



SEPTEMBER 1, 2025 - AUGUST 31, 2026

Employee Benefit Guide

Murray City School District

PROVIDED BY:
 MORETON & COMPANY



CONTRIBUTION AMOUNTS

2025–2026 Premium Rates by Plan

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

Dental Rates

Coverage Type	Choice PPO Plan	Advantage Co-pay Plan
Single	\$20.70	\$10.45
Two Party	\$47.05	\$23.70
Family	\$67.60	\$34.10

Vision Rates

Coverage Type	EyeMed \$100 Plan	EyeMed \$130 Plan
Single	\$2.66	\$5.39
Two Party	\$4.96	\$9.56
Family	\$5.97	\$11.28

Medical contributions can be found here:



www.murrayschools.org/employee-benefits/

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

Benefits Overview & Important Contact Information

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

Benefit	Name	Number	Website or Email
Murray City School District Accounting & Benefits Manager	Jaqueline Carrillo Valle	801-264-7418	jcarillovalle@murrayschools.org www.murrayschools.org
Medical	Select Health	800-538-5038 801-442-5038	www.selecthealth.org
Health Savings Account (HSA)	HealthEquity	866-346-5800	www.healthequity.com
Reimbursement Account	Axis Plus Benefits	877-872-2125 801-878-0654	www.portal.myaxisplus.com
Dental, Life and AD&D, Disability, and Medigap Plan (Medigap Group # EMG-06-J)	EMI Health	800-662-5850 801-262-7476	www.emihealth.com
Vision	EyeMed	888-4-EYEMED	www.eyemedvisioncare.com
Employee Assistance Program (EAP)	Intermountain Healthcare	800-832-7733	www.intermountainhealthcare.org/eap
Moreton & Company: Account Manager	Elyse Haberman	801-715-7189 Toll Free: 800-594-8949	ehaberman@moreton.com Claims Assistance: claims@moreton.com

Digital Plan Documents & Carrier Materials

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. For a complete description of benefits, coverages, limitations, and exclusions, consult your plan documents available from Human Resources or online: online.flippingbook.com/view/804444932/



Guidelines & Important Notices

Enrollment Frequently Asked Questions

<p>Why is open enrollment so important?</p>	<p>Open enrollment is your annual opportunity to enroll in or change your benefit elections. Once the enrollment period has ended, you may not add, change, or drop coverage unless you experience a qualifying event.</p>
<p>Who is eligible to enroll?</p>	<ul style="list-style-type: none"> • All active Contract Employees of the Employer working a minimum of 20 hours per week and all Administrators and active Hourly Employees working a minimum of 30 hours per week; • Employees' legally married spouse, and/or dependent(s) (dependents are generally children who are less than 26 years of age). See your Benefits Summary's definition of legally married spouse and/or dependent(s).
<p>When do benefits begin?</p>	<ul style="list-style-type: none"> • Eligible employees can receive benefits on the first day of the month following date of hire (provided forms are properly submitted); • Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available through the Business Department.
<p>How do I make changes during the year?</p>	<p>Benefits that are paid for on a pre-tax basis through the cafeteria plan are subject to cafeteria plan IRS regulations, and elections cannot be revoked or changed during the plan year without a qualifying event. However, you must contact Human Resources to determine if your plan and circumstances allow such a change. If so, you must complete and return a change form to the Business Department, generally within 30 days.</p>
<p>What are possible qualifying events?</p> <p>All changes (other than adding a new child or new employee elections made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.</p>	<ul style="list-style-type: none"> • Marriage, divorce, or legal separation; • Change in number of dependents (e.g., Birth or adoption of a child); • Change in employment status of employee, spouse, or dependent that causes loss of eligibility; • Dependent ceases to satisfy eligibility requirements; • Change in residence that causes loss of eligibility; • Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, and additional or significant improvement of company-offered benefits; • Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse); • Loss of coverage from government plans/programs or educational institution; • COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent); • Judgments, Decrees, or Orders; • Medicare or Medicaid entitlement; • FMLA leave of absence; • Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days).
<p>How long do I have after a qualifying event to make changes?</p>	<p>You generally have 30 days after the event to notify Human Resources of a change in status. <i>Note that all changes (other than the addition of a new baby or new employee elections if made within 30 days of the event) will be implemented prospectively, generally at the beginning of the month following the change notification.</i></p>

Social Security Numbers

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

Medicare Part D

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

HIPAA Privacy Notice

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

IRS Regulations

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

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

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

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

Definitions & Glossary of Key Insurance Terms

Co-pay

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

Coinsurance

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

Deductible

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

Out-of-Pocket Maximum (OOPM)

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

Network (In Network)

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

Non-Network (Out-of-Network)

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

Preferred Provider Organization (PPO)

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

Health Maintenance Organization (HMO)

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

Medical

Murray City School District offers the following medical plans through **Select Health** for the 2025-2026 plan year. A brief summary of the in-network plan details and coverage amounts for these plans are shown below.

