



HEALTHEZ

Benefit

Overview

INDEX

	HealthEZ Administration
3	Welcome!
4	Custom Resources
5	Medical Network & Pharmacy
6	EZPay & Statements
7	Care Management
8	HSA & HealthiestYou
9-11	Medical Plans
	EMI Health Administration
12	Dental Plan
	Opticare of Utah Administration
13	Vision Plan
	WellSteps Administration
14	Wellness Program
15	Disclosure Information
	Cigna Administration
16	Life and AD&D
17	Long Term Disability
	Ease Administration
18	Ease at a Glance
19-30	Enrollment Guide
	American Fidelity
31-38	Benefits Overview
39	Administrator Contacts



WELCOME!

HealthEZ is proud to serve as your benefits administrator. We help companies all over the US provide custom, personalized benefits to their employees. We're here to make your life easier! We are a family-owned business serving families like yours for over 35 years.

Your employer selected HealthEZ because we are truly a different kind of health care company. We understand health insurance can be very complicated, and it's our goal to help you navigate the health care maze.

We are here to serve you!

We start by having human beings answer our phones; no computers or phone trees. We are here to listen and help you if you're sick or just have a simple question about your benefits. You have one dedicated phone number to call-no matter what you need.

We provide you with a simple online statement once a month – making it easy for you to understand what your doctor billed, what your insurance paid, and what you owe. You can even pay your bill online!

HealthEZ doesn't serve clients; we serve people. We are here to take care of you.



Effective 7/1/2019 • OSDBenefits.com • 844-302-7781

PERSONALIZED CUSTOMER SERVICE

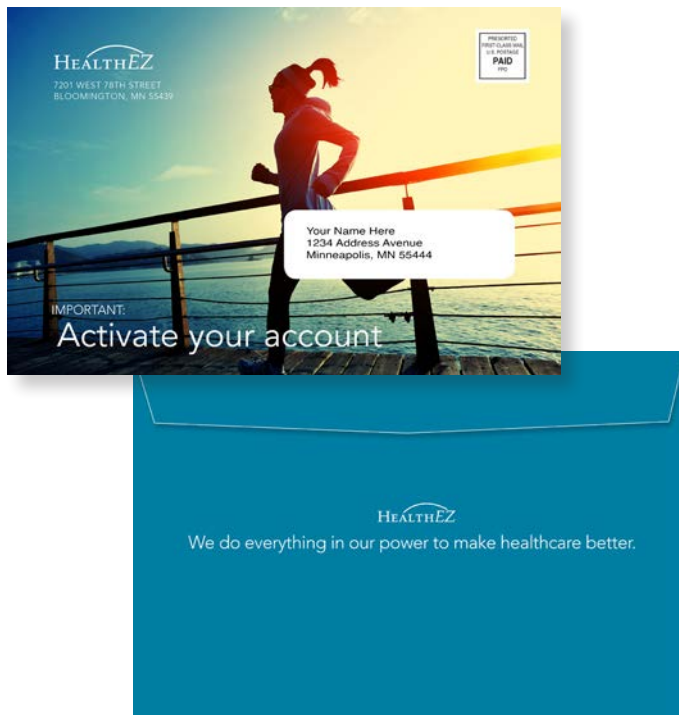
Ogden School District has a dedicated phone number at 844-302-7781 that is answered between the hours of 8 A.M. and 7 P.M. Central Time. No phone trees! After business hours, simply press "3" to reach our 24/7 nurseline.

24/7 NURSELINE

You have 24/7 access to HealthEZ's team of experienced nurses and doctors. Have a health-related question or need help finding the right doctor? Give us a call at 844-302-7781. We would love to help you!

ID CARDS

Keep an eye out for this HealthEZ mailer containing your ID card!



YOUR PERSONAL BENEFITS WEBSITE

You'll be able to set up your online account to view all your information about your benefits, including your statements, account balances, recently processed bills, and your EZpay accounts once you receive your ID card.

Benefit information, your plan overview, forms, educational materials, and access to customer service is available on the custom website. Everything you need, all in one place.

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781



Your primary medical network is Wise.

Your medical network is a group of health care providers. It includes doctors, specialists, hospitals, surgical centers and other facilities. These health care providers provide services at a lower rate, which you will see reflected on your statements as a discount.

There may be times when you decide to visit a doctor who is out-of-network, and those out-of-pocket costs are always higher. There are no discounts with these out-of-network services, and you will be responsible for paying the difference between the providers full charge and the amount your plan pays for. This is called balance billing.

To ensure the smallest bill possible, and to check that your provider is in-network, please visit OSDBenefits.com, and click "Find a Doctor."



Your pharmacy benefit manager is CVS Caremark.

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. CVS Caremark administers your prescription drug plan, and offers home delivery of medications and a network of pharmacies offering more affordable medications.

Talk to your provider about a lower cost alternative. Generic drugs are important options and offer the same dosage form, safety, quality, and performance characteristics of brand-name drugs.

The same prescription rarely costs the same from store to store. Be a savvy consumer and price compare your prescriptions at different pharmacies to get the best price. Check out Wal-mart's "\$4 Prescriptions," and don't forget Sam's Club and Costco - you don't have to be a member to access their pharmacy!

Did you know there are coupon and price comparison sites for prescriptions? Check out these sites and see if you are paying too much:



Effective 7/1/2019 • OSDBenefits.com • 844-302-7781





EZpay is a free medical payment service which allows you to pay your medical bills from your own credit card or debit card - simply, easily, and safely.



Sign up from your custom benefits site!

1. Login or create an account by clicking "Need to set up online access?" on the login page
2. Click on "HealthEZpay Accounts" located on the left sidebar
3. Click "Add another credit card" (even if it is your first account) and agree to the Terms of Service
4. Fill in your information and click "Submit" to start enjoying the benefits of Auto-Pay with HealthEZ

How it Works

You will receive an email once a bill is processed, and will be asked to approve payment if you owe money.

EZpay will pay by default if you do not respond in:

- 2 business days for claims under \$250
- 5 business days for claims over \$250

EZpay will combine your payment with any medical plan payments so your provider is paid in full.

