
(800) 275-4638
www.metlife.com/mybenefits

Vision

EyeMed
(866) 939-3633
www.eyemed.com

Flexible Spending Accounts

HealthEquity
(866) 346-5800
www.healthequity.com

Life and Disability

The Standard
(800) 547-9515
www.standard.com

Life Services Toolkit

Travel Assistance
The Standard
(888) 937-4783
www.standard.com

**Accident
Critical Illness
Hospital Indemnity**

Guardian
(800) 627-4200
www.guardiananytime.com

For escalated claims and questions
GBS Voluntary Department
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Employee Assistance Program

CuraLinc
(800) 490-1585
www.curalinc.com

HR & Wellness Contacts

Amy Peterson, *HR Benefits Officer*
(801) 229-7196
ampeterson@orem.org

Scott Swift, *Wellness Committee Chair*
(801) 229-7186
slswift@orem.org

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Benefits Overview

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 Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

If you are a full-time employee working 30 or more hours per week (130 hours per month), coverage will begin on your hire date.

You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse
- Your natural, adopted or step-child(ren) to age 26

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 Do I Enroll?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.

Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the 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
- Change in number of dependents
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

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 with Orem City ends

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible



Important Information

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GoodRx 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 GoodRx 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: www.goodrx.com Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

2. On your phone: Available in the App Store or Google Play. Or, simply visit m.goodrx.com from your phone.

Please Note:

- Prescription drug pricing displayed on the GoodRx 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.

Health Care Reform And You

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

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 and Uniform Glossary annually during open enrollment. Please contact HR should you need an additional copy.





Online Benefits Enrollment

Employee Navigator

Information Needed When Adding Dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

Step 1: Getting Started

- In your web browser type <https://www.employeenavigator.com/benefits/Account/Login> in the address bar.
- Username - If you have misplaced your credentials, reach out to HR.
- Reset Password - Employees can reset passwords on login screen.
- Click **“New User Registration”** (first time user)
- Create Your Account:
 - a) First Name
 - b) Last Name
 - c) Company Identifier **“Orem City”**
 - d) Last 4 Digits of SSN
 - e) Birth Date
- On the home screen (once logged in) look for **“Start Enrollment”**.

Step 2: Verify Your Personal and Dependent Information

- Personal Information - Validate all information is accurate.
- Dependent Information:
 - a) To update information click **“Edit”**, upon completion click **“Save”**.
 - b) Select **“Add Dependent”** if you currently do not see them listed.
- Once all of your dependents have been added/updated, click **“Save & Continue”**.
- **Please Note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click **“Save & Continue”** at the end of each benefit screen.

Step 4: Confirm Your Elections

- Upon completion, please verify everything in the **“Enrollment Summary Screen”**.
- Click **“Click To Sign”** to complete your open enrollment elections.



Medical

PEHP - Traditional Plan

Summit & Advantage Networks	In-Network You Pay	Out-of-Network You Pay
Deductible	\$1,500/person \$3,000/family	\$2,250/person \$4,500/family
Out-of-Pocket Maximum	\$3,000/person \$6,000/family	\$4,500/person \$9,000/family
Preventive Care	Covered in Full	50% AD
Office Visits		
PEHP e-Care	\$10	Not Available
PEHP Value Clinic	\$10	Not Available
Primary Care	\$40	50% AD
Specialist	\$50	50% AD
Urgent Care	\$60	50% AD
Hospital Services		
Inpatient	20% AD	50% AD
Outpatient	20% AD	50% AD
Mental Health Services		
Office Visit	\$50	50% AD
Inpatient	20% AD	50% AD
Outpatient	20% AD	50% AD
Emergency Room		\$225 AD
Pharmacy	Retail 30-day supply	Mail Order 90-day supply
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$65	\$130
Tier A Specialty	20% AD	Not Available
Tier B Specialty	30% AD	Not Available

