PARK CITY
1884

2023

# EMPLOYEE BENEFITS GUIDE

July 1, 2023 - June 30, 2024

# Welcome

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

## What's Inside



### Important Note

The material in this benefits guide is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

**Annual Notices:** Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. Please see attached packet for these annual notices.

# When Coverage Begins & Important Information

## Eligibility

You are eligible for benefits if you are a Full-Time Regular employer. If you are a Part-Time or Seasonal employee consistently working 30 or more hours per week, you may be eligible to participate in the medical benefits. Please see the Human Resources Department for more information.

You may also enroll your eligible family members under certain plans you choose for yourself.

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law

## When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your hire date. If you enroll on time, coverage is available first day of the month following date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made to plan coverage are effective July 1st 2023 - June 30, 2024.

## Special Enrollment Opportunities

After the enrollment deadline, your benefit election is generally irrevocable, meaning you cannot add, modify, or terminate coverage for the remainder of the plan year. However, you may experience Qualifying Life Changes, which may allow special enrollment opportunities to make changes to your coverage during the year. These Qualifying Changes are noted below. However, you must contact Human Resources to determine if this health plan and your circumstances allow a mid-year change. **If so, you must complete and return a change form to Human Resources within 30 days of the event.**

## Qualifying Changes

- Divorce or legal separation;
- Marriage or change in the number of dependents;
- Change in employment status of employee, spouse, or dependent(s) that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in Park City benefit plan(s) including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan; Loss of coverage from government plans/ programs or education institution;
- COBRA qualifying event (termination, reduction of hours, employee death, divorce, legal separation, ceasing to be an eligible dependent;
- Other changes resulting from a judgement, decree or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence

## IRS Regulations

IRS regulations govern how and when an employee may make benefit elections and changes under the cafeteria plan sponsored by Park City. These rules require that the City enforce firm deadlines. We cannot accept forms turned in after those deadlines have passed. If you want to make a change to your coverage, or if you anticipate experiencing a Qualifying Change, please see Human Resources as soon as you can to discuss the next steps for making an election change. If you do not turn your forms in on time, you will not receive coverage or be able to change your elections.

## Human Resources

Please contact the Human Resources team for any benefit related questions, including: contributions, enrollment, benefit change opportunities, notifications for changes in status and address, provider directories, and general carrier information.

## HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines. This Act also establishes rights that employees have with regard to their personal health information. If you have any questions or want to know more about this federal regulation, please see Human Resources.

## Medicare Part D

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

## Voluntary Benefits

Voluntary benefits are neither sponsored nor endorsed by Park City for any purpose.

# Administrative Policy Domestic Partners

| Benefit | Administration | Tax or Paycheck Implications |
|---|---|---|
| **Medical and/or Dental** | • May be added during Open Enrollment.<br>• May be added mid-year if coverage is applied for within 30 days of establishing a domestic partnership. An affidavit must accompany the Benefit Enrollment and/or Benefit change forms.<br>• Domestic partners will have access to COBRA as a qualified COBRA beneficiary as defined under the federal COBRA Act. | • **Employee paycheck deductions attributed to the cost of the domestic partner coverage will be on an "after-tax" basis.**<br>• **Employee paycheck deductions attributed to the employee or other qualified dependents will be on a "pre-tax" basis.** |
| **Life Insurance** | • May be added during Open Enrollment.<br>• May be added mid-year if coverage is applied within 30 days of establishing a domestic partnership. An affidavit must accompany the Benefit Enrollment and/or Benefit change forms. | • None |
| **Health Care Reimbursement Account** | • Expenses for a domestic partner who is not the employee's dependent for federal income-tax purposes are not eligible covered expenses under the Health Care Reimbursement Account. | • A Health Care Reimbursement account may be used for the expenses of an employee or an IRS-qualifying dependent. A domestic partner does not necessarily meet the IRS definition of dependent. |
| **Bereavement Pay & Family Illness** | • A domestic partner is qualified family member under the provisions of the Bereavement Leave and Family Illness policy.<br>• These benefits will not be granted until 30 days after filing an affidavit. | • None. Time is reported as Bereavement or Family Illness on time sheets and is subject to supervisor approval. |
| **Employee Assistance Program (EAP)** | • A domestic partner is an eligible family member for EAP services. | • None |
| **Leave to Care for Domestic Partner (FMLA type leave)** | • Leave may be granted to an employee to care for a domestic partner with a serious health condition as defined under the federal Family and Medical Leave Act. | • None |
| **457<br>401 A** | • A domestic partner may be named beneficiary. An affidavit is not required but is suggested. | • None |
| **Utah State Retirement** | • Utah State Retirement has no provision for domestic partners, hence no benefits are provided.<br>• For those employees grandfathered in the Contributory State Retirement System contact Human Resources for information regarding domestic partners. | • None |

# Administrative Policy Domestic Partners

**Purpose:** To provide health, dental and life insurance benefits to full time regular employees with qualified domestic partners.

## 1. Definition Of Terms

An eligible domestic partner is defined as a person who is in a qualifying domestic partner relationship with a PCMC employee. For these purposes, a qualifying domestic partner relationship is a conjugal relationship between two individuals of the same or opposite sex that meets the following criteria:

a. Each domestic partner is at least 18 years of age;
b. The domestic partners share a close personal relationship and are responsible for each other's common welfare;
c. Both domestic partners are each other's sole domestic partner;
d. The domestic partners share the same permanent residence with the intent to continue doing so indefinitely;
e. The domestic partners are jointly financially responsible for basic living expenses including food, shelter, utilities and medical expenses;
f. Neither domestic partner is legally married to anyone else nor has had another qualifying domestic partnership within the 90 days immediately preceding the application; and
g. Are not more closely related by blood that would bar marriage in this State.

## 2. Current Status

PCMC'S current contract with Aetna allows domestic partner coverage.

## 3. Benefit Administration and eligibility

### Declaration of Domestic Partnership

Employees applying for domestic partnership coverage must meet specific criteria. Employees are required to provide the city with a signed Declaration of Domestic Partnership certifying their domestic partner relationship within 30 days of its establishment. The city will forward the affidavit and application for coverage to Aetna who accepts or denies coverage of the domestic partner. If the domestic partnership ends, employees will need to complete a Termination of Qualifying Partnership and return it to HR. Once a domestic partnership is dissolved, you will not be able to designate a new domestic partner for 90 days following the date of dissolution.
Employees who willfully falsify information on the affidavit face legal action from Aetna including loss of re-payment of benefit coverage, insurance fraud and other civil actions. The City is not responsible for verifying or investigating domestic partner eligibility or relationship; Aetna is solely responsible for investigation or denial of coverage on any domestic partner affidavit or application.

### Available Coverage

Employees may apply to enroll their domestic partner in health, dental & life insurance. Certain leave eligibility under FMLA, Cobra, and inclusion in the 125 health and child care reimbursement plan if applicable. Bereavement and Family Illness leave will be granted to those employees with an Declaration of Domestic Partnership on file in Human Resources. All other required application forms must be forwarded and accepted by Aetna.

### Confidentiality

An employee who elects to enroll a domestic partner must understand that PCMC cannot assure the total confidentiality of the relationship. The name of a domestic partner may be on insurance cards. Internal documents such as monthly statements, reports and billing may also include the name of the domestic partner.

**Reminder:**

Employee paycheck deductions attributed to the cost of the domestic partner coverage will be on an "after-tax" basis.

Employee paycheck deductions attributed to the employee or other qualified dependents will be on a "pre-tax" basis.