ONE SIMPLE STATEMENT

HealthEZ provides all of your expenses in one document. The consolidated monthly statement provides a level of straight forward convenience unique in the industry.

HEALTHEZ
7201 West 78th Street, Suite 100
Bloomington, MN 55439

Gden
SCHOOL DISTRICT

THIS IS NOT A BILL. DO NOT PAY.

Statement Summary

Member ID: XXXXXXXX4567
Statement Date: 2/21/11

New Transactions This Period

Paid by your health plan	\$441.49
Paid by your HealthEZpay accounts	\$301.84
You owe providers	\$0.00

Paid by Your Employer YTD:

Medical	\$441.49
Dental	\$117.30
Pharmacy	\$ 66.24

Information & Resources

Your Resources for Help
Benefit Questions:
<custom phone #>
<customsite.com>

EOBs Available Online
The Explanation of Benefits that corresponds to this statement is available by logging in at <customwebsite.com>. If you have questions, call <custom phone#>.

HealthEZpay Account Summaries

Flexible Spending Account (FSA)

Claims Paid Year-to-date	\$0.00
Available Amount	\$500.00

Health Savings Account (HSA)

Claims Paid This Period	\$223.93
Current Balance	\$275.07

Health Reimbursement Account (HRA)

Claims Paid This Period	NA
Current Balance	NA

Credit/Debit Card Accounts

Claims Paid This Period	\$77.91
-------------------------	---------

Your Year-to-Date Summaries

Medical In-Network Deductible

Met Year-to-Date	\$301.84
------------------	----------

Medical In-Network Out-of-Pocket

Met Year-to-Date	\$301.84
------------------	----------

Dental Benefit

Used Year-to-Date	\$117.30
-------------------	----------

Information current as of statement date. For detailed and up-to-date information, go to <customsite.com>.

Transactions for the Current Period

MEDICAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid*	You Owe Provider
01/15/2011	Jane	Care Clinic	\$248.00	\$24.07	\$0.00	\$223.93	\$0.00
01/15/2011	Alex	County Hospital	\$911.00	\$391.60	\$441.49	\$77.91	\$0.00

DENTAL

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid*	You Owe Provider
01/12/2011	Jane	Family Dental/Care	\$138.00	\$20.70	\$117.30	\$0.00	\$0.00

PHARMACY

Service Date	Patient	Pharmacy	Drug Name	Retail Amount	You Paid
01/16/2011	Jane	Corner Pharmacy	AZITHROMYCIN TAB 250MG	\$48.00	\$8.00
01/21/2011	Alex	Corner Pharmacy	NUTRINATE CHW	\$48.00	\$8.00

For a copy of your detailed Explanation of Benefits (EOB), log in at <customsite.com> and click on "Statements" in the left sidebar.





BOOST YOUR BABY

Moms-to-be are identified, assisted, and followed by a Mommy Mentor to support a healthy pregnancy.

Those determined to be high risk are placed with a nurse in Care Management. All moms in Boost Your Baby are followed monthly and through six months post-delivery.

Visit www.boostyourbaby.com, or call 800-808-4848 to learn more.



CARE MANAGEMENT

If you require medical services like a surgery, hospital stay or are diagnosed with a complex medical condition, you may receive a call from one of the HealthEZ nurses.

The nurse is there to help you understand your treatment options, coordination of services among your doctors, and make sure you have everything you need for a quick recovery with the right care in the right setting.

CARE ADVOCATES

We help members manage chronic conditions like diabetes, hypertension, and high cholesterol. We provide education, diet and exercise tips. We can even provide referrals to providers, make appointments when necessary, and order your medical supplies for you!

HealthEZ's team of health care professionals believe that partnership and realistic support are the keys to lasting change.



Effective 7/1/2019 • OSDBenefits.com • 844-302-7781





HEALTH SAVINGS ACCOUNT

If you are enrolled in the HSA 1 or HSA 2 plan, you are eligible for a Health Savings Account (HSA).

An HSA provides you an easy way to save and pay for your qualified medical, dental, pharmacy, and vision expenses, 100% tax free! Unlike a Flexible Spending Account, you will not lose your HSA balance, as it rolls over from year to year. The money in an HSA belongs to the account holder, allowing your savings to grow and earn interest over time.

You can contribute up to \$3,500 for single coverage and \$7,000 for family coverage in 2019. Those who are age 55+ are allowed to contribute an additional \$1,000 per year.



All members have unlimited access to doctor consultations with a licensed physician at \$0 cost through HealthiestYou telemedicine services. They can consult, diagnose, and prescribe for things like allergies, upper respiratory infections, earaches, pink eye, urinary tract infections, and more.

You can speak to a licensed physician at any time or access via video chat or email no matter where you are. Visit healthiestyou.com or call 866-703-1259.

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781



Summary of Medical Benefits

PPO Plan

	In-Network	Out-of-Network
Plan Year Deductible		
Employee only	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee only	\$4,500	\$9,000
Family	\$9,000	\$18,000
Preventive Care	100% Covered	50%*
Office Visits		
Primary Services	\$30 Copay	50%*
Specialist Services	\$60 Copay	50%*
Hospital Services	20%*	50%*
Emergency Services**		
Emergency Room	\$350 Copay	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	\$60 Copay	50%*
Chiropractic Services	\$60 Copay	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	\$30 Copay	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$15 Copay	\$15 Copay
Preferred brand	\$30 Copay	\$60 Copay
Non-preferred brand	\$75 copay	\$180 Copay
Specialty	25% Coinsurance up to \$500	Not Available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency

Summary of Medical Benefits

HSA 1 Plan

	In-Network	Out-of-Network
Plan Year Deductible		
Employee only	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance	20%	50%
Out-of-Pocket Maximum		
Employee only	\$5,000	\$10,000
Family	\$10,000	\$20,000
Preventive Care	100% Covered	50%*
Office Visits		
Primary Services	20%*	50%*
Specialist Services	20%*	50%*
Hospital Services	20%*	50%*
Emergency Services**		
Emergency Room	20%*	50%*
Emergency Medical Transportation	20%*	50%*
Urgent Care Services	20%*	50%*
Chiropractic Services	20%*	50%*
Mental Health/Chemical Dependency		
Inpatient	20%*	50%*
Outpatient	20%*	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay*	\$30 Copay*
Preferred brand	\$25 Copay*	\$75 Copay*
Non-preferred brand	\$50 Copay*	\$150 Copay*
Specialty	25%* up to \$500	Not Available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781



Summary of Medical Benefits

HSA 2 Plan

	In-Network	Out-of-Network
Plan Year Deductible		
Employee only	\$5,000	\$10,000
Family	\$10,000	\$20,000
Coinsurance	0%	50%
Out-of-Pocket Maximum		
Employee only	\$5,000	\$10,000
Family	\$10,000	\$20,000
Preventive Care	100% Covered	50%*
Office Visits		
Primary Services	0%*	50%*
Specialist Services	0%*	50%*
Hospital Services	0%*	50%*
Emergency Services**		
Emergency Room	0%*	50%*
Emergency Medical Transportation	0%*	50%*
Urgent Care Services	0%*	50%*
Chiropractic Services	0%*	50%*
Mental Health/Chemical Dependency		
Inpatient	0%*	50%*
Outpatient	0%*	50%*
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	0%*	0%*
Preferred brand	0%*	0%*
Non-preferred brand	0%*	0%*
Specialty	0%*	Not Available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency

Summary of Dental Benefits

EMI Health Dental Plans

	Premier Copay		Premier EPO		Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Type 1 - Preventive Cleanings, X-rays, Fluoride	100%	See Schedule	100%	No Coverage	100%	100%
Type 2 - Basic Fillings, Oral Surgery	See Schedule	See Schedule	60%	No Coverage	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	See Schedule	See Schedule	40%	No Coverage	50%	50%
Type 4 - Orthodontics Dependent children up to age 19 Adults Discount - all members	No Coverage No Coverage 25% Discount	No Coverage No Coverage No Discount	50% No Coverage 25% Discount	No Coverage No Coverage No Discount	50% 50% 25% Discount	50% 50% 25% Discount
Endodontics	Type 3 See Schedule	See Schedule	Type 2	No Coverage	Type 2	Type 2
Periodeontics	Type 3 See Schedule	See Schedule	Type 2	No Coverage	Type 2	Type 2
Sealants	Type 2 See Schedule	See Schedule	Type 2	No Coverage	Type 2	Type 2
Space Maintainers	Type 2 See Schedule	See Schedule	Type 2	No Coverage	Type 2	Type 2
Specialists	Same as General Dentist	Same as General Dentist	Same as General Dentist	No Coverage	Same as General Dentist	Same as General Dentist
Waiting Periods Type 2 - Basic Type 3 - Major Type 4 - Orthodontics	None None N/a		None 6 months 6 months		None 6 months 6 months	
Deductible Per Person Family Max Deductible Applies To Annual Maximum Per Person Orthodontic Lifetime Maximum	None None None None N/a		\$50 \$150 Type 2 & 3 \$1,000 \$1,500	\$50 \$150 Type 2 & 3 \$1,000 No Coverage	None None N/a \$1,500 \$1,500	

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781



Summary of Vision Benefits

Opticare of Utah Vision Plans

	Premier Copay		Premier EPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	No Coverage			
Standard Plastic Lenses Single Vision Bifocal (FT 28) Trifocal (FT 7x28)	\$20 Copay \$20 Copay \$20 Copay	\$70 Allowance for lenses, options and coatings	\$10 Copay \$10 Copay \$10 Copay	\$85 Allowance for lenses, options and coatings
Lens Options Progressive (standard Plastic no-line) Premium Progressive Options Glass Lenses Polycarbonate High Index	\$75 Copay No Discount 15% Discount 25% Discount 25% Discount		\$50 Copay No Discount 15% Discount 25% Discount 25% Discount	
Coatings Scratch Resistant Coating Ultra Violet Protection Other Options; A/R, Edge Polish, Tints, Mirrors, Ect.	\$10 Copay \$10 Copay Up to 25% Discount		\$10 Copay \$10 Copay Up to 25% Discount	
Frames Allowance based on retail price	\$70 Allowance	\$50 Allowance	\$120 Allowance	\$80 Allowance
Additional Eyewear Additional pair throughout the year	Up to 50% off Retail		Up to 50% off Retail	
Contacts In lieu of Lens and Frame Benefit Additional Contact Purchase - Conventional Additional Contact Purchase - Disposables	\$70 Allowance Retail Retail	\$50 Allowance	\$120 Allowance Retail Retail	\$80 Allowance
Frequency Exams, Lenses, Frames, contacts	Every 12 months			
Refractive Surgery LASIK	\$250 off per eye	No Coverage	\$250 off per eye	No Coverage

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781



CIGNA LIFE AND AD&D

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

You have the option to purchase Basic Life and AD&D coverage for yourself, your spouse and your unmarried dependent children up to age 26. Both you and Ogden City School District contribute to this benefit.

Voluntary Life and Accidental Death and Dismemberment Insurance

You also have the option to purchase additional life and Accident insurance coverage for yourself, your spouse and your unmarried dependent children up to age 26. However, you may only elect coverage for your dependents if you elect additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Basic Life and AD&D			
Plan Features		Basic Life	AD&D
Employee Benefit		\$50,000	\$50,000
Spouse & Child(ren) Benefit		\$10,000	Not Applicable
Voluntary Life			
Plan Features	Employee	Spouse	Child(ren)
Maximum Amount	\$500,000	\$300,000	\$10,000
Guarantee Issue Only available during initial enrollment After initial enrollment subject to Evidence of Insurability (EOI)	\$300,000	\$50,000	\$10,000
Age Reductions	Reduces 65% at age 65 45% at age 70 30% at age 75 20% at age 80	Reduces 65% at age 65 45% at age 70 30% at age 75 20% at age 80	N/a
Employee and Spouse Monthly Rate Per \$1,000 of Coverage			
Under 20	\$0.050	40 – 44	\$0.092
20 - 24	\$0.050	45 – 49	\$0.175
25-29	\$0.050	50 – 54	\$0.210
30-34	\$0.054	55 – 59	\$0.335
35-39	\$0.075	60+	\$0.569
Child(ren): \$0.104 per \$1,000 of coverage elected			
Voluntary AD&D			
Plan Features	Employee	Spouse	Child(ren)
Maximum Amount	\$300,00	\$150,000	\$25,000

Monthly cost per \$1,000 of coverage is \$0.025 for Employee only
 Monthly Cost for \$1,000 of coverage is \$0.04 for Family Coverage

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781





CIGNA DISABILITY

Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

Employer Paid Long-Term Disability

Ogden City School District provided all full-time eligible employees with Long-term disability, at no cost to you. Long Term Disability provides an ongoing source of income if your disability is prolonged.

Long Term Disability Benefits	
Benefit Amount	66.67% of monthly covered earnings
Maximum Benefit	\$10,000 monthly
Benefit Waiting Period	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age

Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781

ease

Enrollment Guide at a Glance

1. Log in to Ease per the instructions you have received from your HR administrator or Broker. For optimal performance it is recommended that you use

Chrome  or Firefox  as your browser.

2. Click  to begin your enrollment.

3. Follow the prompts on each page to complete your benefit enrollment.


Click  to proceed to the next section.

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6.  your benefit by selecting  or  for each plan.

Click  to proceed to the next benefit.

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to review and sign your forms using your mouse or mobile device. 

8. Before you review your forms

Create your signature
Start typing your full name as it appears below.

Your Name Here

type your name.

THEN

Sign your signature

Create your signature
Some carriers require a hand-drawn signature. Please draw your signature in the box below.

John Doe

and follow the prompts to finish.

9. If you have questions, reach out to your HR administrator or Broker.

Effective 7/1/2019 - OSDBenefits.com - 844-302-7781



Ease allows you to view your benefit options and make benefit elections for you and your family. You can view plan details, coverage amounts and costs. Your family's information only needs to be entered once, in one place and all carrier application forms will automatically be completed.

1. You will receive an email with a link that you will use to register and access Ease. Click the Sign Up button within the email message.

Welcome Alicia,

Your Manager just added you to Ease.

Ease helps you manage your benefits and other important HR activities.

Please log in now and complete your profile here:

Important: This email is intended only for Alicia Cornwell and should not be forwarded to anyone else.

[Sign Up](#)

2. Once you click the link, you will need to choose a password. Please be sure the password has at least one uppercase letter, one lowercase letter, one special character or number and is at least 8 characters long. Click the Sign Up button to continue.

You have been invited to Ease. Please choose a password and click 'Sign Up' to continue.

Password *
Password

Confirm *
Confirm

I agree to the [Terms of Service](#)

Your password must contain a minimum of 8 characters, with at least 1 lowercase, 1 uppercase, and 1 numeric or special character.

[Sign Up](#)

[Sign In](#)



3. If you have logged in before, you will need to enter your email address or username and your password. If you are logging in with your mobile phone, select Log in with mobile phone. If you are having trouble logging in, select Forgot? If you need further assistance, select I need additional help to log in.

4. After you have logged in, you will click on the green Get Started button. You will also see links to Profile, Benefits, and Documents.

5. Ease will walk you through the process of onboarding and enrolling in your benefits. After completing the optional onboarding module, you will be taken to enroll in benefits.



Benefits Enrollment

You're about to begin enrollment. Please note the following:

<p>Takes 10-15 mins ... or a cup of coffee</p>	<p>Good to have ready information about your dependents, Medicare, and previous coverage (if applicable)</p>	<p>Your progress will be saved Exit and finish later if you need to</p>
---	---	--

[Start](#)

6. Review your personal information and provide any missing information, if needed. All fields marked with an * are required.

The Sample Company > Benefits Enrollment 0% Complete [Exit](#)

- [Profile](#)
- [Dependents](#)
- [Documents](#)
- [Medicare](#)
- [Benefits](#)
- [Coverage](#)
- [Summary](#)
- [Sign Forms](#)
- [Finish](#)

Personal Information

First Name *

Last Name *

Sex *

SSN *

Marital Status *

Tobacco User (Last 12 Months) *

Disabled? *

Middle Name

Birth Date (30) *

[Need help?](#) [Get support](#)

7. Add any dependents that you will be enrolling in coverage by clicking Add.





Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

Add a Dependent **Add**

Continue

8. Provide information for each dependent as prompted. Click Add Dependent.

Add Dependent Close

First Name *

Last Name *

Middle Name

Sex

Birth Date

SSN

Relationship *

Employer

Different address than employee?

Add Dependent



10. If documents are required to review click **Review** and acknowledge receipt for each document.

The Sample Company > Benefits Enrollment 25% Complete Exit

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms
- 9 Finish

Documents

Please review and sign the following documents if applicable. Once you've reviewed each document please click "Continue".

Handbook Acceptance
170 B [Review](#)

SPD
29.6 HB [Review](#)

[Continue](#)

[Need Help?](#) [Get support](#)

11. If you or any of your dependents have Medicare Coverage, click Add and complete Medicare information.

The Sample Company > Benefits Enrollment 34% Complete Exit

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms
- 9 Finish

Medicare

If you or any of your dependents applying for coverage have Medicare Coverage please add that information here. Otherwise please click "Continue".

Add Medicare Coverage [Add](#)

[Continue](#)

[Need Help?](#) [Get support](#)

12. You will be guided through your benefit options. To enroll, click the checkmark , to waive click the X. Choose the plan you would like by clicking Select.



- Profile
- Dependents
- Documents
- Medicare
- Benefits**
- Medical
- Coverage
- Summary
- Sign Forms
- Finish

Medical Plan

Specify your coverage

Select Enrolled or Waived for each eligible member below.

Alicia Cornwell Employee	Enrolled <input checked="" type="checkbox"/>
------------------------------------	--

Are you waiving dependents?

You have not entered any children. If you have dependent children and are waiving coverage for them, check the box below. Otherwise keep the box unchecked.

Children Waived

Benefits Summary

Employee Cost Per Pay Period (Semi-Monthly)

Medical	\$47.88
Total	\$47.88

Per Pay Period (Semi-Monthly)

[Need Help?](#) [Get support](#)

- Profile
- Dependents
- Documents
- Medicare
- Benefits**
- Medical
- Coverage
- Summary
- Sign Forms
- Finish

Select your plan

See breakdown of plans and costs. [Compare Plans >](#)

The cost below is the employee cost deducted on a **Per Pay Period (Semi-Monthly)** basis.

Arthem BCBS Blue Shield Silver 70 PPO 2000/45 + Child Dental	\$47.88 Per Pay Period
---	----------------------------------

Documents
[SIC](#)

This election will be effective starting 2/1/2019.

Benefits Summary

Employee Cost Per Pay Period (Semi-Monthly)

Medical	\$47.88
Total	\$47.88

Per Pay Period (Semi-Monthly)

[Need Help?](#) [Get support](#)

[Continue](#)

13. You may be prompted to provide your previous or current coverage, Click Add and enter all information as required.





The Sample Company > Benefits Enrollment 95% Complete Exit

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage**
- 7 Summary
- 8 Sign Forms
- 9 Finish

Previous & Current Coverage

If you have more than one insurance policy at the same time, your carrier will want to know about it. If you are going to maintain a second policy, please add the details here.

Also, The Affordable Care Act requires that we all maintain continuous coverage. Please provide details of the coverage you have had over the last 12 months here.

Add Coverage Add

Continue

You must open your eyes in order to enroll your account.

[Need Help?](#) [Get support](#)

14. You may see a series of health questions based on the coverage you are applying for. Answer each question with a checkmark for yes or X for no. If prompted, please provide any additional details.

- 6 Benefits
- 7 Coverage
- 8 Health**
- 9 Conditions
- 10 Questions
- 11 Height & Weight
- 12 Details
- 13 Summary
- 14 Sign Forms
- 15 Finish

Heart/Circulatory Please Select ✓ X

Such as: Abnormal heart catheterization, Aneurysm, Angina, Angioplasty, Angioplasty/Stent, Arrhythmia / Irregular heartbeat, Arteriosclerosis, Artery or blood vessel disease, Atherosclerosis, Atrial Fibrillation, Blood clots, Blood vessels, Bypass, Cardiomyopathy, Cardiovascular, Carotid Artery disease / Stenosis, Cerebrovascular, Chest pain, Circulatory disorder, Congestive heart failure, Coronary artery disease, Defibrillator use, Edema, Elevated cholesterol levels, Elevated triglycerides, Endocarditis, Heart attack, Heart disease or disorder, Heart Failure, Heart murmur, Heart regurgitation, Heart surgery, Hemorrhage, High blood pressure, Hyperlipemia, Hypertension, Irregular heartbeat, Low blood pressure, Mitral valve prolapse, Pacemaker, Peripheral artery disease, Phlebitis, Shortness of breath, Skin ulcerations, Stent, Stress test (electrodiogram or echocardiogram), Stroke, Tachycardia, Temporal arteritis, Thrombophlebitis, Transient ischemic attack, Valvular heart disease, Varicose veins, Vascular disorder, Other heart/circulatory disorder

Blood Please Select ✓ X

Such as: Albumin, Anemia, Bleeding disorder, Blood disorder, Bubonic plague, Hemophilia, Malaria, Polycythemia, Sickle Cell, Thalassemia, Thrombocytopenia, Other blood disorder

15. You can review your Benefit Summary under the Summary tab. Make any updates by selecting the Edit button.



The Sample Company > Benefits Enrollment 75% Complete Exit

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary**
- 8 Sign Forms
- 9 Finish

Benefit Summary

Review your benefit elections. If you need to make changes, click Edit. Otherwise, click "Continue" and sign your forms.

Medical

Anthem BCBS
Blue Shield Silver 70 PPO 2000/45 + Child Dental
Employee
Effective: 2/1/2019

\$47.88
Per Pay Period (Elems)
Monthly

[Edit](#)

[Continue](#)

You must sign your forms in order to submit your elections.

[Need Help?](#) [Get support](#)

16. If you are missing required information or need to review certain documents you can select the blue highlighted text to be brought back to the page or document. After completing the required information, you can proceed to review and sign your forms.

The Sample Company > Benefits Enrollment 88% Complete Exit

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms**
- 9 Finish

Missing Information

You must provide the following information before you can review your forms and finish.

[Medical \(Blue Shield Silver 70 PPO 2000/45 + Child Dental requires that you first review SOC.](#)

[Continue](#)

You must sign your forms in order to submit your elections.

[Need Help?](#) [Get support](#)


17. After clicking Sign Forms, you will be prompted to type your signature as well as electronically sign with your mouse.

The Sample Company > Benefits Enrollment 98% Complete Exit

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
- 7 Summary
- 8 Sign Forms**
- 9 Finish

Sign Forms

You are required to review and sign your forms before your information can be submitted. Click "Sign Forms" below.



[Sign Forms](#)

You must sign your forms in order to submit your elections.

[Need Help?](#) [Get support](#)

← Back 1 signature remaining (14 pages)

Evaluating unlicensed DynamicPDF to go

Create your signature

Start by typing your full name as it appears below.

Alicia Cornwell

SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.

Next

IMPORTANT:

The purpose of several different these forms to

FORMS

complete review each of accurately.


Please review the questions as asked on each form and make sure that the correct answer has been provided. While we make every effort to ensure this is done for you, we want to take the extra step to make sure that your carriers are getting the most accurate information possible.

If you find any errors, you can use the navigation at the top of

Create your signature

Start by typing your full name as it appears below.

Alicia Cornwell

 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

Next




ease


DynamicPDF.com [4:0:51]

Create your signature

Some carriers require a hand-drawn signature. Please draw your signature in the box below.



clear

 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

Next


Review and sign your forms by tapping each green signature prompt as they appear.

DynamicPDF.com [1.0 e11]

Review & Sign Forms

Please review all of the information presented for completeness and accuracy.

When you are ready, sign each section by tapping on the green signature prompts. If at any time you feel like you need to make changes, you can go back to enrollment by selecting 'Back' in the top navigation bar. For additional help, please reach out to your HR administrator.

 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

Next

[Back](#) 1 signature remaining (14 pages)

Section 8 - Disclosure of personal and health information

At Blue Shield of California, we understand the importance of keeping your personal information private, and we take our obligation to do so very seriously. Blue Shield protects the privacy and security of the personal information that we maintain, use, and disclose for purposes of administering your Blue Shield coverage.

Blue Shield obtains personal information about you and/or your covered dependents, including health and/or financial information, from you, at your direction, and/or with your permission. We are also permitted by federal and state law to obtain your personal information from other sources, including, for example, from your healthcare provider, insurer, insurance support organization, health plan, or insurance agent. We use and disclose your personal information to administer your Blue Shield coverage and as otherwise permitted or required by law. In doing so, we may disclose your personal information to others including, for example, a healthcare provider, insurer, insurance support organization, health plan, or your insurance agent. Blue Shield will not disclose your personal information without your authorization except as permitted or required by law.

Blue Shield is required to provide you with a Notice of Privacy Practices ("Notice") that describes your privacy rights, our obligations to protect your privacy, and how we use and disclose your personal information with and without your specific authorization. When we use or disclose your personal information, we are bound by the terms of the Notice, which applies to all records that we create, obtain, and/or maintain that contain your personal information. You will receive our Notice when you enroll for Blue Shield coverage. You may also obtain a copy of our Notice by calling the customer service number on your Blue Shield member ID card or by visiting our website at [bshieldca.com/basca/documents/about-blue-shield/privacy](https://www.bshieldca.com/basca/documents/about-blue-shield/privacy)

Acknowledgement and signature

I acknowledge and agree: All information I have provided on this enrollment form is correct and true to the best of my knowledge and belief. I understand that it is the basis on which I am enrolled under the plan. I understand that if I have committed fraud or made an intentional misrepresentation of any material fact in conjunction with this enrollment, Blue Shield may pursue one of the following remedies: coverage may be cancelled, or the applicable premium may be adjusted, or following notice, coverage may be reduced. I understand that my enrollment may be subject to my earnings, the contribution (if any) required toward the cost of this plan, and that my coverage may be subject to review effective with this and my employer's application have been approved by Blue Shield of California.

SIGN HERE

Signature of employee _____ **Date** _____

Alicia Cornwell

Print employee name

All pages of this form are necessary to process your enrollment. Missing information may delay processing.



18. Once you have finished signing, you will be able to rate your enrollment experience as well as provide any additional comments. This is optional and you may click on Finish to return to your dashboard.

100% Complete [Finish](#)

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?
★★★★★

Tell us about your experience

[Need Help?](#) [Get Support](#)

[Submit Feedback](#)

Ogden School District

Benefits Overview

Brett Demuzio
Account Executive
Northwest Area Branch Office
325 E. Shore Drive, #110
Eagle, ID 83616
877-589-2544 · 208-939-3459
americanfidelity.com

AMERICAN FIDELITY 
a different opinion

SB-30530-0716

Effective 7/1/2019 - OSDBenefits.com - 844-302-7781





Ogden School District

Dear Ogden School District employee:

Out of all the items on your to-do list, enrolling in your employer's benefits program likely isn't at the top. But it's more significant than you may think, as protecting yourself and your family is vitally important.

That's where we come in. American Fidelity provides financial solutions to employees just like you, and we offer benefits tailored for your specific needs.

Your benefit program includes a Section 125 Plan, which not only allows you to pre-tax premiums for qualified benefits, it also allows you to enjoy a tax-saving way to pay for eligible medical or dependent day care expenses with a reimbursement account that deducts pre-tax dollars from your paycheck. Simply choose the amount to be deducted, and the funds are set aside to be used for eligible expenses throughout the year. You can choose from several types of plans.

You only have one chance each year to get educated on all available benefit options and choose the ones that best meet your needs. And because benefits can be confusing, we're here to help you every step of the way. We'll walk you through all available options, answer any questions you may have, and help you build a package that's perfect for you.

Once you've reviewed the various products and services available through your employer, please feel free to reach out to your local representative for any questions you may have or further details.

Sincerely,

Brett Demuzio, Account Executive

American Fidelity Assurance Company

For more information, contact your local American Fidelity representative.

*American Fidelity, a different opinion
in employee benefits.*

Brett Demuzio
Account Executive
Northwest Area Branch Office
325 E. Shore Drive, #110
Eagle, ID 83616
877-589-2544 · 208-939-3459
americanfidelity.com

AMERICAN FIDELITY 
a different opinion

SB-30534-0716

Effective 7/1/2019 · OSDBenefits.com · 844-302-7781





Life Insurance



Ensuring your family is financially covered in the event of a loss is an important way of showing them you care about their needs. Life Insurance can help.

Portable, Individual Life Insurance policies may help your family in the event of your death. The application process is simple. You only have to answer three health questions, and there are no medical exams required.

Term Life Insurance provides short-term coverage at a competitive price, while Whole Life Insurance provides lifelong protection.

Here's How They Work

There are various plans available to you, including both Term Life and Whole Life Insurance. Securing a Life Insurance policy helps provide peace of mind knowing it will help take care of your family after you're gone.

Features

- Your death benefit is guaranteed for the life of the policy, provided premiums are paid as required.
- You can receive a portion of the chosen death benefit if you are diagnosed with a terminal condition.
- Competitive premiums are guaranteed not to increase during the initial term period you choose.
- The death benefit amount is generally paid tax free.

Issuance of the policy may depend upon the answers to the health questions. Please consult your tax advisor for your specific situation. Limitations, exclusions, and waiting periods may apply. Not generally qualified benefits under Section 125 Plans.

SB-30505-0716

Retirement Solutions



Don't just survive, thrive in retirement. American Fidelity offers a variety of options to help supplement your future income and help achieve your financial goals.

Annuities provide a way to turn your savings into a stream of income, including income for a specific period of time or a lifetime.

Which One Is Right for Me?

- A 403(b) Plan allows you to reduce your federal taxable income by the amount you choose to contribute.
- A 457(b) Plan is a deferred compensation plan that allows eligible employees to save for retirement by deferring compensation with pre-tax dollars.
- With a Traditional IRA, contributions may be tax deductible, and earnings grow tax-deferred.
- With a Roth IRA, contributions are made with after-tax dollars, and it offers the possibility of withdrawing account earnings on a tax-free basis.

Not generally qualified benefits under Section 125 Plans. For individual tax advice, please consult your tax advisor. Variable Annuities are offered by American Fidelity Securities, Inc. See your American Fidelity account manager for more information.

SB-30429-0716





Group Critical Illness Insurance



Although your traditional medical insurance may help pay for expenses directly associated with a critical illness, how will you cover indirect expenses?

American Fidelity's **Limited Benefit Group Critical Illness Insurance** can assist with the expenses that may not be covered by major medical insurance, allowing you and your family to focus on what matters the most – your recovery.

Here's How It Works

If you experience an event such as a heart attack or stroke, Critical Illness Insurance may help. It pays a lump sum amount to help with expenses that may not be covered by major medical insurance – house payments, everyday expenses, lost income, and more.

Features

- Receive an annual benefit for one covered health screening test per year, such as a stress test, echo cardiogram, blood glucose testing, or up to five other routine tests.
- Choose from three coverage amount options, \$10,000, \$20,000, or \$30,000, at the time of application.
- Benefits are paid directly to you, so you can use your benefit for any expense you wish.

Only offered on an after tax-basis. Limitations, exclusions, and waiting periods may apply. This product is not available under Section 125 Plans. This product is inappropriate for people who are eligible for Medicaid coverage.

SB-30431-0716

Disability Income Insurance



If you were suddenly faced without a paycheck, would you be fully prepared? Could you afford your expenses while maintaining your current lifestyle?

One of the most important assets a person possesses is the ability to earn an income. Disability Income Insurance from American Fidelity is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness.

Here's How It Works

In the simplest of terms, this plan is insurance that pays a cash benefit and is designed to help protect you if you can't work due to a covered injury or sickness. It pays a monthly benefit amount based on a percentage of your gross income, so you may continue to afford everyday living expenses.

Features

- Benefits are paid directly to you, so you can use your benefit for any expense you wish.
- Payments made year-round.
- Several elimination periods to choose from.
- Premiums are not required while you are disabled, based on the length of your disability.

These products may contain limitations, exclusions, and waiting periods. Applicant's eligibility for this program may be subject to insurability.

SB-30432-0716



An Easy Way to Pay for Expenses

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck before income tax is applied. Simply choose the amount to be deducted, and the funds are set aside to be used for eligible expenses throughout the year.

Here's How It Works

A Section 125 Plan reduces your tax and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible. All you have to do is enroll.

Is It Right for Me?

The savings you may experience with a Section 125 Plan are outlined below. By utilizing the Section 125 Plan, Jane would have \$70 more every month to apply toward her insurance benefits or other needs. That's a savings of \$840 a year.

Ready to Enroll?

To enroll in the Section 125 Plan, just complete an election form. You'll receive plenty of advance notice when it's time to enroll. And, in most cases, you must re-enroll each year to keep participating in the plan.

How to Make Election Changes

You're able to change your election each year during your annual benefits enrollment, but the only time Internal Revenue Code regulations allow you to make a change during the plan year itself is if you experience a qualified event. Some examples include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

These examples may not be all-inclusive. Please contact your employer for guidance with your specific situation.

Employee Name: Smith, Jane
 SSN: 123-45-XXXX Payment Date: 1/1/17
 Employee Number: 0515 Period Begin Date: 1/30/17

Earnings & Hours	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Medical Expenses	N/A	-\$250
Taxable Gross	\$2,000	\$1,750
Taxes (Federal & State @ 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Medical Deductions	-\$250	N/A
Take Home Pay	\$1,197	\$1,267

← *That's a difference of \$70!*

Where allowable by law. If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please consult your tax advisor for actual tax savings.



SB-30531-0716

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781



Help Save for Medical Expenses



Are you looking for a way to reduce your taxable income and help pay for medical and dependent care expenses? Reimbursement accounts can do just that.

With these accounts, you'll enjoy a money-saving way to pay for eligible medical or dependent care expenses with pre-tax dollars from your paycheck.

Just choose the amount to be deducted, and the funds are set aside to be used for expenses throughout the year. It's that easy.

Here's How They Work

A **Dependent Care Account (DCA)** allows you to set aside pre-tax dollars to reimburse yourself for eligible dependent care expenses. Because your money goes into the account before income tax is withheld, you pay less in tax and have more disposable income. You may allocate up to \$5,000 per tax year for reimbursement of eligible dependent care services (or \$2,500 if you are married and file a separate tax return).

A **Healthcare Flexible Spending Account (HCFSA)** can save you money by allowing you to set aside part of your pay, on a pre-tax basis, to reimburse yourself for eligible medical expenses such as copayments, deductibles, prescriptions, and more. The maximum amount allowed to contribute into this account is \$2,700 per calendar year. (Please see your employer for the maximum amount allowed by your plan.)

Fast, Easy Reimbursements

If you're interested in either of these accounts, we're happy to set up your account for direct deposit. You can either have your reimbursements deposited straight into your bank account or receive a check by mail – it's entirely up to you.

If you don't file sufficient claims for reimbursement, you could lose the unused amount remaining in your account at the end of the plan year. This is often referred to as the "use-or-lose" rule.

Your employer may offer a carryover of up to \$500 each plan year or a grace period, which is a period of time after the plan year ends where you may incur expenses and be reimbursed from the remaining balance in your previous year's account.

Examples of Eligible Expenses

Acupuncture	Invitro fertilization	Physical therapy provided by licensed therapist
Alcohol/drug rehab	Laser eye surgery	Practical nurse
Anesthetist	Midwife	Psychiatrist
Artificial limbs/teeth	Optometrist	Psychologist
Chiropractor	Orthodontia*	Stop-smoking program
Dental care	Out-patient care	Transportation expenses relative to medical care based on IRS standard mileage allowance
Eye exam/eyeglasses/contact lenses	OTC drugs and medicines for treatment of a medical condition**	Weight loss program for obesity***
Hearing aids/batteries	Pediatrician	
Insulin		

Examples of Ineligible Expenses

Capital expenditures
Cosmetic procedures
Exercise equipment
Insurance premiums
Mattresses/pillows
Personal use items
Teeth whitening

*Service must have been incurred or already paid.

**Will require a medical practitioner's prescription.

***May need doctor's statement for medical necessity.

AMERICAN FIDELITY 
a different opinion

SB-30532-0716

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781





Accident Only Insurance



Accidents are inevitable. Even though you can't always prepare for unforeseen events, you can plan ahead. A **Limited Benefit Accident Only Insurance** plan may help ease the impact on your finances.

American Fidelity's Accident Only Insurance is designed to help cover some of the expenses that can result from a covered accident, and benefit payments are made directly to you.

Here's How It Works

This plan provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses. There are over 30 plan benefits available, and coverage may also extend to your family.

Features

- Choose the coverage option that best fits your lifestyle and financial needs.
- Apply with no medical questions asked.
- The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventive testing.
- The plan pays a benefit when an Accidental Death or Dismemberment occurs within 90 days of a covered accident.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- You own the policy, so you can take it with you if you change jobs.

Limitations, exclusions, and waiting periods may apply. Not all products and benefits may be available in all states. This product is inappropriate for people who are eligible for Medicaid coverage.

SB-30426-0716

File a Claim Online



If you're looking for a way to receive your reimbursements quicker, filing a claim with American Fidelity has never been easier.

For faster reimbursement time, file online through our secured Online Service Center or mobile app. You may also download a claim form to submit by mail or fax. Sign up for direct deposit to help expedite your payment even more!

Here's How It Works

American Fidelity's Online Service Center and mobile app gives you quick, easy access to your insurance benefits and/or Flexible Spending Account (FSA) information. Visit americanfidelity.com to learn more.

If you don't already have an account, create one today at americanfidelity.com or on our mobile app, AFmobile®.

Features

- Review claim history, check claim status, and view account balances.
- Access detailed policy information.
- Submit reimbursement account and insurance benefit claims.
- Sign up for direct deposit.
- Submit documentation for Health FSA Card swipes.
- Access the most up-to-date plan certificate.

SB-30523-0716

Effective 7/1/2019 • OSDBenefits.com • 844-302-7781



Prepare for Your Enrollment

You have a busy schedule, and your time is important. That's why we offer several ways to educate you on the benefits your employer has chosen so you may decide how well they serve the needs of you and your family.

Important Items to Consider

- Figure an estimate of out-of-pocket medical expenses. A worksheet is available on our website to help calculate these costs.
- Figure an estimate of child care expenses.
- Review your beneficiaries.
- Review all available benefit options, including portable insurance plans that you may keep, even if you change jobs.
- Evaluate your need for life insurance.

What You Need

- Driver's license
- Bank account information (if signing up for direct deposit)
- Spouse and children's DOB and Social Security Number, if considering coverage.
- Beneficiary information, including (if a trust) full name and date of trust.

Your Review Is Important

Before you decide on whether or not to attend a benefit review, think about some important questions. These will help you get the most out of your appointment time and ensure you and your family are protected.

- Have you recently received a pay increase?
- Have you or are you planning on getting married, having children, or buying a home?
- What would happen if you were suddenly ill or disabled?
- Are you preparing for life after retirement?

Remember: Benefits are designed to help protect you and your family from any unexpected moments or changes in life. Evaluate your available benefits to ensure you and your family are covered.

Dedicated Resources for You



Your local representative is available year-round for any questions you may have about our benefits and services.



Visit our website to file a claim, make changes to your account, or find a quick answer regarding your coverage.

americanfidelity.com



Enjoy the convenience of AFmobile®, our mobile app, for easy claim filing.

Download the app or visit secured.americanfidelity.com to create an Online Service Center account today.



Contact our dedicated customer advocate team Monday through Friday, 7am to 7pm CST.

800-662-1113



Brett Demuzio
Account Executive
Northwest Area Branch Office
325 E. Shore Drive, #110
Eagle, ID 83616
877-589-2544 · 208-939-3459
americanfidelity.com

AMERICAN FIDELITY 
a different opinion

SB-30529-0716

Effective 7/1/2019 · OSDBenefits.com · 844-302-7781



ADMINISTRATOR CONTACTS

Ogden City School District is pleased to make available to its employees a wide array of group insurance benefits. It is important to remember that the first line of resource to answering questions on benefits and claims payment is directly with the insurance carriers.

When you have a question on benefits or a problem with a claim, we would encourage you to contact the insurance carriers who have your claims information and are very knowledgeable on the Ogden City School District's insurance benefits.

Contact Information			
If you have quesitons regarding....	Contact	Call	Click
Medical Insurance	HealthEZ	844-302-7781	OSDBenefits.com
Dental Insurance	EMI Health	(800) 662-5851	www.emihealth.com
Health Savings Account	American Fidelity	(877) 589-2544	www.benefits.americanfidelity.com/ ogden-school-district/
Vision Insurance	Opticare of Utah	(800) 363-0950	www.opticareofutah.com
Flexible Spending Account	National Benefit Services	(800) 274-0503	www.nbsbenefits.com
Life and AD&D	CIGNA	(800) 732-1603	www.cigna.com
Voluntary Life and AD&D			
Long Term Disability			
Retirement Planning	Utah Retirement Systems (URS)	(800) 695-4877	www.urs.org
Ogden City School District	Human Resources & Benefits Noelle Baird	(801) 737-7325	brenkmann@ogdensd.org



HEALTHEZ