AD = After Deductible

Full-Time Medical Premiums

Status	Employee Cost Per Pay Period
Employee Only	\$53.95
Family	\$161.83

Part-Time Medical Premiums

Status	Employee Cost Per Pay Period
Employee Only	\$135.01
Family	\$405.02



Medical

PEHP - High Deductible Health Plan

Advantage & Summit Networks	In-Network You Pay	Out-of-Network You Pay
Deductible	\$3,000/single \$6,000/family	\$3,250/single \$6,500/family
Out-of-Pocket Maximum	\$4,500/single \$9,000/family	\$6,000/single \$12,000/family
Preventive Care	Covered in Full	50% AD
Office Visits		
PEHP e-Care	\$10 AD	Not Available
PEHP Value Clinics	20% AD	Not Available
Primary Care	20% AD	50% AD
Specialist	20% AD	50% AD
Urgent Care	20% AD	50% AD
Hospital Services		
Inpatient	20% AD	50% AD
Outpatient	20% AD	50% AD
Mental Health Services		
Office Visit	20% AD	50% AD
Inpatient	20% AD	50% AD
Outpatient	20% AD	50% AD
Emergency Room		20% AD
Pharmacy	Retail 30-day supply	Mail Order 90-day supply
Tier 1	\$15 AD	\$30 AD
Tier 2	\$30 AD	\$60 AD
Tier 3	\$65 AD	\$130 AD
Tier A Specialty	20% AD	Not Available
Tier B Specialty	30% AD	Not Available

AD = After Deductible

Full-Time Medical Premiums

Status	Employee Cost Per Pay Period
Employee Only	\$21.30
Family	\$42.60

Part-Time Medical Premiums

Status	Employee Cost Per Pay Period
Employee Only	\$51.58
Family	\$341.36



Medical

PEHP Medical Networks

Advantage & Summit Networks

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way - especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Employees have the option to choose from the Advantage Network (IHC providers & facilities) or the Summit Network (IASIS, Mountain Star, U of U Clinic providers & facilities). The employee's portion of the premium for the City's PEHP medical plan is the same amount regardless of the network that you choose. Employees have the option of choosing between a Traditional or High Deductible Health Plan for either network.

PEHP Value Clinics

Visit one of the below listed clinics and save money! You can receive a 25% discount on what you would normally pay an in-network provider.

Salt Lake City

- **Health Clinics of Utah**
168 N. 1950 W, Ste. 201
801-715-3500
- **Midtown Clinic**
230 S 500 E, Ste. 510
801-320-5660
- **RC Willey Employee Clinic**
2301 S. 300 W.
801-464-7900
- **WesTech Wellness Center**
3605 S West Temple
801-441-1002

North Salt Lake

- **Orbit Employee Clinic**
845 Overland St.
801-951-5888
- **FJM Clinic**
31 N Redwood Rd, Ste 2
801-624-1634

Clearfield

- **Futura Onsite Clinic**
11 H Street
801-774-3265
- **Onsite Care at Davis Hospital**
1580 W. Antelope Dr., Ste. 110
801-807-7699

Ogden

- **Health Clinics of Utah**
2540 Washington Blvd., Ste 122
801-626-3670
- **FJM Clinic**
1104 Country Hills Dr., Ste. 110
801-624-1633

Provo

- **Health Clinics of Utah**
150 E Center St., Ste 1100
801-374-7011
- **OnSite Care at Mountain Point Medical**
3000 Triumph Blvd, Ste. 320
801-320-5660

Lehi



Health Savings Account

HealthEquity

A Health Savings Account (HSA) paired with our qualified high deductible health plan helps you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged 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 they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

You must be enrolled in our qualified high deductible health plan 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

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor’s office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2022. 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.

	<u>Employer HSA Contributions</u>		<u>IRS HSA Contribution Limits for 2022</u>
	<u>Orem City’s Annual Contribution</u>	<u>Optional HSA Match</u>	
Employee Only	\$1,800	\$200	\$3,650
Family	\$3,600	\$400	\$7,300

At age 55, an additional \$1,000 contribution is allowed annually



Health Savings Account

HealthEquity

Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses you, your legal spouse and your tax dependents incur, 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)
- Over-the-counter drugs without a prescription

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
- Teeth whitening

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

MetLife - PPO Plan

PDP Plus Network Plan Features	In-Network You Pay	Out-of-Network You Pay
Deductible <i>Waived for Preventive Services and Orthodontics</i>	\$50/person \$150/family	\$50/person \$150/family
Annual Maximum	\$2,000 per person	
Preventive Care X-rays, cleanings, exams	Covered in Full	Covered in Full of R&C
Basic Care <i>Fillings, extractions, root canals</i>	20% AD	20% AD of R&C
Major Care <i>Dentures, crowns, bridges</i>	50% AD	50% AD of R&C
Orthodontic Care <i>For children up to age 19</i>	50%	
Orthodontic Lifetime Maximum	\$1,500 per person	

