BENEFITING U

PRESCRIPTION DRUGS IN THE HEADLINES

Annual Open Enrollment
Health and Dental Plan
Flexible Spending Accounts
Basic Life Insurance
Hyatt Legal Plan

WellU Program
Requirements to Complete Prior to July 1, 2019

Annual Open Enrollment
Ends May 31, 2019

hr.apps.utah.edu/ubenefits
Use the Online UBenefits Open Enrollment Application to Enroll and Make Changes to Benefits

UBenefits: https://hr.apps.utah.edu/ubenefits. Click on the Open Enrollment tile to enroll or make changes to Health Plan elections or enroll in a Flexible Spending Account. Employees not enrolled in Basic Life Insurance will also have the opportunity to enroll in that coverage.

Complete the online UBenefits enrollment on or before May 31, 2019. Hyatt Legal Plan enrollment or cancellation must be completed through www.metlife.com/mybenefits or by calling 1-800-GET-MET 8 (1-800-438-6388) on or before May 31, 2019.

Through UBenefits, you can also enroll in a Supplemental Retirement Plan (or change your election) and/or enroll in Accidental Death and Dismemberment Insurance (you can enroll in AD&D at any time without providing proof of good health).

Changes and new enrollments elected during Open Enrollment will be effective on July 1, 2019. Flexible Spending Account deductions will begin on the July 5th paycheck. To participate in FSA, you must re-enroll each year. New health plan rates, life insurance enrollment, and WellU participation changes will be reflected on the July 22nd paycheck.

If you don’t have access to a computer or need assistance entering your elections, contact UHRM at (801) 581-7447.
Health Plan ID Cards and Rates

Employees enrolled in the health plan will receive new ID cards in the last week of June. The new ID cards will include updated contact information for behavioral health referrals.

Effective July 1, premiums will increase by 4.35% for employees and departments. See page 9 for the new rates. Health plan members are encouraged to be wise consumers of health care in order to hold future increases to a minimum.

Prescription drug costs continue to see the greatest increases year over year. This year, health plan changes will focus on slowing the upward trend of prescription drug costs.

Prescription Drugs in the Headlines

We’ve all seen news reports regarding the high cost of prescription drugs, as well as advertisements for the latest and greatest products. Drug company executives were recently called to testify before Congress regarding rising prescription drug costs. In addition to increasing costs for current medications, more new and exciting treatments are being approved by the FDA.

Research and innovation are producing more medications to help patients whose diseases have not been treated adequately in the past. Prescription drug advances allow patients to live healthier, more comfortable, and longer lives. New gene and cell therapies have the potential to aid patients suffering from serious or fatal conditions that previously had few treatment options.

However, some drug company innovations are designed more to increase revenue than to treat patients. These types of innovations include combining two medications into one high-cost medication, creating extended-release formulas, and designing state-of-the-art packaging. For example, one of the health plan’s highest cost drugs has an applicator that talks a person through the injection process—at a cost of approximately $6,500 per script.

In the University’s plan, prescription drug claims account for 22% of the total costs paid by the health plan. Between July 1, 2018 and February 28, 2019, the plan paid over $24 million for prescription drugs.

As we anticipate more costly medications and therapies on the horizon, we need to work to control costs now. The plan’s transparent contract with Regence is designed to keep administrative fees down and to eliminate hidden costs. The plan pays the exact amount charged by the pharmacy and Regence receives a processing fee for each script filled—there is no “spread pricing.” Rebates paid by drug manufacturers, which have also been in recent headlines, are credited to the plan and applied to reduce future premiums.

Save up to $480 on health plan premiums by participating in the WellU Program.

Employees who complete the requirements to participate in the WellU wellness program will pay $40 less per month (or $0 for the CDHP option).

The University will discontinue offering the Comprehensive option to new enrollees. This option was created many years ago as an indemnity-type plan. Employees enrolled in the Comprehensive option should review their needs and other plan options. Don’t be misled by the plan design names—coverage in the Advantage option is just as comprehensive as the coverage in the Comprehensive option. Most employees find that the Advantage option is the most advantageous for them.
Prescription Drug Coverage Changes

Selecting the Most Appropriate Medications

To help slow future increases in costs, the plan will require step therapy and prior authorization for a few drug classes, effective July 1, 2019. This will help ensure that health plan members are getting the most appropriate and cost-effective medications. Step therapy involves trying less expensive, tried-and-true medications before trying other medications that cost more. Prior authorization means that a provider will submit information to show the requested medication is appropriate for the health plan member’s condition. Additionally, several high-cost medications that have lower-cost equivalents will be excluded from coverage (this will not include lower-cost similar medications).

