



SEPTEMBER 1, 2025 - AUGUST 31, 2026

Employee Benefit Guide

Morgan County School District

PROVIDED BY:
 MORETON & COMPANY

MORGAN COUNTY
SCHOOL DISTRICT
United For Excellence.

2025–2026 Premium Rates by Plan

This page shows the **monthly** premium for access to the medical, dental, and vision benefits provided in this booklet. For the most updated information, refer to each carrier's plan materials, and remember to also check your costs at enrollment.

Medical Rates

Coverage Type	Select Health Share Plan
Employee Only	\$95.30
Employee + Spouse	\$154.37
Employee + Child(ren)	\$154.37
Family	\$309.49

Dental Rates

Coverage Type	Opulent PPO Low Plan	Opulent PPO High Plan
Single	\$33.10	\$41.20
Two Party	\$67.90	\$82.80
Family	\$107.20	\$136.60

Vision Rates

Coverage Type	Silver Voluntary Vision Plan
Single	\$8.42
Two Party	\$16.62
Family	\$24.25

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

Benefits Overview & Important Contact Information

This guide provides an overview of your benefit options as an employee of Morgan County School District. We are committed to providing you affordable, quality benefits to help you have financial assistance for life's ups and downs.

Benefit	Name	Number	Website or Email
Morgan County School District		801-829-3411	
Medical	Select Health	800-538-5038 801-442-5038	www.Selecthealth.org
Reimbursement Account / Health Savings Account (HSA)	American Fidelity Assurance	Reimbursement: 800-325-0654 HSA: 800-325-0654	www.americanfidelity.com www.afhsa.com
Dental & Vision	Samera Health	435-563-0613	www.samerahealth.com
Life, AD&D, and Disability (Group #1198282)	Lincoln Financial Group	800-423-2765	www.lfg.com
Employee Assistance Program (EAP)	Intermountain Healthcare	800-832-7733	www.intermountainhealthcare.org/eap
Moreton & Company: Account Manager Claims Assistance	Elyse Haberman	801-715-7189 Toll Free: 800-594-8949	ehaberman@moreton.com claims@moreton.com

Digital Plan Documents & Carrier Materials

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Human Resources or online: online.flippingbook.com/view/62821074/



Guidelines & Important Notices

Enrollment Frequently Asked Questions

Why is open enrollment so important?	Open enrollment is your annual opportunity to enroll in or change your benefit elections. Once the enrollment period has ended, you may not add, change, or drop coverage unless you experience a qualifying event.
Who is eligible to enroll?	<ul style="list-style-type: none"> • Employees who work 30+ hours per week are eligible to participate in all benefits outlined in this guide; • Employees who work less than 30 hours a week are only eligible to participate in Telemedicine Service, Dental, Vision, and Employee Assistance Program. • Employees' legally married spouse, and/or dependent(s) (dependents are generally children who are less than 26 years of age). See your Benefits Summary's definition of legally married spouse and/or dependent(s).
When do benefits begin?	<ul style="list-style-type: none"> • Eligible employees can receive benefits on the first day of the month following date of hire (provided forms are properly submitted); • Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available online.
How do I make changes during the year?	Benefits that are paid for on a pre-tax basis through the cafeteria plan are subject to cafeteria plan IRS regulations, and elections cannot be revoked or changed during the plan year without a qualifying event. However, you must contact Human Resources to determine if your plan and circumstances allow such a change. If so, you must complete and submit a change form online to the District Office, generally within 30 days.
What are possible qualifying events? All changes (other than adding a new child or new employee elections made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.	<ul style="list-style-type: none"> • Marriage, divorce, or legal separation; • Change in number of dependents (e.g., Birth or adoption of a child); • Change in employment status of employee, spouse, or dependent that causes loss of eligibility; • Dependent ceases to satisfy eligibility requirements; • Change in residence that causes loss of eligibility; • Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, and additional or significant improvement of company-offered benefits; • Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse); • Loss of coverage from government plans/programs or educational institution; • COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent); • Judgments, Decrees, or Orders; • Medicare or Medicaid entitlement; • FMLA leave of absence; • Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days).
How long do I have after a qualifying event to make changes?	You generally have 30 days after the event to notify Human Resources of a change in status. <i>Note that all changes (other than the addition of a new baby or new employee elections if made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.</i>

Social Security Numbers

You must provide a valid Social Security Number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See Human Resources for more information.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please speak with your Human Resources.