AD = After Deductible
R&C = Reasonable & Customary

Full-Time Dental Premiums

	Employee Cost Per Pay Period
Employee Only	\$0.00
Family	\$0.00

Part-Time Dental Premiums

	Employee Cost Per Pay Period
Employee Only	\$8.59
Family	\$27.40



Vision

EyeMed

Insight Network	In-Network You Pay	Out-of-Network Plan Reimburses You
Exam <i>Once every 12 months</i>	\$10	Up to \$40
Contact Lens Fit & Follow-Up <i>One fitting + 2 follow-up visits</i>	Up to \$40	Not Covered
Frames <i>Once every 12 months</i>	\$130 allowance + 20% discount	Up to \$91
Lenses <i>Once every 12 months</i>		
Single Vision	\$10	Up to \$30
Bifocal	\$10	Up to \$50
Trifocal	\$10	Up to \$70
Lenticular	\$10	Up to \$70
Elective Contact Lenses <i>Once every 12 months</i> <i>In lieu of frame & lens benefit</i>	\$130 allowance + 15% discount	Up to \$130
Medically Necessary Contact Lenses <i>Once every 12 months</i> <i>In lieu of frame & lens benefit</i>	Covered in Full	Up to \$210
Laser Correction Surgery Discount	15% off retail 5% off promo pricing	No Benefit

Full and Part-Time Vision Premiums

	Employee Cost Per Pay Period
Employee Only	\$3.69
Employee + Spouse	\$7.00
Employee + Child(ren)	\$7.37
Family	\$10.84



Flexible Spending Account

HealthEquity

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

Orem City offers three types of flexible spending accounts - a full flexible spending account that is available to employees who are not enrolled in Orem City’s benefit. If you have a Health Savings Account, the Limited Purpose FSA allows you to set aside up to \$2,850 in pre-tax dollars to pay for dental and vision expenses. You can use this for medical expenses only after you have met your medical deductible for the year. You may not be reimbursed for medical or prescription services until your deductible has been met.

How It Works

During your enrollment period, you decide how much to deposit into your FSA account(s). Your annual amount will be deducted evenly over 24 pay periods from your paycheck before taxes. Once you have designated how much you want to contribute on an annual basis to your FSA accounts, you cannot stop or change your contributions unless you have a qualified change in family status.

When you have an expense that qualifies, you pay the bill (auto pay if medical expense), submit a claim, and you are reimbursed with tax-free dollars from your account. You may also use your FSA consumer debit card at certain locations such as a physician’s office, hospital or pharmacy.

All funds must be used for eligible expenses by December 31, 2022. The IRS will permit that \$570 or less can roll over to the following plan year as long as you re-enroll in the plan.

Reminders

- You must re-enroll every year, **ELECTIONS DO NOT ROLL OVER**
- Your new election amount will be deposited into your account January 1, 2022 or your benefits effective date.

FSA Account Options

	Full Health Care FSA	Limited Purpose FSA For those enrolled in the STAR HDHP	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$2,850	Up to \$2,850	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductibles, Coinsurance, and Copays	Dental & Vision expenses. Once your deductible is met, can be used for medical and prescription expenses	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work



Life and AD&D

The Standard

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

Orem City provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you.

Voluntary Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your dependent children to age 26. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis. Rates for this coverage can be found in Employee Navigator when you are making your benefit elections.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Benefit Reductions

Benefits are reduced as you age. For employees and spouses, benefits reduce by 50% at age 70.

Plan Features	Basic Life and AD&D	Voluntary Life and AD&D
Life Benefit Amount	Class 1 (Active Members) - 1 times annual salary or \$50,000 - whichever is greater Class 2 (City Council members and Mayor) - \$50,000 Class 3 (Retired Members) - \$5,000	Employee - \$10,000 - \$600,000 in increments of \$10,000 Spouse - \$5,000 - \$400,000 in increments of \$5,000 Children - \$5,000 - \$10,000 in increments of \$5,000
AD&D Benefit Amount	Class 1 & 2 - Equal to your Basic Life amount Class 3 - Not Applicable	N/A
Maximum Life / AD&D Benefit	\$250,000	\$600,000
Guaranteed Issue	\$50,000	Employee - Up to \$200,000 Spouse - Up to \$50,000
Open Enrollment Guarantee Issue <i>Applies to Voluntary Life only</i>	You can increase the amount you select by \$10,000 during this open enrollment period without submitting an EOI (Evidence of Insurability), if the total amount of coverage does not exceed the guaranteed issue amount of \$200,000. To enroll for more than the Guaranteed Issue amount or to increase your coverage amount at any time after this open enrollment will require you to complete and submit an EOI (Evidence of Insurability) to the carrier for approval. Mail the completed EOI form to the address listed on the form (do not return it to HR)	



