

Benefits Overview

Ogden School District

Dedicated Website

OSDBenefits.com

Dedicated Phone Number

844-302-7781

healthEZ



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.

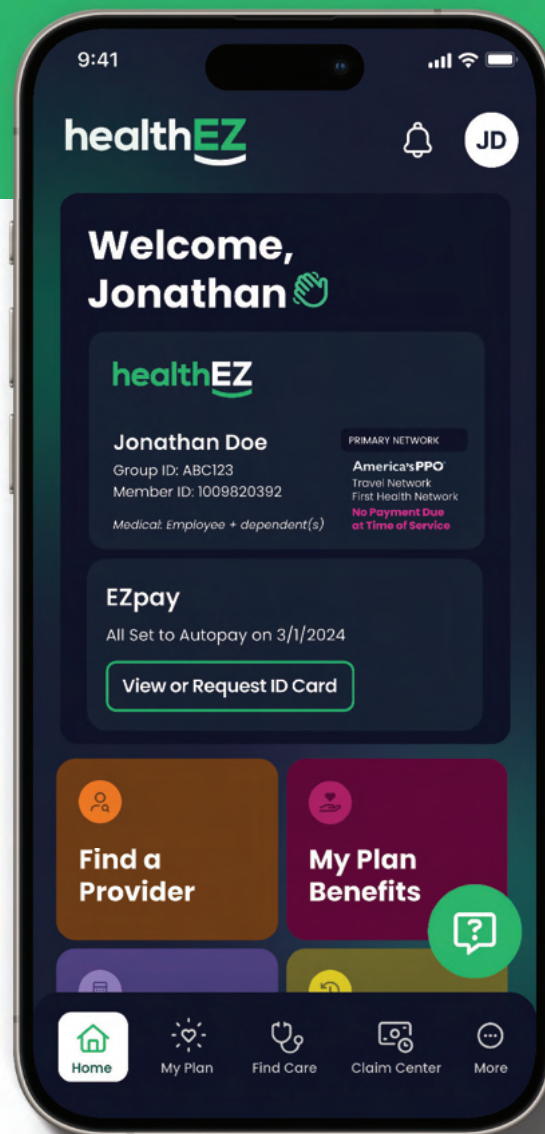
Pay bills, schedule automated payments, and view past statements in one simple, secure location.

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

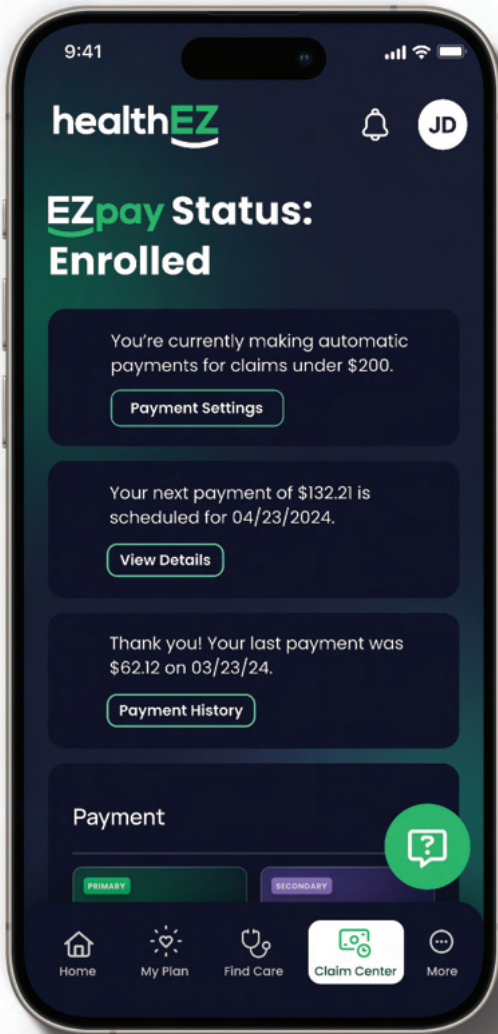
EZchoice makes provider choice easy and medical costs transparent so you can be confident that you are not overspending on your medical care.