Health plan members who have filled a prescription for one of these medications in the past six months will receive a letter from Regence with information about their options. These members will have up to six months to meet with their provider to talk about alternatives or to request prior authorization to continue with the medication they are currently taking. Even with an excluded medication, providers will have the opportunity to demonstrate that a medication is medically necessary for their patient and that other available medications are not effective.

Prescription Drug Out-of-Pocket Maximum Changes

As part of an integrated health system that offers care to vulnerable populations, the University pharmacies are able to purchase many prescription drugs at a lower cost than retail pharmacies. As a result, health plan members (and the health plan) generally save when members use a University pharmacy.

The University’s Specialty Pharmacy is the preferred pharmacy for members within the State of Utah who need to fill specialty medications. Specialty medications are generally high-cost prescription drugs used to treat complex health conditions. They are often self-injected (although some are taken by mouth), and often require special handling, delivery, or storage. The University’s Specialty Pharmacy has expertise in caring for and assisting patients using specialty medications. They can deliver directly to a patient’s home or send specialty medications through the mail.

To encourage members to use University pharmacies, prescription out-of-pocket maximums will change for other network pharmacies and specialty medications will be covered as a separate tier beginning July 1st.

<table>
<thead>
<tr>
<th></th>
<th>University Health Pharmacy</th>
<th>Other Network Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coinsurance</td>
<td>Maximum</td>
</tr>
<tr>
<td>Generic</td>
<td>20%</td>
<td>$150.00</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20%</td>
<td>$150.00</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>20%</td>
<td>$150.00</td>
</tr>
<tr>
<td>Specialty</td>
<td>20%</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

See the enclosed flyer to find the most convenient University pharmacy location.

Open Enrollment ends on May 31, 2019. To enroll or make changes, log in to UBenefits at https://hr.apps.utah.edu/ubenefits. For additional information, attend an Open Enrollment Session (see back cover for dates and locations), call Human Resources at (801) 581-7447, email Human Resources at benefits@utah.edu, or go to www.hr.utah.edu/benefits.
Where to Access Care

Where health plan members access care has a large impact on the cost of the care. A trip to a hospital emergency room can cost thousands of dollars, when an office visit with a primary care provider or using an urgent care clinic for the same condition would cost much less. Because of the high cost of ER visits, the copay in the Advantage plan will increase from $150 per visit to $200. The following are options to consider:

University of Utah Health Community Clinics continue to expand and focus on quality and appropriate care for their patients. University Health has primary care providers and specialists throughout Utah. Health plan members enrolled in the Advantage option will pay $5 for an office visit with any University Health provider. The copay for an office visit with other network providers is $30.

RedMed Employee Health Clinic is located on the ground floor of the Union Building and is available to University employees at no cost. RedMed should be the first stop for employees with a work-related injury or illness (unless the injury is life- or limb-threatening).

Virtual Visits are available at no cost for health plan members enrolled in the Advantage and Comprehensive options. Virtual Visits with a University Health provider are available from 9am to 9pm, 7 days a week. Receive care from home, the office, or on the go.

The University's Employee Assistance Program (EAP) is available for all University employees enrolled in the health plan, their enrolled dependents, and other family members residing in the employee's household. Services are available through the EAP at no cost. The EAP has licensed counselors who can help with concerns including stress, anxiety or depression, personal and emotional issues, marital, relationship and family counseling, bullying, youth and teen problems, grief or loss, and substance abuse or other addictions. The EAP is available 24/7 to assist in emergency situations. For those with needs beyond the EAP, the EAP team can help navigate through the system to find the right network provider that specializes in the area most needed by the individual and act as an advocate to make sure the member is able to obtain the care they need. Contact the EAP at (801) 587-9319 or (800) 926-9619.

The UNI mobile outreach team is also available to respond in the event of crisis. The UNI crisis line is (801) 587-3000. Children and teens should download the SafeUT app as a resource for real-time crisis intervention for youth.