Disability

The Standard

Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

Employee-Paid Short-Term Disability

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

Plan Features	Short-Term Disability
Benefit Amount - the benefit you would receive if you suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income (see the <i>Important Details</i> section for a list of deductible income sources.)	60% of weekly earnings, minimum amount of \$15 per week
Maximum Benefit - the most your plan will pay in a week.	\$2,000
Benefit Waiting Period - the duration of time you will need to wait after the disability occurs before the plan begins to pay.	14 days for accident or sickness
Extended Benefit Waiting Period - this applies if you do not apply for this coverage within 31 days of becoming eligible (if you declined to elect this benefit at open enrollment for the 2019 plan year or declined to elect when completing your new hire elections)	60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage
Maximum Benefit Duration - how long the plan will pay out benefits for your disability.	120 Days

Voluntary Short-Term Disability Rates

Your Age	Rate Per \$10 of Weekly Benefit
<30	\$0.35
30 - 34	\$0.383
35 - 39	\$0.299
40 - 44	\$0.279
45 - 49	\$0.339
50 - 54	\$0.398
55 - 59	\$0.552
60+	\$0.673

Use This Formula To Calculate Your Premium Payment			
Weekly Earnings	Rate		Monthly Cost
X	0.60	÷ 10	= \$



Disability

The Standard

Frequently Asked Questions About Filing A Short-Term Disability Claim

When Should I report a claim?

Report a claim as soon as you believe you will be absent from work beyond 14 calendar days (60 calendar days if you are subject to the extended benefit waiting period). If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you proceed with filing a claim right away. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

How do I file a claim?

To file a paper claim, contact your benefits administrator or go to www.standard.com to download, complete and print a claim packet. A typical application for disability benefits contains the following documents:

- Employee's Statement
- Employer's Statement
- Attending Physician's Statement (APS)
- Authorization to Obtain and Release Information

When I report my claim, what information will I need to provide?

You will be asked to provide the following information - in addition to other questions about your absence:

- Employer name: City of Orem
- Group Policy Number: 751866
- Name and Social Security Number
- Last day you were at work
- Nature of claim/medical information
- Physician's contact information (name, address, phone and fax number)

Where do I send the completed forms?

You can fax completed forms to The Standard at 800-378-6053. Completed forms can also be mailed to:

Standard Insurance Company
PO Box 2800
Portland, OR 97208

How long does it normally take to make a claim decision?

Once The Standard receives the required paperwork, which includes the Employee's Statement, Employer's Statement, Attending Physician's Statement and Authorization to Obtain and Release Information, it will take approximately one week to make a claim decision. If The Standard has not made a decision within one week, you will be notified with additional details.

If my claim for benefits is approved, how long will it take to receive my first check?

After the Benefit Waiting Period (14 days) is served, STD benefit payments are paid in arrears on a weekly basis. In most cases, checks are mailed on Wednesday of each week. STD benefit payments that are payable for retroactive claims will be mailed following claim approval. STD checks will be mailed directly to your residence.



Disability

The Standard

Frequently Asked Questions About Filing A Short-Term Disability Claim

Who should I call with questions about my claim?

If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, 800-368-1135. If you are looking for general information, please contact your benefits administrator.

Who is responsible for notifying the City of Orem of my absence?

It is your responsibility to follow the normal City of Orem absence reporting procedures by notifying your supervisor, and Human Resources / Benefit team of your absence.

When should I file a short-term disability (STD) claim as a result of pregnancy or childbirth?

Please file your claim for STD benefits as soon as you cease working due to your pregnancy or childbirth. You may also report a claim up to four weeks in advance of a planned absence, such as childbirth.

How long am I considered disabled following childbirth?

For all occupations you are considered disabled for six weeks after a vaginal delivery or eight weeks after a caesarian section delivery. The disability periods noted are assuming there were no complications following childbirth. The disability period may be extended if complications arise.

