Granite
SCHOOL DISTRICT

A guide to your 2022 employee benefits

Everything you need to know about your employee benefits at **Granite School District** for the 2022 plan year

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Medical
Hospitals, Kidscare, & Instacare Clinics

SelectHeath

Hospitals

Alta View Hospital
Davis Hospital Center
Heber Valley Medical Center
Intermountain Medical Center
LDS Hospital
McKay Dee Hospital Center
Mountain West Medical Center
Park City Medical Center
Primary Children's Hospital
Riverton Hospital
TOSH (Orthopedic Specialty Hospital)

Instacare/Kidscare Clinics

Bountiful Kidscare/Instacare
Highland Instacare
Holiday Instacare
Layton Instacare
Murray Kidscare
North/South Ogden Instacare
North Orem Instacare
Ogden Kidscare
Riverton Kidscare/Instacare
Sandy Kidscare/Instacare
Saratoga Springs Instacare
Sugar House Kidscare/Instacare
Syracuse Instacare
Taylorsville Kidscare/Instacare
West Jordan Kidscare/Instacare

Regence BlueCross BlueShield

Hospitals

Center Jordan Valley Hospital
Center Pioneer Valley Hospital
Lone Peak Hospital
Ogden Regional Medical Center
Primary Children's Hospital
St Marks Hospital
University of Utah Medical

Instacare/Kidscare Clinics

After Hours Medical
First Med Urgent Care
IHC Kidscare/Instacare
Ogden Clinic
Wee Care Pediatrics

Granite Wellness Center

An improved healthcare experience

Granite School District provides an onsite Wellness Center for its contract employees and dependents who are on one of the District's medical insurance plans. Granite is concerned about the upward trend of rising healthcare costs, the health of its' employees, attracting and retaining good qualified employees. The District views the Wellness Center as a long term solution to help address those concerns. Granite takes great pride in leading the charge for a better healthcare experience.

Services Include:

- Primary Care
- Biometric Screenings
- Wellness Coaching
- Rx Dispensing
- Lab Services
- Specialist Referrals
- Acute Care
- Preventive Exams\Physicals
- Condition Management
- Behavior Health Counseling
- Vaccinations\Immunizations
- Care Coordination
- Physical Therapy

Hours of Operation:
Monday – Friday, 7 a.m. – 7 p.m.
Saturday, 8 a.m. – 1 p.m.

Enhanced Technology

- Manage appointments on web or phone
- Receive prompts and reminder on phone
- eVisits
- Quality care anytime anywhere
- After hours telephonic care
- Wellness vitals, remote monitoring through mobile apps

Granite WELLNESS CENTER

Powered by Premise Health

Address: 4163 S. 3200 West, West Valley City, UT 84119

Wellness Center Frequently Asked Questions

Who can use the Wellness Center?
The Wellness Center is open to all contract employees, retirees (Pre-Medicare), and dependents age 2 or older who are enrolled in one of the District's medical plans.

Is there a cost to utilize the Wellness Center?
All services provided are free of charge (e.g., office visits, procedures, labs, medication dispensing, counseling services). If you need additional services provided at other healthcare facilities, standard charges will apply based on the structure of your medical benefit.

What services are offered?
Services at the Wellness Center include comprehensive primary care, preventive exams and physicals, acute care, wellness coaching, biometric screenings, behavioral health counseling, lab services, condition management, vaccinations and immunizations, specialist referrals and care coordination, and medication dispensing.

How do I make an appointment?
Schedule directly at www.mypremisehealth.com or call the center at 801-964-WELL (9355).

Is there an online portal or mobile app?
Yes, you can schedule appointments, view your health records and much more on the My Premise Health portal. If you are a contract employee, you can register for a My Premise Health portal account at www.mypremisehealth.com or you can down-load the My Premise Health mobile app (Apple or Android). If you are a dependent or retiree, you can register for the member portal at your appointment, or by calling the Wellness Center to request an activation link, or by emailing support at MyPHSupport@PremiseHealth.com.

Are appointments required or can I walk in?
It is highly recommended that you schedule an appointment in advance. Please note that same day and walk-in appointments are not guaranteed and will have limited availability.

What medication dispensing services are offered at the Wellness Center?
The Wellness Center is licensed to provide limited medication dispensing services based on a partial formulary of common medications utilized by members. If a Wellness Center provider prescribes a medication for you that is available to be dispensed, you can pick up your pre-packaged medication at the Wellness Center. If the medication is not available, you can pick up your prescription at a local pharmacy.

What is the cost for medications dispensed at the Wellness Center?
All medications dispensed at the Wellness Center are free of charge. If a prescription is picked up at a local pharmacy, standard charges will apply based on the structure of your prescription drug benefits.

Can I bring in a prescription from an outside provider and have it filled at the Center?
No, the Wellness Center is not able to fill a prescription from an outside provider.

Can I use the Wellness Center for lab orders from an outside or community provider?
Yes, the Wellness Center can perform blood draws ordered by a community provider, simply schedule a lab appointment. On the day of appointment, please present your lab order to the Wellness Center. Lab results will be sent by the lab to the outside provider.

Do I need to bring an insurance card or ID to my appointment?
Yes, please be prepared to show your insurance card and valid form of personal ID (such as a driver's license) for identity verification.

If I get hurt on the job, can/should I go to the Wellness Center?
No, the Wellness Center is currently not an approved provider for workers' compensation claims.

Can I bring in a prescription from outside provider and have it filled at the Center?
No, the Wellness Center is not able to fill a prescription from an outside provider.

Is my personal health information secure? Will Granite School District have access?
Your personal health information is confidential, and your data is kept secure. The Wellness Center operates in accordance with HIPAA and works diligently to protect all health records. Premise Health can't share any personal health information without your permission. Rest assured; your personal health information is not shared with Granite School District. Additionally, Premise Health operates through a private network utilizing Epic and other software systems that is not accessible by Granite School District. A notice of privacy practices is available for review within the Wellness Center.

More Questions?

Check out this video : https://youtu.be/jQrlvHeuOEs

Carrier Contact Information

SelectHealth	Medical	www.selecthealth.org	(801) 442-5038
Regence BCBS	Medical	www.regence.com	(888) 367-2112
Express Scripts	Pharmacy Benefit Manager	www.express-scripts.com	(800) 282-2881
Accredo	Specialty Pharmacy	www.accredo.com	(800) 803-2523
Dental Select	Dental	www.dentalselect.com	(801) 495-3000
National Benefit Services	FSA	www.nbsbenefits.com	(801) 532-4000
Opticare Vision Services	Vision	www.opticareofutah.com	(800) 363-0950
LifeMap	LTD	www.lifemapco.com	(800) 286-1129
Lincoln Financial Group	Life Insurance	www.lfg.com	(877) 275-5462
Utah Retirement Systems	Retirement	www.urs.org	(801) 366-7770
MetLife	Accident / Critical Illness	www.mybenefits.metlife.com	(800) 438-6388

Granite School District Contact Information

Granite School District	www.graniteschools.org	(385) 646-5000
Benefits Office	www.graniteschools.org/hr/benefits	(385) 646-4528
Email	benefits@graniteschools.org	
Fax		(385) 646-4319
Payroll Office	www.graniteschools.org/payroll	(385) 646-4311
Human Resources Office	www.graniteschools.org/hr	(800) 286-1129

Important Information

$50 Late Fee will be charged to employees who fail to waive or complete their elections during Open Enrollment.

Online Benefits Enrollment

Employee Navigator

Information Needed When Adding Dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

Step 1: Getting Started

- In your web browser type https://gbsbenefits.employeenavigator.com in the address bar.
- Username - If you have misplaced your credentials, reach out to HR.
- Reset Password - Employees can reset passwords on login screen.
- Click "**New User Registration**" (first time user)
- Create Your Account:
    a) First Name
    b) Last Name
    c) Company Identifier "GRANITESD"
    d) Last 4 Digits of SSN
    e) Birth Date
- On the home screen (once logged in) look for "**Start Enrollment**".

Step 2: Verify Your Personal and Dependent Information

- Personal Information - Validate all information is accurate.
- Dependent Information:
    a) To update information click "**Edit**", upon completion click "**Save**".
    b) Select "**Add Dependent**" if you currently do not see them listed.
- Once all of your dependents have been added/updated, click "**Save & Continue**".
- **Please Note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click "**Save & Continue**" at the end of each benefit screen.

Step 4: Confirm Your Elections

- Upon completion, please verify everything in the "Enrollment Summary Screen".
- Click "Click To Sign" to complete your open enrollment elections.

Medical

SelectHealth

Health insurance doesn't have to be complicated. We'll help you with everything from finding the right doctor to understanding your benefits. Our resources will help you live the healthiest life possible.

Connect Care

For urgent care needs, a skilled clinician is just a swipe or click away. Use your computer, tablet, or phone to video connect with a doctor or nurse practitioner anytime (24/7 access). To access Connect Care for urgent care click the mini app within the SelectHealth app, or in the MyHealth+ app, or visit https://intermountainconnectcare.org/landing.htm.

Psychiatric Care is now available through Connect Care from anywhere in Utah or Idaho (only). Receive the same quality care for mild to moderate conditions i.e. anxiety, depression and more. Appointments are available from 7am to 7pm daily including same day appointments. To access Connect Care for Psychiatric Care go to the MyHealth+ app and choose Connect Care Behavioral Health, or call 833-442-2670, or visit https://intermountainhealthcare.org/accessing-care/telehealth/connect-care/behavioral-health.

Medical Cost Estimator

We can give you an estimate of how much you'll need to budget using your benefits, where you live, and your plan's provider network. We'll estimate your costs, including how much your plan will cover and what you will pay. To access the cost estimator logon to your SelectHealth account at www.selecthealth.org or use the SelectHealth app.

Member Services

Life doesn't stop at 5:00pm. SelectHealth Member Services 800-538-5038 offers extended hours to answer your questions and help resolve your concerns. We're available weekdays from 7:00am to 8:00pm and Saturdays from 9:00am to 2:00pm.

Member Advocates

If you need help finding the right doctor–even on short notice–Member Advocates can assist in appointment scheduling and finding the closest available doctor, specialist, or facility. Call them at 800-515-2220.

Intermountain Health Answers

Talk to a registered nurse about your health concerns. It is free and you get access to the knowledge of an expert 24/7. Dial 844-501-6600 to connect.

Healthy Beginnings

Pregnancy is a special time, so our free prenatal program provides support and resources for expectant mothers. In addition to pregnancy education materials, the program includes a risk assessment screening and provides high-risk care management when needed. Visit www.selecthealth.org for more information or call 866-442-5052.

SelectHealth Mobile App

With the SelectHealth® mobile app, you have access to your health plan whenever and wherever you need it.

With our secure app, you can:

- View, email, and fax images of your ID Card
- Search for doctors and hospitals
- View your benefits and claims, including year-to-date totals

Intermountain Healthcare MyHealth+ App

This personalized mobile app brings powerful tools from across your health experience into one place. With this secure app, you have access to:

- Symptom Checker
- Access medical records and visit summaries
- Manage prescriptions
- Access telehealth services (i.e. Connect Care)

Discounts And More Discounts

As a SelectHealth member you have discounts on everyday products and services, including:

- Acupuncture
- Health clubs
- Hearing aids
- LASIK vision surgery
- Massage therapy

The process is simple just mention that you are a SelectHealth member and show your ID Card. To learn more, visit www.selecthealth.org/discounts.

Care Management

Registered nurses can help with health concerns and coordinate services between providers and patients. Our care managers provide educational materials, newsletters, follow-up phone calls and additional support for conditions such as asthma, heart failure, depression, diabetes, and cancer. Visit www.selecthealth.org/wellness/care-management or call 800-442-5305.

Pharmacy Benefit Manager - Express Scripts

For detailed pharmacy information, visit express-scripts.com.

Specialty Pharmacy - Accredo

For specialty medication, contact Accredo, Specialty Pharmacy.

Medical

Regence BlueCross BlueShield

We are three million members strong, being here for our families, coworkers and neighbors, helping each other be and stay healthy and provide support in time of need. And Regence BlueCross BlueShield has been here for members for more than 90 years.

We Are Proud To Be Blue

The strength of the BlueCross and BlueShield brand is unsurpassed, and our reach is global. Our members can access healthcare across the country and around the world. Our vision of a new kind of healthcare system doesn't stop with our own members. We want to transform the system for everyone, because together we can do better.

Together, We Can Do Better

Regence defines success by how well we advocate for - and make a difference in - the health of our members. You have invested trust and resources in Regence , and we repay you by investing in products and services that deliver value every day, especially when you need care.

An Online Support tool - Regence.com

Making healthy choices can be a difficult task in our complex world. Regence members value a trusted advisor to help you navigate the healthcare system and help you live a healthier life. Regence.com is a member-only website designed to advise Regence members on healthcare and lifestyle options, navigate through the health care system and reward healthy choices. Using Regence.com you are able to view your claims and personal account information, compare hospitals, find information regarding a procedure's cost and quality based on your personal needs, use the interactive health and medical encyclopedia and even engage in conversations through open forums that allow members to interact with healthcare experts and with each other.

Regence Advantages

Regence offers value-added programs (not insurance benefits) that offer great savings to members from leading health-related companies and are offered by Regence in addition to your medical plan. Regence Advantages include weight management discount programs (Jenny Craig), fitness center memberships, LASIK/PRK eye surgery, cosmetic dermatology, cosmetic dentistry, acupuncture, child safety and health products, eye-wear, hearing aids, and bicycle and skating helmets.

The Bluecard Program

Across the country and around the world... we've got you covered. When you are a BlueCross BlueShield plan member with a suitcase logo on your member ID card (applicable for the ValueCare and ValueCare Plus plans), the BlueCard program gives you access to doctors and hospitals nation wide and in almost every country.

Pharmacy Benefit Manager - Express Scripts

For detailed pharmacy information, visit express-scripts.com.

Specialty Pharmacy - Accredo

For specialty medication, contact Accredo, Specialty Pharmacy.

Community

Investing in our communities

As Regence has grown, so has our commitment to you: our neighbors, business and community partners. Throughout the Regence family, you will find individuals who are passionate about making an impact in the communities we serve. Every day, we give our time, our talents and our financial resources to improve the health of our members.

Last year, our family of companies invested more than $13.5 million philanthropically to improve the health, wellbeing and quality of life for people and families. Employees generated $2.1 million for almost 2,800 organizations across the US and contributed over 10,000 volunteer hours. We're honored that our employees have such a strong connection and commitment to the communities we serve.

Medical: 2022 Medical Comparison Chart

Insurance Company	SelectHealth			Regence BlueCross BlueShield of Utah		
Plan Name	SelectMed	SelectMed Plus		Value Care	ValueCare Plus	
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Dependent Age Maximum	26			26		
Benefit Start Date	1st of the Month Following Hire Date			1st of the Month Following Hire Date		
Annual Deductible	$1,000 per person 3 Deductible Max ($3,000) Does count toward OOP Maximum	$1,000 per person 3 Deductible Max ($3,000) Does count toward OOP Maximum	$1,500 per person 3 Deductible Max ($3,000) Does count toward OOP Maximum	$1,000 per person 3 Deductible Max ($3,000) Does count toward OOP Maximum	$1,000 per person 3 Deductible Max ($3,000) Does count toward OOP Maximum	$1,500 per person 6 Deductible Max ($4,500) Does count toward OOP Maximum
Out of Pocket Maximum	EE: $2,000 EE + 1: $3,000 EE + 2: $4,000	EE: $2,000 EE + 1: $3,000 EE + 2: $4,000	EE: $2,500 EE + 1: $4,500 EE + 2: $5,000	EE: $2,000 EE + 1: $3,000 EE + 2: $4,000	EE: $2,000 EE + 1: $3,000 EE + 2: $4,000	EE: $2,500 EE + 1: $4,500 EE + 2: $5,000
Office Visits						
Office Visit General	$40 Copay Per Visit	$40 Copay Per Visit	60% After Deductible	$40 Copay Per Visit	$40 Copay Per Visit	60% After Deductible
Office Visit (Specialty)	$50 Copay Per Visit	$50 Copay Per Visit	60% After Deductible	$50 Copay Per Visit	$50 Copay Per Visit	60% After Deductible
X-Ray / Lab Tests - Minor	Included in Copay	Included in Copay	60% After Deductible	Included in Copay	Included in Copay	60% After Deductible
X-Ray / Lab Tests - Major	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Preventive Services						
Routine Physical (1 per year)	100%	100%	Not Covered	100%	100%	Not Covered
Pap Office Visit	100%	100%	Not Covered	100%	100%	Not Covered
Mammogram / Lab Tests	100%	100%	Not Covered	100%	100%	Not Covered
Well Child Care	100%	100%	Not Covered	100%	100%	Not Covered
Immunizations	100%	100%	Not Covered	100%	100%	Not Covered
Eye Exam	100%	100%	Not Covered	100%	100%	Not Covered
Eyewear	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program
Maternity Care[1]						
Initial Prenatal Office Visit	$40 Copay (1st visit only)	$40 Copay (1st visit only)	60% After Deductible	$40 Copay (1st visit only)	$40 Copay (1st visit only)	60% After Deductible
Care / Delivery / Profess. Fees[3]	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Newborn Adoption Benefit[4]	Subject to Maternity Care Benefit; not to Exceed $4,000	Subject to Maternity Care Benefit; not to Exceed $4,000	Subject to Maternity Care Benefit; not to Exceed $4,000	Subject to Maternity Care Benefit; not to Exceed $4,000	Subject to Maternity Care Benefit; not to Exceed $4,000	Subject to Maternity Care Benefit; not to Exceed $4,000
Inpatient Services[3]						
Medical-Surgical Admission	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Skilled Nursing Facility[5]	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Professional Fees	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Outpatient Services						
Facility Charges	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Surgical Fees	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Home Health / Hospice[3]	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Chemo / Radiation / Dialysis	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Emergency Services						
Urgent Care	$50 Copay Per Visit	$50 Copay Per Visit	60% After Deductible	$50 Copay Per Visit	$50 Copay Per Visit	60% After Deductible
Emergency Room	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Ground Ambulance	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Air Ambulance	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible

*All copays now apply to out of pocket maximum
** General Office Visit Includes: Family Medicine, Pediatrics, Internal Medicine, OBGYN (Geriatrics SelectHealth only)

Medical: 2022 Medical Comparison Chart

Insurance Company	SelectHealth			Regence BlueCross BlueShield of Utah		
Plan Name	SelectMed	SelectMed Plus		Value Care	ValueCare Plus	
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Durable Medical Equipment[3]						
Inpatient or Outpatient	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
Chiropractic Care						
Office Visit	Not Covered	Not Covered	60% After Deductible	Not Covered	$40 Copay Per Visit	60% After Deductible
Mental Health[3,5]						
Inpatient Visit[5]	80%	80%	50% After Deductible	80%	80%	50% After Deductible
Outpatient Visit[5]	$40 Copay then 100%	$40 Copay then 100%	50% After Deductible	$40 Copay then 100%	$40 Copay then 100%	50% After Deductible
	Pharmacy Benefit Manager Express Scripts					
Prescription Drugs[3]	www.express-scripts.com www.accredo.com			www.express-scripts.com www.accredo.com		
Retail	Up to a 30-Day Supply			Up to a 30-Day Supply		
Generic / Tier 1	$10.00 per prescription			$10.00 per prescription		
Preferred / Tier 2[7]	$50.00 per prescription			$50.00 per prescription		
Non-Preferred / Tier 3	$80.00 per prescription			$80.00 per prescription		
Mail Order	Up to a 90-Day Supply			Up to a 90-Day Supply		
Generic / Tier 1	$20.00 per prescription			$20.00 per prescription		
Preferred / Tier 2[7]	$100.00 per prescription			$100.00 per prescription		
Non-Preferred / Tier 3	$160.00 per prescription			$160.00 per prescription		
Injectable Drugs[3]						
Received at Pharmacy	Subject to Pharmacy Tiers			Subject to Pharmacy Tiers		
Received via Home Health	80% After Deductible	80% After Deductible	60% After Deductible	80% After Deductible	80% After Deductible	60% After Deductible
How to Find a Participating Physician or Facility						
Member Services	(801) 442-5038	(801) 442-5038		1 (866) 240-9580	1 (866) 240-9580	
Website	selecthealth.org	selecthealth.org		ut.regence.com	ut.regence.com	
Provider Network Lookup	SelectMed	SelectMed Plus		ValueCare	ValueCare Plus	

1. No benefit for dependent children
2. Specified immunizations only. Refer to the Summary Plan Descriptions(s).
3. Preauthorization is required on the following: inpatient services; maternity stays longer than two days for a normal delivery or longer than four days for a cesarean;

DME items: insulin pumps and continuous glucose monitors, negative pressure wound therapy, electrical pump, prosthetics, motorized/customed wheelchairs, DME over $5,000: home health nursing services; certain injectable and prescription drugs; and pain management/pain clinic services. If you fail to pre-certify, benefits are reduced to 50 percent and will not be applied to your out-of-pocket max.

4. Allowable adoption amount as outlined by the state of Utah. Medical deductible and copay/coinsurance applies.
5. Limited number of visits per calendar year. Refer to the Summary Plan Description(s).
6. Mandatory generic substitution enforced when a generic drug is available or you must pay the preferred or nonpreferred copay plus the difference in cost between name brand and generic drug.
7. There are differences in the prescription preferred drug formularies between SelectHealth and Regence.

SPECIAL NOTE: Dependent child pregnancy is not a covered medical benefit.

Welcome to Express Scripts

Express Scripts will be managing your prescription plan. We care about your health and work to make medicine safer and more affordable. We encourage you to take advantage of the services and resources available to help you and your dependents manage your pharmacy benefit. We look forward to serving you soon!

Home Delivery from the Express Scripts Pharmacy

One of the best things about home delivery is that we ship up to a 90-day supply of your long-term medicine (the kind you take regularly) right to your door from the Express Scripts Pharmacy℠. It's safe, secure and speedy – and means less time in a pharmacy line!

Here's a quick look at the benefits of Home Delivery:

- Free standard shipping*
- Up to a 90-day supply of your long-term medicines delivered to your home
- 24/7 access to a pharmacist from the privacy of your home
- 25% less than retail pharmacies on average**
- Order your refills online or on the phone

*Average percentage savings figure based on analysis of Jan-Dec 2013 claims for clients with an integrated benefit, excluding Medicare clients and clients participating in mandatory mail programs. Patient savings based on patient shifting all long-term medicines to mail.

**Cost of standard shipping is included as part of your prescription plan.

Formulary

A preferred drug list helps keep healthcare costs down for everybody. It's a list of medicines that have been reviewed and approved for safety, effectiveness and cost by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medicines become available.

Note that certain medicines are excluded from your formulary and therefore not covered due to equally effective and safe alternatives being available. If you're currently taking a medicine in one of the below drug classes, Please visit Express-Scripts.com for the latest coverage information. Drug classes of exclusions include: Autonomic & Central Nervous System, Cardiovascular, Dermatological and others.

To see if a medicine is on your formulary drug list, please go to www.express-scripts.com/NPFNPV6.

EXPRESS SCRIPTS®

Network Retail Pharmacies

Network pharmacies are retail pharmacies that are preferred by your prescription plan. When you go to a pharmacy that's in your network, you'll often pay less for your medicine. If you go to a retail pharmacy that's out of your network, depending on your plan, you'll typically pay more.

To find an in-network pharmacy near you, call Express Scripts at 877-231-4239. Or, visit www.express-scripts.com/NPFNPV6

Be sure to show your new ID card at the pharmacy. If you need to transfer your prescription from an out of network pharmacy to an in-network pharmacy, just choose one of the following:

- Bring your prescription to an in-network pharmacy, and the pharmacist will transfer it
- Call a pharmacy in your network, and ask the pharmacist to transfer your medicine
- Ask your doctor to call your prescription in to an in-network pharmacy

Step Therapy

Step Therapy rules may apply to patients who take a long-term medicine for conditions like arthritis, high blood pressure and high cholesterol. Step therapy is how we help keep everybody's healthcare costs down, while providing safe, effective medicine choices. For example, if you're taking a brand name medicine when there is an equally effective, lower-cost generic available, a step therapy rule encourages you to try the generic first. Using generics is less expensive for you and your employer or plan.

To learn more, watch the short video at https://www.express-scripts.com/members/steptherapy/steptherapyfacts.htm

Manage Your Prescription

One of the great things about being an Express Scripts member is that you can manage your medicine easily on your laptop, tablet, desktop or phone. Whether you want to check your order status, look for savings opportunities, look up information about your benefit, get a refill or even find a pharmacy, the Express Scripts app can help!

Just register at Express-Scripts.com or on the app.

You can download the app on your phone by searching your app store for Express Scripts. (Availability and features may vary)

Accredo Specialty Pharmacy

Accredo® is the Express Scripts specialty pharmacy. A specialty pharmacy provides medicine and therapy for patients with serious, chronic conditions like cancer and hepatitis C. Accredo offers specialized teams of pharmacists, nurses and clinicians who are specially trained on your condition. This level of specialization gives you the most comprehensive, compassionate and customized care available.

Accredo offers many specialized services, including:

- Personal care and health advocacy assistance from patient care coordinators
- Financial assistance (availability varies by plan)
- Guidance for patients and caregivers for taking specialty medicines most effectively
- All necessary ancillary supplies such as syringes and sharps containers

Specialty medications must be filled through Accredo. Please visit Express-Scripts.com to look up your Specialty medication. To learn more about Accredo, please visit Accredo.com.

Generic Prescriptions

By now, we've all heard of the national generic prescription drug programs that are being offered by national "big box" retailers like Wal-Mart Walgreens, and Target and even some regional/local retailers like Smith's grocery store.

So What Is In It For You (and the District as a whole)

If each of us, instead of running our generic prescriptions through the District's insurance program, choose to fill our generic prescriptions through one of the national "big box" retailer's generic prescription drug programs? You guessed it...

Big Money, Big Savings

Did You Know?

Even if the generic substitute for one of your prescription drugs is not on one of the $4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparisons. One of the better places to do this is at www.crbestbuydrugs.org, a Consumer Reports site.

Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the $4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

How Do I Use "Big Box" Generic Prescription Drug Program?

1. Discuss the prescription being issued with your doctor. Ask if a generic medication is available to treat you. If a generic is available, the prescription must be written for the generic drug.
2. Take your prescription (or have your physician call it in) to one of the "big box" retailers offering a generic pharmacy benefit program.
3. Tell the pharmacist that you would like to fill the generic prescription through their generic prescription drug program. (In doing so, you will not need to show your Granite medical ID card).
4. Receive a 30-day supply of generic medication for $4.00 (versus the $20.00 copayment you would have had to pay if you used the District's medical insurance) or receive a 90-day supply of generic medication at $10.00 (versus the $40.00 copayment you would have had to pay if you used the District's medical insurance). See... big savings!

"Big Box" Store Prescription Drug Web Page

Target: www.target.com

Wal-Mart & Sam's Club: www.walmart.com

Walgreens: www.walgreens.com

Smiths Pharmacy: www.smiths.com

Dental Summary

DentalSelect

Summary of Benefits for:

Granite School District

Co-Pay Plan

Gold Network

High

	Contracted Dentist	Non-Contracted Dentist
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
Basic		
Fillings, extractions, oral surgery	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
Major		
Crowns, bridges, dentures, endodontics, periodontics	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
Orthodontics		
Children and Adults	50%	50%
Waiting Periods	No Waiting Period	
Lifetime Maximum	$1,000	
All Members:	Discounts May Apply; See Plan Notes	No Benefit

Maximum Benefit		
Applies to Preventive, Basic and Major Services	Benefit Period is: Per Calendar Year	No Maximum
Deductible		
Applies to Basic and Major Services	Per Year:	No Deductible

Gold Network

Granite School District (High Plan)

2021 Schedule of Copay/Plan Payments for Contracted General Dentists and Specialists

DentalSelect

		GENERAL DENTIST		SPECIALIST	
		MEDIUM		MEDIUM	
ADA CODE	PROCEDURE DESCRIPTION	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT
D0120	Periodic oral evaluation - established patient	$0	$18	$0	$34
D0140	Limited oral evaluation - problem focused	$0	$21	$0	$46
D0150	Comprehensive oral evaluation - new or established patient	$0	$22	$0	$49
D0160	Detailed and extensive oral evaluation - problem focused, by report	$0	$55	$0	$89
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0	$21	$0	$34
D0180	Comprehensive periodontal evaluation - new or established patient	$0	$28	$0	$53
D0210	Intraoral - complete series of radiographic images	$0	$41	$0	$82
D0220	Intraoral - periapical first radiographic image	$0	$8	$0	$18
D0230	Intraoral - periapical each additional radiographic image	$0	$7	$0	$16
D0240	Intraoral - occlusal radiographic image	$0	$15	$0	$24
D0250	Extra-oral - 2D projection radiographic image	$0	$19	$0	$31
D0251	Extra-oral posterior dental radiographic image	$0	$18	$0	$29
D0270	Bitewing - single radiographic image	$0	$10	$0	$16
D0272	Bitewings - two radiographic images	$0	$15	$0	$31
D0273	Bitewings - three radiographic images	$0	$19	$0	$38
D0274	Bitewings - four radiographic images	$0	$21	$0	$39
D0277	Vertical bitewings - 7 to 8 radiographic images	$0	$32	$0	$62
D0330	Panoramic radiographic image	$0	$42	$0	$71
D1110	Prophylaxis - adult	$0	$37	$0	$56
D1120	Prophylaxis - child	$0	$27	$0	$39
D1208	Topical application of fluoride - excluding varnish (age 15 & under)	$0	$12	$0	$22
D1351	Sealant - per tooth (age 15 & under)	$13	$8	$23	$8
D1353	Sealant repair - per tooth (age 15 & under)	$16	$10	$26	$10
D1510	Space maintainer - fixed - unilateral (age 15 & under)	$92	$31	$163	$31
D1516	Space maintainer - fixed - bilateral, maxillary (age 15 & under)	$131	$43	$234	$43
D1517	Space maintainer - fixed - bilateral, mandibular (age 15 & under)	$131	$43	$234	$43
D1520	Space maintainer - removable - unilateral (age 15 & under)	$101	$34	$183	$34
D1526	Space maintainer - removable - bilateral, maxillary (age 15 & under)	$156	$52	$284	$52
D1527	Space maintainer - removable - bilateral, mandibular (age 15 & under)	$156	$52	$284	$52
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$20	$6	$35	$6
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$20	$6	$35	$6
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	$14	$5	$25	$5
D2140	Amalgam - one surface, primary or permanent	$18	$31	$41	$31
D2150	Amalgam - two surfaces, primary or permanent	$25	$34	$55	$34
D2160	Amalgam - three surfaces, primary or permanent	$31	$38	$67	$38
D2161	Amalgam - four or more surfaces, primary or permanent	$40	$39	$89	$39
D2330	Resin-based composite - one surface, anterior	$37	$32	$57	$32
D2331	Resin-based composite - two surfaces, anterior	$41	$40	$68	$40
D2332	Resin-based composite - three surfaces, anterior	$48	$43	$87	$43
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$53	$49	$104	$49
D2390	Resin-based composite crown, anterior	$84	$28	$166	$28
D2391	Resin-based composite - one surface, posterior	$36	$32	$65	$32
D2392	Resin-based composite - two surfaces, posterior	$54	$38	$89	$38
D2393	Resin-based composite - three surfaces, posterior	$66	$44	$114	$44
D2394	Resin-based composite - four or more surfaces, posterior	$71	$45	$149	$45
D2610	Inlay - porcelain/ceramic - one surface	$224	$115	$438	$115
D2620	Inlay - porcelain/ceramic - two surfaces	$236	$132	$452	$132
D2630	Inlay - porcelain/ceramic - three or more surfaces	$239	$153	$469	$153
D2642	Onlay - porcelain/ceramic - two surfaces	$237	$134	$470	$134
D2643	Onlay - porcelain/ceramic - three surfaces	$264	$148	$504	$148
D2644	Onlay - porcelain/ceramic - four or more surfaces	$287	$155	$536	$155
D2650	Inlay - resin-based composite - one surface	$162	$63	$300	$63
D2651	Inlay - resin-based composite - two surfaces	$176	$95	$338	$95
D2652	Inlay - resin-based composite - three or more surfaces	$193	$99	$356	$99
D2662	Onlay - resin-based composite - two surfaces	$173	$82	$313	$82
D2663	Onlay - resin-based composite - three surfaces	$202	$99	$366	$99
D2664	Onlay - resin-based composite - four or more surfaces	$202	$118	$380	$118
D2710	Crown - resin-based composite (indirect)	$135	$45	$235	$45
D2712	Crown - ¾ resin-based composite (indirect)	$135	$45	$235	$45
D2720	Crown - resin with high noble metal	$281	$158	$533	$158
D2721	Crown - resin with predominantly base metal	$270	$145	$503	$145
D2722	Crown - resin with noble metal	$272	$153	$509	$153
D2740	Crown - porcelain/ceramic	$325	$175	$534	$175
D2750	Crown - porcelain fused to high noble metal	$313	$176	$524	$176
D2751	Crown - porcelain fused to predominantly base metal	$313	$147	$505	$147
D2752	Crown - porcelain fused to noble metal	$313	$154	$514	$154
D2753	Crown - porcelain fused to titanium and titanium alloys	$313	$154	$514	$154
D2780	Crown - 3/4 cast high noble metal	$300	$169	$503	$169
D2781	Crown - 3/4 cast predominantly base metal	$257	$144	$488	$144
D2782	Crown - 3/4 cast noble metal	$266	$149	$504	$149
D2783	Crown - 3/4 porcelain/ceramic	$285	$154	$536	$154
D2790	Crown - full cast high noble metal	$277	$149	$526	$149
D2791	Crown - full cast predominantly base metal	$262	$141	$499	$141
D2792	Crown - full cast noble metal	$260	$153	$499	$153
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$26	$9	$48	$9
D2920	Re-cement or re-bond crown	$27	$9	$49	$9

