



FAMILY CITY USA

A Guide to Your

Employee Benefits

2025

Benefits at Orem City

2025 Contacts

Medical

Select Health
(800) 538-5038
www.selecthealth.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

National Benefit Services
(800) 274-0503
www.nbsbenefits.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

Retirement

MissionSquare
(800) 669-7400
www.missionsq.org

Employee Assistance Program

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

HR Contact

Abi Cordero, *HR Generalist*
(801) 229-7063
eacordero@orem.gov

The benefits in this guide are effective January 1, 2025 - December 31, 2025. This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

Table of Contents

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.

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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 hired as a full-time employee working 30 or more hours per week (130 hours per month), coverage will begin on your hire date. You may also enroll your eligible dependents in the same plans you choose for yourself.

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

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.



Benefits Overview

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

Health Care Reform and You

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

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

Information Needed When Adding Dependents

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

Step 1: Getting Started

- › Click the link below or in your web browser type www.employeenavigator.com
- › **Username** - If you have misplaced your credentials, reach out to Human Resources.
- › **Reset Password** - Employees can reset passwords on login screen.
- › Click “New User Registration” (first time user)
- › **Two-Factor Authentication** - You will be prompted to set up the authentication. Any authenticator app can be linked to successfully log into Employee Navigator and can be easily downloaded on your mobile device. Two of the most common authenticator apps are Google Authenticator and Microsoft Authenticator.
- › Create Your Account:
 - First Name
 - Last Name
 - Company Identifier **Orem City**
 - Last 4 Digits of SSN
 - 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:
 - To update information, click “**Edit**”, upon completion click “**Save**”.
 - Select “**Add Dependent**” if you currently do not see them listed.
- › Once all 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

Three-Tier Network

Your insurance plan is changing to a three-tier plan, which is designed to save you money on healthcare expenses while providing you the greatest access.

Here's How it Works

You now have three benefit “tiers” of coverage combined into one plan. Each tier is tied to a different provider network. Select Health has combined: Select Value and Select Med Plus

TIER 1

Select Value gives you the richest benefits and the best bang for your buck

- > **Lower member cost sharing:** Depending on your plan, you may pay less for care through coinsurance and deductibles.
- > **Lower overall costs:** Doctors and Facilities will charge you less for many services and procedures
- > **Combined deductible/out of pocket:** Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out of pocket maximum.
- > **Prescriptions count:** Any money you spend out of pocket to pay for covered prescriptions will count towards your deductible and out of pocket maximum.

TIER 2

Select Med gives you greater access

- > **Slightly higher overall costs:** Doctors and facilities may charge you slightly more for some services.
- > **Greater access:** There are more in network provider and more in network facilities when compared to Tier 1.
- > **Combined deductible/out of pocket:** Expenses you pay in Tier 1 or 2 will count towards both the Tier 1 and Tier 2 deductible and out of pocket maximum.
- > **Prescriptions count:** Any money you spend out of pocket to pay for covered prescriptions will count towards your deductible and out of pocket maximum.

TIER 3

Out of network benefits at higher costs

- > **Total Freedom:** See any provider or go to any facility you want for covered services.
- > **Higher costs:** Your coinsurance and overall costs for care will be higher when compared to Tiers 1 and 2 and providers and facilities may ask you to pay the difference between what they charge and the allowed amount.
- > **Separate deductible/out of pocket:** None of the out-of-pocket expenses you incur on Tier 1 or Tier 2 plans, or prescription drugs will count toward your Tier 3 deductible or out of pocket maximum.
- > **Certain Services:** Some services (such as preventive care) are not covered when done by an out of network provider. We recommend calling Member Services to confirm your coverage and benefits before using out of network providers.