IRS Regulations

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections.

These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and related cafeteria plan elections. This means that changes made after open enrollment ends cannot be accepted. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, HR must be timely notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. Note that all changes (other than the addition of a new child or new employee elections if made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.

In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any plan or a plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following HR's receipt of the form or online change. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform HR of the change in advance.

If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have an IRS qualifying event.

Definitions & Glossary of Key Insurance Terms

Co-pay

Typically refers to a fixed dollar amount a member must pay for a particular service (such as a physician visit or ER visit).

Coinsurance

Typically refers to a member's share of covered costs after any deductible has been satisfied.

Deductible

Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.

Out-of-Pocket Maximum (OOPM)

The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.

Network (In Network)

Providers who have agreed to accept contracted rates from an insurance carrier.

Non-Network (Out-of-Network)

Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

Preferred Provider Organization (PPO)

This type of plan utilizes both network and non-network benefits.

Health Maintenance Organization (HMO)

An Health Maintenance Organization (HMO) plan covers in-network providers and services only; it does not cover any out of network services.

Share and Healthy Living

Morgan County School District offers the following wellness plan through **Select Health**. Participation in this program can help in building and maintaining a healthy lifestyle while earning lower medical rates in the future.

Premium Discount Reward

Your goal list will be refreshed for the new plan year and you can begin participating on September 1, 2025. (Activity before this date will be counted toward the 2025-2026 plan year). If you complete each of the goals listed below by Feb. 28, 2026, you'll receive a rate holiday in March equal to:

Coverage Type	Holiday Amount	Total March Cost
Employee Only	\$73.00	\$22.30
Employee + Spouse	\$119.00	\$35.37
Employee + Child(ren)	\$119.00	\$35.37
Family	\$237.00	\$72.49

Getting Started

Attend your workplace health education and screening: Check out the informative health and wellness displays located in your facility to participate in a biometric screening and personalized health coaching. If preferred, you can choose to be screened by your personal physician instead. Watch your email for more details.

Create a Select Health Account: Your Select Health account is a secure and easy way to keep track of your health history where you can review your medical claims, see lab results, exchange messages with your provider, and more. Visit selecthealth.org and click on **"Register."** Log in to your Select Health account and scroll down to your Tasks list for digital resources. For faster access, use your Virgin Pulse mobile app.

Healthy Living Goals

Participate in Two or More Virgin Pulse Activity Campaigns: Virgin Pulse offers three types of challenges for you to choose from. Pick two of the same or mix and match.

Complete the Online Health Assessment: Complete the "Health Check" health assessment by clicking on the **"health"** tab of your Virgin Pulse homepage or mobile app.

Complete Diabetes Prevention Education or Participate in Diabetes Management (If Applicable): At risk for diabetes, or have it already? Watch for a letter or a new tile on your Tasks list with resources and instructions for reducing your risk.

Participate in Cancer Screening (If Applicable): Is it time for a cancer screening? Watch for a tile on your Tasks list with information on what cancer screenings are recommended for you and how often they should be done.

Frequently Asked Questions

What if I Have a Medical Condition?

This program is designed to help you live the healthiest life possible. If you have a medical condition that limits your physical ability, you may be able to earn your wellness incentive another way. Contact your Employment Services department for more information.

Who Will See My Personal Information?

Your information, including personal health information will be provided to and kept confidential by Select Health. Select Health will only disclose your personal health information to third parties as permitted or required by law. Your screening data will be loaded into your secure Healthy Living user profile and used to provide you with personal feedback. Your name may be shared with your employer for incentive determination purposes.

Call Member Services at 800-538-5038 weekdays, from 7:00 AM to 8:00 PM, and Saturdays, from 9:00 AM to 2:00 PM.

Medical

Morgan County School District offers the following medical plan through **Select Health** for the 2025–2026 plan year. A brief summary of the in-network plan details and coverage amounts for this plan are shown below.

