

# Employee Benefits



## North Canyon Medical Center

January 1, 2024 - December 31, 2024

Provided by:  
 **MORETON & COMPANY**

# Employee Benefits: 2024

## Benefit Carrier Contact Information

North Canyon Medical Center

**Jori Loveland, HR Director**

208-934-4433 ext 1299

jori.loveland@northcanyon.org

Blue Cross of Idaho - Medical

888-920-2975

Group #: 10038986

www.bcidaho.com

National Benefit Services - Reimbursement Account

P.O. Box 6980, West Jordan, Utah, 84084

Participant Service Center: 855-399-3035

service@nbsbenefits.com

Delta Dental of Idaho - Dental

208-489-3580 / 800-356-7586

www.deltadentalid.com

United Heritage (VSP) - Vision

800-877-7195

Group #: GV-4999

www.vsp.com

Prudential - Life, Disability, Worksite Products,  
& Voluntary Worksite Benefits

Life: 888-598-5671

Disability: 800-842-1718

Accident & Critical Illness: 844-455-1002

Group #: 70306

www.prudential.com/mybenefits

Pumpkin Pet Insurance - Worksite Products

866-273-6369

Access Code: NCMC www.pumpkin.care/teams

Claims: claims@pumpkin.care

help@pumpkin.care

MetLaw - Worksite Products

800-821-6400

Group #5593051

www.members.legalplans.com

Uprise - Employee Assistance Program

866-750-1327

www.uprisehealth.com

Moreton & Company - Account Manager / Claims Assistance

**Patty Gillin**

208-321-2028

pgillin@moreton.com

**Robert Ryan**

208-947-4450

rryan@moreton.com

Toll Free: 800-341-6789

www.moreton.com

## Welcome!

To learn more about the benefits North Canyon Medical Center offers, please review the following 2024 benefit materials. If you have any questions about your benefits, we are here to help!

## Human Resources

Please contact Human Resources for any benefits related questions, including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

## Social Security Numbers

Federal law requires you to 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 Moreton & Company representative or contact 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 we cannot accept changes after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we 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. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following our receipt of the form. 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 us 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.**

**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.



# Enrollment Guidelines: 2024

## Why is open enrollment so important?

Benefits open enrollment for North Canyon Medical Center is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and, as noted above, under IRS regulations elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify Human Resources of any change of status as soon as possible, but generally within **30 days** after the event.

## Who is eligible to participate in the benefit plans?

- Employees who work 30+ hours per week;
- Employees' legally married spouse, domestic partner, 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);
- For benefit coverage criteria and additional information on domestic partnership coverage, please see your Human Resources department. Please note you may be required to provide a Domestic Partnership Affidavit to qualify for Domestic Partner Coverage. Domestic partnership coverage has certain tax implications.

## When do benefits begin?

- 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 Human Resources department.

## Is it possible to make changes during the year?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan, or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the qualifying change events listed in the next section. 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 Human Resources generally within 30 days.

## Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, divorce, or legal separation;
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents);
- 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, 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 or domestic partner);
- 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);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

## Glossary of 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).

**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.

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

**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.

**PPO (Preferred Provider Organization):** This type of plan utilizes both network and non-network benefits.

**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.

# North Canyon Medical Center : 2024

## Medical Plan Rates

Coverage	NCMC Contribution	Employee Bi-Weekly
Employee (EE)	\$1,277.28	\$40.80
EE + Spouse	\$2,409.09	\$332.11
EE + Child(ren)	\$2,047.54	\$193.14
Family	\$2,629.14	\$416.19

## Dental Plan Rates

Coverage	NCMC Contribution	Employee Bi-Weekly
Employee (EE)	\$37.87	\$0.00
EE + Spouse	\$39.74	\$16.65
EE + Child(ren)	\$46.82	\$25.90
Family	\$47.69	\$42.54

## Vision Plan Rates

Coverage	NCMC Contribution	Employee Bi-Weekly
Employee (EE)	\$6.51	\$0.00
EE + Spouse	\$2.72	\$4.76
EE + Child(ren)	\$5.79	\$3.78
Family	\$3.76	\$8.55

# Medical Plans: 2024

North Canyon Medical Center offers the following medical plan through Blue Cross of Idaho:

	NCMC Employee Group Plan		
	Tier 1 Idaho Direct	Tier 2 Contracting Providers	Tier 3 Out-of-Network
	\$250 Individual / \$500 Family	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family
Deductible PCY	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.		
	\$750 Individual / \$1,500 Family	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
Out of Pocket Maximum (Includes Most Services)	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.		
Coinsurance (Carrier Pays / Member Pays)	90% / 10% AD	80% / 20% AD	60% / 40% AD
Office Visits			
Pediatric Office Visits	Covered 100%	Covered 100%	60 / 40 AD
Primary Care	\$20 Co-pay	\$20 Co-pay	60 / 40 AD
Preventive **	Covered 100%	Covered 100%	60 / 40 AD
Specialists or Secondary Care Provider	\$40 Co-pay	\$60 Co-pay	60 / 40 AD
Chiropractic	\$30 Co-pay	\$30 Co-pay	60 / 40 AD
Acupuncture Services	\$30 Co-pay	\$30 Co-pay	60 / 40 AD
Diagnostic Lab & X-Ray Services	Covered 100% first \$400 then 90/10 AD	80 / 20 AD	60 / 40 AD
Hospital Services			
Outpatient	90 / 10 AD	80 / 20 AD	60 / 40 AD
Inpatient	90 / 10 AD	80 / 20 AD	60 / 40 AD
Maternity	90 / 10 AD	80 / 20 AD	60 / 40 AD
Emergency Services			
Urgent Care	\$20 Primary / \$40 Specialist	\$20 Primary / \$60 Specialist	60 / 40 AD
Emergency Room	\$100 Co-pay then 80 / 20 AD	\$100 Co-pay then 80 / 20 AD	\$100 Co-pay then 80 / 20 AD
Ambulance	90 / 10 AD	80 / 20 AD	60 / 40 AD
Mental Health Services			
Inpatient	90 / 10 AD	80 / 20 AD	60 / 40 AD
Outpatient	90 / 10 AD	80 / 20 AD	60 / 40 AD
Outpatient - Office	\$20 Co-pay	\$20 Co-pay	60 / 40 AD
Prescriptions (Generic Required)	Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / Tier 6		
Pharmacy	\$10 / \$20 / \$30 / \$50 / 20% / 30%		

## NCMC Group Plan Rates

### Coverage Type

### Employer Monthly Premium

### Employee Bi-weekly Cost

Employee (EE)  
EE + Spouse  
EE + Children  
Family

\$1,277.28  
\$2,409.09  
\$2,047.54  
\$2,629.14

\$40.80  
\$332.11  
\$193.14  
\$416.19

**AD:** After Deductible

**PCY:** Per Calendar Year

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

\*\* Please refer to your provided Blue Cross of Idaho 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 Blue Cross of Idaho materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at [www.bcidaho.com](http://www.bcidaho.com).

# Reimbursement Accounts: 2024

National Benefit Solutions (NBS) January 1, 2024 through December 31, 2024

Reimbursement accounts enable you to pay certain qualified expenses using tax-free dollars. Depending on your personal tax rate, this can save you 10-30% or more on medical, dental, vision, and/or dependent care out of pocket costs.

The following accounts may be available to you:

## Flexible Spending Account (FSA)

This account allows you to set aside up to \$3,050 in pretax dollars to pay most out of pocket medical, dental, or vision care expenses, including: medical and dental deductibles and co-payments, eye glasses, dental, and orthodontic work not covered by insurance.

## Dependent Care Assistance Plan (DCAP)

This account lets you set aside up to \$5,000 in pre-tax dollars to pay for eligible dependent care expenses so you (and, if married, your spouse) can work.

## The Advantages

There are some significant advantages to using the above reimbursement type accounts. Income directed to a reimbursement account is tax free. When you pay less in taxes, you receive more spendable income. These accounts can save you 10-30% or more, depending on your personal tax rate. Convenient payroll deductions help assure that you will have money available for out of pocket health and/or dependent care expenses.

## How It Works

During annual enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly 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 you are reimbursed with tax-free dollars from your account.

## Eligibility

You will be eligible to participate in the account(s) on the first day of the month following your date of hire. The following are additional guidelines for determining eligible expenses:

- Expenses are for services received during the calendar year (Jan. 1 to Dec. 31).
- Expenses are not covered by any health care plan in which you are enrolled.
- The IRS would otherwise let you deduct the expenses from your income taxes.