[Click Here to Learn More](#)





Medical

Select Health - Three Tier Traditional Plan

Value & Med Networks	Value Network You Pay	Med 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	\$4,500/person \$9,000/family		\$6,000/person \$12,000/family
Preventive Care	Covered in Full	Covered in Full	Not Covered
Office Visits			
Primary Care	\$40	\$40	40% AD
Specialist	\$50	\$50	40% AD
Urgent Care	\$60	\$60	40% AD
Connect Care	Covered in Full	Covered in Full	No Benefit
Hospital Services			
Inpatient	20% AD	20% AD	40% AD
Outpatient	20% AD	20% AD	40% AD
Mental Health Services			
Office Visit	\$40	\$50	40% AD
Inpatient	20% AD	20% AD	40% AD
Outpatient	20% AD	20% AD	40% AD
Emergency Room		\$200 AD	
Pharmacy	Retail 30-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1	\$15	\$15	\$15
Tier 2	\$30	\$30	\$60
Tier 3	\$50	\$50	\$150
Tier 4	\$100	\$100	Not Available

AD = After Deductible

[Download the Full Plan Summary](#) ↓

[Select Health Provider Search](#) ↗

Status	Cost Per Month	Cost Per Pay Period
Employee Only	\$122.79	\$61.40
Family	\$368.26	\$184.13



Medical

Select Health - Three Tier High Deductible Health Plan

Value & Med Networks	Value Network You Pay	Med Network You Pay	Out-of-Network You Pay
Deductible		\$3,300/single \$6,600/family	\$3,750/single \$7,500/family
Out-of-Pocket Maximum		\$4,500/single \$9,000/family	\$6,000/single \$12,000/family
Preventive Care	Covered in Full	Covered in Full	Not Covered
Office Visits			
Primary Care	20% AD	20% AD	50% AD
Specialist	20% AD	20% AD	50% AD
Urgent Care	20% AD	20% AD	50% AD
Connect Care	Covered in Full AD	Covered in Full AD	No Benefit
Hospital Services			
Inpatient	20% AD	20% AD	50% AD
Outpatient	20% AD	20% AD	50% AD
Mental Health Services			
Office Visit	20% AD	20% AD	50% AD
Inpatient	20% AD	20% AD	50% AD
Outpatient	20% AD	20% AD	50% AD
Emergency Room		20% AD	
Pharmacy	Retail 30-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1	\$15 AD	\$15 AD	\$15 AD
Tier 2	\$30 AD	\$30 AD	\$60 AD
Tier 3	\$50 AD	\$50 AD	\$150 AD
Tier 4	\$100 AD	\$100 AD	Not Available

AD = After Deductible

[Download the Full Plan Summary](#) ↓

[Select Health Provider Search](#) ↗

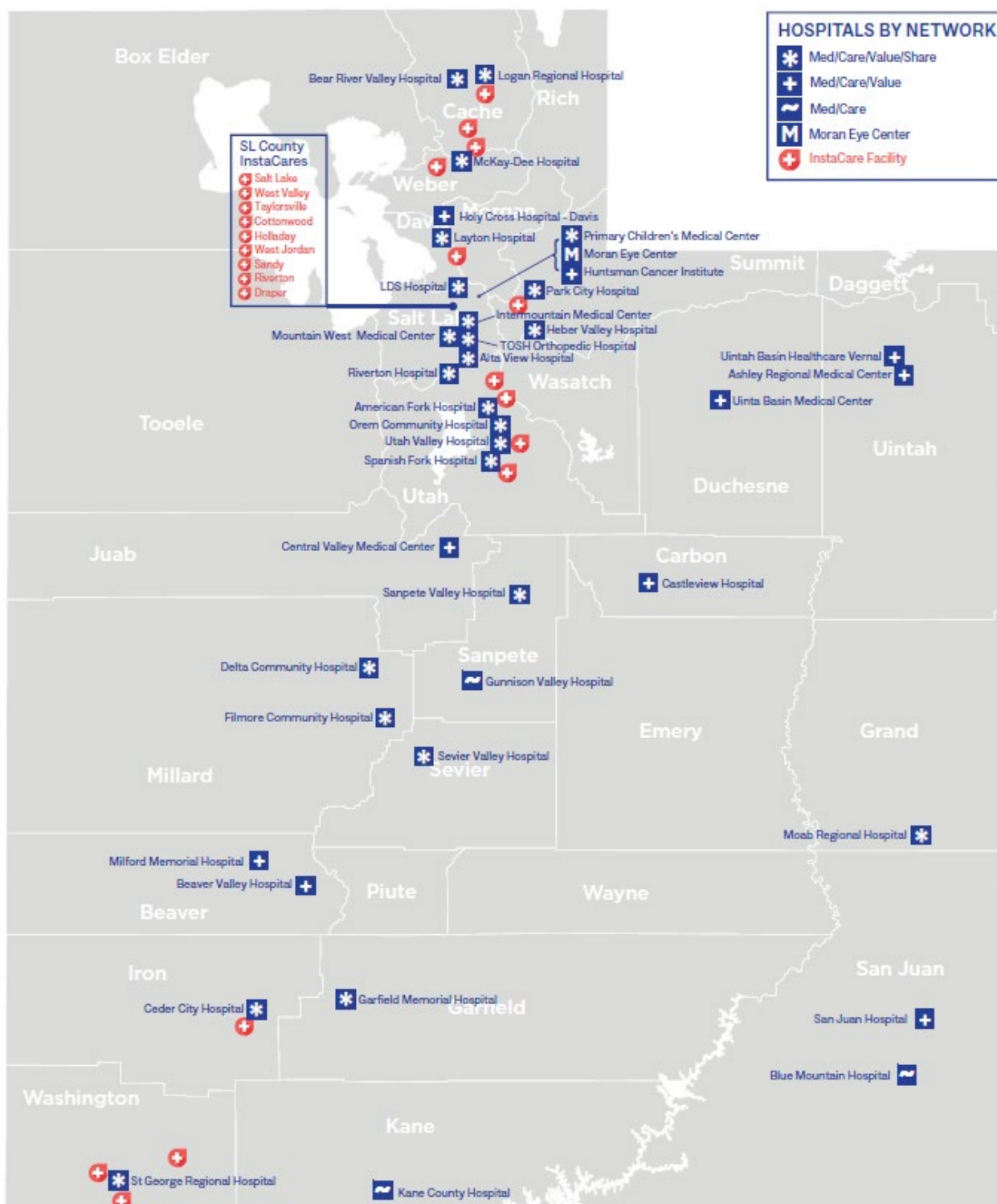
Status	Cost Per Month	Cost Per Pay Period
Employee Only	\$48.33	\$24.17
Family	\$96.66	\$48.33