University Health Urgent Care Centers are located in the University Hospital and several community clinics along the Wasatch Front (see the enclosed flyer for locations). In addition, health plan members in both network options have access to numerous other network urgent care and InstaCare clinics—a total of 93 locations throughout Utah. Members enrolled in the Advantage option pay the same copay as an office visit.

Hospital Emergency Rooms should be used for unscheduled treatment of severe and life- or limb-threatening conditions. They are open 24/7 and have the widest range of services for emergency and after-hours care, including diagnostic tests and access to specialists. That specialized care, however, also makes them much more expensive and may result in long wait times.

New Opportunity for Patients with Diabetes

Health plan members who have been diagnosed with Type 1 or Type 2 Diabetes can choose to partner with Livongo, to help them manage their condition beginning July 1st. Livongo brings together technology and healthcare expertise to empower people with chronic conditions to live better and healthier lives. Health plan members who choose to participate will receive a connected meter and unlimited test strips at no cost. Livongo will also provide participants with data-driven personal insights, the ability to share data with family members or other individuals, real-time alerts using parameters set up by the participant, and 24/7 access to Certified Diabetes Educators to provide guidance on nutrition, answer diabetes questions, and assist in real-time acute interventions. For additional information and to pre-register to participate with Livongo, go to join.livongo.com/universityofutah/hi.
### SUMMARY COMPARISON OF MEDICAL AND DENTAL COVERAGE OPTIONS

#### PROVIDER NETWORK OPTIONS

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Network Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred ValueCare</td>
<td>All University of Utah Health facilities and providers, plus over 13,700 Utah providers and access to 41 of Utah’s 51 hospitals (including Primary Children’s Medical Center as an Other Network Provider); all urgent care centers in Utah; and nationwide coverage through the BlueCard PPO Network.</td>
</tr>
<tr>
<td>Participating (PAR)</td>
<td>All University of Utah Health facilities and providers, plus over 13,900 Utah providers and access to all of Utah’s 51 hospitals (including Intermountain Healthcare and Primary Children’s Medical Center as Other Network Providers); all urgent care centers in Utah; and nationwide coverage through the BlueCard Traditional Network.</td>
</tr>
</tbody>
</table>

#### HEALTH PLAN DESIGN OPTIONS

<table>
<thead>
<tr>
<th></th>
<th>Advantage</th>
<th>Comprehensive (Closed to New Enrollments)</th>
<th>Consumer Directed Health Plan (CDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductibles</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Health Providers</td>
<td>$0</td>
<td>$0</td>
<td>$1,500 Single Coverage</td>
</tr>
<tr>
<td>Other Network Providers</td>
<td>$0</td>
<td>$350 per member $700 per family</td>
<td>$3,000 Two-party and Family Coverage</td>
</tr>
<tr>
<td>Out-of-Network Providers</td>
<td>$350 per member $700 per family</td>
<td>$350 per member $700 per family</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Year Out-of-Pocket Maximums</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>$2,000 per member $5,000 per family</td>
<td>$2,000 per member $5,000 per family</td>
<td>Combined Out-of-Pocket Maximum:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$5,000 per member $10,000 per family</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$2,000 per member $4,000 per family</td>
<td>$2,000 per member $4,000 per family</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health and Chemical Dependency</td>
<td>$2,000 per member $4,000 per family</td>
<td>$2,000 per member $4,000 per family</td>
<td></td>
</tr>
<tr>
<td>Health Savings Account Employee Voluntary Contribution Maximum</td>
<td>N/A</td>
<td>N/A</td>
<td>Single: $3,500 Two-Party/Family: $7,000</td>
</tr>
</tbody>
</table>
**Effective July 1, 2019**

### THE AMOUNT YOU PAY FOR COVERED SERVICES

(Received any applicable deductible has been met):