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.





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.



FOR DISTRICT EMPLOYEES

Care that meets you *anywhere.*

A doctor by video or at your door. A nurse who checks in. Wearables that track what matters. Most services are covered. GLP-1 care is \$25/month. Based in Utah.

EFFECTIVE

July 1, 2026

SUPPORT

(801) 346-4904

EMAIL

patientsupport@monovotech.com

Primary care, monitoring, and ongoing nurse support — in *one* place.

If you're enrolled on the District's medical plan, Monovo is available to you and your family at no cost. Start here for most of what you need — we'll coordinate the rest.

DIRECT PRIMARY CARE

Your doctor, at home or on your *phone*.

Same-week appointments for preventive, chronic, and short-term care — by video, or at your door when needed. No cost to plan members.

- Telehealth & at-home visits
- 450+ covered medications
- Labs, most imaging, and psychiatric visits included

REMOTE MONITORING

A nurse watching your *numbers*.

Devices at home send your readings to a Monovo nurse who reviews them — so small changes get caught early, before they turn into bigger problems.

- A nurse reviewing your readings, not just software
- Devices matched to your care plan
- Clinical follow-up when concerns arise

ONGOING NURSE SUPPORT

Regular check-ins with your *nurse*.

A dedicated nurse who supports your care plan, helps with medications, and reaches out on a regular cadence — so you're never managing your conditions alone.

- A dedicated nurse assigned to you
- Check-ins on a regular schedule
- Medication support and care coordination

SPECIALTY SUPPORT

When you need specialty care, we help point you in the right direction. Partners include Rayus for imaging (X-ray, MRI, CT), SBM for surgical referrals, and others depending on the kind of care you need.

\$0

Primary care visits, telehealth, and at-home care

450+

Medications covered at no cost to you

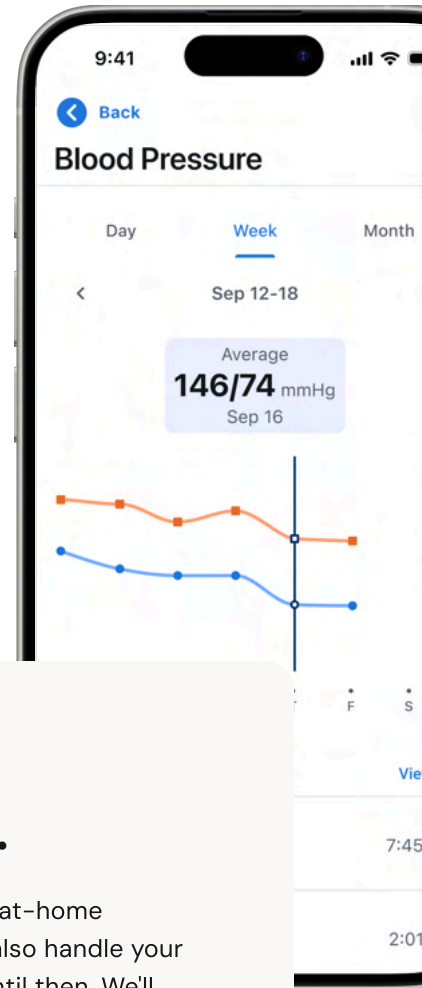
\$25/mo

GLP-1 program, including medication and smart scale

REMOTE MONITORING

Care that *keeps watch* between visits.

A Monovo nurse regularly reviews your readings, watching for changes that may happen between visits. Quick symptom surveys in the app add context, helping your team understand the story behind the numbers.



WHAT'S CHANGING JULY 1

From Livongo to Monovo — without *missing* a day.

If you're on Livongo today, your monitoring moves to Monovo on July 1. You'll keep the at-home monitoring and nurse support you rely on — now connected to a care team that can also handle your primary care, GLP-1 program, and specialty referrals. You don't need to do anything until then. We'll handle the switch — devices, setup, and getting you started.

YOUR DEVICES

Four devices, *one* care team.

Your Monovo provider prescribes the devices that match your care plan.



BP monitor

Logs blood pressure between visits



Smart scale

Tracks weight and body composition trends



Chest sensor

Captures heart rhythm and breathing rate



Pulse oximeters

Monitors blood oxygen continuously

Your GLP-1, your scale, and your nurse — in *one* plan.

Starting July 1, Monovo runs one bundled program for diabetes, prediabetes, and weight management: the medication, a smart scale, and a nurse who reviews your numbers and adjusts the plan — one price, one app.



WHAT'S INCLUDED

- GLP-1 medication for those who qualify
- **Free smart scale** that syncs to the Monovo app
- Ongoing nurse support and coaching
- Coordinated care with your endocrinologist

• **SMART SCALE INCLUDED AT NO COST**

WHO IT'S FOR

Diabetics & Prediabetics

Monovo partners with your primary provider and handles the day-to-day — medication, device monitoring, and regular check-ins. A nurse keeps an eye on your numbers between visits.

People managing weight

A Monovo doctor evaluates whether GLP-1 is right for you, prescribes the medication, and a nurse supports you through the program — adjusting your plan as your body responds.

People pursuing health goals

For members with long-term health and weight goals, Monovo partners with you to build a plan that fits. A nurse checks in regularly and adjusts your plan as your goals and progress evolve.

YOUR COST

\$25/month

DEDUCTED FROM YOUR PAYCHECK · DISTRICT COVERS THE REST

Includes GLP-1 medication, a smart scale, and ongoing nurse support. Compliance with the program is required to stay enrolled.

If you're on a GLP-1 today: HealthEZ stops covering GLP-1 medications on July 1, 2026. Monovo will take over your prescription and management on the same day — no gap, no reapplying.

Care that *listens*, at every stage.

If you're navigating perimenopause, menopause, low testosterone, or thyroid changes, Monovo handles the full picture — consult, prescription, and ongoing nurse check-ins. No referral, no specialist hunt. Discounted for District employees.



Evaluation

A confidential virtual visit — symptom review, medical history, and baseline labs if needed. No referral required.

Therapy & prescriptions

If hormone replacement therapy (HRT) is right for you, your Monovo provider writes the prescription. Medications are discounted; your provider will walk through the specifics in your visit.

Ongoing support

A nurse checks in on how you're feeling and adjusts the plan as your body changes. Labs are re-ordered when they should be. You're not left to track it yourself.

Coordinated with primary care

Your HRT lives inside the same chart as the rest of your Monovo care — so your care team sees the full picture, not a fragment.

Good to know: HRT is not included in the no cost Monovo coverage — along with the GLP-1 program and certain controlled medications.

Three steps to your care.

01

Download the Monovo app

Scan the code, or search "Monovo" in the App Store or Google Play. Create your account using your District email.

02

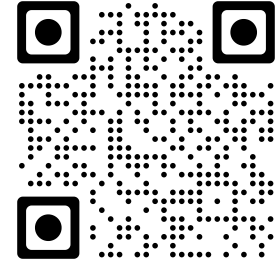
Book your first visit

Tell us what you need — a check-in, a prescription refill, or a new symptom. Bring a list of your current medications.

03

Switch your primary care (optional)

At your first visit, let us know if you'd like Monovo as your primary care provider going forward.



LEARN MORE · FAQs

monovo.care

WHAT'S COVERED

Primary care visits (virtual & at-home)	No cost
Ongoing nurse support	No cost
Chronic care monitoring + devices	No cost
Virtual mobility and physical therapy	No cost
Most labs & psychiatric visits	No cost
Imaging via Rayus (X-ray, MRI, CT)	No cost
450+ covered medications	No cost
GLP-1 program (med, scale, nurse)	\$25 / mo
Hormone replacement therapy	Discounted

CONTACT MONOVO

ACCOUNT & TECHNICAL

(801) 346-4904

APPOINTMENTS

(801) 346-4904

Or book in the app

EMAIL

patientsupport@monovotech.com

MORE INFO & FAQs

monovo.care

Who's covered. If you're enrolled on the District's HealthEZ medical plan, Monovo is included for you and your covered dependents — no extra premium, no additional paperwork. Part-time employees and others outside the plan can buy access for \$37.50/month; ask HR for the enrollment form. One more thing worth knowing: using Monovo instead of HealthEZ for day-to-day care helps keep the District's overall plan costs down, which helps keep your premiums steady.

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 Health Insurance Rates
HEALTHEZ – AETNA NETWORK
July 1, 2026 – June 30, 2027

TRADITIONAL PPO PLAN (\$2,000/\$4,000 Deductible)

	MONTHLY PREMIUM	DISTRICT MONTHLY SHARE	EMPLOYEE COST PER CHECK 24 PAY	EMPLOYEE COST PER CHECK 19 PAY
SINGLE	\$866.00	\$521.00	\$172.50	\$218.00
TWO PARTY	\$1,856.00	\$1,147.00	\$354.50	\$448.00
FAMILY	\$2,631.00	\$1,639.00	\$496.00	\$627.00

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 Deductible)

	MONTHLY PREMIUM	DISTRICT MONTHLY SHARE	EMPLOYEE COST PER CHECK 24 PAY	EMPLOYEE COST PER CHECK 19 PAY
SINGLE	\$623.00	\$521.00	\$51.00	\$65.00
TWO PARTY	\$1,305.00	\$1,147.00	\$79.00	\$100.00
FAMILY	\$1,842.00	\$1,639.00	\$101.50	\$129.00

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 #0496)
Plan: VSP 130
Effective Date: 7/1/2026
Plan Type: Voluntary

VSP 130		
	In-Network	Out-of-Network

Network	VSP Choice Plus	
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WellVision Exam	Not Covered	Not Covered
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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
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Frequency

Lenses, Frame or Contacts	Every 12 Months
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Refractive Surgery

LASIK***	Up to \$500 in Savings	Not Covered
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Monthly Rates

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

Ogden School District
EMI HEALTH-DENTAL
JULY 1, 2026 - JUNE 30, 2027

PREMIER CO-PAY PLAN

	MONTHLY RETIREES	DISTRICT SHARE	24 PAY	19 PAY
SINGLE	\$23.00	\$0.00	\$11.50	\$14.53
TWO	\$47.00	\$0.00	\$23.50	\$29.68
FAMILY	\$81.00	\$0.00	\$40.50	\$51.16

PREMIER EPO

	MONTHLY RETIREES	DISTRICT SHARE	24 PAY	19 PAY
SINGLE	\$29.00	\$0.00	\$14.50	\$18.32
TWO	\$55.00	\$0.00	\$27.50	\$34.74
FAMILY	\$98.00	\$0.00	\$49.00	\$61.89

PREMIER PPO

	MONTHLY RETIREES	DISTRICT SHARE	24 PAY	19 PAY
SINGLE	\$38.00	\$0.00	\$19.00	\$24.00
TWO	\$74.00	\$0.00	\$37.00	\$46.74
FAMILY	\$131.00	\$0.00	\$65.50	\$82.74

EMI HEALTH-VISION VSP 130P

	MONTHLY RETIREES	DISTRICT SHARE	24 PAY	19 PAY
SINGLE	\$4.90	\$0.00	\$2.45	\$3.09
TWO	\$9.50	\$0.00	\$4.75	\$6.00
FAMILY	\$15.10	\$0.00	\$7.55	\$9.54

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 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
Periosteodontics	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	