Medical

Select Health - Provider Network

Use the map and key below to determine which hospitals are participating on your Select Health plan.





Medical

Select Health - Tellica Imaging

Imaging Reimagined

Tellica Imaging is a service offered through Select Health that strives to provide high quality and affordable imaging to serve the community.

Quality

With Tellica Imaging, you can have peace of mind knowing that every facility has brand new, state-of-the-art CT and MRI machines along with fellowship-trained radiologists.

Care

Tellica Imaging understands the importance of receiving your imaging results in a timely manner. That's why Tellica strives to deliver all imaging results within 24 hours. When using Tellica Imaging, you can also take advantage of their call report service.

Affordability

Tellica Imaging takes the guesswork out of imaging by providing high-quality imaging services at an affordable and transparent cost. When using Tellica Imaging, the cost is clear: Orem City employees pay 10% after deductible for any imaging services, which is less than the 20% AD charge assessed for imaging services performed in a hospital setting. Prior to meeting your deductible, MRIs are \$550 and CT Scans are \$350.

Access

Tellica Imaging makes it easy to get the imaging services you need by ensuring that there are no pre-authorization requirements for Select Health members. Tellica Imaging also has six convenient locations across the Wasatch Front, which allows them to accommodate same-day appointments.

Contact Tellica Imaging

Tellica Imaging is available Monday - Saturday from 7 am - 7 pm MST with locations in Bountiful, Draper, Ogden, Orem, Salt Lake City, and West Valley. Call 801-442-6000 to learn more or to schedule an appointment.



Medical

Select Health - Using Benefits Outside of Utah

Select Health National Network

Select Health offers the UnitedHealthcare Options PPO outside of Utah, Idaho and Nevada. This network includes 83% of all hospital beds and two of every three healthcare professionals in the U.S. There are nearly 850,000 physicians nationwide, giving 98% of the U.S. population access. Using the Select Health website or mobile app, you can easily search for in-network providers and facilities anywhere in the country. Choose the “UnitedHealthcare Options PPO” from the network drop-down at www.selecthealth.org/provider or in the app.

If you need help finding providers or getting appointments, our Member Services team will set up appointments for you.

Superior Service

No matter where you live, you can talk to a live person in 20 seconds on average. Our team is open early and stays late, so time zones are not an issue.