What happens if my delivery occurs within the benefit waiting period? Do I still receive six weeks of benefits?

STD benefits are only paid for the period of disability following the benefit waiting period. Following an uncomplicated vaginal delivery, you are considered disabled for six weeks. This means in some instances when childbirth occurs during the benefit waiting period, benefits will be paid for less than six weeks.

What should I do if I have complications following my childbirth?

If complications arise following childbirth that will prevent you from recovering during the normal recovery period, your doctor will need to provide The Standard with written documentation of your specific limitations and restrictions. This documentation may include the completion of an attending physician's statement or pregnancy questionnaire, and/or copies of your medical records. Once this information has been received, your claim will be reviewed for an extension of STD benefits.

Are benefits paid for periods of child-parent bonding, breast feeding, or child illness?

Disability benefits are paid only while you are unable to work at your own occupation. The actual amount and length benefits are paid is based upon your Group Policy. No benefits are paid for periods of child-parent bonding, breast feeding, or child illness.



Disability

The Standard

Employer-Paid Long-Term Disability

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

Definition of Disability

The definition of disability is used to determine an employee's eligibility for benefits: An individual's physical or mental inability to perform the major duties of his/her occupation because of illness or injury. For the benefit waiting period and the first 36 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20% of your pre-disability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license. After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with the reasonable continuity in the material duties of any occupation.

Plan Features	Long-term Disability
Benefit Amount - the benefit you'd receive if you suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy.	66 2/3 percent of the first \$15,000 of monthly predisability earnings, reduced by deductible income (examples include work earnings, workers compensation)
Maximum Benefit - the most your plan will pay in a month.	\$10,000
Benefit Waiting Period - the duration of time you will need to wait after the disability occurs before the plan begins to pay.	120 days
Maximum Benefit Duration - how long the plan will pay out benefits for your disability.	Until you reach Social Security Normal Retirement Age (SSNRA)



Employee Assistance Program

CuraLinc

We All Need A Little Support Every Now And Then

CuraLinc's Employee Assistance Program give you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How We Can Help



Consultative services are available to provide direct support and assistance



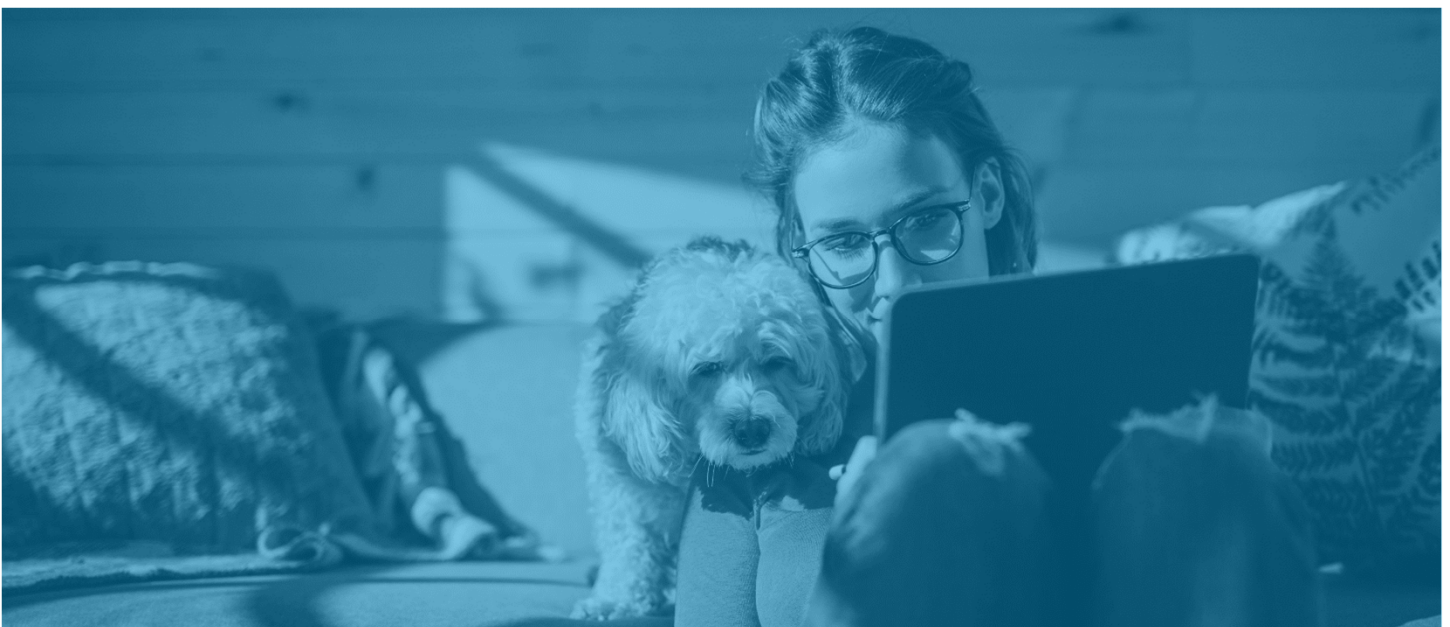
Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources - including WillPrep Services