Select Health Value Plan

In-Network Plan Details	
Deductible (PPY)	\$1,500 Individual / \$4,500 Family
Out-of-Pocket Maximum (OOPM)	\$3,000 Individual / \$6,000 Family
Coinsurance	Carrier Pays 80% / Member Pays 20% AD
Out-of-Network Plan Details *	
Deductible (PPY)	
Out-of-Pocket Maximum (OOPM)	In-Network Benefits Only
Coinsurance	
In-Network Services	
Preventive Care **	Covered 100%
Office Visit	Primary Care: \$30 Co-pay / Specialist: \$40 Co-pay
Connect Care	Covered 100%
Mental Health	Outpatient - Office Visits: \$30 Co-pay / Inpatient: 20% AD / Outpatient: 20%
Hospital	Inpatient & Outpatient: 80 / 20 AD
Diagnostic Imaging & Lab	Minor: Covered 100% / Major: 20% AD
Urgent Care	\$45 Co-pay
Kids Care	\$30 Co-pay
Emergency Services	\$250 Co-pay AD
In-Network Prescriptions	
	Tier 1 / Tier 2 / Tier 3 / Tier 4
Deductible (PPY) (Separate - Does NOT apply to Generics)	\$250 Per Person
Pharmacy (Generic Required)	\$20 / \$40 APD / \$60 APD / \$100 APD
Maintenance or Mail Order (Generic Required)	\$20 / \$80 APD / \$180 APD / NA

Deductible: If any family member reaches the individual deductible then the deductible is satisfied for that family member. If any combination of family members reach the family deductible, then the deductible is satisfied for the entire family.

Out-of-Pocket Maximum (OOPM): If any family member reaches the individual out-of-pocket maximum then the out-of-pocket maximum is satisfied for that family member. If any combination of family members reach the family out-of-pocket maximum, then the out-of-pocket maximum is satisfied for the entire family.

AD: After Deductible

APD: After Pharmacy Deductible

PPY: Per Plan Year

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

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

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

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

Intermountain Health Connect Care

Whether you're at home, traveling for work, or just need a convenient way to see a doctor, you can get care anytime and anywhere. Through this service, doctors are able to treat a wide range of non-emergency medical conditions. You are required to be enrolled in medical coverage through Murray City School District to be eligible for this benefit.

Get Care From Anywhere

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

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

- Download the **Intermountain Health Connect Care app** from the App Store or Google Play Store to access this benefit.
- Or visit **IntermountainConnectCare.org**.

Commonly Treated Conditions

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

Cost

If you elect the Select Health Value plan, these visits will be covered at 100%. If you elect the Select Health Med+ HealthSave, these visits will only be covered at 100% after you have met your deductible.

Health Savings Account

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

Contribution Limits for 2025–2026

You can fund your HSA with pre-tax dollars. In addition, if you are an Administration Employee or Classified Employee, Murray City School District makes a contribution to your HSA as shown below. The IRS limits how much you can contribute to this account each year, and employer contributions do go towards this maximum.

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

Employer Contribution	Individual	Two-Party	Family
Administration Employees Monthly Contribution	Up to \$88.90	Up to \$200.00	Up to \$283.20
Educational Support Professionals Monthly Contribution	Up to \$48.30	Up to \$108.80	Up to \$153.90

How a Health Savings Account Works

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

Step 1



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

Step 2



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

Step 3



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

Reasons to Elect a Health Savings Account

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

Tax Benefits

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

It's Your Account

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

Long-Term Planning

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

HSA vendor contact information:

HealthEquity

- By Phone: 866-346-5800
- By Website: www.healthequity.com

Frequently Asked Questions: Health Savings Accounts

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

Reimbursement Accounts

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

Types of Reimbursement Accounts & Contribution Limits

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

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

Important Information

Eligibility

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

Rollover Option

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

Your DCAP account does not roll over. Any remaining unused balance in either account at the end of the plan year will be forfeited. You have until 11/30/2026 after the plan year ends to submit claims for expenses incurred during that plan year.