<table>
<thead>
<tr>
<th>Service</th>
<th>Advantage University Health Providers</th>
<th>Advantage Other Network Providers</th>
<th>Advantage Out-of-Network Providers</th>
<th>Comprehensive University Health Providers</th>
<th>Comprehensive Other Network Providers</th>
<th>Comprehensive Out-of-Network Providers</th>
<th>CDHP Preferred ValueCare and Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab/X-Ray, Outpatient Hospital, Professional Services</td>
<td>0%</td>
<td>20%</td>
<td>35%</td>
<td>5%</td>
<td>25%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Durable Medical Equipment and Prosthetic Devices</td>
<td>0%</td>
<td>20%</td>
<td>35%</td>
<td>5%</td>
<td>25%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Rehabilitation Services—Outpatient</td>
<td>$5 copay</td>
<td>$30 copay</td>
<td>35%</td>
<td>5%</td>
<td>25%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Rehabilitation Services—Inpatient Limited to 30 days/Plan Year</td>
<td>0%</td>
<td>20%</td>
<td>35%</td>
<td>5%</td>
<td>25%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Neurodevelopmental Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal Manipulation Limited to 20 per Plan Year</td>
<td>$5 copay</td>
<td>$30 copay</td>
<td>35%</td>
<td>5%</td>
<td>25%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Hearing/Vision Exams Limited to one each per Plan Year</td>
<td>$5 copay</td>
<td>$30 copay</td>
<td>35%</td>
<td>5%</td>
<td>25%</td>
<td>35%</td>
<td>30%</td>
</tr>
</tbody>
</table>

- **Advantage and Comprehensive Options**
- **CDHP Option**

### Prescription Drug Coverage

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Generic Coinsurance</th>
<th>30-Day Maximum</th>
<th>Preferred Brand Coinsurance</th>
<th>30-Day Maximum</th>
<th>Non-Preferred Brand Coinsurance</th>
<th>30-Day Maximum</th>
<th>Specialty Coinsurance</th>
<th>30-Day Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Health Pharmacy</td>
<td>20%</td>
<td>$150.00</td>
<td>25%</td>
<td>$200.00</td>
<td>20%</td>
<td>$150.00</td>
<td>35%</td>
<td>$250.00</td>
</tr>
<tr>
<td>Other Network Pharmacy</td>
<td>20%</td>
<td>$150.00</td>
<td>25%</td>
<td>$200.00</td>
<td>20%</td>
<td>$150.00</td>
<td>35%</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

### Employee Assistance Program (EAP)

- No cost to enrolled employees, enrolled dependents, and other family members residing in the employee’s household

### Behavioral Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Network Provider (Contact EAP for Referral)</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient services Limited to 30 days per Plan Year</td>
<td>20%</td>
<td>50% after $200 deductible per inpatient admission</td>
</tr>
<tr>
<td>Outpatient services Limited to 30 visits per Plan Year</td>
<td>$25 Copay</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Chemical Dependency Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Network Provider (Contact EAP for Referral)</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient services Limited to 30 days per Plan Year</td>
<td>20%</td>
<td>50% after $300 deductible per inpatient admission</td>
</tr>
<tr>
<td>Outpatient services Limited to 30 visits per Plan Year</td>
<td>20%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Contact the EAP at (801) 587-9319 or (800) 926-9619 for assistance, information, and referral to a network provider.
SUMMARY COMPARISON OF MEDICAL AND DENTAL COVERAGE OPTIONS

DENTAL COVERAGE OPTION

Regence ValueCare Dental Network
www.regence.com/find-a-doctor (search for General Dentistry or Pediatric Dentistry)
All benefits are paid based on the Regence schedule of eligible dental expenses.

Deductible
None

Maximum Benefits
Basic Coverage and Prosthodontics: $2,000 per plan year - per member
Orthodontics: $2,000 lifetime per member

| Eligible Family Members: Spouse or domestic partner and children under age 26 (includes children placed for adoption, legal guardianship, foster care, and the children of your spouse or domestic partner). Coverage for children continues through the end of the month in which the child turns age 26 and may be continued after that date only if they are unmarried, dependent on the employee, and either a full-time student or disabled. Contact UHRM at (801) 581-7447 for information and see the Summary Plan Description for eligibility rules. |

<table>
<thead>
<tr>
<th>THE AMOUNT YOU PAY FOR COVERED SERVICES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Services</td>
</tr>
<tr>
<td>Exams, X-rays, cleanings, fillings, sealings, periodontics, endodontics</td>
</tr>
<tr>
<td>Prosthodontics</td>
</tr>
<tr>
<td>Bridges, Crowns, Dentures</td>
</tr>
<tr>
<td>Orthodontics</td>
</tr>
</tbody>
</table>

Virtual Visits: The Plan covers telemedicine visits only through University of Utah Health Virtual Visits. Call (801) 213-8669 or visit https://healthcare.utah.edu/virtual-visits/ to begin your Virtual Visit. In accordance with requirements to qualify for a Health Savings Account, members enrolled in the Consumer Directed Health Plan Option must pay the full cost of all telemedicine and Virtual Visits.