Communication Pieces

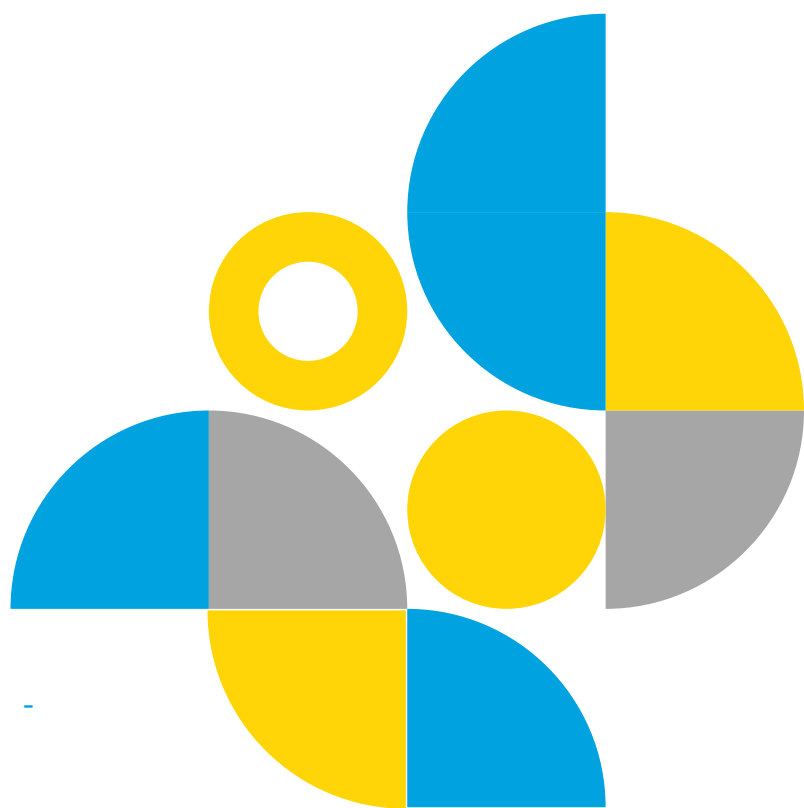
All materials, health care reminders, ID cards, and Explanations of Benefits (EOBs) all come from Select Health so wherever you are, you’ll know where things stand.

Same Benefits

The same benefits and plan designs are available to you, no matter where you live.

Select Health Rx Benefits

You have prescription benefits with Select Health, giving access to thousands of pharmacies nationwide, pre-authorizations that happen in hours instead of days.





Medical

Select Health - Member Perks



Select Health Account

Select Health offers a variety of tools available to you through your Select Health account at www.selecthealth.org. Use your Select Health account to find an in-network doctor, print an ID card, review your claims, and order prescriptions.



Select Health App

Download the Select Health mobile app to access your benefits anytime, anywhere. Use the app to view and share your ID card, look for local pharmacies in your area, video chat with a doctor 24/7, and much more.



Select Health Cost Estimator

Find care that fits your budget with your Select Health account and by using the Select Health mobile app. Compare costs for providers and services in your network, including doctors, behavioral health resources, hospital stays, and procedures. Before your visit, you can generate an out-of-pocket cost estimate based on your specific plan.



Telemedicine - Intermountain Connect Care

Use your Select Health account or the Select Health app to visit with a provider 24/7/365. Use telemedicine for common conditions, such as ear infections, UTIs, sinus infections, and more. HDHP members pay 0% after deductible, \$69 before deductible. Traditional plan members pay \$0.



Provider Search

Whether you are close to home or on vacation, your Select Health plan provides easy access to a wide variety of providers across the country. Use your Select Health account or Select Health mobile app to find in-network providers in your area. You will also be able to see the quality ratings for in-network providers so you can ensure you are getting the best care for the price.



Select Health Member Advocates

Select Health's Member Advocates team can help you find the right doctor for your needs. They will find the closest facility or doctor with the nearest available appointment, schedule appointments for you, and help you understand and maximize your benefits. You can find the phone number for the Member Advocates team on the back of your Member ID card.



Prescription Savings

Strategies to Save

The average American spends about \$1,200 each year on prescription drugs. And with drug prices on the rise, 1 in 4 Americans are paying more today than they were a year ago. Consider the following ways to help lower your bills for pills:

- › Go generic or ask your doctor or pharmacist if there's a similar drug with a generic version.
- › Compare prices by using an app, like GoodRx, to find the least expensive option. Call stores and pharmacies as well.
- › Order a 90-day supply and look into a mail-order program.
- › Sign up for a drugstore or chain store reward program to receive coupons and accumulate points.
- › Use a preferred pharmacy in your network.