## The Dependent Care Assistance Plan

With the Dependent Care Account you can set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you normally pay with after-tax dollars. You must meet the following criteria in order to set up this account:

- The DCAP expense is incurred to allow both you and your spouse work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student

Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped and the expense must be incurred to allow you to work. If your spouse is unemployed or doing volunteer work you cannot set up a reimbursement account. Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- If you are single, the lesser of your earned income or \$5,000
- If you are married, you can contribute the lowest of:
  - Your (or your spouse's) earned income
  - \$5,000 if filing jointly, or \$2,500 if filing separately

## Rollover Option

If you don't use all the pre-tax dollars you deposited in your FSA account during the plan year, you may roll over up to \$610 into the next plan year. (The rollover amount does not count toward the \$3,050 yearly maximum FSA contribution limit.) Any remaining unused balance at the end of the plan year will be forfeited. If you do not use all of the pre-tax dollars you deposited in your DCAP account, you will forfeit any balance in the account at the end of the plan year. You have 60 days after the plan year ends to submit claims for expenses incurred during that plan year.

## Once Enrolled, You May Not Change

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. See Qualifying Change rules earlier in this guide.

## 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 National Benefit Solutions (NBS) via email, fax, or standard mail.

Email: [service@nbsbenefits.com](mailto:service@nbsbenefits.com)

Fax: 844-438-1496

Mailing Address: P.O. Box 6980 West Jordan, UT 84084

# Dental Plan: 2024

North Canyon Medical Center offers the following dental plan through Delta Dental of Idaho:

	Delta Dental PPO	
	Network	Non-Network *
Deductible PCY	\$50 Individual / \$150 Family	
Maximum Annual Benefit - <i>Dental</i>	\$1,500 Per Individual	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below	
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays	No Waiting Period	
	Covered 100%	Covered 100% of FS
Basic Services Fillings, Non-Surgical Extractions, Oral Surgery	No Waiting Period	
	80 / 20 AD	80 / 20 of FS - AD
Major Services Bridges, Crowns	Late Enrollee Waiting Period 12 Months	
	50 / 50 AD	50 / 50 of FS - AD
Endodontic & Periodontic Services	Covered under Basic Services	
Maximum Lifetime Benefit - <i>Orthodontia</i>	\$1,000 Per Individual	
Orthodontic Services	Late Enrollee 12 Months	
Dependents to Age 19	50 / 50	50 / 50 of FS
Adults	50 / 50	50 / 50 of FS

	NCMC Group Rates	
Coverage Type	Employer Monthly Cost	Employee Bi-weekly Cost
Employee (EE)	\$37.87	\$0.00
EE + Spouse	\$39.74	\$16.65
EE + Children	\$46.82	\$25.90
Family	\$47.69	\$42.54

**AD:** After Deductible

**PCY:** Per Calendar Year

**FS:** Network Fee Schedule

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

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Human Resources or at [www.deltadentalid.com](http://www.deltadentalid.com).



# Vision Plan: 2024

North Canyon Medical Center offers the following vision plan through United Heritage:

### Your Coverage from a VSP Doctor

Exam (Covered in Full)	Every 12 Months
Prescription Glasses	Every 12 Months
Lenses (Covered in Full) Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	
Frames Frame of your choice covered up to \$150. Plus, 20% off amount over allowance.	
Contact Lenses (In Lieu of Eye Glasses) When you choose contacts instead of glasses, your \$150 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or visit <a href="http://www.vsp.com">www.vsp.com</a>	Every 12 Months

### Extra Discounts and Savings

Laser Vision Correction Discounts
Prescription Glasses - Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives, and 20% off additional prescription glasses and sunglasses *
Contacts * - 15% off cost of contact lens exam (Fitting and Evaluation)

### Your Co-pays

Exam	\$10.00
Prescription Glasses	\$25.00
Contacts	\$0.00

\* Available from the same VSP doctor who provided your eye exam within the last 12 months

### Out of Network Reimbursement Amounts

Exam	Up to \$45.00
Lenses	Up to \$30.00 Up to \$50.00 Up to \$65.00
Single Vision	
Lined Bifocal	
Lined Trifocal	
Frames	Up to \$70.00
Contacts	Up to \$105.00

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, co-pays still apply. You'll also receive a lesser benefit and typically pay more out of pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at **800-877-7195**.