Select Health Share Plan

In-Network Plan Details	
Deductible (PPY)	\$2,000 Individual / \$4,000 Family
Out-of-Pocket Maximum (OOPM)	\$3,000 Individual / \$6,000 Family
Coinsurance	Carrier Pays 80% / Member Pays 20% AD
Out-of-Network Plan Details *	
Deductible (PPY)	In-Network Benefits Only
Out-of-Pocket Maximum (OOPM)	
Coinsurance	
In-Network Services	
Preventive Care **	Covered 100%
Office Visit	Primary Care: \$15 AD / Specialist: \$25 AD
Mental Health	Outpatient - Office Visits: \$15 AD / Inpatient & Outpatient Services: 20% AD
Chiropractic (20 Visits PPY)	\$15 AD
Hospital	Inpatient & Outpatient: 80 / 20 AD
Diagnostic Imaging & Lab	Minor: Covered 100% AD / Major: 20% AD
Urgent Care	\$35 AD
KidsCare	\$15 AD
Connect Care	Covered 100% AD
Emergency Services	\$75 AD
In-Network Prescriptions	
	Tier 1 / Tier 2 / Tier 3 / Tier 4
Pharmacy (Generic Required)	\$7 AD / \$21 AD / \$42 AD /\$100 AD
Maintenance or Mail Order (Generic Required)	\$7 AD / \$42 AD / \$126 AD / NA

Deductible: If more than one person in a Family is covered under the policy, the Individual Deductible does NOT apply. Instead, the Family Deductible applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family Deductible is met.

Out-of-Pocket Maximum (OOPM): If more than one person in a Family is covered under the policy, the Individual out-of-pocket maximum does NOT apply. Instead, the Family out-of-pocket maximum applies and no medical expenses will be paid by the plan (other than covered preventive care) until the Family out-of-pocket maximum is met.

AD: After Deductible

PPY: Per Plan Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided Select Health materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided Select Health materials for additional information.

The table above illustrates your in-network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Human Resources or at www.selecthealth.org

Intermountain Health Connect Care

Whether you're at home, traveling for work, or just need a convenient way to see a doctor, you can get care anytime and anywhere. Through this service, doctors are able to treat a wide range of non-emergency medical conditions. This benefit is available to all employees, whether or not you are enrolled in medical coverage through Morgan County School District.

Get Care From Anywhere

Whether someone in your family wakes up with the flu at 2:00 AM or you discover while on vacation that you forgot your medication, telemedicine brings you the convenience of anytime, anywhere care. You have 24 hours a day, 365 days a year on-demand access to affordable, quality healthcare anytime, anywhere. This tool gives you access to a national network of board-certified physicians that can diagnose and treat most minor medical conditions, as well as prescribe medications, whether you are at work, home, or on the road.

On average, you'll be connected with a board-certified physician in **under 10 minutes** and on your way to getting better in less time and at a fraction of the cost of an emergency room or urgent care visit.

- Download the Intermountain Health Connect Care app from the App Store or Google Play Store to access this benefit.
- Select Morgan County School District as your employer
- If you'd rather have a slightly larger screen, you can also access one of our skilled clinicians via the web at IntermountainConnectCare.org

Commonly Treated Conditions

- | | | | |
|------------------------|---|------------------------|--------------------------------------|
| • Allergies | • Diarrhea | • Insect Bites | • Sore Throats |
| • Cold/Flu | • Ear Problems | • Nausea/Vomiting | • Urinary Problems/UTI (Adults Only) |
| • Constipation | • Fever (<i>Children 36 months & older</i>) | • Pink Eye | <i>And More.</i> |
| • Cough | • Headache | • Rash | |
| • Depression & Anxiety | | • Respiratory Problems | |

Cost

If you are enrolled in the Morgan County School District medical plan you will pay a \$69 co-pay per visit until your deductible has been met, then Connect Care visits will be covered at 100%.

If you are not enrolled in the Morgan County School District medical plan, you will still have access to Connect Care services, but you will be responsible for the full cost of each visit.

Intermountain Health Answers

Instead of relying on the internet for self-diagnosis, pick up the phone and talk to a registered nurse. Intermountain Health Answers is staffed by a team of caring, experienced, registered nurses who are available 24 hours a day to listen to your concerns, answer questions, and help you decide what course of action to take.

To Reach Health Answers call: 844-501-6600

Health Savings Account

A Health Savings Account (HSA) is a tax-advantaged account that can be used to pay for eligible healthcare expenses that are not covered by an insurance plan, including deductibles and coinsurance.

Contribution Limits for 2025-2026

You can fund your HSA with post-tax payments and receive an above the line deduction on your tax return. In addition, your employer makes a contribution to your HSA as shown below. The IRS limits how much you can contribute to this account each year, and employer contributions do go towards this maximum.