# Pay Calendar & Holiday Pay

| Pay Period | Pay Date |
|---|---|
| December 17, 2023 - December 30, 2023 | January 5, 2024 |
| December 31, 2023 - January 13, 2024 | January 19, 2024 |
| January 14, 2024 - January 27, 2024 | February 2, 2024 |
| January 28, 2024 - February 10, 2024 | February 16, 2024 |
| February 11, 2024 - February 24, 2024 | March 1, 2024 |
| February 25, 2024 - March 09, 2024 | March 15, 2024 |
| March 10, 2024 - March 23, 2024 | March 29, 2024 |
| March 24, 2024 - April 06, 2024 | April 12, 2024 |
| April 07, 2024 - April 20, 2024 | April 26, 2024 |
| April 21, 2024 - May 04, 2024 | May 10, 2024 |
| May 05, 2024 - May 18, 2024 | May 24, 2024 |
| May 19, 2024 - June 01, 2024 | June 7, 2024 |
| June 02, 2024 - June 15, 2024 | June 21, 2024 |
| June 16, 2024 - June 29, 2024 | July 5, 2024 |
| June 30, 2024 - July 13, 2024 | July 19, 2024 |
| July 14, 2024 - July 27, 2024 | August 2, 2024 |
| July 28, 2024 - August 10, 2024 | August 16, 2024 |
| August 11, 2024 - August 24, 2024 | August 30, 2024 |
| August 25, 2024 - September 07, 2024 | September 13, 2024 |
| September 08, 2024 - September 21, 2024 | September 27, 2024 |
| September 22, 2024 - October 05, 2024 | October 11, 2024 |
| October 06, 2024 - October 19, 2024 | October 25, 2024 |
| October 20, 2024 - November 02, 2024 | November 8, 2024 |
| November 03, 2024 - November 16, 2024 | November 22, 2024 |
| November 17, 2024 - November 30, 2024 | December 6, 2024 |
| December 01, 2024 - December 14, 2024 | December 20, 2024 |

| 2024 Holidays | |
|---|---|
| New Year's Day (2024) | Monday, January 1st |
| Martin Luther King Day | Monday, January 15th |
| President's Day | Monday, February 19th |
| Memorial Day | Monday, May 27th |
| Juneteenth | Wednesday, June 19th |
| Independence Day | Thursday, July 4th |
| Pioneer Day | Wednesday, July 24th |
| Labor Day | Monday, September 2nd |
| Thanksgiving | Thursday, November 28th |
| Day After Thanksgiving | Friday, November 29th |
| Christmas Eve | Tuesday, December 24th |
| Christmas | Wednesday, December 25th |
| New Year's Day (2025) | Wednesday, January 1st |

# Leave Policy

| Sick Leave | Family Sick Leave |
| --- | --- |
| 140 Hours per Calendar Year | 120 Hours per Calendar Year |

Employees can utilize Sick Leave time whenever they are not feeling well and need to stay home to recover. If more than three consecutive days of sick leave are used, a doctor's release note will be required. Sick leave time can also cover the time at doctors and dentist appointments. Please refer to the Policies and Procedures (P&P) or contact Human Resources for more information on the Sick Leave policy and restrictions.

Employees can utilize Family Sick Leave whenever they need to care for one of their immediate family members (dependents, children, spouses, parents, domestic partners, and legal guardians). Please refer to the P&P or contact HR for more information on the Family Sick Leave policy and restrictions

## Military Leave

The City will adhere to federal requirements governing military service, military personnel, and military families. Military leave is also granted to those employees with Reserve or National Guard obligations with partial pay, limited to 10 working days per year. For more information on the Military leave policy, please refer to the P&P or contact Human Resources.

## Pregnancy/Parental Leave

Full-Time Regular Employees are eligible for Pregnancy/Parental Leave. Leave hours will be counted towards the 12 weeks of leave allowed by the Family Medical Leave Act (FMLA). For more information on this policy, please refer to the P&P, or contact Human Resources.

# Commonly Used Health Insurance Terms

Health insurance is complicated. Learning about available health insurance plans can be overwhelming. Read through the definitions below to gain a better understanding of health insurance basics.

| | |
|---|---|
| **Premiums** | The dollars you pay each month for your insurance coverage. |
| **Deductible** | The amount you pay for covered health care services before your insurance plan starts to pay.<br>If you have $2,000 deductible, this means you will pay the first $2,000 of covered services yourself. |
| **Annual Deductible** | The amount you owe for health care services before your health insurance plan begins to pay. |
| **Out-of-Pocket Maximum** | The most you will pay for covered services in a plan year. After you spend this amount on deductibles. |
| **Co-Insurance** | The percentage of costs of a covered health care service you pay after your deductible has been met. If your health insurance plan's allowed amount for a covered service is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance plan pays the rest of the allowed amount. |
| **Co-Payment (Co-Pay)** | A fixed amount that you pay for covered health care services including doctor visits, specialists visits, or prescription drugs. Once your co-pay is paid, your health insurance provider covers the remaining cost of the service. The amount of your co-pay can vary depending on the type of health care service. |
| **Health Care Usage** | The goods and services you use to treat illness, injury, chronic disease, prescriptions, and preventive care. |
| **Total Annual Healthcare Costs** | The total amount that you pay in premiums, coinsurance, out of pocket maximums and health care usage. |
| **Fiscal Year** | PCMC has a fiscal year that runs from July 1st-June 30th. New Plans start on July 1st. |
| **Calendar Year** | The one-year period from January-December 31st. Benefits including deductibles and out of pocket maximums run on a calendar year. |

# Medical

## Aetna

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan. If electing a high deductible health plan, your Health Savings Account is administered by Payflex.

### Traditional Plan—$375 or $700

These plans gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates with your plan. See page 10 for further details on the network. The deductible must be met before certain services are covered.

### High Deductible Health Plan with HSA—$1,500

This High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce out-of-pocket costs if you choose a provider who participates with your plan. See below and page 10 for further details on the network.

In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or be enrolled in another non-qualified plan through a parent or spouse. See the plan documents for full details. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf. Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *Note: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the year. *Note: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses.

When enrolling in either the Traditional Plans or the High Deductible Health Plan, Employees must choose between the Aetna Standard Network or Intermountain Aetna Whole Health Network at the time of enrollment.

**This selection cannot be changed until the next open enrollment, or a qualifying life event allows a change to your plan. See page 3 for details on a qualifying event and page 10 for details on the Aetna Standard Network and the Intermountain Aetna Whole Health Network.**

Stay on top of your benefits by visiting MyAetnaWebsite.com website or download the Aetna Health app by texting AETNA to 90156 to receive a download link.

Review your benefits and what's covered, track spending, view claims, ID card, find in-network providers and their reviews, including virtual care, locate walk in clinics and urgent care centers near you.

# Aetna Network

## Aetna

Following is a high-level overview of the Aetna networks offered with your plan.

Employees decide between the Aetna Standard Network or Aetna Whole Health Intermountain Network at the time of enrollment. This selection cannot be changed until the next open enrollment or a qualifying life event allows a change to your plan.

See page 3 or reach out to Human Resources for more information on a qualifying life event.

## Aetna Standard Open Access Network

- University of Utah, Mountain Star & Centura (formerly Steward) Facilities

## Aetna Whole Health Connected Utah – Open Access Managed Choice

- Intermountain Healthcare Facilities

Park City and Heber Valley Hospitals are participating in both network options

Approximately 85% of all primary care type of providers including all major clinics are in both network options

| Salt Lake County | Wasatch Front Hospitals | Aetna Standard | Aetna Whole Health |
|---|---|---|---|
| HCA Mountain Star | St. Mark's Hospital | X | |
| | Lone Peak Hospital | X | |
| Intermountain Healthcare | Intermountain Medical Center | | X |
| | LDS Hospital | | X |
| | TOSH (Orthopedic Hospital) | | X |
| | Alta View Hospital | | X |
| | Riverton Hospital | | X |
| | Primary Children's Hospital | X | X |
| Centura (formerly Steward) | Salt Lake Regional Medical Center | X | |
| | Jordan Valley Medical Center—West Jordan | X | |
| | Jordan Valley Medical Center—West Valley | X | |
| University of Utah | University Medical Center | X | |
| | University Orthopaedic Center | X | |
| | Huntsman Cancer Institute | X | |
| | Huntsman Mental Health Institute | X | X |
| Weber County | | | |
| HCA Mountain Star | Ogden Regional Medical Center | X | |
| Intermountain Healthcare | McKay-Dee Hospital | | X |
| Davis County | | | |
| HCA Mountain Star | Lakeview Hospital | X | |
| Intermountain Healthcare | Layton Hospital | | X |
| Centura (formerly Steward) | Davis Hospital & Medical Center | X | |
| Utah County | | | |
| HCA Mountain Star | Timpanogos Regional Hospital | X | |
| | Mountain View Hospital | X | |
| Intermountain Healthcare | American Fork Hospital | | X |
| | Orem Community Hospital | | X |
| | Utah Valley Hospital | | X |
| | Spanish Fork Hospital | | X |
| Centura (formerly Steward) | Mountain Point Medical Center | X | |