### An Eyecare Plan With You In Mind

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer. Sharper. Brighter. Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, diabetes, and even cancer. Plus, eye exams for kids can spot problems that can impact learning and development.

### New Patients Are Always Welcome

VSP network doctors are located right where you need them - close to work, home, and shopping centers. They provide exceptional care and offer a wide selection of frames and contact lenses to choose from - all at one convenient location. Their commitment to care and service grows with you and your family for a lifetime of care.

No ID Cards. No Claim Forms. Easy as 1, 2, 3.

1. Find a VSP network doctor at [www.vsp.com](http://www.vsp.com) or call **800-877-7195**.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

Visit [www.vsp.com](http://www.vsp.com) today

What's important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye? Visit [www.vsp.com](http://www.vsp.com)

Coverage Type	Employer	Employee
	Monthly Premium Cost	Bi-weekly Cost
Employee (EE)	\$6.51	\$0.00
EE + Spouse	\$2.72	\$4.76
EE + Children	\$5.79	\$3.78
Family	\$3.76	\$8.55



# Life Insurance Plans: 2024

## Prudential Basic Life, AD&D - 100% Company Paid

Each eligible employee can receive basic life insurance for themselves and their eligible dependents. Benefits reduce to 65% at age 65 and 50% at age 70. AD&D benefits match this reduction schedule. Life and AD&D benefits terminate upon retirement. Basic term life insurance includes waiver of premium coverage. The waiver of premium does not apply to any AD&D benefits.

Coverage	Benefits
Employee Life Insurance	Up to 1× Annual Salary not to exceed \$150,000
Accidental Death & Dismemberment (AD&D) - Employee Only	Up to 1× Annual Salary not to exceed \$150,000
Spouse Life Insurance	\$2,000
Child(ren) Life Insurance - Live birth to age 26	\$2,000

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

## Voluntary Supplemental Life - 100% Employee Paid

Supplemental group term life insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic group term life insurance provided by North Canyon Medical Center.

Coverage	Benefits	Increments	Guaranteed Issue
Employee Voluntary Life Insurance	5× salary to a maximum of \$500,000	\$10,000	\$100,000
Spouse Voluntary Life Insurance	Up to \$100,000 of coverage not exceed 50% of the employee's supplemental coverage	\$5,000	\$25,000
Unmarried Dependent Child(ren) Life Insurance Live birth to age 26	Up to \$10,000	\$1,000	\$10,000

All supplemental insurance amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a Group Life Health form. Insurance will become effective on the first of the month following underwriting approval by Prudential. Supplemental life benefits will reduce to 65% at age 65 and 50% at age 70. Benefits terminate upon retirement. Supplemental life offers a right of conversion. Enrollment forms are available from Human Resources.

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

Please refer to your Prudential plan documents for full premium breakdowns.

### Monthly Voluntary Supplemental Life Rates Per \$1,000 of Coverage

Age	Employee	* Spouse
29 & Under	\$0.038	\$0.038
30 to 34	\$0.045	\$0.045
35 to 39	\$0.063	\$0.063
40 to 44	\$0.090	\$0.090
45 to 49	\$0.135	\$0.135
50 to 54	\$0.216	\$0.216
55 to 59	\$0.333	\$0.333
60 to 64	\$0.481	\$0.481
65 to 69	\$0.703	\$0.703
70 & Over	\$1.129	\$1.129

Monthly Dependent Life \$0.240 per \$1,000 of coverage (Rate is fixed - Regardless of number of children)

\* Spouse rates are based on employee's age.

# Disability Insurance Plans: 2024

## Prudential **Short-Term Disability** - 100% Company Paid

Short Term Disability (STD) insurance replaces a percentage of your income on a weekly basis in the event that you are unable to work due to an accident or illness. Please see Certificate of Coverage summary, provided by Prudential, for more detailed benefit information.

### Benefits

Weekly Benefit	60% of Your Weekly Salary Up to a Maximum of \$2,308
Maximum Benefit Period	11 Weeks
Elimination Period - <i>Injury</i>	14 Days
Elimination Period - <i>Sickness</i>	14 Days
Maternity	Covered As Any Other Sickness (See Certificate for more Details)
Definition of Earnings	Base Salary Only (Overtime, Bonuses, and Commissions are excluded.)
Pre-Existing Condition Restrictions	None

## Prudential **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. Please see Certificate of Coverage summary, provided by Prudential, for more detailed benefit information.