Contribution Amounts	Individual	Two-Party or Family
2025 IRS Maximum Contribution	\$4,300	\$8,550
2026 IRS Maximum Contribution	\$4,400	\$8,750
Age 55+	The IRS allows you to make "catch-up" contributions up to an additional \$1,000 in 2025-2026.	

Employer Contribution	Individual	Two-Party or Family
Early September Contribution (Amount deposited for all Employees)	\$750	\$1,500
Share Program Checklist Contribution (If completed by February 28 th)	\$250	\$500

How a Health Savings Account Works


When you have an eligible healthcare expense, you can use tax-free dollars from your HSA account to pay for it. Here is how the process may typically work for you to apply your HSA funds.

Step 1




You and your employer fund an HSA account throughout the year.

Step 2



You receive health services and get a bill (following insurance processing).

Step 3



After comparing your bill with the carrier Explanation of Benefits (EOB), you can pay using HSA funds via a debit card, electronic transfer or check.

Reasons to Elect a Health Savings Account

When you have an eligible healthcare expense, you can use tax-free dollars from your HSA account to pay for it. Here is how the process typically works for you to apply your HSA funds:

Tax Benefits

- HSA contributions are excluded from federal income tax.
- Interest earnings may be tax free.
- Withdrawals for eligible expenses are exempt from federal income tax.

It's Your Account

- This is your account; you take it with you.
- If you leave your employer, you can keep your current HSA account or transfer your funds to an HSA with your new employer (or another qualifying account) within 60 days.

Long-Term Planning

- Save for future medical expenses, including retiree medical
- Funds roll over from year to year, so your account can grow if you do not use the funds in the year they were contributed.

HSA vendor contact information:

- American Fidelity Assurance
- By Phone: 800-326-3600
 - By Website: www.afhsa.com

Frequently Asked Questions: Health Savings Accounts

Who is eligible for a Health Savings Account?	<p>Anyone who satisfies all of the following:</p> <ul style="list-style-type: none"> • Covered by a Qualified High Deductible Health Plan (QHDHP); • Not covered under another health plan; • Not enrolled in Medicare A or Medicare B benefits; and, • Not eligible to be claimed on another person's tax return.
What is the difference between an HSA and a Flexible Spending Account (FSA)?	<p>HSA funds can accumulate and roll over from year to year. In addition, FSA contribution limits are typically lower than an HSA.</p> <p>Also, you must be enrolled in a qualified high-deductible health plan (QHDHP) and have no disqualifying coverage to qualify for an HSA. You cannot contribute to an HSA while enrolled on a traditional plan.</p>
When do I use my HSA?	<p>After visiting a physician, facility, or pharmacy, a claim will be sent to your insurance to be processed. If there is an outstanding balance that you are responsible for covering, you can use your HSA to pay for it. You have three options:</p> <ul style="list-style-type: none"> • Use your HSA debit card or HSA check to pay for any out-of-pocket expenses. • Pay for it using your personal funds, and receive reimbursement at a later date. • Save your HSA dollars for future medical expenses. <p>You should always ask that your claim be submitted to the health plan before you use funds from your HSA to ensure that provider discounts are applied. Also, remember to keep all medical receipts and Explanations of Benefits (EOBs) to support your personal tax record. You should keep these records for at least seven years.</p>
Can I use my HSA for non-eligible expenses?	<p>Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the amount (if for a non-eligible expense) is still considered taxable income; however, the tax penalty IS waived.</p>
When can I start using my HSA funds?	<p>You can use your HSA dollars for any qualifying expense incurred after your HSA account activation and once contributions have been made.</p>
What if I am a new hire or have a special enrollment and enroll in an HSA in the middle of a year?	<p>So long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year (see the chart on the previous page). However, the IRS requires you to participate in the QHDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.</p>
Can my HSA dollars be used for retirement health care costs?	<p>Yes, for expenses eligible for reimbursement and Medicare and other health coverage premiums after age 65.</p>
Can I use the money in my HSA to pay for my dependents' medical expenses?	<p>Yes, you can use the money in the account to pay for medical, dental, and vision expenses for yourself, your spouse, or your dependent children. You can pay for expenses for them even if they are not enrolled on your QHDHP.</p>

Reimbursement Accounts

Reimbursement accounts enable you to pay certain qualified expenses using tax-free dollars. These accounts can save you 10–30% or more, depending on your personal tax rate and contribution amount.