To access CuraLinc's Employee Assistance Program, visit www.curalinc.com

Or call **800-490-1585**. CuraLinc's team is available 24 hours a day, 7 days a week.





Voluntary Accident

Guardian

Group Accident Insurance (off-the-job)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With Guardian's Group Accident Insurance you can have peace of mind knowing

- Coverage is guaranteed issue - no evidence of insurability required at initial enrollment.
- Benefits are paid directly to you unless assigned to someone else.
- Benefits are paid in addition to any other coverage.

Plan Features	Low Plan	High Plan
Accident Physician Treatment	\$75	\$125
X-ray	\$30	\$50
Ambulance	\$750 air / \$150 ground	\$1,500 air / \$300 ground
ER Service	\$150	\$250
Dislocation/Fracture Benefit	Up to \$4,000	Up to \$8,000
Hospital Confinement/Daily Benefit	\$750 admission / \$150 daily	\$1,300 admission / \$300 daily
Accident Follow-Up Visits <i>up to 6 per accident</i>	\$25	\$75
Child Organized Sports Benefit Rider	25% increase to child benefit	
Burns	Up to \$12,000	
Wellness Benefit <i>Per insured per year</i>	\$100	\$150

Group Accident Premiums per Pay Period

	Low Plan	High Plan
Employee Only	\$5.83	\$10.39
Employee & Spouse	\$10.08	\$17.67
Employee & Child(ren)	\$10.93	\$18.51
Family	\$15.17	\$25.79

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*



Voluntary Critical Illness

Guardian

Group Critical Illness Insurance

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

With Guardian Group Critical Illness Insurance you can have peace of mind knowing you're covered in the event of:

Conditions covered at 100%

- Invasive Cancer
- Heart Attack
- Stroke
- Heart Failure
- Organ Failure
- Kidney Failure
- ALS
- Coma

- Loss of sight, hearing or speech
- Parkinson's Disease
- Severe Burns
- 8 Childhood conditions

Conditions Covered at 75%

- Benign Brain Tumor

Conditions Covered at 50%

- Alzheimer's Disease
- Permanent Paralysis (50% 1 limb, 100% 2 limbs)

Conditions Covered at 30%

- Carcinoma in Situ
- Addison's Disease
- Huntington Disease
- Multiple Sclerosis

Plan Features	Employee	Spouse	Dependent
Coverage	\$5,000 - \$20,000	100% Employee Benefit	25% Employee Benefit
Guarantee Issue	Up to \$20,000	Up to \$20,000	Up to \$5,000
Pre-Existing	No Pre-Existing Condition Clause		
Wellness Benefit <i>Must complete a health screening</i>	\$150	\$150	\$150

Age	Employee Coverage Monthly Rates				Age	Spouse Coverage Monthly Rates			
	\$5,000	\$10,000	\$15,000	\$20,000		\$5,000	\$10,000	\$15,000	\$20,000
<30	\$2.05	\$4.10	\$6.15	\$8.20	<30	\$2.05	\$4.10	\$6.15	\$8.20
30-39	\$4.45	\$8.90	\$13.35	\$17.80	30-39	\$4.45	\$8.90	\$13.35	\$17.80
40-49	\$8.35	\$16.70	\$25.05	\$33.40	40-49	\$8.35	\$16.70	\$25.05	\$33.40
50-59	\$16.80	\$33.60	\$50.40	\$67.20	50-59	\$16.80	\$33.60	\$50.40	\$67.20
60-69	\$29.70	\$59.40	\$89.10	\$130.65	60-69	\$29.70	\$59.40	\$89.10	\$130.65
70+	\$43.55	\$87.10	\$130.65	\$174.20	70+	\$43.55	\$87.10	\$130.65	\$174.20

Child cost included in the employee election. Covered at 25% of employees benefit amount.

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*



Voluntary Hospital

Guardian

Group Hospital Indemnity Insurance

An overnight stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Confinement coverage pays a cash benefit when you are admitted for an overnight stay. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

With Guardian's Group Hospital Indemnity Insurance you can have peace of mind knowing:

Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc.

Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

Benefits Include	Low Plan	High Plan
Guarantee Issue	Yes	
Pre-Existing	No pre-existing condition clause	
Maternity Waiting Period	No separate waiting period for maternity	
First Day Hospital Confinement <i>must be admitted as inpatient</i>	\$1,000	\$1,500
Daily Hospital Benefit <i>Up to 30 Days</i>	\$100 per day	
Intensive Care <i>Up to 30 days</i>	\$200 per day	
Wellness Benefit <i>per insured per year</i>	\$100	\$150

Hospital Indemnity Premiums per Pay Period

	Low Plan	High Plan
Employee Only	\$11.40	\$15.39
Employee & Spouse	\$24.03	\$32.47
Employee & Child(ren)	\$17.14	\$23.08
Family	\$29.72	\$40.16

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*



Employee Perks

Orem City

Orem Family Fitness Center

Benefit-eligible employees receive a free family pass for you and your immediate family members living in the same household. Services include full access to the fitness center, including pools, weight room, cardio areas, and aerobics classes (yoga, pilates, spinning, etc.)



UTA Pass

Orem City employees receive a free Eco-Pass for use on UTA buses, Trax, Frontrunner (not valid on Ski, Paratransit, Park City Connect, or special services)



Library Card Benefit

Available to all benefit-eligible employees, regardless if you are an Orem resident.

Landed Home Buyer Partnership

Orem City is excited to partner with Landed, which is designed to help essential professionals buy homes. Landed can provide up to 15% of a home purchase price (up to \$120,000) in shared equity. Their trusted program is designed to help you reach a goal of at least a 20% down payment. To learn more, visit www.Landed.com/signup. [Click Here](#) to see a detailed flyer of how the Landed Down Payment Program works.





Additional Benefits

The Standard

Life Services Toolkit

Group Life Insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Morneau Shepell to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advanced funeral plans and put your finances in order. After a loss, beneficiaries can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

Services to Help You Now

Visit the Life Services Toolkit website at www.standard.com/mytoolkit (enter username “assurance”) for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Protection:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

Services for your Beneficiary

Life insurance beneficiaries can access services for 12 months after the date of death. Recipients of an Accelerated Benefit can access services for 12

months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Clinicians with master’s degrees are on call to provide confidential grief sessions by phone or in person. Beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact.
- **Legal Services:** Beneficiaries can obtain legal assistance from experienced attorneys. They can:
 - Schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney’s normal hourly or fixed fee rates.
 - Obtain an estate-planning package that consists of a simple will, a living will, a health care agent form and a durable power of attorney.
- **Financial Assistance:** Beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
- **Support Services:** During an emotional time, beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.
- **Online Resources:** Beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.

How to Access Services

Visit www.standard.com/mytoolkit (user name + support), or call the phone assistance line at 800-378-5742



Additional Benefits

The Standard

Travel Assistance

Explore the World With Confidence

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your spouse are covered with Travel Assistance - and so are kids through age 25 - with your group insurance from Standard Insurance Company (The Standard).

Security That Travels With You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- Emergency ticket, credit card and passport replacement, funds transfer and missing baggage
- 24/7/365 phone access to registered nurses for health and medication information, symptom decision support, and help understanding treatment options
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employees' home, including repatriation of remains
- Connection to medical care providers, interpreter services, a local attorney, consular office or bail bond services
- Return travel companion if travel is disrupted due to emergency transportation services or return dependent children if left unattended due to prolonged hospitalization
- Logistical arrangements for ground transportation, housing and/or evacuation in the event of political unrest and social instability; for more complex situations, assists with making arrangements with providers of specialized security services

Contact Travel Assistance

United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda- 800-527-0218

Everywhere else- 1-410-453-6330

Assistance@uhcglobal.com

www.standard.com/travel



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.

This employee benefit guide as been provided by GBS Benefits.