# Aetna Network

| Summit & Wasatch Counties | Rural County Hospitals | Aetna Standard | Aetna Whole Health |
|---|---|---|---|
| Intermountain Healthcare | Park City Hospital | X | X |
| | Heber Valley Hospital | X | X |
| Cache & Box Elder Counties | | | |
| HCA Mountain Star | Brigham City Community Hospital | X | |
| | Cache Valley Hospital | X | |
| Intermountain Healthcare | Logan Regional Hospital | X | X |
| | Bear River Valley Hospital | X | X |
| Washington & Iron Counties | | | |
| Intermountain Healthcare | St. George Regional Hospital | X | X |
| | Cedar City Hospital | X | X |
| Other Counties | Additional Hospitals | | |
| Tooele County—Tooele | Mountain West Medical Center | X | X |
| Juab County—Nephi | Central Valley Medical Center | X | X |
| Sanpete County—Mt. Pleasant | Sanpete Valley Hospital | X | X |
| Sanpete County—Gunnison | Gunnison Valley Hospital | X | X |
| Carbon County—Price | Castleview Hospital | X | X |
| Uintah County—Vernal | Ashley Valley Hospital | X | X |
| Duchesne County—Roosevelt | Uintah Basin Hospital | X | X |
| Grand County—Moab | Moab Regional Hospital | X | X |
| Millard County—Delta | Delta Community Hospital | X | X |
| Millard County—Fillmore | Fillmore Community Hospital | X | X |
| Sevier County—Richfield | Sevier Valley Hospital | X | X |
| Beaver County—Milford | Milford Valley Memorial Hospital | X | X |
| Beaver County—Beaver | Beaver Valley Hospital | X | X |
| Garfield County—Panguitch | Garfield Memorial Hospital | X | X |
| San Juan County—Monticello | San Juan County Hospital | X | X |
| San Juan County— Blanding | Blue Mountain Hospital | X | X |
| Kane County—Kanab | Kane County Hospital | X | X |

## Network Summaries

| | Standard Network<br>41<br>12,300 | AWH – Connected Utah Network<br>36<br>12,883 |
|---|---|---|
| Intermountain Health | Limited Access<br>(rural facilities and children's hospital only)<br>EXCLUDES access to Value-Based Clinics | ✓ *Full Access*<br>INCLUDES access to Value-Based Clinics |
| U HEALTH UNIVERSITY OF UTAH | ✓ *Full Access*<br>(includes Huntsman Cancer Institute) | Limited Access<br>(peds, dermatology and behavioral health) |
| HCA MountainStar Healthcare | ✓ | X<br>*out of network* |
| centura (formerly Steward) | ✓ | X<br>*out of network* |

***Not a complete list. Check DocFind for participation status of individual providers.***

To find out more: https://aetnasource.com/p/Park-City

## Traveling Outside of Utah

For employees living in Utah but traveling out of state will have access to the Aetna National Network.

# Health Savings Account

## Payflex

### How does a Health Savings Account Work?

A High Deductible Health Plan (HDHP) offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans. An HDHP also features a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions. You also have the ability to enroll in a Health Savings Account.

### Eligibility

To be eligible to participate and contribute to a HSA bank account, the IRS requires that you:

- Must be enrolled in a qualified high deductible health plan (HDHP)
- Do not have any other health coverage that is not an HDHP or permitted insurance
- Are not active military
- Cannot be claimed as a dependent on another person's tax return
- You are already covered by a spouse's medical or pharmacy plan that are not an HDHP
- You are already covered through Medicare Parts A,B, C and/or D, or TRICARE programs
- You are already covered through a general purpose Flexible Spending Account (FSA) plan (such as your spouse's plan)

### HSA Advantages - Triple Tax Advantage

- You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
- Funds grow tax-free, and unused funds roll over year to year.
- You can withdraw funds tax-free to pay for qualified health care expenses now and in the future– even in retirement.

### How is an HSA used to pay for medical care?

1. Employee funds an HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.*
4. Employee can pay the remaining amount with a debit card or check from their HSA account.
5. This process is repeated until the out of pocket maximum is reached, after which the employee generally should be covered for almost all network eligible expenses.

*Subject to plan design, check your Benefits summary. Preventive care may be covered 100%.

### Why should you elect an HSA?

Cost Savings

- Tax Benefits: contributions are excludable from federal income tax; interest earnings may be tax free; withdrawals for eligible expenses are exempt from federal income tax
- Unused money may be held in interest-bearing accounts for growth from year to year

Long Term Financial Benefits

- Save for future medical expenses
- Funds roll over from year to year
- This is your account—you take it with you if you leave Park City

Choice

- You control and manage your health care expenses
- You choose when to use or save your HSA dollars to pay for your health care expenses

| IRS HSA Contribution Limit* | 2023 |
|---|---|
| Employee Only Coverage | $3,850 |
| Family (employee + 1 or more) Coverage | $7,750 |
| Catch-up (age 55+) | $1,000 |

**If you enroll in the High Deductible Health Plan (HDHP), Park City Municipal will contribute funds to your Health Savings Account (HSA) on your behalf:**

- **Employee Only: $82.40 per month**
- **Family Coverage: $188.10 per month**

***Important:** The combined contributions between you and from Park City may not exceed the annual IRS limits.

### Frequently Asked Questions

**Can I use my HSA dollars for non-eligible expenses?** Yes. However, money withdraw from an HSA to reimburse non-eligible expenses is taxable income and is generally subject to a penalty.

**When can I start using my HSA dollars?** You can start using your funds once your account is active and there are funds in the account.

**Can my HSA dollars be used for retirement health care costs?** Yes, for expenses eligible for reimbursement and for Medicare and certain other health coverage premiums after age 65.

**Can I use the money in my account to pay for my dependents medical expenses?** Yes. You can pay for eligible expenses on behalf of yourself, your spouse, and your tax dependent children, even if they are not covered by your HDHP.

# Flexible Spending Account—Reimbursement

We provide you with an opportunity to participate in up to three different flexible spending accounts (FSAs) administered through National Benefit Service (NBS). FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less federal income, Social Security, and Medicare taxes.

## Health Care FSA

For 2023, you may contribute up to $3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

## Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

## Dependent Care FSA

For 2023, you may contribute up to $5,000 (per family) to cover eligible dependent care expenses ($2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses visit www.irs.gov/pub/irs-pdf/p503.pdf.

**Eligibility:** You will be eligible to participate in the account on the first day of the month following your date of hire.

**How the Reimbursement Accounts Work:** During annual enrollment, you decide how much you wan to deposit into your reimbursement account(s). That amount is deducted evenly once a month during the calendar year from your paycheck before taxes are taken out. When you have an expense that qualifies, you pay the bill, submit a claim, and get reimbursed with tax-free dollars from your account.

**Reimbursements:** To claim reimbursements, fill out a claim form and attach any supporting information. For healthcare this will include receipts of th amount you paid and the date(s) on which you or your dependents received services. For dependent care this may include any contracts, letters, or receipts. You may send this information to NBS via fax or mail. You may also file your claim online.

**Fax:** 844-438-1496
**Online:** www.nbsbenefits.com
**Mail:** P.O. Box 6980, West Jordan, UT 84084
**Account Balance:** 855-399-3035

## FSA Rules

**You must enroll each year to participate**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA, Limited Purpose FSA, and Dependent Care FSA:** You can be reimbursed for claims incurred up to 2 1/2 months after the end of the plan year (grace period). Unused funds will be forfeited after the grace period. You'll have an additional 30 days to submit claims for expenses incurred during the plan year.

Upon termination of employment, participation in the FSA will cease, and no further salary redirection contributions will be contributed on your behalf. However, you will be able to submit claims for expenses incurred before the end of the period for which payments to the FSA have already been made. Your further participation will be governed by "Continuation Coverage Rights Under COBRA."

## HSA vs Health Care FSA: What's the Difference?

| Available if you enroll in a... | HDHP + HSA | Traditional Plan + FSA |
|---|---|---|
| Eligible for company contributions | Yes | No |
| Change your contribution amount at any time | Yes | No |
| Access your entire annual contribution amount from the beginning of the plan year | No | Yes |
| Access only funds that have been deposited | Yes | No |
| "Use-it-or-lose-it" at year-end | No | Yes |
| Money is always yours to keep | Yes | No |

# Medical Plans

## Aetna

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).
Coinsurance percentages and copay amounts shown below represent the members cost.

| Key Medical Benefits | Traditional $375 | | Traditional $700 | | HDHP $1,500 HSA | |
|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network[1] | In-Network | Out-of-Network[1] | In-Network | Out-of-Network[1] |
| **Deductible and Out-of-Pocket Maximum** (per calendar year) | | | | | | |
| **Individual Coverage** | | | | | | |
| **Deductible** | $375 | $750 | $700 | $1,250 | $1,500 | $1,500 |
| **Out-of-Pocket Maximum** | $3,000 | $6,000 | $3,000 | $6,000 | $5,000 | $5,000 |
| **Family Coverage** (Per Person / Family) | | | | | | |
| **Deductible** | $700 | $1,400 | $1,100 | $2,500 | $3,000[1] | $3,000[1] |
| **Out-of-Pocket Maximum** | $6,000 | $12,000 | $6,000 | $12,000 | $10,000[2] | $10,000[2] |
| **Company Contribution to your Health Savings Account (HSA) (Per Person / Family)** | | | | | | |
| **Employer HSA Contribution** | Not applicable | | Not applicable | | $82.40 Employee Only per month<br>$188.10 Family Coverage per month | |
| **Covered Services** | | | | | | |
| **Office Visits (primary/specialist)** | $25 / $45 | 40%* | $35 / $55 | 40%* | 20%* | 40%* |
| **Telemedicine / Virtual Care** | $10 | 40%* | $10 | 40%* | 10%* | 40%* |
| **Routine Preventive Care** | Covered 100% | 40%* | Covered 100% | 40%* | Covered 100% | 40%* |
| **Chiropractic** (10 visits per year) | 20%* | 40%* | 20%* | 40%* | 20%* | 40%* |
| **Ambulance** | 20%* | Same as in-network | 20%* | Same as in-network | 20%* | Same as in-network |
| **Emergency Room** | $300 | | $300 | | 20%* | |
| **Urgent Care Facility** | $45 | 40%* | $55 | 40%* | 20%* | 40%* |
| **Inpatient Hospital** | 20%* | 40%* | 20%* | 40%* | 20%* | 40%* |
| **Outpatient Hospital** | 20%* | 40%* | 20%* | 40%* | 20%* | 40%* |
| **Prescription Drugs (Preferred Generic / Preferred Brand / Non-Preferred Generic and Brand Name)[3]** | | | | | | |
| **Pharmacy Deductible** | None | None | None | None | Same as medical | Same as medical |
| **Pharmacy Out-of-Pocket Maximum** | $3,000 / $6,000 | N/A | $3,000 / $6,000 | N/A | Same as medical | Same as medical |
| **Retail Pharmacy (30 day supply)** | $10 / 20% / 35% | 40% of submitted cost[4] | $10 / 25% / 40% | 40% of submitted cost[4] | 20%* | 40%* |
| **Mail Order (Up to 90-day supply)** | $30 / 20% / 35% | | $30 / 25% / 40% | | 20%* | 40%* |

***Benefits with an asterisk ( * ) require that the deductible be met before the Plan begins to pay.**

**H.S.A. contributions for employees is reliant on Healthy Living participation and contribution for those who do not participate in Health Living and employees who use Tobacco is different. $900 will be deducted from the H.S.A. contribution for employees not participating in Healthy Living. Please see Human Resources for details.

1. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the contract year. There is no Individual Deductible to satisfy within the Family Deductible
2. The Family Out-of-Pocket limit is a cumulative Out-of-Pocket limit for all family members. The family limit can be met by a combination of family members; however, no single individual within the family will be subject to more than the Individual Out-of-Pocket limit amount.
3. If a member or physician requests brand when generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.
4. After applicable in-network cost share

| Monthly Premium | | | |
|---|---|---|---|
| **Premium Paid by Park City** | **Traditional $375** | **Traditional $700** | **HDHP $1500 HSA** |
| Healthy Living: Single / Family | $582 / $1675.71 | $607.24 / $1655.18 | $572.94 / $1632.45 |
| Non-Healthy Living: Single / Family | $507 / $1600.71 | $532.24 / $1580.18 | $572.94 / $1632.45 |
| **Premium Paid by Employee** | | | |
| Healthy Living: Single / Family | $50 / $125 | $0 / $75 | $0 / $0 |
| Non-Healthy Living: Single / Family | $125 / $200 | $75 / $150 | $0 / $0 |
| **Premium Paid by Employee (for Tobacco Users)** | | | |
| Healthy Living: Single / Family | $175 / $250 | $125 / $200 | $125 / $125 |
| Non-Healthy Living: Single / Family | $250 / $325 | $200 / $275 | $125 / $125 |

# Dental

## Regence Dental

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Regence Dental Network**.

Following is a high-level overview of the coverage available.

| Key Dental Benefits | Regence Dental PPO | |
|---|---|---|
| | In-Network | Out-of-Network[1] |
| **Deductible** (per calendar year) | | |
| **Individual / Family** | $25 / $75 | |
| **Benefit Maximum** (per calendar year; preventive, basic, and major services combined) | | |
| **Per Individual** | $1,500 | |
| **Covered Services** | | |
| **Preventive Services,** including:<br>Exams, Fluoride, Cleanings[2], X-Rays, Space Maintainers, and Sealants for Permanent Molars | Covered 100% | 100% of EDE |
| **Basic Services**, including:<br>Fillings, Extractions, Oral Surgery, Endodontics, and Periodontics | 20%* | 20% of EDE* |
| **Major Services**, including:<br>Crowns, Bridges, Dentures, Inlays, Onlays, and Implants | 50%* | 50% of EDE* |
| **Orthodontic Lifetime Maximum** | $1,500 | |
| **Orthodontia** (All Members) | 50% | 50% of EDE |

**Coinsurance percentages shown in the above chart represent what the member is responsible for paying.**

***Benefits with an asterisk ( * ) require that the deductible be met before the Plan begins to pay.**

1. Services may be obtained from Out-of-Network providers. However, you may be responsible for Balance Billed Amounts, which are amounts by an out-of-network provider in excess of the in-network eligible dental expense amounts.
2. Cleanings do not apply towards the annual maximum.

EDE: Eligible Dental Expenses

| Monthly Premium | |
|---|---|
| **Premium Paid by Park City** | **PPO Plan** |
| Single | $45.90 |
| Family | $130.90 |
| **Premium Paid by Employee** | |
| Single | $0 |
| Family | $0 |

Access your personalized member portal at **regence.com/sign-in/** or download the **Regence Mobile App** to view benefits, eligibility, claim status, ID cards, plan summary, provider search, and more.

# Vision

## Opticare Vision

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a vision care provider who participates in either the Select Network or Broad Network.

Park City offers two vision plans. Following is a high-level overview of the coverage available on each plan.

| Key Vision Benefits | 0-10-100C | | | 100CC | | |
|---|---|---|---|---|---|---|
| | Select Network | Broad Network | Out-of-Network | Select Network | Broad Network | Out-of-Network |
| **Eye Exam** | | | | | | |
| **Eyeglass exam** | 100% Covered | $10 Copay | $40 Allowance | Not Covered | Not Covered | Not Covered |
| **Contact exam** | 100% Covered | $10 Copay | $40 Allowance | Not Covered | Not Covered | Not Covered |
| **Contact fitting** | 100% Covered | Retail | Included above | Not Covered | Not Covered | Not Covered |
| **Standard Plastic Lenses** | | | | | | |
| **Single Vision, Bifocal, and Trifocal** | 100% Covered | $10 Copay | $70 Allowance | 100% Covered | $10 Copay | $70 Allowance |
| **Lens Options** | | | | | | |
| **Standard Progressive** | $10 Copay | $50 Copay | Included under the $70 Standard Plastic Lens Allowance | $10 Copay | $50 Copay | Included under the $70 Standard Plastic Lens Allowance |
| **Polycarbonate** | $20 Copay | $40 Copay | | $20 Copay | $40 Copay | |
| **Anti-Reflective** | $40 Copay | $45 Copay | | $40 Copay | $45 Copay | |
| **Coatings** | | | | | | |
| **Scratch Resistant Coating** | 100% Covered | $10 Copay | Included under the $70 Standard Plastic Lens Allowance | 100% Covered | $10 Copay | Included under the $70 Standard Plastic Lens Allowance |
| **UV Protection** | 100% Covered | $10 Copay | | 100% Covered | $10 Copay | |
| **Other Options—Edge polish, tints, mirrors, etc.** | Up to 25% discount | | | Up to 25% discount | | |
| **Frames** | | | | | | |
| **Allowance Based on Retail Pricing** | $100 Allowance | $90 Allowance | $55 Allowance | $100 Allowance | $90 Allowance | $55 Allowance |
| **Contacts** | | | | | | |
| **Contacts—in lieu of lens and frame benefit** | $100 Allowance | $90 Allowance | $75 Allowance | $100 Allowance | $90 Allowance | $75 Allowance |
| **Frequency** | | | | | | |
| **Exams, Lenses, Frames, Contacts** | Every 12 months | | | Every 12 months | | |

**Please Note:** Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by provider.

- Up to discount off balance above Frame Allowance
- Must purchase full year supply to receive discounts on select brands. See provider for details.
- LASIK (Refractive Surgery) 20% Off Retail under the **Select Network** only. This is a discount only.
- Out-of-Network benefits may not be combined with promotional items. Online purchases at approved providers only.

| Monthly Premium | | |
|---|---|---|
| **Premium Paid by Employee** | **0-10-100C** | **0-10-100C** |
| Single | $7.37 | $4.79 |
| Two-Party | $12.98 | $8.44 |
| Family | $16.60 | $10.79 |

Access your personalized member portal at **opticarevisionservices.com** or download the **MyOpticare Member App** to view benefits, eligibility, claim status, ID cards, plan summary, covered providers, and more.

# Disability

## Prudential

You are provided with Short-Term and Long-Term Disability Insurance at **NO COST** to you. Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Employees taking more than three days must secure a note from their physician or licensed health care professional authorizing their return to work. This not must be submitted to the Human Resources department prior to being allowed to return to work.

Any absence deemed to be covered under the Family Medical Leave Act (FMLA) to which you are entitled runs concurrently with disability leave and sick leave, if applicable.

Please see the Certificate of Coverage summary for more detailed benefit information.

| Short-Term Disability | |
|---|---|
| **Benefit Percentage** | 60% of weekly salary |
| **Weekly Benefit Maximum** | $1,385 |
| **When Benefits Begin** | After 21 day elimination period |
| **Maximum Benefit Duration** | 10 weeks |

| Long-Term Disability | |
|---|---|
| **Benefit Percentage** | 60% of monthly salary |
| **Monthly Benefit Maximum** | $5,000 |
| **When Benefits Begin** | After 90 day elimination period |
| **Maximum Benefit Duration** | 3 years Own Occupation, then any Occupation until Social Security Normal Retirement Age |

# Life/AD&D

## Prudential

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

### Basic Life/AD&D (City-paid)

This benefit is provided at **NO COST** to you

| | |
|---|---|
| **Benefit Amount** | $50,000 / $50,000 |
| **Dependent Amount** | $5,000 |

Both Basic and Supplemental Life insurance amounts are subject to reduction at specific ages. Please see the Certificate of Coverage summary for more information.

# Voluntary Life Insurance

## Prudential

If you determine you need more than the basic Life AD&D coverage, you may purchase additional coverage for yourself and your eligible family members.

### Voluntary Life/AD&D (Employee-paid)

| Coverage | Benefit Option | Guaranteed Issue* |
|---|---|---|
| **Employee** | Lesser of 5x salary or $500,000 in $10,000 increments | $200,000 |
| **Spouse or Domestic Partner** | Lesser of $250,000 or 50% of employee amount in $5,000 increments | $20,000 |
| **Unmarried Dependent Child(ren)** | Lesser of $10,000 or 50% of employee amount in $2,000 increments | $10,000 |

*During your initial eligibility period only, you can receive coverage up to the Guaranteed issue amounts without having to provide Evidence of Insurability (EOI), or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

| Supplemental Life Monthly Premium per $1,000 of Coverage | | |
|---|---|---|
| **Age** | **Non-Tobacco User** | **Tobacco User** |
| Under 20 | $0.056 | $0.065 |
| 20-24 | $0.068 | $0.079 |
| 25-29 | $0.081 | $0.089 |
| 30-34 | $0.086 | $0.096 |
| 35-39 | $0.109 | $0.121 |
| 40-44 | $0.145 | $0.161 |
| 45-49 | $0.216 | $0.250 |
| 50-54 | $0.352 | $0.408 |
| 55-59 | $0.597 | $0.722 |
| 60-64 | $0.941 | $1.188 |
| 65-69 | $1.552 | $2.043 |
| 70-74 | $2.703 | $3.556 |
| 75-79 | $4.518 | $5.945 |
| 80-84 | $7.795 | $10.256 |
| 85-100 | $33.679 | $44.315 |
| Monthly Dependent | $0.081 per $1,000 of Coverage (Rate is the same regardless of number of children) | |

| Supplemental AD&D Monthly Premium | | |
|---|---|---|
| **Coverage** | **Employee Only** | **Family** |
| $10,000 | $0.19 | $0.42 |
| $50,000 | $0.95 | $2.10 |
| $100,000 | $1.90 | $4.20 |
| $150,000 | $2.85 | $6.30 |
| $200,000 | $3.80 | $8.40 |
| $250,000 | $4.75 | $10.50 |
| $300,000 | $5.70 | $12.60 |
| $350,000 | $6.65 | $14.70 |
| $400,000 | $7.60 | $16.80 |
| $500,000 | $9.50 | $21.00 |

Both Basic and Supplemental Life insurance amounts are subject to reduction at specific ages. Please see the Certificate of Coverage summary for more information.

***Please Note:** You may request an additional $40,000 of employee Supplemental Life insurance coverage each open enrollment period without medical underwriting. This coverage is available, at the applicable premium rate, as long as you have not been previously denied coverage. Please see the Certificate of Coverage summary for more detailed information.

# Retirement Plans

***PARK CITY MUNICIPAL OFFERS BOTH TRADITIONAL AND ROTH IRA OPTIONS. PLEASE SEE HUMAN RESOURCES FOR MORE DETAILS ABOUT YOUR RETIREMENT PLAN OPTIONS.**

## Utah Retirement Systems (URS)

Park City participates in the Utah Retirement System (URS). The URS system dictates, to all government employers, a percentage for annual contributions and offers a defined benefit program to employees. This benefit is 100% paid by Park City. The system and tier in which you are enrolled depends on your position and date of hire. Vesting requires 4 consecutive years of service with Park City Municipal.