Changes Require Qualifying Events

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

Submit Claims for Reimbursements

To claim reimbursements, fill out a claim form and attach any supporting information. For healthcare, this will include receipts showing the amount you paid and the date(s) on which you or a dependent received services. For dependent care, this may include any contracts, letters, or receipts. You may send this information to Axis Plus Benefits via email, fax, or standard mail. Participants can also submit an online reimbursement claim using their portal.myaxisplus.com account, or send in reimbursement forms and documentation to upload.myaxisplus.com.

- Email: info@myaxisplus.com
- Fax: 866-872-2125
- Mailing Address: 860 E. 9085 S., Sandy, UT 84094

Dental

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

Choice PPO Plan

In-Network Plan Details	Advantage Plus Network	Premier Network
Deductible (PPY)	None	
Annual Maximum	\$2,000 Per Individual	\$1,500 Per Individual
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays	No Waiting Period Covered 100%	
Basic Services Fillings, Oral Surgery	No Waiting Period 80 / 20	
Major Services Bridges, Crowns, Prosthodontics	No Waiting Period 50 / 50	
Endodontics & Periodontics Services	Covered under Basic Services	
Orthodontics Lifetime Maximum	\$1,000 Per Individual	
Orthodontics Dependents to Age 18 Adults	No Waiting Period 50 / 50 Up to 25% Discount †	
Specialists	Paid Same as General Dentist	
Out-of-Network Plan Details *		
Deductible (PPY)	\$25 Single / \$75 Family	
Annual Maximum	\$1,500 Per Individual	
Out-of-Network Services	Coverage amounts vary for out-of-network services, please refer to the carrier's materials for specific details.	

Advantage Co-pay Plan

In-Network Plan Details		
Deductible (PPY)	None	
Annual Maximum	None	
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays	No Waiting Period Covered 100%	
Basic Services Fillings, Oral Surgery	No Waiting Period Fixed Co-pays; refer to the carrier's materials for patient co-pay schedule.	
Major Services Bridges, Crowns, Prosthodontics	No Waiting Period Fixed Co-pays; refer to the carrier's materials for patient co-pay schedule.	
Endodontics & Periodontics Services	Covered under Major Services. Fixed Co-pays; refer to the carrier's materials for patient co-pay schedule.	
Specialists	20% Discount Only (Fixed Co-pays; refer to the carrier's materials for patient co-pay schedule.) †	
Out-of-Network Plan Details *		
Out-of-Network Services	Coverage amounts vary for out-of-network services, please refer to the carrier's materials for specific details.	

AD: After Deductible

PPY: Per Plan Year

† Discount Only: No benefit will be paid

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

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

Vision

Murray City School District offers the following vision plan through **EyeMed** for the 2025–2026 plan year. A brief summary of the in-network plan details and coverage amounts for these plans are shown below.

Base Plan: *Low Plan*

In-Network Plan Details	Insight Network
Eye Exam (Eyeglass and Contact Lenses)	Once Every 12 Months \$10 Co-pay
Frames	Once Every 12 Months Covered 100%, up to a \$100 allowance, then 20% discount for amounts over allowance.
Lenses	Once Every 12 Months Co-pay amounts vary between \$10-\$225.
Lens Options	Once Every 12 Months Co-pay amounts vary between \$15-\$100.
Contact Lenses (In Lieu of Glasses)	Once Every 12 Months
Conventional	\$0 co-pay. 15% off balance over \$100 allowance up to \$50.
Disposable	\$0 co-pay. 100% off balance over \$100 allowance up to \$50.
Medically Necessary	Covered 100% up to \$300.
LASIK or PRK	Up to 5%-15% Discount
Out-of-Network Plan Details	
Out-of-Network Services	Some out-of-network provider services may qualify for reimbursement. Please refer to the carrier's materials for specific details.