### Benefits

Monthly Benefit	60% of Monthly Salary Up to a Maximum of \$6,000
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)
Elimination Period	90 Days
Definition of Disability	Unable to Perform one or more of the Main Duties of his or her Own Occupation.
Mental & Nervous / Substance Abuse	24 Months (Lifetime)
Definition of Earnings	Base Salary Only (Overtime, Bonuses, and Commissions are Excluded.)
Pre-Existing Condition Restrictions	12 Months on Plan / 3 Months Prior to Coverage

# Employee Assistance Program: 2024

Uprise - 100% Company Paid

## What is an Employee Assistance Program (EAP)?

An Employee Assistance Program provides short-term, confidential counseling for you and anyone living in your household regardless of whether you and/or they are covered under your health insurance plan at no out of pocket expense to you.

## Is it Confidential?

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

Employee Assistance Program counselors are experienced, caring professionals who hold a Master's degree in counseling or a related field. They are certified or licensed by the appropriate state agency.

Counselors use a solution-focused therapy model and teach you how to resolve your unique problem while providing caring support along the way.

The entire cost of EAP services is covered in a monthly fee paid by North Canyon Medical Center. All EAP services are free to you with no co-pay or deductible required.

Each household member is entitled to 6 face-to-face visits and 6 of phone calls per incident. Should you elect to receive mental health services through your medical benefit, Uprise will not absorb the cost.

## How do I make an Appointment?

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. **24 hour crisis helpline for you or your family member experiencing a crisis.** No paperwork or approval is needed and there is no charge. Counselors are available around the clock for emergency and crisis situations.

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.

Call 866-750-1327

Visit [www.uprisehealth.com](http://www.uprisehealth.com)

**To reach an EAP Representative**  
Call 866-750-1327

All services are free and accessible  
**24 hours a day, 365 days a year.**

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, including:

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

# Worksite Products: 2024

## Prudential Accident Plan - 100% Employee Paid

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

Benefits	Low Plan	High Plan
Hospital Visits or Confinement Initial Hospital Confinement / Hospital Confinement / Intensive Care	\$750 / \$100 Per Day / \$200 Per Day	\$1,000 / \$200 Per Day / \$400 Per Day
Ambulance Ground or Water Ambulance Air Ambulance	\$200 Ground or Water Ambulance \$750 Air Ambulance	\$300 Ground or Water Ambulance \$1,000 Air Ambulance
X-Ray	\$50	\$100
Dislocation and Fracture <sup>1</sup>	Up to \$3,000	Up to \$6,000
Emergency Room Services	\$100	\$150
Accidental Death - Employee / Spouse / Child	\$25,000 / \$12,500 / \$6,250	\$50,000 / \$25,000 / \$12,500
Common Carrier - Employee / Spouse / Child	\$75,000 / \$37,500 / \$18,750	\$150,000 / \$75,000 / \$37,500
Lacerations	Up to \$200	Up to \$400
Burns 2 <sup>nd</sup> Degree / 3 <sup>rd</sup> Degree	Up to \$500 / Up to \$5,000	Up to \$1,000 / Up to \$10,000
Appliance	Up to \$500	Up to \$1,000
Transportation (Up to 3× per Accident)	\$200 Per Trip	\$200 Per Trip
Rehabilitation Therapy (10 per Accident & 10 PCY)	\$25 Per Day	\$25 Per Day
Inpatient Rehabilitation (15 Days per Accident & 30 Days PCY)	\$100 Per Day	\$200 Per Day
Family Lodging (For up to 30 Days PCY)	\$100 Per Night	\$200 Per Night

\* Each benefit pays the amount shown.

<sup>1</sup> Refer to Prudential summary, limitations may apply

PCY - Policy Calendar Year

### Coverage Type

Employee (EE)  
EE + Spouse  
EE + Child(ren)  
Family

	Low Plan Employee Monthly Rates	High Plan Employee Monthly Rates
Employee (EE)	\$4.85	\$9.12
EE + Spouse	\$10.18	\$18.78
EE + Child(ren)	\$9.00	\$18.09
Family	\$12.52	\$23.76