If you have prescription drug questions, talk to your pharmacist for additional cost-cutting tips and guidance.

GoodRx

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: <https://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 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

How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2025. 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.

Orem City’s contributions are divided into 4 quarterly payments payable in January, April, July and October. In addition to the annual contribution listed below, Orem City will match your contribution dollar-for-dollar up to the Optional Match limits shown below.

[Watch Now: What is an HSA?](#)

	IRS HSA Limits		Orem City’s Contributions	
		2025	Annual	Optional Match
Single		\$4,300	\$1,800	\$200
Family		\$8,550	\$3,600	\$400

To maximize your HSA contribution and receive the optional match, you would want to contribute the following dollars per pay period:
 Single - \$95.83
 Family - \$189.58

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



Health Savings Account

HealthEquity

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.

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.

Important

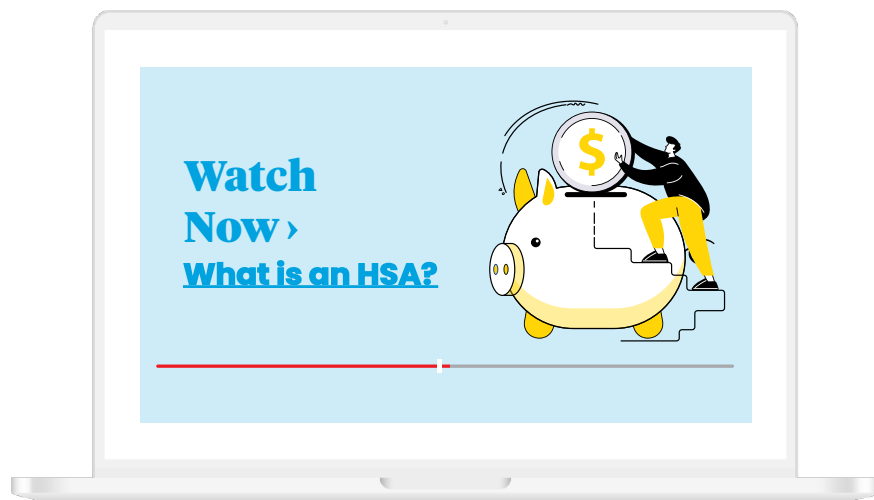
Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

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.

[Qualified Medical Expenses >](#)





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 <i>X-rays, cleanings, exams</i>	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

[Download the Full Plan Summary](#) ↓

[MetLife Provider Search](#) ↗

Status	Cost Per Month	Cost Per Pay Period
Employee Only	\$4.30	\$2.15
Family	\$13.72	\$6.86



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

[Download the Full Plan Summary](#) ↓

[Provider Search](#) ↗

Status	Cost Per Month	Cost Per Pay Period
Employee Only	\$7.37	\$3.69
Employee and Spouse	\$14.00	\$7.00
Employee and Child(ren)	\$14.74	\$7.37
Family	\$21.67	\$10.84



Flexible Spending Account

National Benefit Services

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, 2025. The IRS will permit that \$640 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, 2025, or your benefits effective date.

FSA Account Options

	Full Health Care FSA <i>For those enrolled in the Traditional plan or not insured through the City</i>	Limited Purpose FSA <i>For those enrolled in the STAR HDHP</i>	Dependent Care FSA <i>Available to all employees</i>
Maximum Plan Year Contribution Amount	Up to \$3,300	Up to \$3,300	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 Spouse* - \$5,000 Child(ren)* - \$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

*Employee pays \$1.32 per month for dependent basic life insurance coverage



Short-Term 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 *Important Details* 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	= \$ _____



Short-Term 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.



Short-Term 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.



Long-Term 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.



Accident Insurance

Guardian

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 (off-the-job), 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	\$1,500 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

[Download the Full Plan Summary](#) 

Employee Cost Per Pay Period

Status	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



Critical Illness

Guardian

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
- Coronary Arteriosclerosis
- 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

Employee Coverage Monthly Rates

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

Spouse Coverage Monthly Rates

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

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

[Download the Full Plan Summary](#) ↓



Hospital Indemnity

Guardian

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 20+ hours</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

[Download the Full Plan Summary](#)

Employee Cost Per Pay Period

Status	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



401(k) and 457

MissionSquare

MissionSquare Retirement administers the City of Orem retirement program. For 50 years, MissionSquare has been solely dedicated to helping those who serve their communities build retirement security.