## MissionSquare (Formally ICMA-RC)

Park City offers a 457 plan through MissionSquare. This is a tax deferred plan through which employees can make contributions toward their retirement. All contributions made to this account are matched by the city at 50%, up to $900 per fiscal year. An employee must contribute at least $1,800 to achieve the maximum match from Park City.

### MissionSquare Enrollment Instructions:

- Visit www.icmarc.org
  - Select 'participants' > click 'enroll in your plan' > click 'Continue' > Enter Employer **'PARK CITY'** > Enter Plan State (UT)> Scroll Down to plan 301087 and Click on 'Visit Website' > click on 'Enroll in My Plan > Follow prompts and instructions to enter SSN and DOB.
- **Once enrolled in the retirement plan, please contact Human Resources and indicate how much you would like to contribute to your 457 plan!**

### Visit your plan resource site to enroll today.

Enrolling in your employer's retirement plan online is quick and easy, and it means you're taking a valuable step for your financial future. Your plan resource site provides information on your retirement plan's details and enrollment options.

Employer _____ Plan Name _____ Plan State _____

EkCi _____ _____ Eb _____

Enter your employer's name for a list of ptans

I'm not a robot reCAPTCHA "'"'IICJ•T– Search Plan Resource Sites

### Plan Resource Sites

| Plan Name | Plan State | Plan Type | Plan ID | |
|---|---|---|---|---|
| PARK CITY MUNICIPALCORP | UT | GRP-ROTH | 705522 | Visit Website I2I |
| PARK CITY MUNICIPAL CORP | UT | GRP-IRA | 701459 | Visit Website I2I |
| PARK CITY MUNICIPAL CORP | UT | 457 | 3010 87 | VJ1.Websel2I |
| PARK CITY MUNICIPALCORP. | UT | 401A | 109041 | Visit Website I2I |

**Additional Questions Contact:** Mike Wilson - 801-366-7491 - Mike.Wilson@urs.org
Jeff Hartung - 202-962-4804 - JHartung@missionsq.org

# Benefits Offered by Park City

## Pet Insurance

The City offers a variety of Pet and Pet Prescription insurance plans that will give you a 25% discount from veterinary bills if you see a partnered Pet Benefits Solutions vet. Visit www.petbenefit.com for more details or ask HR.

## Housing Assistance Programs

City-owned rental properties and mortgage assistance, when available, are also a benefit to eligible employees. For more information, contact the City's Housing Specialist Rhoda Stauffer at extension 5152. Full-Time Regular employees who reside within the Park City School District boundaries are eligible for a monthly housing allowance. Please get in touch with Human Resources for more information on this benefit.

## Bilingual Stipend Policy

To provide services for resident employees in their primary language, including sign language. In Park City and Summit County, English, Spanish, American Sign Language (ASL) are the primary languages of many residents and employees.

- Employe must pass a proficiency test certifying the employee's ability to speak and write English and Spanish and use sign language
- Pay will be fixed amount $40 per pay period. Part time employees will be paid $20 per pay period.
- Bilingual Stipend will only be paid for pay periods where the employee receives straight time pay hours at a minimum of 15 hours per week.

## Ski & Mountain Biking Passes

Transferable Ski passes are available year-round for every employee. There are 5 Deer Valley passes which include both skiing and mountain biking access. There are 3 White Pine passes for cross country skiing. These passes are available for check out Monday—Friday. They are due back the same day of checkout before the end of the day. Weekend check out is also available. Contact HR for additional information.

### Ice Arena

| | Ice Employee | Ice Dependent | City Employee | City Dependent |
|---|---|---|---|---|
| **Recreational Programs** | | | | |
| Public Skate | Free | Free | Free | Free |
| Drop-In Hockey | Free* | Free* | Free* | Free* |
| Skating & Hockey Academy Classes | first day of class | first day of class | first day of class | first day of class |
| **Competitive Programs** | | | | |
| Stick & Puck | Free* | Free* | Free* | Free* |
| Freestyle | Free* | Free* | 20% Off Punch Cards | 20% Off Punch Cards |
| Off-Ice Classes | Free* | Free* | 20% Off Punch Cards | 20% Off Punch Cards |
| **Skate Sharpening** | | | | |
| Overnight Skate Sharpening | Free** | Free** | Free** | No Discount, Must Pay for Sharpening |
| **Camps & Clinics** | | | | |
| Basic Skating Camp | 50% Off/Free* | 50% Off/Free* | 20% Off/Free* | 20% Off/Free* |
| FS Camp/Competitive Clinics | 50% Off | 50% Off | 20% Off | 20% Off |
| Termite Camp | 50% Off/Free* | 50% Off/Free* | 20% Off | 20% Off |
| FS Clinics | 50% Off/Free* | 50% Off/Free* | 20% Off | 20% Off |
| **Hockey Leagues** | | | | |
| Player Registration Fees | Free (min 100 hours) | NA | Free (min 100 hours) | NA |
| **Birthday Parties** | | | | |
| Basic Package (Super Star Package not available) | No charge for party room if available 2 weeks out. Must pay admission and skate rental for all non- | No charge for party room if available 2 weeks out. Must pay admission and skate rental for all non- | 20% off Basic Party Package | 20% off Basic Party Package |

## Recognition Awards

Full-Time Regular employees are rewarded for their dedication and continued loyalty. Awards are presented every five years of continued service as a Full-Time Regular employee. Each five years of service is rewarded with an incremental dollar amount of $200 redeemable through thee Kudos recognition platform. For example, 5 years of service is awarded $200, conversely, 30 years of service is awarded $1200. Recognition from the Mayor, City Manager, City Attorney, and City Council for employee years of service is given every 5 years at a special dinner. Additional information on service awards is available in the Human Resources Department.

## Voluntary Identity Theft Protection and Restoration—Identity Theft Shield

Identity theft is a major problem affecting people's credit history and personal information. You may elect this optional coverage for you and your family through payroll deduction any time during the year. Please contact the Human Resources Department or go to the Employee Portal (ep.parkcity.org) for more information on this benefit.

## Hepatitis A&B Shot Information

The Health Department offers shots every Monday-Thursday from 8:00AM-11:00AM and 1:00PM-5:00PM. This is a series of three shots: initial, one month, and five month shot. To receive your shots for free: tell the clinic you work with Park City Municipal Corp, and they know to bill us directly. For interested employees, free Hepatitis A & Hepatitis B shots are available at the Summit County Health Department.

## Wellness Benefit

The City offers privileges and discounts at City recreational facilities such as the PC MARC, Golf Course, and the Ice Arena. All active part-time, full-time, seasonal, and intern status employees are eligible to request Wellness benefits. Individuals under special employment agreements may also be eligible depending on their employment agreement. Benefits may also be requested for spouses, domestic partners, and dependents.

### PC MARC & Recreation

| | REC Employee* | REC Dependent* | City Employee | City Dependent |
|---|---|---|---|---|
| Facility & Class Pass | Free | Free | Free | Free |
| Child Care 10 Pass | 50% Discount | 50% Discount | 20% Discount | 20% Discount |
| Recreation Programs | 50% Off/Free if space after deadline | 50% Off/ Free if space after deadline | 20% Off/ Free if space after deadline | after deadline |

**All passes are non-transferable**

### Tennis

| | Tennis Employee* | Tennis Dependent* | City Employee | City Dependent |
|---|---|---|---|---|
| Tennis & Pickleball Courts Use | Walk on at no charge | Walk on at no charge | Walk on at no charge | Walk on at no charge |
| Tennis Clinic, Social & Programs | 50% Off/Free if space after deadline | 50% Off/ Free if space after deadline | 20% Off/ Free if space after deadline | after deadline |

### Golf Wellness Benefits

| | Golf Employee* | Golf Dependent* | City Employee | City Domestic Partner |
|---|---|---|---|---|
| 10 Punch Pass ($360) | Free | $288 (20% Discount) | $180 | $288 (20% Discount) |

**Limit 3 punch cards a year for City Employees and their domestic partner**

# Employee Assistance Program & Healthy Living

## Blomquist Hale (EAP)

The Employee Assistance Program (EAP) provides short-term confidential counseling for you and anyone living in your household regardless if they are covered under your health insurance plan at **NO COST** to you. Counseling is available 24 hours a day, 7 days a week. This extensive network of experience therapists will work with you and provide the tools and strategies you need to resolve a situation. If specialized services are needed, the counselor will refer you to an appropriate resource.

All discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including Park City) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened with violence.

Each household member is entitled to unlimited face-to-face visits per incident. Setting up an appointment is as simple as calling the Blomquist Hale office. You will be offered an appointment time, generally within a couple working days of your initial call. Crisis cases are seen the same day, generally within two hours. Counselors are available around the clock for emergency and crisis situations.

**To reach an EAP Representative Call 1-800-926-9619**

**The EAP can help with topics such as:**

| | | |
|---|---|---|
| Life Changes | Birth/ Adoption | Child Care |
| Parenting | Family Conflicts | Stress |
| Depression | Job Pressures | Legal Advice |
| Finances | Elder Care | Relationships |
| Grief | Aging | Drugs/ Alcohol |
| Smoking Cessation | Eating Disorders | |

## Healthy Living

In an effort to help maintain lower costs for you and to encourage good health for all of our valued employees, the City encourages all employees to participate in our Wellness Program called Healthy Living. Healthy Living is a program that helps you take steps to become more aware of your own health and to reward your for making changes and taking steps to stay on a health path or get on a path towards a healthier lifestyle.

### The Program Focuses on 3 Components of Health

- Health and Medical Assessments
- Preventive Health Care
- Proactive Health Care

As you participate and complete all three components, you will be eligible to receive a monthly discount on your health insurance premiums.

*If an employee does not take steps to return brochure to HR department, his/her premiums will increase $75.00 per month (or the City contribution into the HSA account will decrease.)

### Fitness Tracking Reimbursement

As part of our Healthy Living program, any Full-Time regular employee who purchases a fitness tracking device (i.e. FitBit, iWatch, etc.) could receive up to a $50 reimbursement. Please provide an itemized receipt to HR within 30 days of the purchase date.

### Wellness Program Disclosure

Any wellness program related to financial incentives offered under the Plan must comply with the requirements and limitations of HIPAA, the ACA, GINA, ADA, ERISA and related guidance. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at (435) 615-5243 to discuss.

# Commuting Benefits

## Employee UTA Transit Pass Program

Park City Municipal will 100% subsidize the cost of your commute on all Utah Transit Authority (UTA) services. The employee transit pass is for commuting trips to and from work or for work related purposes only. Visit the Human Resources office to learn more and collect your subsidized fare card. To learn more about UTA schedules and the PC-SLC Connect services (Routes 901 and 902), visit www.rideutah.com. Note that for most Park City destinations, using these services will require a transfer to a fare-free service operated by Park City Transit at the Kimball Junction Transit Center.

## Ride on Park City

Find neighbors who live and work near you on Park City's carpool matching platform, Ride On! You can reduce your car maintenance, parking and gas costs by sharing a ride. You can also join our incentive programs which reward you for using a sustainable transportation mode.

## Summit Bike Share

Park City Municipal and Summit County launched the country's first all-electric bike share system in 2017.

Summit Bike Share offers annual, monthly, and daily passes-perfect for residents and visitors alike. The bikes' electric motors make tackling Park City's hilly terrain a breeze and our city's pathway network makes getting around town safe and comfortable.

For station locations, pricing, and more information, please visit summitbikeshare.com

## Guaranteed Ride Home (GRH)

Guaranteed Ride Home is designed to provide an 'insurance policy' against being stranded at work in the event an employee needs to make a sudden trip home to tend to an emergency or misses their bus home as a result of being required to work unexpected overtime.

### Who is Eligible?

Any employee working in Park City or surrounding Summit County that traveled to work by means other than driving alone is eligible to participate.

GRH program participants are eligible for up to six uses of the program or a combined total of $250 per year in reimbursement; whichever occurs first. * Employee must be registered prior to requesting reimbursement.

### How Does it Work?

GRH participants typically use a taxi or ride-hailing app to get home. The employee then submits their receipt using our Reimbursement Claim Form for reimbursement. Reimbursements are sent through a check in the mail and are sent within 30 days after submitting a request. Tips are encouraged though not reimbursed.

## Kamas Commuter

Employees commuting from parts of eastern Summit County can take advantage of Park City Transit's fare free commuter service from Kamas to Park City and Kimball Junction. To learn more and find schedule information, visit http://www.parkcity.org/departments/transit-bus.

## UTA Vanpool

PCMC Municipal provides a FREE vanpool for PCMC employees. The vanpool makes one round-trip from Salt Lake City to Park City per day, Monday through Friday.

For more information and to sign up for the PCMC Employee Vanpool, please email vanpool@parkcity.org

# Education & Babbel Benefits

## Education Benefit

A program of education assistance has been established for full-time regular employees who have completed probation.

- Course work that qualifies for educational assistance will be considered on a case-by-case basis prior to of the employee's enrollment.
- The determination to pay for the educational assistance will be at the sole discretion of the City Manager or his/her designee and in the best interest of the City.
- The City Manager reserves the right to change the amount or percentage of reimbursements available per employee at any time.
- The City will reimburse up to $10,000 per calendar year according to the cap set by the IRS.
- In order to qualify for 100% reimbursement of classes and fees, the course grade must be:
  - "A" = 100%
  - "B" = 90%
  - "C" = 80%
- For "pass-fail" courses - up to 80% will be paid for passing.
- No reimbursement will be made for a grade lower than "C" or "fail" grade.

To be eligible for educational assistance, employees must have completed probation before classes commence. Employees will submit all degree requirements as part of the pre-approval process. All documentation of degree program requirements must be forwarded to Human Resources for approval before classes commence. Any and all reimbursement must be directly related to specific course requirements outlined by the degree program approved.

Requests for educational assistance must pertain to degree programs from an accredited college or university.

# Babbel

## Improving Your Language Skills

Improve your language skills, using Babbel FOR FREE!

Once you purchase a 1 year subscription and submit your receipt to Human Resources you will be eligible to receive full reimbursement. This program is available for ALL employees.

Whether you learn best by reading, writing, speaking, seeing or listening, Babbel is built to bolster your language knowledge by teaching you in a way that is best for you.

## Mejorar sus habilidades lingüísticas

Mejora tus habilidades lingüísticas usando Babbel, GRATIS!
Una vez que compre una suscripción de 1 año, envíe su recibo a Recursos Humanos y puede obtener su reembolso completo!
*Este programa está disponible para TODOS los empleados.
Ya sea que aprendas mejor leyendo, escribiendo, hablando, viendo o escuchando, Babbel está diseñado para reforzar tu conocimiento del idioma enseñándote de la mejor manera para ti.

# Important Notices

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

**What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called **"balance billing."** This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care-like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

**You're protected from balance billing for:**

**Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-

network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

**Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have these protections:**

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that would pay if the provider or facility is in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you for emergency services or out-of-network services toward you in-network deductible and out-of-pocket limit.

**If you think you've been wrongly billed,** contact the No Surprises Help Desk, operated by the U.S. Department of Health and Human Services, at 1-800-985-3059.

Visit *www.cms.gov/nosurprises/consumers* for more information about your rights under federal law.

# Important Notices

## ADA Notice Regarding Wellness Program

Healthy Living is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in other medical examinations. The information from your HRA will be used to provide you with information to help you understand your current health and potential risks.

The information from your HRA may also be used to offer you services through the wellness program, such as. You also are encouraged to share your results or concerns with your own doctor.

The information from your biometric screening may also be used to offer you services through the wellness program, such as . You also are encouraged to share your results or concerns with your own doctor.

However, employees who choose to participate in the wellness program will receive an incentive of lower costing insurance premiums or a higher amount contributed to their Health Savings Account (HSA). Although you are not required to complete the HRA, only employees who do so will receive lower costing insurance premiums or a higher amount contributed to their Health Savings Account (HSA).

Additional incentives, such as fitness tracking reimbursement of up to $50 for employees who purchase a fitness tracking device, may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Sarah Mangano at 445 Marsac Avenue, Park City, UT 84060, 435-615-5241, Sarah.Mangano@parkcity.org.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Park City Municipal Corporation may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy Living will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness

## Genetic Information Nondiscrimination Act (GINA) Disclosures

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employe may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact hat an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

# Important Notices

## Newborns' and Mothers' Health Protection Act Notice (Maternity Benefits)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

## Reminder of Availability of HIPAA Privacy Notice

The Park City Municipal Health Plan (the "Plan") provides health benefits to eligible employees of Park City and their eligible dependents as described in the summary plan description for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing the Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI.

To receive a copy of the Park City Municipal Notice of Privacy Practices, please see the Human Resources Department.

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Sarah Mangano at 445 Marsac Avenue, Park City, UT 84060.

## Transgender Rights

Your coverage for services depends on your health plan and certain state and federal laws. So be sure to check your benefits plan, refer to the resources below or call Aetna a the number on your member ID card or visit the Transgender & Gender Diverse Support Center at go.aetna.com/genderdiversity for helpful tools and resources.

Each benefits plan defines which services are covered, which are excluded and which are subject to dollar caps or other limits. Members and their providers will consult the member's benefits plan to determine if there are any exclusions or other benefits limitations applicable. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this policy and member's plan of benefits, the benefits plan will govern.

# Important Notices

## CHIP/CHIP Notice

**Premium Assistance Under Medicaid and the Children's Health Insurance Program**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. Using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependent are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDSNOW or www. Insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.

If you or your dependent are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor or **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility-**

### ALABAMA - Medicaid

Website: http://myalhipp.com/ Phone: 1-855-692-5447

### ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

### ARKANSAS - Medicaid

Website: http://myarhipp.com/

Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA - Medicaid

Website:

Health Insurance Premium Payment (HIPP) Program
http://dhes.ca.gov/hipp

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

### COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBi): https://www.mycohibi.com/

HIBi Customer Service: 1-855-692-6442

### FLORIDA - Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecover.y.com/hipp/index.html

Phone: 1-877-357-3268

# Important Notices

## GEORGIA - Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: 678-564-1162, Press 1

GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization- act-2009-chipra

Phone: (678) 564-1162, Press 2

## INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/

Phone: 1-877-438-4479

All other Medicaid

Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

## IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: .bll.Q;// dhs.iowa.gov/Hawki

Hawki Phone: 1-800-257-8563

HIPP Website: https://dhs.iowa.govlime/members/medicaid- a-to-z/hipp

HIPP Phone: 1-888-346-9562

## KANSAS - Medicaid

Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

## KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov

## LOUISIANA - Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE - Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740

TTY: Maine relay 711

## MASSACHUSETTS - Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840

TTY: (617) 886-8102

## MINNESOTA - Medicaid

Website:

https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp

Phone: 1-800-657-3739

## MISSOURI - Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

## MONTANA - Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

Email: HHSHIPPProgram@mt.gov

## NEBRASKA - Medicaid

Website: http://www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

# Important Notices

## NEVADA - Medicaid

Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE - Medicaid

Website: https://www.dhhs.nh.gov/programs- services/medicaid/health-insurance-premium-program Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

## NEW JERSEY - Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/

Medicaid Phone: 609-631-2392

CHIP Website: http://www.njfamilycare.org/index.html

CHIP Phone: 1-800-701-0710

## NEW YORK - Medicaid

Website: https://www.health.ny.gov/health care/medicaid/ Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

## OREGON – Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html

Phone: 1-800-699-9075

## PENNSYLVANIA - Medicaid and CHIP

Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx

Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)

CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND - Medicaid and CHIP

Website: http://www.eohhs.ri.gov/

Phone: 1-855-697-4347, or

401-462-0311 (Direct Rite Share Line)

## SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: http://gethipptexas.com/ Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669

## VERMONT– Medicaid

Website: Health Insurance Premium Payment (HIPP) Program

| Department of Vermont Health Access Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp

Medicaid/CHIP Phone: 1-800-432-5924

## WASHINGTON - Medicaid

Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

## WEST VIRGINIA - Medicaid and CHIP

Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN - Medicaid and CHIP

Website:

https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002

## WYOMING - Medicaid

Website: https://health.wyo.gov/healthcarefi n/medicaid/programs-and- eligibility/

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

# Important Notice about Drug Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Park City Municipal Corporation (the "Plan Sponsor") and about your options under Medicare's prescription drug coverage. This information can help decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least standard level coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2) The Plan Sponsor has determined that the prescription drug coverage offered by Park City is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription drug plan.

## When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Plan Sponsor and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than a Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information.

**NOTE:** you'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Plan Sponsor changes. You also may request a copy of this notice at any time.

## For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit **www.medicare.gov.**

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: July 1, 2023
Name of Entity: Park City Municipal Corporation
Contact Office: Human Resources
Address: 445 Marsac Ave., Park City, UT 84060
Phone Number: 435-615-5246

# COBRA

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment; Death of the employee
- The employees becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or domestic partner or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to:**

Sarah Mangano
445 Marsac Avenue
Park City, UT 84060

### How is COBRA continuation coverage provided?

Once the Plan administrator receives notices that a qualifying event has occurred, COBRA continuation cover-age will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment determination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, my permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entailed to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the depended child stops being eligible under the Plan as a depended child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.Healthcare.gov**

If you have questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affection group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa.** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA'S website.) Fore more information about the Marketplace, visit **www.HealthCare.gov.**

### Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### Plan contact information

Name of Entity/Sender: Park City Municipal Corporation
Contact: Human Resources
Address: 445 Marsac Avenue Park City, Utah 84060
Phone Number:435-615-5246

# Contact Information

| Coverage | Carrier | Phone # | Website/Email |
|---|---|---|---|
| Medical | Aetna | Concierge: (800) 345-8882 | www.aetna.com |
| Dental | Regence | (888) 675-6570 | www.regence.com |
| Vision | Opticare Vision Services | (800) 363-0950<br>(801) 869-2020 | www.opticarevisionservices.com |
| Health Savings Account (HSA) | Payflex | (844) 729-3539 (TTY: 711) | www.PayFlex.com |
| Flexible Spending Accounts (FSA) - Reimbursement | National Benefit Services (NBS) | Phone: (800) 274-0503<br>Account Balance: (888) FLEX125<br>Stephen Smith: (801) 858-0275 | www.nbsbenefits.com<br>Stephen.Smith@nbsbenefits.com |
| Life/AD&D and Disability | Prudential | (888) 598-5671 | www.prudential.com |
| Retirement | MissionSquare (ICMA-RC) | Main Line: (800) 326-7272<br>Jeff Hartung: (202) 962-4804 | www.icmarc.org<br>JHartung@missionsq.org |
| Retirement | URS | Main Line: (801) 366-7770<br>Mike Wilson: (801) 366-7491 | www.urs.org<br>Mike.Wilson@urs.org |
| Employee Assistance Program (EAP) | Blomquist Hale | (800) 926-9619 | www.blomquisthale.com |
| Pet Insurance | Pet Benefits | (800) 891-2565 | www.petbenefits.com<br>customercare@petbenefits.com |
| Escalated Claim Assistance | HUB International | Katie Keil—Consultant: (801) 947-4108<br>Valerie Bennion—AM: (801) 947-4114 | Katie.Keil@hubinternational.com<br>Valerie.Bennion@hubinternational.com |

## Benefits Website

Our employee portal, **ep.parkcity.org**, can be accessed anytime you want additional information on our benefits programs.

Human Resources

If you have additional questions, you may also contact:

Sarah Mangano at (435) 615-5241
or Sarah.Mangano@parkcity.org

or

Amy Villarreal at (435) 615-5242
or Amy.Villarreal@parkcity.org