# Worksite Products: 2024

## Prudential Critical Illness - 100% Employee Paid

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

Initial Critical Illness Benefits	Low Plan	High Plan
Heart Attack	100%	100%
Stroke	100%	100%
Severe Coronary Artery Disease	100%	100%
Major Organ Transplant	100%	100%
End Stage Renal Failure	100%	100%
Waiver of Premium (Employee Only)	Yes	Yes
<b>Cancer Critical Illness Benefits</b>		
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Skin Cancer	\$250	\$250
<b>Additional Benefits</b>		
Reoccurrence Benefit	100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit. (Occurrences must be separated by 180 days)	100% of the amount paid for the First Occurrence of the Critical Illness or Procedure up to the Lifetime Maximum Benefit. (Occurrences must be separated by 180 days)
Wellness	\$50 for completing approved wellness exam	\$50 for completing approved wellness exam

### Attained Age Uni-Smoker Rates Monthly Rates Per \$1,000 of Coverage

Age	Employee	Spouse	Child(ren)
24 & Under	\$0.590	\$0.350	\$0.25
25 to 29	\$0.620	\$0.400	
30 to 34	\$0.810	\$0.470	
35 to 39	\$0.911	\$0.540	
40 to 44	\$1.050	\$0.690	
45 to 49	\$1.500	\$0.990	
50 to 54	\$2.090	\$1.431	
55 to 59	\$2.850	\$2.020	
60 to 64	\$3.820	\$2.780	
65 to 69	\$5.210	\$3.930	
70 to 74	\$7.931	\$5.653	
75 to 79	\$13.018	\$16.912	
80 to 84	\$26.135	\$30.156	
85 & Over	\$34.050	\$36.532	

# Worksite Products: 2024

## MetLaw Legal Protection - 100% Employee Paid

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

### Have You Ever?

- Needed your will prepared or updated?
- Signed a contract of any kind?
- Been a victim of IDENTITY THEFT or worried about it?
- Wanted to know your options for mortgages?
- Had concerns regarding child support?
- Had someone commit a crime, get a job, open an account or use medical benefits in YOUR name?
- Received a moving traffic violation?
- Been treated unfairly?
- Needed help with insurance claims?
- Lost a security deposit?
- Needed help with a small claims trial?
- Been pursued by a collection agency?
- Wanted to know what your rights are?

### What is MetLaw Legal Protection?

Know your rights in any situation. MetLaw Legal Protection gives you the ability to talk to an attorney on any matter without worrying about high hourly costs. Everyone deserves legal protection. And now, with MetLaw Legal Protection, everyone can access it. No matter how trivial. No matter how traumatic.

### The Legal Services membership includes:

MetLaw Legal Protection legal plans cover the member; member's spouse; unmarried children up to the age of 26; and physically or mentally challenged dependent children.

MetLaw Legal Protection Rate	
Employee, Spouse, and Dependent Child(ren)	\$21.00 Per Month

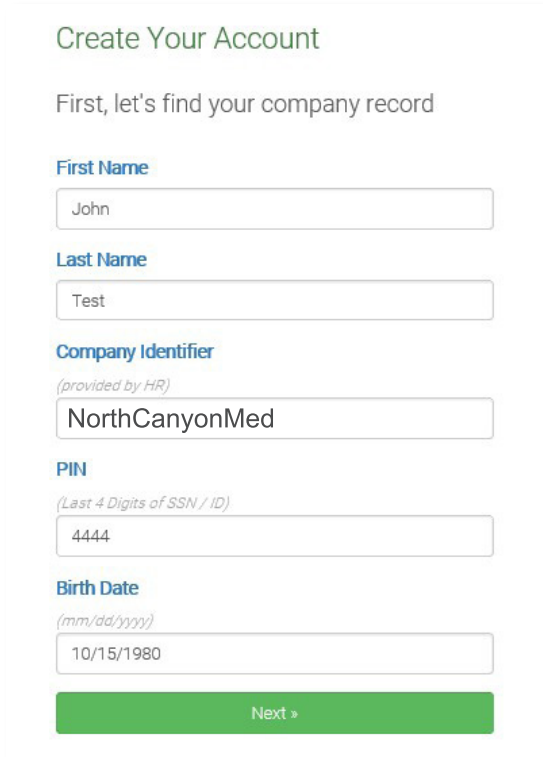
# Online Enrollment: 2024

## Employee Navigator Enrollment System - Directions for enrolling in your benefits

Go to Web Address: [employeenavigator.com/benefits/Account/Login](http://employeenavigator.com/benefits/Account/Login)