Types of Reimbursement Accounts & Contribution Limits

Depending on your plan design and employer, the following accounts may be available to you. During annual enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly during the plan year from your paycheck. The IRS limits how much you can contribute to these accounts each year.

Flexible Spending Account (FSA)	Contribution Limit
This account allows you to set aside money in pretax dollars to pay most out-of-pocket medical, dental, or vision care expenses (<i>Note: You cannot contribute to an FSA and HSA in the same plan year.</i>)	\$3,300
Limited Purpose Flexible Spending Account (LPFSA)	
This account allows HSA-covered employees to pay for dental and vision expenses not covered by insurance. This plan does not allow you to pay for other medical expenses until you have reached your High Deductible Health Plan (HDHP) medical deductible. Only after your medical deductible has been met can you submit any medical-plan related expenses. Before the HDHP deductible is met, you can use HSA dollars for your medical expenses.	\$3,300
Dependent Care Assistance Plan (DCAP)	
<p>This allows you to set aside tax-free income to pay for qualified dependent care expenses, such as daycare. You must meet the following criteria in order to set up this account:</p> <ul style="list-style-type: none"> • The DCAP expense is incurred to allow both you (and, if you are married, your spouse, unless your spouse is disabled or a full-time student) to work. <p>Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped. If your spouse is unemployed or doing volunteer work, you cannot set up a DCAP account.</p>	<p>Single: the lesser of your earned income or \$5,000</p> <p>Married: the lowest of:</p> <ul style="list-style-type: none"> • Your (or your spouse's) earned income • \$5,000 if filing jointly, or \$2,500 if filing separately

Important Information

Eligibility

You will be eligible to participate in the account(s) on the first day of the month following your date of hire. Eligible expenses should also meet these guidelines: expenses are for services received during the plan year, and expenses are not covered by any health care plan in which you are enrolled.

Rollover Option

If you do not use all the pre-tax dollars you deposited in your FSA account during the plan year, **you may roll-over up to \$660** into the next plan year. (The roll-over amount does not count toward the \$3,300 yearly maximum FSA contribution limit.) Otherwise, you will forfeit any balance in the account(s) at the end of the plan year.

Your DCAP account does not roll over. Any remaining unused balance in either account at the end of the plan year will be forfeited. You have 90 days after the plan year ends to submit claims for expenses incurred during that plan year.

Changes Require Qualifying Events

Once you have designated how much you want to contribute on an annual basis to one or both of your reimbursement accounts, you cannot stop or change your contributions unless you have a Qualifying Change Event as defined and limited by the IRS.

Submit Claims for Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For healthcare, this will include receipts showing the amount you paid and the date(s) on which you or a dependent received services. For dependent care, this may include any contracts, letters, or receipts. You may send this information to American Fidelity Assurance via email, fax, or standard mail.

- **Email:** www.afes-flex@americafidelity.com
- **Fax:** 800-543-3539
- **Phone:** 800-325-0654
- **Mailing address:** P. O. Box #25510, Oklahoma City, Oklahoma 73125

Dental

Morgan County School District offers the following dental plans through **Samera Health** for the 2025–2026 plan year. A brief summary of the in-network plan details and coverage amounts for these plans are shown below.

In-Network Plan Details	Opulent PPO Low Plan		Opulent PPO High Plan	
Deductible (PPY)	\$50 Individual / \$150 Family			
Annual Maximum	\$1,000 Per Individual		\$2,000 Per Individual	
Preventive & Diagnostic Services Exams, Cleanings, X-Rays	No Waiting Period			
	Covered 100%			
Basic Services Fillings, Oral Surgery	No Waiting Period			
	80 / 20 AD		90 / 10 AD	
Major Services Bridges, Crowns, Dentures	No Waiting Period			
	50 / 50 AD		60 / 40 AD	
Endodontics & Periodontics Services	Covered Under Basic Services			
Orthodontics Lifetime Maximum	None		\$2,000 Per Individual	
Orthodontics Children Adults	None		12 Month Waiting Period	
			50 / 50	
			50 / 50	
Out-of-Network Plan Details *				
Deductible (PPY)	\$50 Individual / \$150 Family (Combined Above)			
Annual Maximum	\$1,000 Per Individual (Combined Above)		\$2,000 Per Individual (Combined Above)	
Out-of-Network Services	Coverage amounts vary for out-of-network services, please refer to the carrier's materials for specific details.			