As a smart addition to any URS or Social Security benefits you may receive, the City of Orem offers a 401(k) Retirement Savings Plan and a 457 Deferred Compensation Plan as simple and flexible options to increase your retirement savings for a more secure and confident financial future.

When you save through the 401(k) or 457 Deferred Compensation Plan, you're in control of how much you save and where you invest those savings, while enjoying tax advantages. Pre-tax contributions you make reduce your taxable income for the year. Earnings are taxed when you withdraw your money. The City of Orem will match your contributions to the 457 plan, up to 4%.

You may also make after-tax Roth contributions to the 401(k) plan. Because Roth contributions are after tax, they don't reduce your taxable income for the year, but future withdrawals may be tax-free.

Current contribution limits, including Age 50 Catch-Up and Pre-Retirement Catch-Up limits, are available at www.icmarc.org/contributionlimits.

A wide range of investment options are available to help you build a diversified portfolio. You control how your contributions are invested. Visit www.missionsq.org and sign into your account for options.

It's important to keep your beneficiary designations up to date whenever you have a life event (birth, death, divorce, etc.) to ensure that your assets are distributed according to your wishes. Updating your beneficiaries is easy. Visit www.missionsq.org and sign into your account to make changes.

Your MissionSquare Retirement plan representative, Brian Wilhelm, can help you maximize your savings by offering clear, personalized guidance. When you take steps to invest in your future, you get closer to realizing the financial freedom you deserve. Schedule an appointment to review your personal situation with Brian today (202) 759-7003 or bwilhelm@missionsq.org.

MissionSquare accounts are completely separate from your URS pension and/or 401K.

You can change your retirement contributions anytime by going to portal.orem.org



Employee Perks

Orem City

Orem Family Fitness Center

All employees receive a free family pass for you and your immediate family members under the age of 24 and 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.)



Scera Park Pools

Benefit-eligible employees receive a free family season pass for you and your immediate family members under the age of 24 and living in the same household.

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 full and part-time employees, regardless if you are an Orem resident.



Mobile Phone Benefit

PREVI

Orem City employees and their families are eligible to receive preferred pricing through PREVI for their mobile phone services. You can choose between T-Mobile and AT&T. Both have unlimited voice, text and data services.

How it works:

- › Each line costs \$20 on T-Mobile and \$25 on AT&T
- › Add friends and family at same low price - up to 10 lines per account
- › \$99 annual membership fee
- › First month free on all lines
- › Add data for tablet for \$20 + \$5 taxes per month
- › Add a watch for \$10 + \$5 taxes per month
- › No contract required
- › Keep your phone number and phone
- › Enroll anytime

Get started today!

Go to www.previ.com and enter in access code **ORM34BT**



Scan Here to
access PREVI!



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 childcare 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 (username + 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



Cost of Coverage

January 1, 2025 - December 31, 2025

Medical Select Health Traditional Plan

Status	Total Premium Per Month	Orem City's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$551.00	\$428.21	\$122.79	\$61.40
Family	\$1,653.00	\$1,284.74	\$368.26	\$184.13

Medical Select Health High Deductible Health Plan with HSA

Status	Total Premium Per Month	Orem City's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$422.00	\$373.67	\$48.33	\$24.17
Family	\$1,266.10	\$1,169.44	\$96.66	\$48.33

Dental MetLife PPO Plan

Status	Total Premium Per Month	Orem City's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$43.02	\$38.72	\$4.30	\$2.15
Family	\$137.19	\$123.47	\$13.72	\$6.86

Vision EyeMed

Status	Total Premium Per Month	Orem City's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$7.37	\$0.00	\$7.37	\$3.69
Employee + Spouse	\$14.00	\$0.00	\$14.00	\$7.00
Employee + Child(ren)	\$14.74	\$0.00	\$14.74	\$7.37
Family	\$21.67	\$0.00	\$21.67	\$10.84

This Employee Benefits Guide was created for the employees of
Orem City by GBS Benefits.