RedMed: Employees may visit the RedMed University Employee Health Clinic on the ground floor of the Union Building. The clinic cannot provide care to family members. Employees who are injured at work should use the clinic as their first point of care unless the injury is life- or limb-threatening or occurs after RedMed Clinic hours, in which case the employee should be taken to the nearest urgent care center or emergency room.

Primary Children’s Medical Center: Primary Children’s Medical Center is an Intermountain Healthcare facility and is included as a network provider in both network options. In both network options, Primary Children’s Medical Center will be paid as an Other Network Provider and not as a University Health provider. Some University Health Providers work at Primary Children’s Medical Center and may be paid as a University Health provider only if their services are billed separate from the facility.

Out-of-Network: Coinsurance amounts shown are paid based on Eligible Medical Expenses (the amount a network provider has agreed to accept as payment in full for the services). Members may be billed by an out-of-network provider for amounts that exceed the amount a network provider has agreed to accept as payment in full. Members are responsible for any balance of billed out-of-network provider charges in addition to the member’s coinsurance amount.

Change in Dependent Eligibility During the Plan Year: To add a new dependent to your coverage or remove a dependent who has lost eligibility, log into UBenefits and click on the Change Your Benefits tile. You must make the change within 90 days of the date of the event. The University cannot refund overpayments due to IRS regulations, so please make the change as soon as possible. In order for the dependent to be eligible for COBRA Continuation Coverage, you must submit your change within 60 days from the date of the event.

Federal Laws Opt Out: The University has elected to opt out of several Federal laws that apply to most health plans, including the Mental Health Parity and Addiction Equity Act. UNI/BHN assists all health plan members in finding an appropriate network provider and advocating for them to receive the appropriate care. For information and referrals, contact the Employee Assistance Program at (801) 587-9319 or (800) 926-9619.

Privacy Policy: The Plan is required to follow strict federal and state laws regarding the confidentiality of protected health information (“PHI”). The Plan’s Notice of Privacy Practices describes the Plan’s practices relating to PHI and the rights members have concerning their PHI. The Notice of Privacy Practices is available online at www.hr.utah.edu/ben/privacy. To obtain a copy by mail, contact the UHRM Solutions Center at (801) 581-7447.

Social Security Numbers: The University is required to identify individuals enrolled in health coverage to the IRS. Please provide social security numbers for all dependents enrolled in the health plan.

Coverage of Eligible Dependents: The University will take corrective action against employees for enrolling an individual in the health plan that they know or should know is ineligible and/or filing claims (either directly or indirectly through a health care provider) for an individual that they know or should know is ineligible for coverage under the Plan. Corrective action includes termination of employment, legal action for reimbursement of all claims, and cancellation of coverage without the right to elect COBRA continuation coverage.

This summary contains only a general description of some of the features of the University’s Employee Health Care Plan. The exact details of the Plan are included in the governing legal plan documents (summary plan descriptions), which can be found online at www.hr.utah.edu/benefits/spd.php.
### MONTHLY CONTRIBUTION RATES

**JULY 1, 2019 THROUGH JUNE 30, 2020**

**FULL-TIME EMPLOYEES (75% TO 100% FTE)**

All rates are **monthly**

<table>
<thead>
<tr>
<th>Network Option</th>
<th>Plan Option</th>
<th>Medical Only</th>
<th>Medical and Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Single</td>
<td>Two-Party</td>
</tr>
<tr>
<td>Preferred ValueCare</td>
<td>Advantage</td>
<td>$67.78</td>
<td>$118.62</td>
</tr>
<tr>
<td></td>
<td>Comprehensive</td>
<td>$67.78</td>
<td>$118.62</td>
</tr>
<tr>
<td></td>
<td>CDHP</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>BlueCross BlueShield Participating [PAR]</td>
<td>Advantage</td>
<td>$102.00</td>
<td>$178.50</td>
</tr>
<tr>
<td></td>
<td>Comprehensive</td>
<td>$102.00</td>
<td>$178.50</td>
</tr>
</tbody>
</table>

**University Department Rates – Full-time Employees – All Options**

<table>
<thead>
<tr>
<th></th>
<th>Medical Only</th>
<th>Medical and Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Two-Party</td>
</tr>
<tr>
<td>$616.54</td>
<td>$1,078.92</td>
<td>$1,627.64</td>
</tr>
</tbody>
</table>

**PART-TIME EMPLOYEES (50% TO 74% FTE)**

All rates are **monthly**

<table>
<thead>
<tr>
<th>Network Option</th>
<th>Plan Option</th>
<th>Medical Only</th>
<th>Medical and Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Single</td>
<td>Two-Party</td>
</tr>
<tr>
<td>Preferred ValueCare</td>
<td>Advantage</td>
<td>$376.04</td>
<td>$658.08</td>
</tr>
<tr>
<td></td>
<td>Comprehensive</td>
<td>$376.04</td>
<td>$658.08</td>
</tr>
<tr>
<td></td>
<td>CDHP</td>
<td>$308.26</td>
<td>$539.46</td>
</tr>
<tr>
<td>BlueCross BlueShield Participating [PAR]</td>
<td>Advantage</td>
<td>$410.26</td>
<td>$717.96</td>
</tr>
<tr>
<td></td>
<td>Comprehensive</td>
<td>$410.26</td>
<td>$717.96</td>
</tr>
</tbody>
</table>

**University Department Rates – Part-time Employees – All Options**

<table>
<thead>
<tr>
<th></th>
<th>Medical Only</th>
<th>Medical and Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Two-Party</td>
</tr>
<tr>
<td>$308.28</td>
<td>$539.46</td>
<td>$813.82</td>
</tr>
</tbody>
</table>

*Complete the requirements to participate in the WellU program to receive a discount of up to $40.00/month from the above rates. If your rate is less than $40.00, you will pay nothing.*
WellU Wellness Program

Complete the Requirements to Save $40 per Month

Save up to $480 on health plan premiums annually by participating in the WellU Wellness Program. To participate next year, complete the following before July 1, 2019:

- **Annual physical or wellness exam:** Talk with your provider about appropriate preventive screenings. Remember, the University’s plan does not require that members wait 365 days from their last physical. A physical exam can be scheduled any time during the plan year.

- **Dental cleaning and exam:** Your coinsurance for these two procedures will be waived if you are seen at one of the University of Utah School of Dentistry clinics. To schedule, call 801-58-SMILE. Otherwise, see another participating dentist (go to www.Regence.com and look for ValueCare Network providers); you will be responsible for your coinsurance. Employees with medical only coverage can provide HR with a statement from their dentist.

- **One WellU Wellness Activity:** See options on page 11.

- **General Health Assessment:** Complete the GHA on Regence’s website one time between July 1, 2016 and June 30, 2019. If you are currently a WellU participant, you do not need to complete the GHA again at this time.

Many providers have limited availability for annual physicals and wellness exams. Schedule your appointment as soon as possible to ensure you will complete the requirements before July 1, 2019. Appointments July 1, 2019 or later will not count for WellU credit for the 2019–2020 Plan Year.

Completions must be reported through the health plan or community partner. Requirements completed at the end of June are often not reported in time for the discount to begin on the July 22nd paycheck. The discount begins when timely completion of all requirements has been reported—it is not retroactive. Schedule your appointments as soon as possible to make sure you receive the discount for the entire plan year.

Watch for new WellU requirements to be announced this summer. Some of the requirements will be changing for the next plan year.

Have you completed the WellU requirements?

Check the WellU Completions online tracker.

Go to www.hr.utah.edu/wellu/complete and log in using your University ID number and CIS password. You will be able to see the requirements you have completed.
WellU Wellness Activities

(Complete One Activity before July 1, 2019)

HEALTH CARE PROVIDER OPTIONS

Obtain these services from a health care provider. Services must be billed through the health plan to receive credit for completion of the option:

- Flu Shot
- Cervical Cancer Screening
- Mammogram
- Osteoporosis Screening
- Prostate Cancer Screening
- Colorectal Cancer Screening

CAMPUS RECREATION SERVICES

Campus Recreation membership required—employee pays fitness class fees.

- Work out or take a fitness class at the Eccles Student Life Center: The first six taps of an employee’s UCard on different days will count as completion of one Wellness Activity. Fitness classes include Barre, BodyPump, Cycling, Pilates, Pink Gloves, Total Body Conditioning, TRX, Yoga, and Zumba.

PEAK HEALTH, FITNESS AND WELLNESS

Employee pays fitness class fees and one-half of other fees as shown.

- Bod Pod Body Composition Measurement (Employee pays $15): Provides precise body composition measurement quickly and comfortably, includes a brief consultation with a PEAK professional to explain results.

- Fitness Assessment (Employee pays $30): A series of measurements that help determine physical fitness including the following: cardiovascular fitness, flexibility, and strength.

- Fitness Classes (Employee pays class fees): Classes include Aquatone, Bootcamp, Circuit Training, Core Training, Express Classes, Functional Fitness, Indoor Cycling, Pilates Mat, Running Speed Work, Stretch and Strength, Swimming for Fitness, Weight Training, and Yoga.

- Health and Wellness Coaching: Coaches assist in optimizing your health with evidence-based lifestyle solutions tailored to your needs, such as time and stress management, weight maintenance or loss, etc.

- Focused Nutrition Consultation: General and preventive nutrition information, plus several specialty areas including family/child health and nutrition, sports nutrition, hypertension control, cholesterol lowering, weight loss and maintenance, cardiovascular nutrition, bone health, diabetes management, and others, personalized to your health needs. Includes Resting Metabolic Rate measurement.

- Nutrition Workshops (Variety of topics)

- Personal Training/Exercise Prescription: Individualized exercise program tailored to meet your goals and your health and fitness needs; may include weight loss and maintenance, functional fitness, strength training, aerobic and anaerobic conditioning, and sports specific training.
Other Benefits

Use an FSA or HSA to Save Tax Dollars on Eligible Medical and Day Care Expenses

Health Flexible Spending Accounts and Health Savings Accounts will allow participants to defer pre-tax dollars for future medical expenses incurred by the employee, employee’s spouse, and other tax dependents. Pre-tax dollars are used to cover items not covered by the health plan. Examples include copayments for provider office visits, coinsurance amounts, contact lenses, eye glasses, etc.

All employees can enroll in a Health Flexible Spending Account. Only employees enrolled in the University CDHP health plan option can enroll in a Health Savings Account. There are several important differences between an FSA and an HSA. See the web page at www.hr.utah.edu/benefits/choosing-hsa-fsa.php for information.

Dependent Day Care FSAs reimburse eligible day care costs incurred for eligible dependents. To be an eligible day care expense, the care provided must be necessary to allow an employee and their spouse (if any) to work. Eligible dependents include children under age 13 and other family members who are physically or mentally incapable of caring for themselves, reside with the employee for more than one-half of the calendar year, and are someone the employee could claim as a tax dependent.

To participate in a Health and/or Dependent Care FSA beginning July 1st, make an election in UBenefits during Open Enrollment. Elections do not roll over from one year to the next. IRS rules limit the amount that may be deferred to these plans. Limits and additional information are provided in UBenefits.

If you are enrolled in the CDHP option and a Health Savings Account, your HSA election will continue into the next plan year (as long as you remain in the CDHP option). You can change your HSA election at any time through UBenefits (click the “Change Your Benefits” tile).

Hyatt Legal Plans Provides Assistance With Legal Needs for a Set Monthly Fee

For $21.25 per month, Hyatt Legal Plans provides access to legal representation or advice for a wide range of legal matters, including: wills and estate planning, debt matters, defense of civil lawsuits, real estate matters, consumer protection, and family law.

To get an up-to-date listing of participating attorneys (including attorneys outside the state of Utah) and covered services, go to www.legalplans.com. Once on the website, current participants can go to “Members Log In.” Employees who are not current members or who have not set up a member login can go to “Thinking About Enrolling” and use 4940030 as the password.

You can enroll or cancel enrollment only during Open Enrollment each year. Enrollment continues from one year to the next if you do not cancel during Open Enrollment. Visit www.metlife.com/mybenefits or call: 1 800 GET-MET 8 (1-800-438-6388) and say “legal.”
Other Benefits (cont.)

Supplemental Retirement Plans

The University makes retirement contributions for most employees in benefit-eligible positions. However, the University-funded retirement plan may not be enough to allow you to “spend” your time in retirement as you desire.

Consider contributing either pre-tax or after-tax funds to one of the University’s supplemental retirement plans. In 2019, employees can contribute up to $19,000 to each plan (employees age 50 or older can contribute an additional $6,000 to each plan).

The University’s retirement plan administrators, Fidelity Investments and TIAA, have registered representatives who can meet with you to help answer your questions about saving for retirement. One-on-one consultations are provided at no cost to you. To schedule a confidential consultation, contact the investment provider directly.

Fidelity Investments
(800) 343-0860
M–F 6:00 am to 10:00 pm
www.netbenefits.com/uofu

TIAA
(801) 883-5100
M–F 8:00 am to 5:00 pm
www.tiaa.org/uofu

Check Your Beneficiary Designations

The University provides life insurance equal to your annual salary up to $25,000. This coverage includes travel insurance, as well as estate guidance and funeral planning at no cost to you. For information, see the Life Insurance web page at www.hr.utah.edu/benefits/life.php.

Take time to review your beneficiaries. It’s not just a smart practice—it is essential if you experience a major change in your life such as marriage, divorce, or birth of a child or grandchild. Updating your beneficiaries can save your loved ones from unnecessary grief during a difficult time. You can review and update your beneficiaries for life insurance and AD&D through UBenefits. Review and update your retirement plan beneficiary designations by logging into your account with Fidelity Investments, TIAA, and/or Utah Retirement Systems, or requesting a paper form from them.

Legal Notices (required by law)

NOTICE TO INDIVIDUALS ENROLLED IN THE UNIVERSITY OF UTAH EMPLOYEE HEALTH CARE PLAN

Group health plans sponsored by state and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from certain requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy.

The University of Utah has elected to exempt the University of Utah Employee Health Care Plan, which is self-funded, from all of the following requirements:

1. Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section. The University’s Plan will cover medically necessary hospital stays in accordance with the recommendation of the member’s health care provider.

2. Protections against having benefits for mental health and substance use disorders may be subject to more restrictions than apply to medical and surgical benefits covered by the plan. The University’s Plan will continue to include limits on some mental health and substance use disorder benefits.

3. Certain requirements to provide benefits for breast reconstruction after a mastectomy. The University’s Plan will continue to cover reconstruction and other benefits.

4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution. The University allows students to miss one semester each academic year and retain their student status.

The exemption from these Federal requirements will be in effect for the plan year beginning July 1, 2019 and ending June 30, 2020. The election may be renewed for subsequent plan years.
Legal Notices (cont.)

PRIVACY POLICY
The University of Utah Employee Health Plan and the University of Utah Flexible Benefit Plan are required to follow strict federal and state laws regarding the confidentiality of Protected Health Information ("PHI"). The Plans’ Notice of Privacy Practices describes the Plans’ practices relating to PHI and the rights of the members of the Plans have concerning their PHI. The Notice of Privacy Practices is available at www.hr.utah.edu/ben/privacy. To obtain a copy by mail, contact Human Resources at (801) 581-7447.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)
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 insurance 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 dependents 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-KIDS NOW 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 dependents 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 at 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, 2019. 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

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

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+: Colorado.gov/HCPI/Child-Health-Plan-Plus

FLORIDA – Medicaid
Website: http://fitmedicaidptprecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: www.medicaid.georgia.gov
Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

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: http://www.indianamedicaid.com
Phone: 1-800-403-0864

IOWA – Medicaid
Website: http://dhs.iowa.gov/hawk-i
Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: http://chfs.ky.gov
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: www.mass.gov/eohhs/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

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

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

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

MASSACHUSETTS – Medicaid and CHIP
Website: www.mass.gov/eohhs/departments/masshealth/
Phone: 1-800-862-4840
Legal Notices (cont.)

NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll Free: 1-800-852-3345 ext. 5128

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://dma.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: 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
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347

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: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WIRGINIA – Medicaid and CHIP
Website: www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

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

Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-3718, Washington, DC 20210 or email ebsa.ops@dol.gov and reference the OMB Control Number 1210-0137.
Open Enrollment ends on May 31, 2019. To enroll or make changes, log into UBenefits at https://hr.apps.utah.edu/ubenefits. For additional information, attend an Open Enrollment Session, call Human Resources at (801) 581-7447, email benefits@utah.edu, or go to www.hr.utah.edu/benefits/oe.