AD: After Deductible

PPY: Per Plan Year

* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

The table above illustrates your in-network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Human Resources or at www.samerahealth.com.

Vision

Morgan County School District offers the following vision plan through **Samera Health** for the 2025–2026 plan year. A brief summary of the in-network plan details and coverage amounts for this plan is shown below.

Silver Vision E150 Plan

In-Network Plan Details	
Eye Exam (Eyeglass or Contact Lenses)	Up to \$50 (Once Every Plan Year)
Frames	Up to \$150 (Once Every Plan Year)
Lenses	Up to \$75 (Once Every Plan Year)
Lens Options	Up to \$100 (Once Every Plan Year)
Contact Lenses (In Lieu of Glasses) Conventional and Disposable	Up to \$150 (Once Every Plan Year)
Out-of-Network Plan Details	
Out-of-Network Services	Some out-of-network provider services may qualify for reimbursement. Please refer to the carrier's materials for specific details.

Submit Reimbursements

- Download the Samera Health App via the App Store or Google Play. Complete the claim form and submit pictures of your itemized receipt via the App.
- Log into your Samera Health account and upload copies of your receipts at www.samerahealth.com.
- Scan and email the claim to; vision@samerahealth.com or send completed claim form (available from Human Resources or online at www.samerahealth.com) and an itemized receipt to:

Samera Health
PO Box 126, Smithfield, UT 84335
or Fax: 435-563-4035

The table above illustrates your network benefits in summary only. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Human Resources or at www.samerahealth.com.

ANCILLARY BENEFITS

Life and AD&D

Morgan County School District offers Basic Life and Accidental Death & Dismemberment coverage for all benefit-eligible employees, as well as voluntary life to supplement the basic coverage. These plans are offered through **Lincoln Financial**. A brief summary of the plan details and coverage amounts for these plans are shown below.

Basic Life and AD&D – 100% District Paid

Basic Life and Accidental Death & Dismemberment (AD&D) insurance is a crucial part of any financial plan. A life insurance policy could help cover costs like medical, funeral, and cost of living expenses if someone passes away unexpectedly. The monthly premium for this benefit is covered 100% by Morgan County School District.

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Basic Life and AD&D benefits reduce to 50% at age 70. Life and AD&D benefits terminate upon retirement for Class 1-3 & 5-8; and at age 65 for Class 4. Basic term life insurance includes a waiver of premium coverage which does not apply to any AD&D benefits.

Spouse and Child(ren) Basic Life Plan Details

Spouse Life Insurance	\$5,000
Child(ren) Life Insurance: Live birth to age 26	\$3,000

Employee Basic Life and AD&D Plan Details

	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8
Life Insurance	\$100,000	\$150,000	\$50,000	\$25,000	\$100,000	\$150,000	\$50,000	\$30,000
Accidental Death & Dismemberment	Same as Above							
Seatbelt Benefit *	Seatbelt Benefit is \$10,000 or 10% of Principal Sum (whichever is less)							
The Seatbelt and Airbag Benefit	Airbag Benefit is \$5,000 or 5% of Principal Sum (whichever is less). The Seatbelt and Airbag Benefit will not be less than \$1,000 per Insured Person.							

- * Seatbelt benefits are paid for a death resulting from an auto accident while properly wearing a seatbelt.

Class 1 - Certified Employees

Class 2 - Administrative Staff

Class 3 - Classified Employees

Class 4 - Retirees

Class 5 - Part-Time Certified Employees

Class 6 - Part-Time Administrative Staff

Class 7 - Part-Time Classified Employees

Class 8 - School Board Members

Voluntary Supplemental Life – 100% Employee Paid

Your basic life insurance amount may not be enough to cover all that you need it to. You have the option to purchase additional life coverage for you. Employee must enroll in voluntary supplemental life in order to enroll spouse or dependents in this coverage. This coverage is in addition to the company-provided amounts and the premiums are 100% employee paid through payroll deduction.