Buy Up Plan: *High Plan*

In-Network Plan Details	Insight Network
Eye Exam (Eyeglass and Contact Lenses)	Once Every 12 Months \$10 Co-pay
Frames	Once Every 12 Months Covered 100%, up to a \$130 allowance, then 20% discount for amounts over allowance.
Lenses	Once Every 12 Months Co-pay amounts vary between \$10-\$225.
Lens Options	Once Every 12 Months Co-pay amounts vary between \$15-\$100.
Contact Lenses (In Lieu of Glasses)	Once Every 12 Months
Conventional	\$0 co-pay. 15% off balance over \$130 allowance up to \$65.
Disposable	\$0 co-pay. 100% off balance over \$130 allowance up to \$65.
Medically Necessary	Covered 100% up to \$300.
LASIK or PRK	Up to 5%-15% Discount
Out-of-Network Plan Details	
Out-of-Network Services	Some out-of-network provider services may qualify for reimbursement. Please refer to the carrier's materials for specific details.

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

Life and AD&D

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

Basic Life and AD&D – 100% Company Paid for Full Time Employees

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

Basic Life and AD&D Plan Details	
Employee	
• Life Insurance	
- Class 1	\$50,000
- Class 2	\$50,000 or \$100,000 (if additional \$50,000 is purchased)*
• Accidental Death & Dismemberment	
- Class 1	\$50,000
- Class 2	\$50,000 or \$100,000 (if additional \$50,000 is purchased)*
• Seatbelt Benefit (Seatbelt benefits are paid for a death resulting from an auto accident while properly wearing a seatbelt.)	10% to maximum of \$16,667 plus an additional 5% to maximum of \$8,333 if Airbag deployed.
Spouse	
• Life Insurance	\$2,000
• Accidental Death & Dismemberment	\$5,000
Child(ren)	
• Life Insurance	\$2,000 (15 days to age 26); \$500 (Birth to 14 days)
• Accidental Death & Dismemberment	\$2,000

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Basic Life and AD&D benefits reduce to 65% at the insured's age 65, to 50% at age 70, and terminate at retirement. Basic term life insurance includes a waiver of premium coverage which does not apply to any AD&D benefits.

Class 1: All active Contract Employees of the Employer working a minimum of 20 hours per week and all active Hourly Employees working a minimum of 30 hours per week, who are citizens or permanent resident aliens of the United States, excluding Employees classified as an Administrator.

Class 2: All active Employees of the Employer, classified as an administrator, regularly working a minimum of 30 hours per week who are a citizen or permanent resident alien of the United States.

* The cost for the additional \$50,000 Life and AD&D is \$8.35

Voluntary Supplemental Life – 100% Employee Paid

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

Voluntary Supplemental Life Plan Details	
Who is eligible for this coverage?	Coverage is available to employees who are covered under the basic group term life insurance provided by Murray City School District.
What is the coverage amount?	<p>Employee: Up to \$500,000 (in increments of \$10,000)</p> <p>Spouse: Up to \$200,000 (in increments of \$10,000). <i>Note: Spouse coverage amount cannot exceed employee's supplemental coverage amount.</i></p> <p>Unmarried Dependent Child(ren):</p> <ul style="list-style-type: none"> • Live birth to 14 Days: \$500 • 15 Days to 6 Months: \$1,000 • 6 Months to Age 26: \$10,000 (in increments of \$2,500)
What is the guaranteed issue amount?	<p>This is the maximum you can purchase when you are first enrolling as a new hire without filling out a health assessment or Evidence of Insurability Form (EOI). If you wait to purchase additional coverage, or if you want to purchase above the guaranteed issue amount, you will likely need to fill out an EOI form and wait for approval from the carrier. For this plan, the guaranteed issue amounts are:</p> <p>Employee: \$200,000</p> <p>Spouse: \$50,000</p> <p>Unmarried Dependent Child(ren) Live birth to Age 26: \$10,000</p>

All late entrant applicants will need to complete a personal health application. All supplemental insurance amounts can be purchased at any time and are subject to evidence of insurability. Benefits will reduce to 65% at the insured's age 65, to 50% at age 70, and terminate at retirement. Spousal coverage will terminate when employee/spouse turns age 70. Supplemental life offers a right of conversion. **Rates for this benefit are based on age & tobacco use** (spouse rates are based on the employee's age band/tobacco use). **Please see your enrollment platform or carrier materials to find a premium that's specific to you.**

Please Note: During this year's open enrollment, employees can purchase additional life insurance up to the guaranteed maximum amount of \$200,000 without having to answer any medical questions. An employee's spouse is also eligible to purchase additional life insurance up to the guaranteed maximum amount of \$50,000 without having to answer any medical questions.