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 Your Account**

First, let's find your company record

**First Name**

John

**Last Name**

Test

**Company Identifier**  
(provided by HR)

NorthCanyonMed

**PIN**  
(Last 4 Digits of SSN / ID)

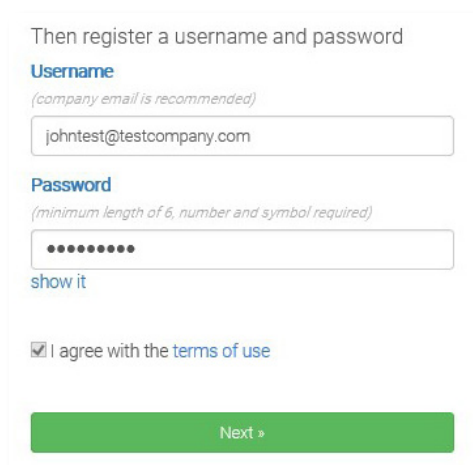
4444

**Birth Date**  
(mm/dd/yyyy)

10/15/1980

Next »

Create a Username and a Password, click the "I agree with the terms of use" box, then click "Next"



Then register a username and password

**Username**  
(company email is recommended)

johnntest@testcompany.com

**Password**  
(minimum length of 6, number and symbol required)

••••••••

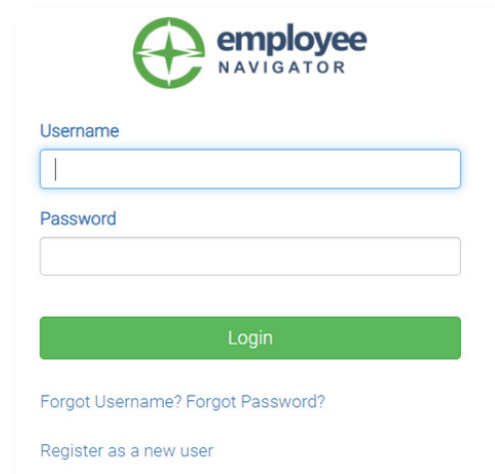
show it

☒ I agree with the [terms of use](#)

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?" "Forgot Password" button.



**employee NAVIGATOR**

**Username**

**Password**

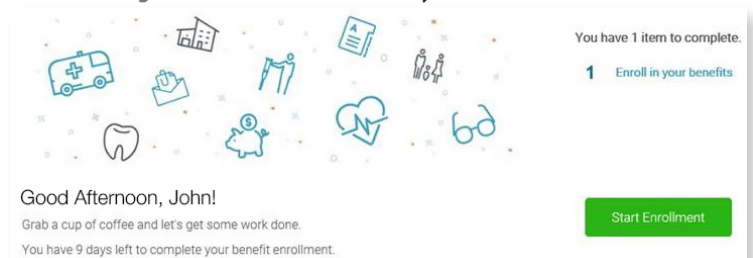
Login

[Forgot Username?](#) [Forgot Password?](#)

[Register as a new user](#)

### Enroll in Your Benefits

Once you are in the system, click on "Start Enrollment" in the green box or "Make Changes" in the blue link to make your benefit elections



You have 1 item to complete.

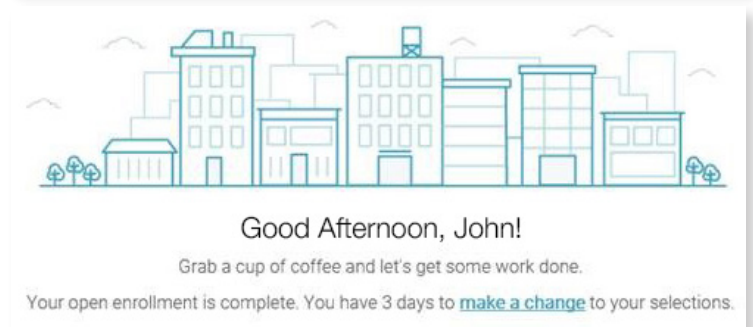
1 Enroll in your benefits

Good Afternoon, John!

Grab a cup of coffee and let's get some work done.

You have 9 days left to complete your benefit enrollment.

Start Enrollment



Good Afternoon, John!

Grab a cup of coffee and let's get some work done.

Your open enrollment is complete. You have 3 days to [make a change](#) to your selections.

When accessing the site in the future, just go to the Login Page and enter your "Username" and "Password".