Voluntary Supplemental Life Plan Details

Who is eligible for this coverage?	Coverage is available to employees who are covered under the basic group term life insurance provided by Morgan County School District.
What is the coverage amount?	Employee: 5× Annual Salary Up to \$300,000 (in increments of \$5,000) Spouse: Up to \$250,000 (in increments of \$5,000). <i>Note: May be equal to but not exceed Employee's Supplemental Coverage amount.</i> Unmarried Dependent Child(ren): Under the age of 26: \$10,000
What is the guaranteed issue amount?	This is the maximum you can purchase when you are first enrolling as a new hire without filling out a health assessment or Evidence of Insurability Form (EOI). If you wait to purchase additional coverage, or if you want to purchase above the guaranteed issue amount, you will likely need to fill out an EOI form and wait for approval from the carrier. For this plan, the guaranteed issue amounts are: Employee: 5 × salary up to \$200,000 Spouse: \$30,000 Unmarried Dependent Child(ren) Under the age of 26: \$10,000

Each year during Open Enrollment, you may elect new or increase current coverage amounts by up to 2 increments (\$5,000 increments for spouse and/or \$10,000 increment for employee), without having to complete the Evidence of Insurability (EOI) process, if you or your spouse were not previously declined, withdrawn or pending coverage.

All late entrant applicants will need to complete a personal health application. All supplemental insurance amounts can be purchased at any time and are subject to evidence of insurability. Benefits will reduce to 35% at age 65, 60% at age 70, 75% at age 75, and terminate at retirement. Supplemental life offers a right of conversion. **Rates for this benefit are based on tobacco use** (spouse rates are based on the employee's age band). **Please see your enrollment platform or carrier materials to find a premium that's specific to you.**

ANCILLARY BENEFITS

Disability

Disability plans offer paycheck protection by replacing a portion of your income during your time off work due to an illness or injury. Morgan County School District offers the following disability plan through **Lincoln Financial** for the 2025-2026 plan year.

Long-Term Disability – *100% District Paid*

Long-Term Disability (LTD) insurance replaces a percentage of your income on a monthly basis in the event that you are unable to work due to an accident or illness. Morgan County School District pays 100% of the monthly cost for you to have access to this benefit.

Plan Details	
Monthly Benefit	60% of Pre-Disability Earnings, Less Other Income Benefits up to \$8,000.
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Elimination Period	120 Days (Injury Or Illness)
Definition of Disability	Unable to perform one or more of the main duties of his or her own occupation.
Mental, Nervous, or Substance Abuse	24 Months
Definition of Earnings	Base Salary Only (Overtime, bonuses, and commissions are excluded.)
Pre-Existing Condition Restrictions	3 Months Look-back / 3 Months Treatment Free / 12 Months on Plan

Important Terms to Know

Elimination Period:

An elimination period works a little bit like the deductible on your medical plan. Once you're considered disabled, you have to continue to meet that definition for the full elimination period before the plan begins to pay.

Pre-existing Condition:

Places some restrictions on your disability plan. If you've received treatment (including taking prescription medication) for any condition within the plan's look-back period, it's considered a pre-existing condition. That means the plan won't cover disability caused by that condition until you've been on the plan for 12 months and symptom-free for 3 months.

Travel Assistance

TravelConnect® services offer help, comfort, and reassurance—helping make travel less stressful. If you're enrolled in life and/or AD&D insurance, you and your loved ones can count on *TravelConnect* services 24 hours a day, 7 days a week.

Note: These benefits generally are NOT sponsored or endorsed by your employer, including for purposes of federal and state law, so Federal ERISA law is inapplicable.

Services you can count on during an emergency.

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect* helps with:

- Arranging travel if you're injured and need emergency medical evacuation to a medical facility.
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort.
- Planning and paying for a safe evacuation because of a natural disaster or a political or security threat.
- Arranging transportation of a deceased traveler.
- Securing emergency pet boarding and/or return and vehicle return.

Ongoing support when you're far from home.

From planning the trip until flying home, these *TravelConnect* services can help you on your way.

- Medical records requests
- Medication and vaccine delivery
- Medical, dental, and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information

Global assistance program

Provided by On Call International; medical, security, and travel assistance services for participants traveling 100+ miles from home.

Visit mysearchlightportal.com and enter group ID# **LFGTravel123** for access to plan documents, international calling instructions, and destination information.

For a complete list of *TravelConnect* services visit; mysearchlightportal.com. Enter Group ID **LFGTravel123**

Employee Assistance Program

Life is full of ups and downs, and sometimes the challenges we face can feel overwhelming. During these difficult times, seeking the guidance of a licensed professional can make all the difference. That’s where our Employee Assistance Program (EAP) through **Intermountain EAP** can help.

When do you use an EAP?

You can use EAP resources for a variety of crises and life stress. Here are some examples of reasons to reach out:

- Life Changes
 - Birth/Adoption
 - Child Care
 - Parenting
 - Family Conflicts
- Stress
 - Depression
 - Job Pressures
 - Legal Trouble
 - Finances
- Elder Care
 - Relationships
 - Grief
 - Aging
 - Drugs/Alcohol
- Eating Disorders
 - Panic Attacks
 - Addictions

If it’s stressing you out, it’s worth a call.

Benefit Details	
Who has access to this EAP?	The EAP is available to you and anyone living in your household.
What is included in this program?	The service includes up to 8 in-person counseling sessions per family, per incident and unlimited phone calls with an urgent counselor. Available 24 Hours a Day, 7 Days a Week, 365 Days a Year.
Are the appointments confidential?	Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including Morgan County School District) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened by violence.
Do you have to be in crisis to call?	No, the EAP is your resource for everything from the everyday to the unexpected. At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Our professional counselors are available to discuss the issues you face in your life.
Who pays for this coverage?	100% paid by Morgan County School District for all employees. All EAP services are free to you with no co-pay or deductible required.

How to Access This Benefit

Setting up an appointment is as simple as calling the office or requesting an appointment online. You will be offered an appointment time, generally within a couple of working days of your initial call. Crisis cases are seen the same day, generally within two hours. No paperwork or approval is needed and there is no charge.

Seeking help early minimizes the chances of problems escalating and requiring more extensive services. Often, a few visits with a counselor are all you need to gain perspective and regain a sense of control over your life.

- By Phone: 801-442-3509 or 1-800-832-7733

Enrollment Instructions, Dates, & Reminders

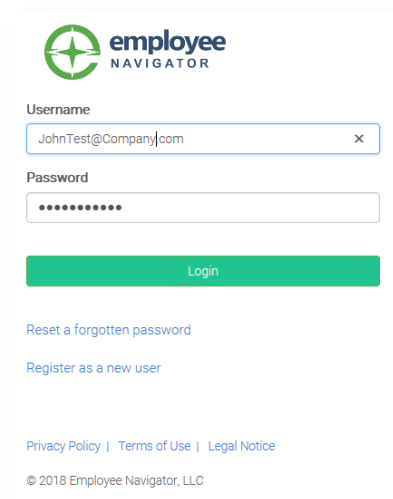
You made it to the end! Now that you're armed with knowledge, it's time to take the next step and enroll in your benefits. Below you will find all the information you need to complete enrollment and select your benefits for the 2025-2026 plan year.

Dates to Remember

- **Open Enrollment:** Open enrollment is your annual opportunity to enroll in or change your benefit elections. Once the enrollment period has ended, you may not add, change, or drop coverage unless you experience a qualifying event. The open enrollment period is: May 7 - 21, 2025.
- **New Hire Enrollment:** Welcome! If you are eligible for benefits, you have **30 days from your date of hire** to enroll in your benefit elections. Past that time period, you will need a qualifying event to make any changes.

How To Enroll

You can enroll in benefits through **Employee Navigator**. Login at www.employeenavigator.com/benefits/Account/Login to make your selections and update any personal or dependent information before the enrollment period is up or scan the QR code below.



Employee Navigator Instructions

New User:

- Click "**Register a New User**"
- Enter the requested information: Name, company identifier, last 4 digits of your Social Security Number, and date of birth then, click "**Next**".
- Create a username and a password, click the "**I agree with the terms of use**" box, then click "**Next**"

Existing Users:

- Enter your "**Username**" and "**Password**" then click the "**Login**" button.
- If you can't remember your Username and Password, use the "**Forgot Username?**" or "**Forgot Password?**" button.

Enroll in Your Benefits

- Once you are in the system, click on "**Start**" in the green box or "**Make Changes**" in the blue link to make your benefit elections
- When accessing the site in the future, just go to the Login Page and enter your "**Username**" and "**Password**".

THIS BENEFIT GUIDE IS PROVIDED BY:



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