Disability

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

Long-Term Disability - 100% Company Paid

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

Eligibility In:

Class 1: All active Contract Employees of the Employer working a minimum of 20 hours per week and all active Hourly Employees working a minimum of 30 hours per week, who are citizens or permanent resident aliens of the United States, excluding Employees classified as an Administrator.

Class 2: All active Employees of the Employer, classified as an administrator, regularly working a minimum of 30 hours per week who are a citizen or permanent resident alien of the United States.

Plan Details	
Monthly Benefit	66.67% of your monthly salary up to \$10,000.
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA) or the following schedule, age at disability: <ul style="list-style-type: none"> • Age 63 - 36 Months • Age 64 - 30 Months • Age 65 - 24 Months • Age 66 - 21 Months • Age 67 - 18 Months • Age 68 - 15 Months • Age 69 & Over - 12 Months
Elimination Period	120 Consecutive Days of Disability
Definition of Disability	Unable to perform one or more of the main duties of his or her own occupation, and unable to earn 80% or more of indexed earnings
Mental, Nervous, or Substance Abuse	Lifetime Maximum of 24 Months.
Definition of Earnings	Base Salary Only (Overtime, bonuses, and commissions are excluded.)
Pre-Existing Condition Restrictions	12 Months On Plan / 3 Months Symptom-Free

Please see your enrollment platform & carrier materials to find a premium that's specific to you.

Important Terms to Know

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

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

Employee Assistance Program

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

When do you use an EAP?

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

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

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

Benefit Details	
Who has access to this EAP?	The EAP is available to you and your spouse or significant other, and dependent children (Ages 6 to 26).
What is included in this program?	This service includes up to 5 sessions per family, per incident virtual or in-person counseling sessions. Available 24 Hours a Day, 7 Days a Week, 365 Days a Year.
Are the appointments confidential?	Yes, all discussions between you and the EAP counselor are confidential. Personal information is never shared with anyone (including Murray City School District) at any time without your direct knowledge and approval. Exceptions are made only in cases governed by law to protect individuals threatened by violence.
Do you have to be in crisis to call?	No, the EAP is your resource for everything from the everyday to the unexpected. At times, we can all use help with a personal problem or issue that is interfering with our life or work. Most people experience personal or family challenges in the course of their lives. Our professional counselors are available to discuss the issues you face in your life.
Who pays for this coverage?	100% paid by Murray City School District for all employees. All EAP services are free to you with no co-pay or deductible required.

How to Access This Benefit

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

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

- By Phone: 1-800-832-7733

Enrollment Instructions, Dates, & Reminders

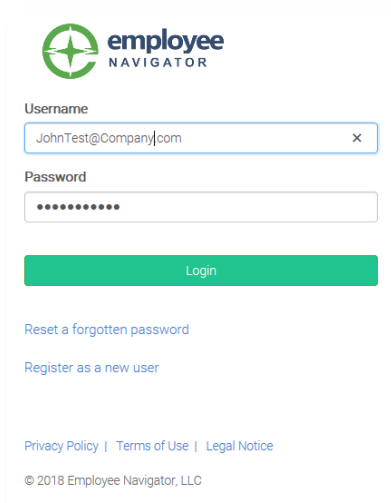
You made it to the end! Now that you're armed with knowledge, it's time to take the next step and enroll in your benefits. Below you will find all the information you need to complete enrollment and select your benefits for the 2025-2026 plan year.

Dates to Remember

- **Open Enrollment:** Open enrollment is your annual opportunity to enroll in or change your benefit elections. Once the enrollment period has ended, you may not add, change, or drop coverage unless you experience a qualifying event. The open enrollment period is: July 29-August 22, 2025.
- **New Hire Enrollment:** Welcome! If you are eligible for benefits, you have the **first day of the month following date of hire** to enroll in your benefit elections. Past that time period, you will need a qualifying event to make any changes.

How To Enroll

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



Employee Navigator Instructions

New User:

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

Existing Users:

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

Enroll in Your Benefits

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

Have Questions?

We are happy to help answer your questions on coverage, enrolling, forms, or anything else related to your benefits. Reach out to Jaqueline Carrillo Valle and we will work to resolve your question.

Phone: 801-264-7418

Email: jcarrillovalle@murrayschools.org

THIS BENEFIT GUIDE IS PROVIDED BY:

