

# Benefits Overview

**Ogden School District**

**Dedicated Website**

**[OSDBenefits.com](http://OSDBenefits.com)**

**Dedicated Phone Number**

**844-302-7781**





# Welcome!

## We're here to make your life easier.

HealthEZ is an independent third-party administrator (TPA), which means we manage your employer's health benefits and process your medical claims. We work with your employer to design a custom benefits plan for your organization and we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for over 40 years.



# Manage your health benefits without all the headaches

Download the free myHealthEZ app to view your benefits, manage and pay bills, locate care providers near you, and access your digital insurance card—right from your phone.



## Tap. Pay. Done.

Pay bills, schedule automated payments, and view past statements in one simple, secure location.



## Find a provider

Search local healthcare professionals and filter results by location and specialty to find the right care provider for you and your family.



## EZchoice

EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



## Tap into your health benefits

Scan the QR code with your device's camera to download the myHealthEZ app and put the power of hassle-free health benefits management at your fingertips.





## Seamless online payments

EZpay is HealthEZ's online payment system that allows you to easily and quickly pay your portion of medical bills with your payment of choice, including credit and debit cards, and HSA accounts.

After you set up EZpay, we will notify you via email each time we process a bill of yours. Your options are:

- Approve Payment
- Decline Payment
- Do not respond

If you do not respond and have a card on file, EZpay will pay your portion automatically. The automatic payment is processed:

- Two days for bills under \$250
- Five days for bills over \$250

## One simple statement

We consolidate all of your monthly healthcare expenses into one simple statement. This statement eliminates confusion and provides information about year-to-date deductible and out-of-pocket maximums, and itemized transactions during the current billing period.

**THIS IS NOT A BILL. DO NOT PAY.**

**Statement Summary**

Member ID: XXXXXXXX4567  
 Statement Date: 03/23/2024  
 New Transactions This Period: \$221.11  
 Paid by your health plan: \$441.49  
 Paid by your HealthEZpay accounts: \$301.84  
 You owe providers: \$0.00  
 Paid by Your Employer YTD: \$0.00  
 Medical: \$441.49  
 Dental: \$117.30  
 Pharmacy: \$0.00

**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: \$276.07  
 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 Benefits  
 Used Year-to-Date: \$117.30

**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	\$291.00	\$291.00	\$441.49	\$77.91	\$0.00

**DENTAL**

Service Date	Patient	Provider	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/13/2011	Jane	Family DentalCare	\$117.30	\$20.70	\$117.30	\$0.00	\$0.00

**PHARMACY**

Service Date	Patient	Pharmacy	Drug Name	Billed Amount	Network Discount	Employer Payment	You Have Paid	You Owe Provider
01/15/2011	Jane							





# Care Advocacy

Helping you when you need it the most.

If you require services like a surgery, hospital stay or you are diagnosed with a complex medical condition, **you may receive a call, text or email from someone on the HealthEZ care management team.**

## The advocate is there to help you:

- Understand your treatment options
- Coordinate services among your doctors
- Make sure you have everything you need for a quick recovery with the right care

# Boost Your Baby

Promoting healthy pregnancies and happy moms.

HealthEZ offers maternity support by providing education and resources to promote a healthy pregnancy through postpartum.

- Expectant mothers and fathers will have a dedicated one point of a contact throughout their pregnancy journey.
- Providing tips on how to stay happy and healthy during and post pregnancy
- Maternity support offered through pregnancy until 6 months postpartum



## Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your medical ID card. Once you receive that, you can setup your myHealthEZ account.

If you need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or access a digital copy directly to your device!

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or access their ID card directly to their own devices.



## Your medical network is Aetna.



### What is a medical network?

Your medical network is a group of healthcare providers. It includes doctors, hospitals, surgical centers and other facilities. These healthcare providers offer services at a lower rate than out-of-network providers, which you will see reflected on your statements as a discount.

### What if I go outside of my medical network?

There may be times when you decide to visit a doctor or clinic that is out-of-network. The costs for these visits and services are often higher than seeing doctors that are in-network. You will be responsible for paying the difference between the provider's full charge and the amount your health plan pays. This is called balance billing.

### How do I know if my provider is in-network?

Please visit your dedicated Benefits Website and click "Find Care."

## Your Pharmacy Benefit Manager is Prime Therapeutics.



### What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers.

### What is Mail Order?

If you take maintenance medications for long-term conditions you could save money with Prime Therapeutics' mail service pharmacy. Visit your dedicated Benefits website to get started.

### What are Generic drugs?

Generics are the same in dosage, safety, strength, quality and intended use as brand-name drugs, and although they are chemically identical to their branded counterparts, they are sold at substantial discounts. Talk to your doctor to find out if there is a generic equivalent for your brand-name drug.

### Prime Therapeutics Member Portal

Access your prescription history, schedule a refill and more! Visit [PrimeTherapeutics.com](https://www.PrimeTherapeutics.com) and select Member Portal. If it's your first time on the site, you will need to complete the one-time registration process.

## Your Specialty Medications are administered through Payer Matrix.



Your Prescription Plan has been enhanced to reduce your cost paid for specialty drugs through a program called the Specialty Cost Containment Solution. All plan participants using specialty drugs are required to meet prior authorization criteria and administrative review under the Payer Matrix program. You must enroll in the Payer Matrix program or you will be responsible for 100% co-insurance or the full cost of your medication

If you are currently taking a specialty medication, please contact a Payer Matrix Care Coordinator at (877) 305-6202 or email [customerservice@payermatrix.com](mailto:customerservice@payermatrix.com).



# Care that meets you anywhere

Monovo is your Utah-based partner for virtual and in-home healthcare — from everyday needs to long-term support, we're here to help you stay healthy, on your terms.

## Benefits



Ongoing care for chronic conditions to prevent setbacks and ER visits



Virtual or in-home visits, scheduled when it works for you



Whole-person care for both physical and mental health



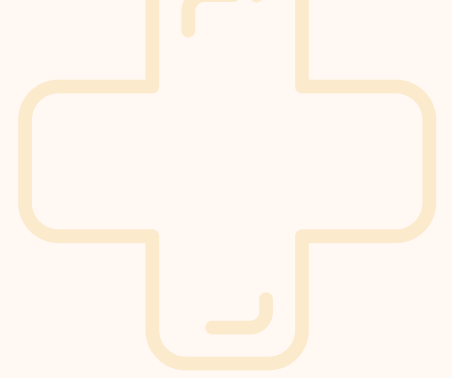
Access to most common medications for free



Local Utah team that understands your community



# Care that works for you



## Direct Primary Care

### Everyday care delivered

- Virtual and in-home visits from Monovo providers
- Preventive, chronic, and everyday care available
- Seamless referrals to Monovo specialists



## Ongoing Nurse Support

### Support for chronic conditions

- Wearables track key health data
- Nurses monitor changes and check in regularly
- Coaching and early action to prevent complications



## Physical Therapy

### At-home physical therapy support

- Virtual sessions tailored to your recovery goals
- Programs for joint, muscle, or injury-related pain
- Helps reduce ER visits, imaging, and opioid use





## Brain Health

### Support for cognitive and mental health

- Brain health assessments reviewed by our clinical team
- Early detection and support of issues like stress, anxiety, and depression
- Ongoing care and support from nurses and mental health specialists

## App & Wearables

When prescribed, your data can be collected and shared with your healthcare provider to provide valuable insights



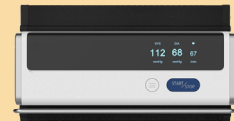
*Pulse Oximeter*



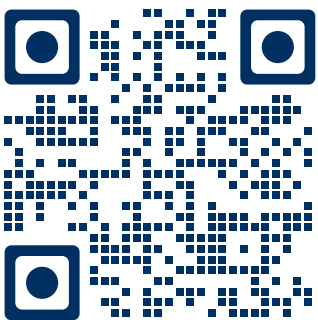
*Chest Sensor*



*Weight Scale*



*BP Monitor*



## Ready to get started?

1. Scan the QR code
2. Fill out the interest form
3. Monovo will reach out to schedule

Summary of Medical Benefits		
HSA Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$4,000	\$8,000
Family Coverage	\$8,000	\$16,000
Out-of-Pocket Maximum		
Individual Coverage	\$4,000	\$8,000
Family Coverage	\$8,000	\$16,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	0%*	50%*
Specialist Office Visit	0%*	50%*
Chiropractic Visit	0%*	50%*
Urgent Care Services	0%*	50%*
Complex Imaging: MRI/CT/PET Scans	0%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	0%* 0%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	0%* 0%*	50%* 50%*
Emergency Room Services**	0%*	50%*
Emergency Medical Transportation**	0%*	50%*
Mental Health/Chemical Dependency - Inpatient	0%*	50%*
Mental Health/Chemical Dependency - Office Visit	0%*	50%*
Summary of Pharmacy Benefits		
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

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

\* Coinsurance after deductible

\*\* Covered as in-network in true-emergency

Summary of Medical Benefits		
PPO Plan		
Embedded Deductible Embedded Out-of-Pocket Maximum	In-Network	Out of Network
Deductible		
Individual Coverage	\$2,000	\$4,000
Family Coverage	\$4,000	\$8,000
Out-of-Pocket Maximum		
Individual Coverage	\$4,500	\$9,000
Family Coverage	\$9,000	\$18,000
Preventive Care Services	No Charge	Not Covered
Primary Office Visit	\$30 Copay	50%*
Specialist Office Visit	\$60 Copay	50%*
Chiropractic Visit	\$60 Copay	50%*
Urgent Care Services	\$30 Copay	50%*
Complex Imaging: MRI/CT/PET Scans	20%*	50%*
Inpatient Hospital Care Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Outpatient Procedures Facility Fee Physician Fee	20%* 20%*	50%* 50%*
Emergency Room Services**	\$500 Copay*	50%*
Emergency Medical Transportation**	20%*	50%*
Mental Health/Chemical Dependency - Inpatient	20%*	50%*
Mental Health/Chemical Dependency - Office Visit	\$30 Copay	50%*
Summary of Pharmacy Benefits		
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	\$60 Copay	\$180 Copay
Specialty	25% Coinsurance up to \$500	Not Available

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

\* Coinsurance or Copay after deductible

\*\* Covered as in-network in true-emergency



**Ogden School District REGULAR RATES**

**HEALTHERZ – AETNA NETWORK**

**July 1, 2025 – June 30, 2026**

**TRADITIONAL PPO PLAN (\$2,000/\$4,000) – REGULAR RATES**

	MONTHLY PREMIUM	DISTRICT MONTHLY SHARE	EMPLOYEE COST PER CHECK 24 PAY	EMPLOYEE COST PER CHECK 19 PAY
SINGLE	\$700.00	\$392.00	\$154.00	\$195.00
TWO PARTY	\$1,509.00	\$880.00	\$314.50	\$398.00
FAMILY	\$2,142.00	\$1,264.00	\$439.00	\$555.00

Note: For employees who completed the District Wellness Program requirements in prior year, monthly premiums are discounted \$25 per month.

**HSA PLAN (\$4,000/\$8,000) – REGULAR RATES**

	MONTHLY PREMIUM	DISTRICT MONTHLY SHARE	EMPLOYEE COST PER CHECK 24 PAY	EMPLOYEE COST PER CHECK 19 PAY
SINGLE	\$480.00	\$392.00	\$44.00	\$56.00
TWO PARTY	\$1,008.00	\$880.00	\$64.00	\$81.00
FAMILY	\$1,425.00	\$1,264.00	\$80.50	\$102.00

Note: For employees who completed the District Wellness Program requirements in the prior year, a \$300 contribution will be made to the employee's HSA account in the current year.



**Group:** Ogden City School District  
**Plan:** VSP 130  
**Effective Date:** 1/1/2025  
**Plan Type:** Voluntary  
**Proposal Date:** 12/7/2024  
**Employer Contribution Requirement:** Voluntary - None  
**Minimum Participation Requirement:** None (Minimum of 2 enrolled)  
**Rate Guarantee:** 1 Year  
**Proposal Valid:** Up to the proposed effective date

	VSP 130	
	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	Not Covered	Not Covered
Lenses (Glass or Plastic)		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
Lens Options		
Progressive (Standard no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	N/A
Solid Plastic Dye	\$15 Co-pay	
Photochromic Lenses	\$75 Co-pay	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-pay	
Coatings		
Scratch Resistant Coating	\$17 Co-pay	N/A
Anti-Reflective Coating	\$41 Co-pay	
UV Protection	\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses		
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$130 Allowance	Up to \$115
Frequency		
Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to \$500 in Savings	Not Covered

Monthly Rates	Voluntary
Employee	\$4.90
Two Party	\$9.50
Family	\$15.10

#### Notes

This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

\*\* 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.

\*\*\* Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3

Underwritten by: Educators Health Plans Life, Accident & Health, a Utah Company

EHPL.V.VSP.SCH.D

Note: Administration Fee - \$2.00 per employee to a maximum of \$20.00 will be charged each month. If Dental is offered also, fee will only be charged once per employee.

# Summary of Dental Benefits

## EMI Health Dental Plans

Premier Copay			Premier EPO		Premier PPO	
Type 1 - Preventive Cleanings, X-rays, Fluoride	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	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 Dept. 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	

**Ogden School District**  
**EMI HEALTH-DENTAL**  
**July 1, 2025 – June 30, 2026**

**PREMIER CO-PAY PLAN**

	MONTHLY RETIREES	EMPLOYEE 24 PAY	EMPLOYEE 19 PAY
SINGLE	\$23.00	\$11.50	\$14.53
TWO PARTY	\$47.00	\$23.50	\$29.68
FAMILY	\$81.00	\$40.50	\$51.16

**PREMIER PPO (OON) PLAN**

	MONTHLY RETIREES	EMPLOYEE 24 PAY	EMPLOYEE 19 PAY
SINGLE	\$29.00	\$14.50	\$18.32
TWO PARTY	\$55.00	\$27.50	\$34.74
FAMILY	\$98.00	\$49.00	\$61.89

**PREMIER PPO**

	MONTHLY RETIREES	EMPLOYEE 24 PAY	EMPLOYEE 19 PAY
SINGLE	\$38.00	\$19.00	\$24.00
TWO PARTY	\$74.00	\$37.00	\$46.74
FAMILY	\$131.00	\$65.50	\$82.74

**EMI HEALTH-VISION VSP 130P**

	MONTHLY RETIREES	EMPLOYEE 24 PAY	EMPLOYEE 19 PAY
SINGLE	\$4.90	\$2.45	\$3.09
TWO PARTY	\$9.50	\$4.75	\$6.00
FAMILY	\$15.10	\$7.55	\$9.54