		GENERAL DENTIST		SPECIALIST	
		MEDIUM		MEDIUM	
ADA CODE	PROCEDURE DESCRIPTION	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$107	$36	$192	$36
D2929	Prefabricated porcelain/ceramic crown – primary tooth	$107	$36	$192	$36
D2930	Prefabricated stainless steel crown - primary tooth	$80	$25	$141	$25
D2931	Prefabricated stainless steel crown - permanent tooth	$83	$28	$150	$28
D2933	Refabricated stainless steel crown with resin window	$101	$34	$183	$34
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$101	$34	$183	$34
D2940	Protective restoration	$28	$9	$51	$9
D2950	Core buildup, including any pins when required	$71	$24	$126	$24
D2951	Pin retention - per tooth, in addition to restoration	$16	$5	$29	$5
D2952	Post and core in addition to crown, indirectly fabricated	$110	$37	$200	$37
D2953	Each additional indirectly fabricated post - same tooth	$56	$18	$101	$18
D2954	Prefabricated post and core in addition to crown	$89	$29	$161	$29
D2957	Each additional prefabricated post - same tooth	$44	$15	$80	$15
D2960	Labial veneer (resin laminate) - chairside	$210	$70	$210	$70
D3110	Pulp cap - direct (excluding final restoration)	$22	$7	$40	$7
D3220	Therapeutic pulpotomy (excluding final restoration)	$49	$16	$80	$16
D3221	Pulpal debridement, primary and permanent teeth	$54	$17	$90	$17
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$52	$17	$93	$17
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$64	$20	$115	$20
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$200	$85	$363	$85
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$241	$84	$439	$84
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$332	$88	$589	$88
D3346	Retreatment of previous root canal therapy - anterior	$271	$77	$498	$77
D3347	Retreatment of previous root canal therapy - premolar	$313	$99	$577	$99
D3348	Retreatment of previous root canal therapy - molar	$387	$122	$709	$122
D3351	Apexification/recalcification – initial visit	$111	$37	$192	$37
D3352	Apexification/recalcification – interim medication replacement	$51	$17	$93	$17
D3353	Apexification/recalcification - final visit	$155	$52	$283	$52
D3450	Root amputation - per root	$144	$48	$248	$48
D3920	Hemisection (including any root removal), not including root canal therapy	$109	$36	$189	$36
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$85	$19	$135	$19
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$61	$16	$93	$16
D4355	Full mouth debridement to enable a comp. oral evaluation and diagnosis on a subs. visit	$70	$10	$103	$10
D4910	Periodontal maintenance	$59	$17	$87	$17
D5110	Complete denture - maxillary	$404	$101	$765	$101
D5120	Complete denture - mandibular	$404	$101	$765	$101
D5130	Immediate denture - maxillary	$439	$110	$834	$110
D5140	Immediate denture - mandibular	$439	$110	$834	$110
D5211	Maxillary partial denture – resin base	$392	$104	$745	$104
D5212	Mandibular partial denture – resin base	$392	$104	$745	$104
D5213	Maxillary partial denture - cast metal framework with resin denture bases	$445	$111	$846	$111
D5214	Mandibular partial denture - cast metal framework with resin denture bases	$445	$111	$846	$111
D5410	Adjust complete denture - maxillary	$23	$7	$41	$7
D5411	Adjust complete denture - mandibular	$23	$7	$41	$7
D5421	Adjust partial denture - maxillary	$22	$7	$40	$7
D5422	Adjust partial denture - mandibular	$22	$7	$40	$7
D5511	Repair broken complete denture base, mandibular	$44	$15	$80	$15
D5512	Repair broken complete denture base, maxillary	$44	$15	$80	$15
D5520	Replace missing or broken teeth - complete denture (each tooth)	$37	$12	$67	$12
D5611	Repair resin partial denture base, mandibular	$48	$16	$87	$16
D5612	Repair resin partial denture base, maxillary	$48	$16	$87	$16
D5621	Repair cast partial framework, mandibular	$52	$17	$94	$17
D5622	Repair cast partial framework, maxillary	$52	$17	$94	$17
D5630	Repair or replace broken retentive clasping materials – per tooth	$62	$21	$113	$21
D5640	Replace broken teeth - per tooth	$41	$13	$74	$13
D5650	Add tooth to existing partial denture	$56	$18	$101	$18
D5730	Reline complete maxillary denture (chairside)	$89	$30	$168	$30
D5731	Reline complete mandibular denture (chairside)	$89	$30	$168	$30
D5740	Reline maxillary partial denture (chairside)	$83	$27	$155	$27
D5741	Reline mandibular partial denture (chairside)	$83	$27	$155	$27
D5750	Reline complete maxillary denture (laboratory)	$118	$39	$226	$39
D5751	Reline complete mandibular denture (laboratory)	$118	$39	$226	$39
D5760	Reline maxillary partial denture (laboratory)	$116	$39	$222	$39
D5761	Reline mandibular partial denture (laboratory)	$116	$39	$222	$39
D5850	Tissue conditioning, maxillary	$38	$13	$70	$13
D5851	Tissue conditioning, mandibular	$38	$13	$70	$13
D6205	Pontic - indirect resin based composite	$140	$101	$310	$101
D6210	Pontic - cast high noble metal	$271	$152	$476	$152
D6211	Pontic - cast predominantly base metal	$253	$142	$447	$142
D6212	Pontic - cast noble metal	$264	$148	$464	$148
D6240	Pontic - porcelain fused to high noble metal	$271	$146	$474	$146
D6241	Pontic - porcelain fused to predominantly base metal	$257	$127	$446	$127
D6242	Pontic - porcelain fused to noble metal	$275	$130	$474	$130
D6243	Pontic - porcelain fused to titanium and titanium alloys	$275	$130	$474	$130
D6245	Pontic - porcelain/ceramic	$290	$143	$497	$143
D6250	Pontic - resin with high noble metal	$272	$140	$472	$140
D6251	Pontic - resin with predominantly base metal	$246	$133	$432	$133
D6252	Pontic - resin with noble metal	$255	$137	$446	$137
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$224	$105	$457	$105
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$222	$120	$467	$120
D6610	Retainer onlay - cast high noble metal, two surfaces	$209	$139	$457	$139
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$239	$141	$512	$141
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$215	$131	$462	$131
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$224	$137	$483	$137
D6614	Retainer onlay - cast noble metal, two surfaces	$214	$125	$456	$125
D6615	Retainer onlay - cast noble metal, three or more surfaces	$222	$130	$474	$130
D6720	Retainer crown - resin with high noble metal	$284	$146	$545	$146

		GENERAL DENTIST		SPECIALIST	
		MEDIUM		MEDIUM	
ADA CODE	PROCEDURE DESCRIPTION	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT
D6721	Retainer crown - resin with predominantly base metal	$269	$139	$517	$139
D6722	Retainer crown - resin with noble metal	$270	$145	$523	$145
D6740	Retainer crown - porcelain/ceramic	$306	$150	$577	$150
D6750	Retainer crown - porcelain fused to high noble metal	$297	$147	$561	$147
D6751	Retainer crown - porcelain fused to predominantly base metal	$285	$128	$532	$128
D6752	Retainer crown - porcelain fused to noble metal	$293	$131	$545	$131
D6753	retainer crown - porcelain fused to titanium and titanium alloys	$293	$131	$545	$131
D6780	Retainer crown - 3/4 cast high noble metal	$269	$145	$523	$145
D6781	Retainer crown - 3/4 cast predominantly base metal	$269	$145	$523	$145
D6782	Retainer crown - 3/4 cast noble metal	$246	$139	$481	$139
D6783	Retainer crown - 3/4 porcelain/ceramic	$269	$145	$542	$145
D6784	retainer crown ¾ - titanium and titanium alloys	$269	$145	$523	$145
D6790	Retainer crown - full cast high noble metal	$284	$140	$543	$140
D6791	Retainer crown - full cast predominantly base metal	$273	$129	$519	$129
D6792	Retainer crown - full cast noble metal	$275	$142	$530	$142
D6930	Re-cement or re-bond fixed partial denture	$38	$13	$70	$13
D7111	Extraction, coronal remnants - primary tooth	$26	$16	$49	$16
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$37	$18	$69	$18
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$69	$25	$138	$25
D7220	Removal of impacted tooth - soft tissue	$91	$29	$176	$29
D7230	Removal of impacted tooth - partially bony	$122	$36	$228	$36
D7240	Removal of impacted tooth - completely bony	$150	$38	$272	$38
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$176	$47	$309	$47
D7250	Removal of residual tooth roots (cutting procedure)	$78	$26	$145	$26
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$130	$43	$253	$43
D7471	Removal of lateral exostosis (maxilla or mandible)	$262	$87	$500	$87
D7510	I & D of abscess - intraoral soft tissue	$79	$26	$144	$26
D7511	I & D of abscess - intraoral soft tissue - complicated (incl. drainage of mult. fascial spaces)	$119	$40	$217	$40
D7953	bone replacement graft for ridge preservation - per site	$117	$39	$201	$39
D7961	Buccal / labial frenectomy (frenulectomy)	$114	$38	$197	$38
D7962	Lingual frenectomy (frenulectomy)	$114	$38	$197	$38
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$29	$10	$51	$10
D9222	Deep sedation/general anesthesia – first 15 minutes	N/C	N/C	N/C	N/C
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	N/C	N/C	N/C	N/C
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	N/C	N/C	N/C	N/C
D9243	Intravenous moderate (conscious) sedation/analgesia – each subs. 15 min. increment	N/C	N/C	N/C	N/C
D9248	Non-intravenous conscious sedation	N/C	N/C	N/C	N/C
D9430	Office visit for observation (during reg. scheduled hours) - no other services performed	$19	$6	$30	$6
D9440	Office visit - after regularly scheduled hours	$37	$12	$67	$12
D9944	Occlusal guard – hard appliance, full arch	$125	$42	$200	$42
D9945	Occlusal guard – soft appliance, full arch	$122	$40	$194	$40
D9946	Occlusal guard – hard appliance, partial arch	$92	$31	$147	$31
D9951	Occlusal adjustment - limited	$32	$10	$57	$10
D9995	Teledentistry – synchronous; real-time encounter	$0	$18	$0	$36

FCP.9000363 UT Gold 1-1 HIGH GSD 2021 04/21

NOTE 1: Any procedure not listed is available on a fee-for service basis. Also, the appropriate fee schedule and maximum allowable applies regardless of the plan type as well as whether a waiting period or annual maximum has been met.

NOTE 2: Maximum coverage is $150 per calendar year for anesthesia service. (Anesthesia benefits for co-insurance plans only)

SELF-FUNDED GROUPS - Groups that are self-funded govern their own unique fee schedules and benefits, which may vary from Dental Select's standard plan designs and can include fees not listed. Please contact Customer Care for any questions regarding self-funded groups or their fee schedules.

FREQUENCY & PLAN LIMITATIONS MAY APPLY. A member's ID card is not a guarantee of benefits; plans and eligibility are subject to change. For a complete list of your plan's specific covered services, and the limitations and exclusions that apply to those services, refer to your Policy or contact Customer care at 800-999-9789.

N/C = Not Covered

DentalSelect

Claims Submission:
PO Box 851917 Richardson, TX 75085
Benefit & Claims Questions:
Phone 800-999-9789 Fax 888-673-5328
www.dentalselect.com

• Proprietary Information •

Dental Summary

DentalSelect

Summary of Benefits for:

Granite School District

Co-Pay Plan

Gold Network

Medium

	Contracted Dentist	Non-Contracted Dentist
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
Basic		
Fillings, extractions, oral surgery	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
Major		
Crowns, bridges, dentures, endodontics, periodontics	Member Responsibility / No coverage	No benefit
Orthodontics		
Children and Adults	50%	50%
Waiting Periods	No Waiting Period	
Lifetime Maximum	$1,000	
All Members:	Discounts May Apply; See Plan Notes	No Benefit
Maximum Benefit		
Applies to Preventive, Basic and Major Services — Benefit Period is: Per Calendar Year	No Maximum	
Deductible		
Applies to Basic and Major Services — Per Year:	No Deductible	

Gold Network

Granite School District (Medium Plan)

2021 Schedule of Copay/Plan Payments for Contracted General Dentists and Specialists

DentalSelect

		GENERAL DENTIST		SPECIALIST	
		MEDIUM		MEDIUM	
ADA CODE	PROCEDURE DESCRIPTION	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT
D0120	Periodic oral evaluation - established patient	$0	$18	$0	$34
D0140	Limited oral evaluation - problem focused	$0	$21	$0	$46
D0150	Comprehensive oral evaluation - new or established patient	$0	$22	$0	$49
D0160	Detailed and extensive oral evaluation - problem focused, by report	$0	$55	$0	$89
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0	$21	$0	$34
D0180	Comprehensive periodontal evaluation - new or established patient	$0	$28	$0	$53
D0210	Intraoral - complete series of radiographic images	$0	$41	$0	$82
D0220	Intraoral - periapical first radiographic image	$0	$8	$0	$18
D0230	Intraoral - periapical each additional radiographic image	$0	$7	$0	$16
D0240	Intraoral - occlusal radiographic image	$0	$15	$0	$24
D0250	Extra-oral - 2D projection radiographic image	$0	$19	$0	$31
D0251	Extra-oral posterior dental radiographic image	$0	$18	$0	$29
D0270	Bitewing - single radiographic image	$0	$10	$0	$16
D0272	Bitewings - two radiographic images	$0	$15	$0	$31
D0273	Bitewings - three radiographic images	$0	$19	$0	$38
D0274	Bitewings - four radiographic images	$0	$21	$0	$39
D0277	Vertical bitewings - 7 to 8 radiographic images	$0	$32	$0	$62
D0330	Panoramic radiographic image	$0	$42	$0	$71
D1110	Prophylaxis - adult	$0	$37	$0	$56
D1120	Prophylaxis - child	$0	$27	$0	$39
D1208	Topical application of fluoride - excluding varnish (age 15 & under)	$0	$12	$0	$22
D1351	Sealant - per tooth (age 15 & under)	$13	$8	$23	$8
D1353	Sealant repair - per tooth (age 15 & under)	$16	$10	$26	$10
D1510	Space maintainer - fixed - unilateral (age 15 & under)	$92	$31	$163	$31
D1516	Space maintainer - fixed - bilateral, maxillary (age 15 & under)	$131	$43	$234	$43
D1517	Space maintainer - fixed - bilateral, mandibular (age 15 & under)	$131	$43	$234	$43
D1520	Space maintainer - removable - unilateral (age 15 & under)	$101	$34	$183	$34
D1526	Space maintainer - removable - bilateral, maxillary (age 15 & under)	$156	$52	$284	$52
D1527	Space maintainer - removable - bilateral, mandibular (age 15 & under)	$156	$52	$284	$52
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$20	$6	$35	$6
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$20	$6	$35	$6
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	$14	$5	$25	$5
D2140	Amalgam - one surface, primary or permanent	$18	$31	$41	$31
D2150	Amalgam - two surfaces, primary or permanent	$25	$34	$55	$34
D2160	Amalgam - three surfaces, primary or permanent	$31	$38	$67	$38
D2161	Amalgam - four or more surfaces, primary or permanent	$40	$39	$89	$39
D2330	Resin-based composite - one surface, anterior	$37	$32	$57	$32
D2331	Resin-based composite - two surfaces, anterior	$41	$40	$68	$40
D2332	Resin-based composite - three surfaces, anterior	$48	$43	$87	$43
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$53	$49	$104	$49
D2390	Resin-based composite crown, anterior	$84	$28	$166	$28
D2391	Resin-based composite - one surface, posterior	$36	$32	$65	$32
D2392	Resin-based composite - two surfaces, posterior	$54	$38	$89	$38
D2393	Resin-based composite - three surfaces, posterior	$66	$44	$114	$44
D2394	Resin-based composite - four or more surfaces, posterior	$116	$0	$194	$0
D2610	Inlay - porcelain/ceramic - one surface	$339	$0	$553	$0
D2620	Inlay - porcelain/ceramic - two surfaces	$368	$0	$584	$0
D2630	Inlay - porcelain/ceramic - three or more surfaces	$392	$0	$622	$0
D2642	Onlay - porcelain/ceramic - two surfaces	$371	$0	$604	$0
D2643	Onlay - porcelain/ceramic - three surfaces	$412	$0	$652	$0
D2644	Onlay - porcelain/ceramic - four or more surfaces	$442	$0	$691	$0
D2650	Inlay - resin-based composite - one surface	$225	$0	$363	$0
D2651	Inlay - resin-based composite - two surfaces	$271	$0	$433	$0
D2652	Inlay - resin-based composite - three or more surfaces	$292	$0	$455	$0
D2662	Onlay - resin-based composite - two surfaces	$255	$0	$395	$0
D2663	Onlay - resin-based composite - three surfaces	$301	$0	$465	$0
D2664	Onlay - resin-based composite - four or more surfaces	$320	$0	$498	$0
D2710	Crown - resin-based composite (indirect)	$180	$0	$280	$0
D2712	Crown - ¾ resin-based composite (indirect)	$180	$0	$280	$0
D2720	Crown - resin with high noble metal	$439	$0	$691	$0
D2721	Crown - resin with predominantly base metal	$415	$0	$648	$0
D2722	Crown - resin with noble metal	$425	$0	$662	$0
D2740	Crown - porcelain/ceramic	$500	$0	$709	$0
D2750	Crown - porcelain fused to high noble metal	$489	$0	$700	$0
D2751	Crown - porcelain fused to predominantly base metal	$460	$0	$652	$0
D2752	Crown - porcelain fused to noble metal	$467	$0	$668	$0
D2753	Crown - porcelain fused to titanium and titanium alloys	$467	$0	$668	$0
D2780	Crown - 3/4 cast high noble metal	$469	$0	$672	$0
D2781	Crown - 3/4 cast predominantly base metal	$401	$0	$632	$0
D2782	Crown - 3/4 cast noble metal	$415	$0	$653	$0
D2783	Crown - 3/4 porcelain/ceramic	$439	$0	$690	$0
D2790	Crown - full cast high noble metal	$426	$0	$675	$0
D2791	Crown - full cast predominantly base metal	$403	$0	$640	$0
D2792	Crown - full cast noble metal	$413	$0	$652	$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$35	$0	$57	$0
D2920	Re-cement or re-bond crown	$36	$0	$58	$0

		GENERAL DENTIST		SPECIALIST	
		MEDIUM		MEDIUM	
ADA CODE	PROCEDURE DESCRIPTION	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$143	$0	$228	$0
D2929	Prefabricated porcelain/ceramic crown – primary tooth	$143	$0	$228	$0
D2930	Prefabricated stainless steel crown - primary tooth	$105	$0	$166	$0
D2931	Prefabricated stainless steel crown - permanent tooth	$111	$0	$178	$0
D2933	Refabricated stainless steel crown with resin window	$135	$0	$217	$0
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$135	$0	$217	$0
D2940	Protective restoration	$37	$0	$60	$0
D2950	Core buildup, including any pins when required	$95	$0	$150	$0
D2951	Pin retention - per tooth, in addition to restoration	$21	$0	$34	$0
D2952	Post and core in addition to crown, indirectly fabricated	$147	$0	$237	$0
D2953	Each additional indirectly fabricated post - same tooth	$74	$0	$119	$0
D2954	Prefabricated post and core in addition to crown	$118	$0	$190	$0
D2957	Each additional prefabricated post - same tooth	$59	$0	$95	$0
D2960	Labial veneer (resin laminate) - chairside	$280	$0	$280	$0
D3110	Pulp cap - direct (excluding final restoration)	$29	$0	$47	$0
D3220	Therapeutic pulpotomy (excluding final restoration)	$65	$0	$96	$0
D3221	Pulpal debridement, primary and permanent teeth	$71	$0	$107	$0
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$69	$0	$110	$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$84	$0	$135	$0
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$285	$0	$448	$0
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$325	$0	$523	$0
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$420	$0	$677	$0
D3346	Retreatment of previous root canal therapy – anterior	$348	$0	$575	$0
D3347	Retreatment of previous root canal therapy – premolar	$412	$0	$676	$0
D3348	Retreatment of previous root canal therapy – molar	$509	$0	$831	$0
D3351	Apexification/recalcification – initial visit	$148	$0	$229	$0
D3352	Apexification/recalcification – interim medication replacement	$68	$0	$110	$0
D3353	Apexification/recalcification - final visit	$207	$0	$335	$0
D3450	Root amputation - per root	$192	$0	$296	$0
D3920	Hemisection (including any root removal), not including root canal therapy	$145	$0	$225	$0
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$104	$0	$154	$0
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$77	$0	$109	$0
D4355	Full mouth debridement to enable a comp. oral evaluation and diagnosis on a subs. visit	$80	$0	$113	$0
D4910	Periodontal maintenance	$76	$0	$104	$0
D5110	Complete denture - maxillary	$505	$0	$866	$0
D5120	Complete denture - mandibular	$505	$0	$866	$0
D5130	Immediate denture - maxillary	$549	$0	$944	$0
D5140	Immediate denture - mandibular	$549	$0	$944	$0
D5211	Maxillary partial denture – resin base	$496	$0	$849	$0
D5212	Mandibular partial denture – resin base	$496	$0	$849	$0
D5213	Maxillary partial denture - cast metal framework with resin denture bases	$556	$0	$957	$0
D5214	Mandibular partial denture - cast metal framework with resin denture bases	$556	$0	$957	$0
D5410	Adjust complete denture - maxillary	$30	$0	$48	$0
D5411	Adjust complete denture - mandibular	$30	$0	$48	$0
D5421	Adjust partial denture - maxillary	$29	$0	$47	$0
D5422	Adjust partial denture - mandibular	$29	$0	$47	$0
D5511	Repair broken complete denture base, mandibular	$59	$0	$95	$0
D5512	Repair broken complete denture base, maxillary	$59	$0	$95	$0
D5520	Replace missing or broken teeth - complete denture (each tooth)	$49	$0	$79	$0
D5611	Repair resin partial denture base, mandibular	$64	$0	$103	$0
D5612	Repair resin partial denture base, maxillary	$64	$0	$103	$0
D5621	Repair cast partial framework, mandibular	$69	$0	$111	$0
D5622	Repair cast partial framework, maxillary	$69	$0	$111	$0
D5630	Repair or replace broken retentive clasping materials – per tooth	$83	$0	$134	$0
D5640	Replace broken teeth - per tooth	$54	$0	$87	$0
D5650	Add tooth to existing partial denture	$74	$0	$119	$0
D5730	Reline complete maxillary denture (chairside)	$119	$0	$198	$0
D5731	Reline complete mandibular denture (chairside)	$119	$0	$198	$0
D5740	Reline maxillary partial denture (chairside)	$110	$0	$182	$0
D5741	Reline mandibular partial denture (chairside)	$110	$0	$182	$0
D5750	Reline complete maxillary denture (laboratory)	$157	$0	$265	$0
D5751	Reline complete mandibular denture (laboratory)	$157	$0	$265	$0
D5760	Reline maxillary partial denture (laboratory)	$155	$0	$261	$0
D5761	Reline mandibular partial denture (laboratory)	$155	$0	$261	$0
D5850	Tissue conditioning, maxillary	$51	$0	$83	$0
D5851	Tissue conditioning, mandibular	$51	$0	$83	$0
D6205	Pontic - indirect resin based composite	$241	$0	$411	$0
D6210	Pontic - cast high noble metal	$423	$0	$628	$0
D6211	Pontic - cast predominantly base metal	$395	$0	$589	$0
D6212	Pontic - cast noble metal	$412	$0	$612	$0
D6240	Pontic - porcelain fused to high noble metal	$417	$0	$620	$0
D6241	Pontic - porcelain fused to predominantly base metal	$384	$0	$573	$0
D6242	Pontic - porcelain fused to noble metal	$405	$0	$604	$0
D6243	Pontic - porcelain fused to titanium and titanium alloys	$405	$0	$604	$0
D6245	Pontic - porcelain/ceramic	$433	$0	$640	$0
D6250	Pontic - resin with high noble metal	$412	$0	$612	$0
D6251	Pontic - resin with predominantly base metal	$379	$0	$565	$0
D6252	Pontic - resin with noble metal	$392	$0	$583	$0
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$329	$0	$562	$0
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$342	$0	$587	$0
D6610	Retainer onlay - cast high noble metal, two surfaces	$348	$0	$596	$0
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$380	$0	$653	$0
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$346	$0	$593	$0
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$361	$0	$620	$0
D6614	Retainer onlay - cast noble metal, two surfaces	$339	$0	$581	$0
D6615	Retainer onlay - cast noble metal, three or more surfaces	$352	$0	$604	$0
D6720	Retainer crown - resin with high noble metal	$430	$0	$691	$0

		GENERAL DENTIST		SPECIALIST	
		MEDIUM		MEDIUM	
ADA CODE	PROCEDURE DESCRIPTION	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT	IN-NETWORK MEMBER COPAY	IN & OUT-OF-NETWORK PLAN PAYMENT
D6721	Retainer crown - resin with predominantly base metal	$408	$0	$656	$0
D6722	Retainer crown - resin with noble metal	$415	$0	$668	$0
D6740	Retainer crown - porcelain/ceramic	$456	$0	$727	$0
D6750	Retainer crown - porcelain fused to high noble metal	$444	$0	$708	$0
D6751	Retainer crown - porcelain fused to predominantly base metal	$413	$0	$660	$0
D6752	Retainer crown - porcelain fused to noble metal	$424	$0	$676	$0
D6753	retainer crown - porcelain fused to titanium and titanium alloys	$424	$0	$676	$0
D6780	Retainer crown - 3/4 cast high noble metal	$414	$0	$668	$0
D6781	Retainer crown - 3/4 cast predominantly base metal	$414	$0	$668	$0
D6782	Retainer crown - 3/4 cast noble metal	$385	$0	$620	$0
D6783	Retainer crown - 3/4 porcelain/ceramic	$414	$0	$687	$0
D6784	retainer crown ¾ - titanium and titanium alloys	$414	$0	$668	$0
D6790	Retainer crown - full cast high noble metal	$424	$0	$683	$0
D6791	Retainer crown - full cast predominantly base metal	$402	$0	$648	$0
D6792	Retainer crown - full cast noble metal	$417	$0	$672	$0
D6930	Re-cement or re-bond fixed partial denture	$51	$0	$83	$0
D7111	Extraction, coronal remnants - primary tooth	$26	$16	$49	$16
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$37	$18	$69	$18
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$69	$25	$138	$25
D7220	Removal of impacted tooth - soft tissue	$91	$29	$176	$29
D7230	Removal of impacted tooth - partially bony	$122	$36	$228	$36
D7240	Removal of impacted tooth - completely bony	$150	$38	$272	$38
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$176	$47	$309	$47
D7250	Removal of residual tooth roots (cutting procedure)	$78	$26	$145	$26
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$130	$43	$253	$43
D7471	Removal of lateral exostosis (maxilla or mandible)	$262	$87	$500	$87
D7510	I & D of abscess - intraoral soft tissue	$79	$26	$144	$26
D7511	I & D of abscess - intraoral soft tissue - complicated (incl. drainage of mult. fascial spaces)	$119	$40	$217	$40
D7953	bone replacement graft for ridge preservation - per site	$117	$39	$201	$39
D7961	Buccal / labial frenectomy (frenulectomy)	$114	$38	$197	$38
D7962	Lingual frenectomy (frenulectomy)	$114	$38	$197	$38
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$29	$10	$51	$10
D9222	Deep sedation/general anesthesia - first 15 minutes	N/C	N/C	N/C	N/C
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	N/C	N/C	N/C	N/C
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	N/C	N/C	N/C	N/C
D9243	Intravenous moderate (conscious) sedation/analgesia - each subs. 15 min. increment	N/C	N/C	N/C	N/C
D9248	Non-intravenous conscious sedation	N/C	N/C	N/C	N/C
D9430	Office visit for observation (during reg. scheduled hours) - no other services performed	$19	$6	$30	$6
D9440	Office visit - after regularly scheduled hours	$37	$12	$67	$12
D9944	Occlusal guard - hard appliance, full arch	$125	$42	$200	$42
D9945	Occlusal guard - soft appliance, full arch	$122	$40	$194	$40
D9946	Occlusal guard - hard appliance, partial arch	$92	$31	$147	$31
D9951	Occlusal adjustment - limited	$32	$10	$57	$10
D9995	Teledentistry - synchronous; real-time encounter	$0	$18	$0	$36

NOTE 1: Any procedure not listed is available on a fee-for service basis. Also, the appropriate fee schedule and maximum allowable applies regardless of the plan type as well as whether a waiting period or annual maximum has been met.

NOTE 2: Maximum coverage is $150 per calendar year for anesthesia service. (Anesthesia benefits for co-insurance plans only)

SELF-FUNDED GROUPS - Groups that are self-funded govern their own unique fee schedules and benefits, which may vary from Dental Select's standard plan designs and can include fees not listed. Please contact Customer Care for any questions regarding self-funded groups or their fee schedules.

FREQUENCY & PLAN LIMITATIONS MAY APPLY. A member's ID card is not a guarantee of benefits; plans and eligibility are subject to change. For a complete list of your plan's specific covered services, and the limitations and exclusions that apply to those services, refer to your Policy or contact Customer Care at 800-999-9789.

N/C = Not Covered

DentalSelect

Claims Submission:
PO Box 851917 Richardson, TX 75085
Benefit & Claims Questions:
Phone 800-999-9789 Fax 888-673-5328
www.dentalselect.com

• Proprietary Information •

Dental Summary

DentalSelect

Summary of Benefits for:

Granite School District

PPO R&C Classic - MaxRewards 80th R&C

Platinum Network

	Contracted Dentist	Non-Contracted Dentist
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	80%	80% of R&C
Basic		
Composite fillings, extractions, oral surgery, space maintainers, sealants	70%	60% of R&C
No Waiting Period		
Major		
Crowns, bridges, dentures, endodontics, periodontics	40%	40% of R&C
No Waiting Period		
Orthodontics		
Children and Adults	50%	50%
Waiting Periods	No Waiting Period	
Lifetime Maximum	$1,000	
All Members:	Discounts May Apply; See Plan Notes	No Benefit
Maximum Benefit		
Applies to Preventive, Basic and Major Services — Benefit Period is: Per Calendar Year	$1,000.00	
Deductible		
Applies to Basic and Major Services — *Per Benefit Period*		
Per Person:	$50.00	$50.00
Family Maximum:	$150.00	$150.00

Dental Summary

DentalSelect

Summary of Benefits for:

Granite School District

Discount Plan

Silver Network

Preventive	
Routine exams, cleanings (2 per year), topical fluoride, x-rays	Up to 90% Fee Reduction
Basic	
Fillings, extractions, oral surgery	Up to 60% Fee Reduction
Major	
Crowns, bridges, dentures, endodontics, and periodontics	Up to 50% Fee Reduction
Orthodontics	
Children and Adults	20% Discount
Lifetime Maximum	No Maximum
Annual Maximum	
Per Person, Per Year	No Maximum
Applies to Preventive, Basic, and Major services	
Deductible	
Per Person	$0.00
Per Family	$0.00

Silver Network

Schedule of Member Fees for General Dentists
Effective January 1, 2021

DentalSelect

ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE
D0120	Periodic oral evaluation - established patient	$32
D0140	Limited oral evaluation - problem focused	$43
D0150	Comprehensive oral evaluation - new or established patient	$43
D0160	Detailed and extensive oral evaluation - problem focused, by report	$83
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$30
D0180	Comprehensive periodontal evaluation - new or established patient	$48
D0210	Intraoral - complete series of radiographic images	$75
D0220	Intraoral - periapical first radiographic image	$17
D0230	Intraoral - periapical each additional radiographic image	$15
D0240	Intraoral - occlusal radiographic image	$22
D0250	Extra-oral - 2D projection radiographic image	$29
D0251	Extra-oral posterior dental radiographic image	$27
D0270	Bitewing - single radiographic image	$15
D0272	Bitewings - two radiographic images	$30
D0273	Bitewings - three radiographic images	$34
D0274	Bitewings - four radiographic images	$37
D0277	Vertical bitewings - 7 to 8 radiographic images	$58
D0330	Panoramic radiographic image	$67
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	20% Discount
D0470	Diagnostic casts	20% Discount
D1110	Prophylaxis - adult	$52
D1120	Prophylaxis - child	$38
D1208	Topical application of fluoride – excluding varnish (age 15 & under)	$21
D1351	Sealant - per tooth (age 15 & under)	$30
D1353	Sealant repair – per tooth (age 15 & under)	$34
D1510	Space maintainer - fixed - unilateral (age 15 & under)	$186
D1516	Space maintainer – fixed – bilateral, maxillary (age 15 & under)	$259
D1517	Space maintainer – fixed – bilateral, mandibular (age 15 & under)	$259
D1520	Space maintainer - removable - unilateral (age 15 & under)	$190
D1526	Space maintainer – removable – bilateral, maxillary (age 15 & under)	$293
D1527	Space maintainer – removable – bilateral, mandibular (age 15 & under)	$293
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$40
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	$40
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	$29
D2140	Amalgam - one surface, primary or permanent	$70
D2150	Amalgam - two surfaces, primary or permanent	$87
D2160	Amalgam - three surfaces, primary or permanent	$98
D2161	Amalgam - four or more surfaces, primary or permanent	$120
D2330	Resin-based composite - one surface, anterior	$85
D2331	Resin-based composite - two surfaces, anterior	$106
D2332	Resin-based composite - three surfaces, anterior	$121
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$151
D2390	Resin-based composite crown, anterior	$190
D2391	Resin-based composite - one surface, posterior	$91
D2392	Resin-based composite - two surfaces, posterior	$119
D2393	Resin-based composite - three surfaces, posterior	$148
D2394	Resin-based composite - four or more surfaces, posterior	$180
D2610	Inlay - porcelain/ceramic - one surface	$517
D2620	Inlay - porcelain/ceramic - two surfaces	$510
D2630	Inlay - porcelain/ceramic - three or more surfaces	$543
D2642	Onlay - porcelain/ceramic - two surfaces	$565
D2643	Onlay - porcelain/ceramic - three surfaces	$610
D2644	Onlay - porcelain/ceramic - four or more surfaces	$647
D2650	Inlay - resin-based composite - one surface	$339
D2651	Inlay - resin-based composite - two surfaces	$405
D2652	Inlay - resin-based composite - three or more surfaces	$425
D2662	Onlay - resin-based composite - two surfaces	$369
D2663	Onlay - resin-based composite - three surfaces	$435
D2664	Onlay - resin-based composite - four or more surfaces	$465
D2710	Crown - resin-based composite (indirect)	$262
D2712	Crown - ¾ resin-based composite (indirect)	$262
D2720	Crown - resin with high noble metal	$647
D2721	Crown - resin with predominantly base metal	$606
D2722	Crown - resin with noble metal	$619
D2740	Crown - porcelain/ceramic	$675
D2750	Crown - porcelain fused to high noble metal	$664
D2751	Crown - porcelain fused to predominantly base metal	$609
D2752	Crown - porcelain fused to noble metal	$620
D2753	Crown - porcelain fused to titanium and titanium alloys	$620
D2780	Crown - 3/4 cast high noble metal	$623
D2781	Crown - 3/4 cast predominantly base metal	$591
D2782	Crown - 3/4 cast noble metal	$611
D2783	Crown - 3/4 porcelain/ceramic	$646
D2790	Crown - full cast high noble metal	$632
D2791	Crown - full cast predominantly base metal	$559
D2792	Crown - full cast noble metal	$610

ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$54
D2920	Re-cement or re-bond crown	$51
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$213
D2929	Prefabricated porcelain/ceramic crown – primary tooth	$213
D2930	Prefabricated stainless steel crown - primary tooth	$146
D2931	Prefabricated stainless steel crown - permanent tooth	$166
D2933	Refabricated stainless steel crown with resin window	$204
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$204
D2940	Protective restoration	$52
D2950	Core buildup, including any pins when required	$140
D2951	Pin retention - per tooth, in addition to restoration	$30
D2952	Post and core in addition to crown, indirectly fabricated	$207
D2953	Each additional indirectly fabricated post - same tooth	$111
D2954	Prefabricated post and core in addition to crown	$166
D2957	Each additional prefabricated post - same tooth	$89
D2960	Labial veneer (resin laminate) - direct	20% Discount
D2961	Labial veneer (resin laminate) - indirect	20% Discount
D2962	Labial veneer (porcelain laminate) - indirect	20% Discount
D3110	Pulp cap - direct (excluding final restoration)	$41
D3220	Therapeutic pulpotomy (excluding final restoration)	$91
D3221	Pulpal debridement, primary and permanent teeth	$100
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$96
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$118
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$415
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$479
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$625
D3346	Retreatment of previous root canal therapy - anterior	$502
D3347	Retreatment of previous root canal therapy - premolar	$591
D3348	Retreatment of previous root canal therapy - molar	$731
D3351	Apexification/recalcification – initial visit	$214
D3352	Apexification/recalcification – interim medication replacement	$96
D3353	Apexification/recalcification - final visit	$296
D3410	Apicoectomy - anterior	20% Discount
D3421	Apicoectomy - premolar (first root)	20% Discount
D3425	Apicoectomy - molar (first root)	20% Discount
D3426	Apicoectomy (each additional root)	20% Discount
D3430	Retrograde filling - per root	20% Discount
D3450	Root amputation - per root	$278
D3920	Hemisection (including any root removal), not including root canal therapy	$211
D4210	Gingivectomy/gingivoplasty - 4+ contiguous teeth/tooth bounded spaces per quadrant	20% Discount
D4211	Gingivectomy/gingivoplasty - 1-3 contiguous teeth/tooth bounded spaces per quadrant	20% Discount
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	20% Discount
D4240	Gingival flap proc. Incl. root planing - 4+ contiguous teeth/tooth bounded spaces per quadrant	20% Discount
D4241	Gingival flap proc. Incl. root planing - 1-3 contiguous teeth/tooth bounded spaces per quadrant	20% Discount
D4249	Clinical crown lengthening – hard tissue	20% Discount
D4260	Osseous surgery – 4+ contiguous teeth/tooth bounded spaces per quadrant	20% Discount
D4261	Osseous surgery – 1-3 contiguous teeth/tooth bounded spaces per quadrant	20% Discount
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	20% Discount
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	20% Discount
D4266	Guided tissue regeneration - resorbable barrier, per site	20% Discount
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	20% Discount
D4270	Pedicle soft tissue graft procedure	20% Discount
D4273	Autogenous connective tissue graft procedure, first tooth	20% Discount
D4275	Non-autogenous connective tissue graft, first tooth	20% Discount
D4276	Combined connective tissue and double pedicle graft, per tooth	20% Discount
D4277	Free soft tissue graft procedure, first tooth	20% Discount
D4278	Free soft tissue graft procedure, each additional contiguous tooth	20% Discount
D4283	Autogenous connective tissue graft procedure – each additional contiguous tooth	20% Discount
D4285	Non-autogenous connective tissue graft procedure – each additional contiguous tooth	20% Discount
D4320	Provisional splinting - intracoronal	20% Discount
D4321	Provisional splinting - extracoronal	20% Discount
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	20% Discount
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	20% Discount
D4355	Full mouth debridement to enable a comp. oral evaluation and diagnosis on a subsequent visit	$111
D4381	Localized delivery of antimicrobial via a controlled release into diseased crevicular tissue, per tooth	20% Discount
D4910	Periodontal maintenance	$102
D5110	Complete denture - maxillary	$756
D5120	Complete denture - mandibular	$756
D5130	Immediate denture - maxillary	$825
D5140	Immediate denture - mandibular	$825
D5211	Maxillary partial denture – resin base	20% Discount
D5212	Mandibular partial denture – resin base	20% Discount
D5213	Maxillary partial denture - cast metal framework with resin denture bases	20% Discount
D5214	Mandibular partial denture - cast metal framework with resin denture bases	20% Discount
D5282	Removable unilateral partial denture – one piece cast metal, maxillary	20% Discount
D5283	Removable unilateral partial denture – one piece cast metal, mandibular	20% Discount
D5410	Adjust complete denture - maxillary	$42
D5411	Adjust complete denture - mandibular	$42
D5421	Adjust partial denture - maxillary	$41
D5422	Adjust partial denture - mandibular	$41
D5511	Repair broken complete denture base, mandibular	$83
D5512	Repair broken complete denture base, maxillary	$83
D5520	Replace missing or broken teeth - complete denture (each tooth)	$69
D5611	Repair resin partial denture base, mandibular	$90
D5612	Repair resin partial denture base, maxillary	$90
D5621	Repair cast partial framework, mandibular	$97
D5622	Repair cast partial framework, maxillary	$97
D5630	Repair or replace broken retentive clasping materials – per tooth	$117
D5640	Replace broken teeth - per tooth	$76
D5650	Add tooth to existing partial denture	$104
D5660	Add clasp to existing partial denture - per tooth	20% Discount

ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE
D5710	Rebase complete maxillary denture	20% Discount
D5711	Rebase complete mandibular denture	20% Discount
D5720	Rebase maxillary partial denture	20% Discount
D5721	Rebase mandibular partial denture	20% Discount
D5730	Reline complete maxillary denture (chairside)	20% Discount
D5731	Reline complete mandibular denture (chairside)	20% Discount
D5740	Reline maxillary partial denture (chairside)	20% Discount
D5741	Reline mandibular partial denture (chairside)	20% Discount
D5750	Reline complete maxillary denture (laboratory)	20% Discount
D5751	Reline complete mandibular denture (laboratory)	20% Discount
D5760	Reline maxillary partial denture (laboratory)	20% Discount
D5761	Reline mandibular partial denture (laboratory)	20% Discount
D5810	Interim complete denture (maxillary)	20% Discount
D5811	Interim complete denture (mandibular)	20% Discount
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	20% Discount
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	20% Discount
D5850	Tissue conditioning, maxillary	20% Discount
D5851	Tissue conditioning, mandibular	20% Discount
D6010	Surgical placement of implant body: endosteal implant	20% Discount
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	20% Discount
D6040	Surgical placement: eposteal implant	20% Discount
D6050	Surgical placement: transosteal implant	20% Discount
D6055	Connecting bar – implant supported or abutment supported	20% Discount
D6056	Prefabricated abutment – includes modification and placement	20% Discount
D6057	Custom fabricated abutment – includes placement	20% Discount
D6058	Abutment supported porcelain/ceramic crown	20% Discount
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	20% Discount
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	20% Discount
D6061	Abutment supported porcelain fused to metal crown (noble metal)	20% Discount
D6062	Abutment supported cast metal crown (high noble metal)	20% Discount
D6063	Abutment supported cast metal crown (predominantly base metal)	20% Discount
D6064	Abutment supported cast metal crown (noble metal)	20% Discount
D6065	Implant supported porcelain/ceramic crown	20% Discount
D6066	Implant supported crown - porcelain fused to high noble alloys	20% Discount
D6067	Implant supported crown - high noble alloys	20% Discount
D6068	Abutment supported retainer for porcelain/ceramic FPD	20% Discount
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	20% Discount
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	20% Discount
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	20% Discount
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	20% Discount
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	20% Discount
D6074	Abutment supported retainer for cast metal FPD (noble metal)	20% Discount
D6075	Implant supported retainer for ceramic FPD	20% Discount
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	20% Discount
D6077	Implant supported retainer for metal FPD - high noble alloys	20% Discount
D6080	Implant maintenance procedures when prostheses are removed and reinserted, includes cleansing	20% Discount
D6082	Implant supported crown - porcelain fused to predominantly base alloys	20% Discount
D6083	Implant supported crown - porcelain fused to noble alloys	20% Discount
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	20% Discount
D6086	Implant supported crown - predominantly base alloys	20% Discount
D6087	Implant supported crown - noble alloys	20% Discount
D6088	Implant supported crown - titanium and titanium alloys	20% Discount
D6091	Repl. of semi-prec. or prec. attachment (male/female comp.) of imp./abut. supported prosth., per att.	20% Discount
D6092	Re-cement or re-bond implant/abutment supported crown	20% Discount
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	20% Discount
D6094	Abutment supported crown - titanium and titanium alloys	20% Discount
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	20% Discount
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	20% Discount
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	20% Discount
D6100	Implant removal, by report	20% Discount
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	20% Discount
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	20% Discount
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	20% Discount
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	20% Discount
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	20% Discount
D6121	Implant supported retainer for metal FPD – predominantly base alloys	20% Discount
D6122	Implant supported retainer for metal FPD – noble alloys	20% Discount
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	20% Discount
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	20% Discount
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	20% Discount
D6205	Pontic - indirect resin based composite	$359
D6210	Pontic - cast high noble metal	$549
D6211	Pontic - cast predominantly base metal	$514
D6212	Pontic - cast noble metal	$535
D6240	Pontic - porcelain fused to high noble metal	$580
D6241	Pontic - porcelain fused to predominantly base metal	$530
D6242	Pontic - porcelain fused to noble metal	$565
D6243	Pontic - porcelain fused to titanium and titanium alloys	$565
D6245	Pontic - porcelain/ceramic	$599
D6250	Pontic - resin with high noble metal	$535
D6251	Pontic - resin with predominantly base metal	$493
D6252	Pontic - resin with noble metal	$509
D6608	Retainer onlay - porcelain/ceramic, two surfaces	$491
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	$513
D6610	Retainer onlay - cast high noble metal, two surfaces	$521
D6611	Retainer onlay - cast high noble metal, three or more surfaces	$570
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$518
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$542
D6614	Retainer onlay - cast noble metal, two surfaces	$507
D6615	Retainer onlay - cast noble metal, three or more surfaces	$527
D6720	Retainer crown - resin with high noble metal	$604

ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE
D6721	Retainer crown - resin with predominantly base metal	$573
D6722	Retainer crown - resin with noble metal	$583
D6740	Retainer crown - porcelain/ceramic	$635
D6750	Retainer crown - porcelain fused to high noble metal	$618
D6751	Retainer crown - porcelain fused to predominantly base metal	$577
D6752	Retainer crown - porcelain fused to noble metal	$591
D6753	retainer crown - porcelain fused to titanium and titanium alloys	$591
D6780	Retainer crown - 3/4 cast high noble metal	$583
D6781	Retainer crown - 3/4 cast predominantly base metal	$583
D6782	Retainer crown - 3/4 cast noble metal	$542
D6783	Retainer crown - 3/4 porcelain/ceramic	$600
D6784	retainer crown ¾ - titanium and titanium alloys	$583
D6790	Retainer crown - full cast high noble metal	$597
D6791	Retainer crown - full cast predominantly base metal	$566
D6792	Retainer crown - full cast noble metal	$587
D6930	Re-cement or re-bond fixed partial denture	$72
D7111	Extraction, coronal remnants – primary tooth	$61
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$85
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$151
D7220	Removal of impacted tooth - soft tissue	$189
D7230	Removal of impacted tooth - partially bony	20% Discount
D7240	Removal of impacted tooth - completely bony	20% Discount
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	20% Discount
D7250	Removal of residual tooth roots (cutting procedure)	20% Discount
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	20% Discount
D7280	Exposure of an unerupted tooth	20% Discount
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	20% Discount
D7286	Incisional biopsy of oral tissue-soft	20% Discount
D7287	Exfoliative cytological sample collection	20% Discount
D7288	Brush biopsy - transepithelial sample collection	20% Discount
D7290	Surgical repositioning of teeth	20% Discount
D7310	Alveoloplasty in conjunction with extractions - 4+ teeth or tooth spaces, per quadrant	20% Discount
D7311	Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	20% Discount
D7320	Alveoloplasty not in conjunction with extractions - 4+ teeth or tooth spaces, per quadrant	20% Discount
D7321	Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	20% Discount
D7471	Removal of lateral exostosis (maxilla or mandible)	$513
D7510	I & D of abscess - intraoral soft tissue	20% Discount
D7511	I & D of abscess - intraoral soft tissue - complicated (incl. drainage of multiple fascial spaces)	$224
D7810-7899	TMJ Treatment	20% Discount
D7953	Bone replacement graft for ridge preservation - per site	20% Discount
D7961	Buccal / labial frenectomy (frenulectomy)	$226
D7962	Lingual frenectomy (frenulectomy)	$226
D7971	Excision of pericoronal gingiva	20% Discount
D8010-8680	Orthodontics	20% Discount
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$53
D9222	Deep sedation/general anesthesia – first 15 minutes	N/C
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	N/C
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	N/C
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	N/C
D9248	Non-intravenous conscious sedation	N/C
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$34
D9440	Office visit - after regularly scheduled hours	$69
D9944	Occlusal guard – hard appliance, full arch	20% Discount
D9945	Occlusal guard – soft appliance, full arch	20% Discount
D9946	Occlusal guard – hard appliance, partial arch	20% Discount
D9951	Occlusal adjustment - limited	$59
D9972	External bleaching - per arch - performed in office	20% Discount
D9973	External bleaching - per tooth	20% Discount
D9995	Teledentistry – synchronous; real-time encounter	$34

NOTE 1: Any procedure not listed is available on a fee-for service basis. Also, the appropriate fee schedule and maximum allowable applies regardless of the plan type as well as whether a waiting period or annual maximum has been met.

NOTE 2: Maximum coverage is $150 per calendar year for anesthesia service. (Anesthesia benefits for co-insurance plans only)

SELF-FUNDED GROUPS - Groups that are self-funded govern their own unique fee schedules and benefits, which may vary from Dental Select's standard plan designs and can include fees not listed. Please contact Customer Care for any questions regarding self-funded groups or their fee schedules.

FREQUENCY & PLAN LIMITATIONS MAY APPLY. A member's ID card is not a guarantee of benefits; plans and eligibility are subject to change. For a complete list of your plan's specific covered services, and the limitations and exclusions that apply to those services, refer to your Policy or contact Customer Care at 800-999-9789.

N/C = Not Covered

DentalSelect

Claims Submission:

PO Box 851917 Richardson, TX 75085

Benefit & Claims Questions:

Phone 800-999-9789 Fax 888-673-5328

www.dentalselect.com

• Proprietary Information •

OPTICARE PLAN:

70C

Granite School District

Products/Services	Select Network	Broad Network	Out-Of-Network
Standard Plastic Lenses			
Single Vision	100% Covered	$20 Co-pay	$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	$20 Co-pay	$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	100% Covered	$20 Co-pay	$70 Allowance for lenses, options, and coatings
Lens Options			
Progressive (Standard plastic no-line)	$50 Co-pay	$75 Co-pay	
Premium Progressive Options	$100 Co-pay	$120 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	$40 Co-pay	25% Discount	
High Index	$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	$10 Co-pay	
Ultra Violet protection	100% Covered	$10 Co-pay	
Other Options	Up to 25% Discount	Up to 25% Discount	
A/R, edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	$70 Allowance	$60Allowance	$50 Allowance
Additional Eyewear			
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
Contact benefits is in lieu of lens and frame benefit.	$70 Allowance	$60 Allowance	$50 Allowance
Additional contact purchases:			
Conventional	Up to 20% off	Retail	
Disposables	Up to 10% off	Retail	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	$250 Off Per Eye	Not Covered	Not Covered

DISCOUNTS

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details

- Up to 20% Discount off balance above Frame Allowance
- 50% discount varies by provider, ask provider for details.
- Must purchase full year supply to receive discounts on select brands. See provider for details.
- LASIK (Refractive surgery) Standard Optical Locations ONLY.
- LASIK services are not an insured benefit – this is a discount only.

All pre & post-operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

Out of Network – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.

Flexible Spending Account (FSA)

Remember it is

Use It or Lose It

What Is A Flexible Spending Account?

Sometimes referred to as a Cafeteria Plan, Flex Plan or a Section 125 Plan, a Flexible Spending Account (FSA) lets you set aside a certain amount of your paycheck into a health care reimbursement account or a dependent day care reimbursement account - before paying federal, state, or Social Security taxes. This can save you 20-30% on out-of-pocket costs, depending on your personal tax rate.

How Do Flexible Spending Accounts Work?

During open enrollment, you decide how much of your pay you want to deposit into your reimbursement account(s). When you have determined how much expense you will have for the upcoming plan year (January 1-December 31, 2022), that amount is divided evenly over 12 pay periods and is automatically deducted from your paycheck before taxes are assessed. Once eligible expenses are incurred, you simply file a request to receive reimbursement from your account.

How Do I Use My Flexible Spending Money?

For a health care reimbursement account, you have two ways of paying for eligible expenses with money you contributed to your flex account. You can elect to have a NBS Flex Card and the service provider is paid directly from your flex funds at the point of service OR you can pay for the expense out of your own pocket and then submit a claim seeking reimbursement by providing the receipt(s) to NBS. NBS processes claims daily so you will receive your reimbursement funds quickly. At your request, NBS can also set you up on a continual reimbursement program so that predictable expenses, such as day care, can be reimbursed automatically on a monthly basis.

Can I Make Changes During The Plan Year?

Contributions cannot be changed or stopped during the plan year unless a qualified life status change occurs. These are outlined in the FAQs section of this booklet. Please note that if employment with the District is discontinued, you will not be able to receive reimbursement for expenses incurred after you have discontinued employment.

What If I Don't Use All My FSA Money This Plan Year?

Careful planning is important! At the end of the plan year (December 31, 2022), if you have money "left over" in your health care reimbursement account, you can continue to incur claims and use your debit card (if applicable) or submit claims for those qualified health care expenses until March 15 following the plan year. The Internal Revenue Code does not allow the plan to return your unused contributions to you after March 15 following the plan year. Any contributions remaining after March 15 will be forfeited by the participant.

Use It Or Lose It!!!

Flexible Spending Account (FSA)

FSA Health Care Account

A health care reimbursement account can be used to reimburse you or your family for out-of-pocket medical and dental expenses that are not typically paid by the District's medical and dental insurance programs.

For a listing of eligible health care reimbursements go to: www.nbsbenefits.com

The maximum annual contribution to a health care expense account is
$229.16 per month =
$2,750 per year

FSA Dependent Day Care Account

The dependent day care reimbursement account reimburses you for qualified day care expenses in order for you and your spouse (if married) to work and/or go to school.

To qualify for dependent day care, your dependent(s) must be:

- A Child under the age of 13
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in your household

The maximum annual contribution to a dependent day care expense account is
$416.66 per month =
$5,000 per year

FSA Debit Card

Monthly fee to have the convenience of an FSA Debit Card = $3.55

Monthly fee to have an FSA account without a Debit Card = $2.05

Talk About Convenience!

Cards do not work for Dependent Daycare

The NBS Flex Card is a Master Card that is credited with the annual amount you elect to contribute toward a health care reimbursement account only (dependent day care reimbursement accounts are not eligible for the NBS Flex Card program). When you incur an eligible health care expense, you simply present your NBS Flex Card to the merchant and have them run the NBS Flex Card as a Master Credit Card. As you use the NBS Flex Card, your annual election balance will be reduced by the amount of your qualified purchases.

Lincoln Financial Group®

Granite School District provides this valuable benefit at no cost to you.

Benefit Eligible Contract Employees

Term Life and AD&D Insurance

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

AT A GLANCE:

- A cash benefit of one times basic annual earnings, rounded to the next higher $1,000, up to $100,000 without providing evidence of insurability ($100,000 maximum) to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed life insurance information for details.

ADDITIONAL DETAILS

Conversion: You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

Continuation of Coverage: You may be able to continue your coverage if you leave your job for any reason other than sickness, injury, or retirement.

Benefit Reduction: Coverage amounts begin to reduce at age 65 and benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.

Benefit Eligible Contract Employees at Granite School District

Benefits At-A-Glance

Voluntary Term Life Insurance

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Granite School District employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee	
Guaranteed coverage amount during initial offering or approved special enrollment period	$500,000
Newly hired employee guaranteed coverage amount	$500,000
Maximum coverage amount	$500,000 maximum in increments of $10,000
Minimum coverage amount	$10,000
Spouse	
Guaranteed coverage amount during initial offering or approved special enrollment period	$50,000
Newly hired employee guaranteed coverage amount	$50,000
Maximum coverage amount	100% of the employee coverage amount ($100,000 maximum in increments of $5,000)
Minimum coverage amount	$5,000
Dependent Children	
Day 1 to age 26 guaranteed coverage amount	$10,000

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to $500,000 without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability up to $500,000. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to $500,000 with evidence of insurability. See the Evidence of Insurability page for details.
- Your coverage amount will reduce by 35% when you reach age 65; an additional 20% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; an additional 10% of the original amount when you reach age 80; an additional 5% of the original amount when you reach age 85; and an additional 5% of the original amount when you reach age 90.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 100% of your coverage amount ($100,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: You can increase your coverage amount by two levels without providing evidence of insurability up to $100,000. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to resubmit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 100% of your coverage amount ($100,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65, an additional 20% when an employee reaches age 70, an additional 15% when an employee reaches age 75, an additional 10% when an employee reaches age 80, an additional 5% when an employee reaches age 85, and an additional 5% when an employee reaches age 90.

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: $1,000, $5,000, and $10,000.

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list ofbenefit exclusions is included in the policy. State variations apply.

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LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. *TravelConnect*® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

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Lincoln Financial Group®

Monthly Voluntary Life Insurance Premium
Here's how little you pay with grouprates.

Employee | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	$10,000	$100,000	$250,000	$300,000	$400,000	$500,000
0-24	$0.41	$4.10	$10.25	$12.30	$16.40	$20.50
25-29	$0.44	$4.40	$11.00	$13.20	$17.60	$22.00
30-34	$0.61	$6.10	$15.25	$18.30	$24.40	$30.50
35-39	$0.79	$7.90	$19.75	$23.70	$31.60	$39.50
40-44	$0.88	$8.80	$22.00	$26.40	$35.20	$44.00
45-49	$1.32	$13.20	$33.00	$39.60	$52.80	$66.00
50-54	$2.02	$20.20	$50.50	$60.60	$80.80	$101.00
55-59	$3.78	$37.80	$94.50	$113.40	$151.20	$189.00
60-64	$5.81	$58.10	$145.25	$174.30	$232.40	$290.50
Employee Age Range	$6,500	$65,000	$162,500	$195,000	$260,000	$325,000
65-69	$7.27	$72.67	$181.68	$218.01	$290.68	$363.35
Employee Age Range	$4,500	$45,000	$112,500	$135,000	$180,000	$225,000
70-74	$8.16	$81.59	$203.96	$244.76	$326.34	$407.93
Employee Age Range	$3,000	$30,000	$75,000	$90,000	$120,000	$150,000
75-79	$5.44	$54.39	$135.98	$163.17	$217.56	$271.95
Employee Age Range	$2,000	$20,000	$50,000	$60,000	$80,000	$100,000
80-84	$3.63	$36.26	$90.65	$108.78	$145.04	$181.30
Employee Age Range	$1,500	$15,000	$37,500	$45,000	$60,000	$75,000
85-89	$2.72	$27.20	$67.99	$81.59	$108.78	$135.98
Employee Age Range	$1,000	$10,000	$25,000	$30,000	$40,000	$50,000
90-99	$1.81	$18.13	$45.33	$54.39	$72.52	$90.65

The Lincoln National Life Insurance Company

Please see prior page for product information.

Spouse | Monthly Premiums for Select Life Insurance Coverage Amounts

Employee Age Range	$5,000	$25,000	$50,000	$75,000	$100,000
0-24	$0.21	$1.03	$2.05	$3.08	$4.10
25-29	$0.22	$1.10	$2.20	$3.30	$4.40
30-34	$0.31	$1.53	$3.05	$4.58	$6.10
35-39	$0.40	$1.98	$3.95	$5.93	$7.90
40-44	$0.44	$2.20	$4.40	$6.60	$8.80
45-49	$0.66	$3.30	$6.60	$9.90	$13.20
50-54	$1.01	$5.05	$10.10	$15.15	$20.20
55-59	$1.89	$9.45	$18.90	$28.35	$37.80
60-64	$2.91	$14.53	$29.05	$43.58	$58.10
Employee Age Range	$3,250	$16,250	$32,500	$48,750	$65,000
65-69	$3.63	$18.17	$36.34	$54.50	$72.67
Employee Age Range	$2,250	$11,250	$22,500	$33,750	$45,000
70-74	$4.08	$20.40	$40.79	$61.19	$81.59
Employee Age Range	$1,500	$7,500	$15,000	$22,500	$30,000
75-99	$2.72	$13.60	$27.20	$40.79	$54.39
Employee Age Range	$1,000	$5,000	$10,000	$15,000	$20,000
80-84	$1.81	$9.07	$18.13	$27.20	$36.26
Employee Age Range	$750	$3,750	$7,500	$11,250	$15,000
85-89	$1.36	$6.80	$13.60	$20.40	$27.20
Employee Age Range	$500	$2,500	$5,000	$7,500	$10,000
90-99	$0.91	$4.53	$9.07	$13.60	$18.13

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
$1,000	$0.19
$5,000	$0.94
$10,000	$1.87

Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active Granite School District employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company

Please see prior page for product information.

Disability Insurance

LifeMap

Accidents and illnesses tend to be unpredictable events. If you become disabled, your ability to make a living could be restricted. What would happen if you were unable to work for weeks, months or even years? Disability coverage replaces a percentage of your income on a monthly basis in the event you are unable to work due to an accident or illness.

Granite's disability insurance program is a **"bundled"** program. If you participate in disability insurance coverage, you will be enrolled in both short and long-term disability coverage.

Long Term Disability

- For permanent and continuous disability (greater than 120 calendar days in duration calculated from last day worked)
- Claim considered once the "LTD Elimination Period" has been reached - an absence greater than 120 calendar days calculated from last day worked
- Subject to submitting a comprehensive application and medical history documenting the incapacitation and permanence of the disability
- Paid benefits subject to medical health underwriting and approval from the carrier
- Paid benefit subject to ongoing medical re- certification as established by the carrier
- Benefit rate: 66 2/3% of base contract salary for teachers, classified and secretarial employees; 60% of base contract salary for middle managers and administrators. Max benefit normal retirement age.
- If claim is awarded, employee loses employment status with GSD as of the date of the award.
- Medical insurance and basic term life insurance coverage, for the former employee only (not spouse/children), continues for 24 months (only) from date of award at no cost to former employee.
- For duration of award status, former employee continues to accrue years of service credit toward a future full retirement with Utah Retirement Systems.
- **NOTE: The long-term disability plan does not cover pre-existing conditions that existed 3 months prior to the start of your coverage unless the disability began after being covered for twelve consecutive months under the disability program.**

Short Term Disability

- For temporary disability (defined as 120 calendar days or less in duration calculated from first con- tract day missed)
- Provisional contract employees are not eligible to participate in STD coverage
- Intended to serve as an "income bridge" for employees with little or no accrued leave balances.
- "Bridges" the period of time between a temporary disability and a return to work OR toward fulfilling the "LTD Elimination Period" in order to submit a claim for long-term disability benefits
- Subject to submitting an initial application and medical statement documenting the temporary disability and a short waiting period without pay
- Paid benefit subject to medical re-certification on a monthly basis
- Benefit rate: 80% of daily rate
- Employee remains deemed an active employee
- Insurance coverage elections continue while receiving short-term disability benefits
- Sick leave, personal/vacation leave and years of service do not accrue while receiving short-term disability benefits
- **NOTE: The short-term disability plan does not provide coverage for any short-term disability resulting from or related to a condition which existed prior to the effective date of coverage**

Disability Insurance

LifeMap

Why Have Disability Insurance?

Accidents and illnesses tend to be unpredictable events. If you become disabled, your ability to make a living could be restricted. What would happen if you were unable to work for weeks, months or even years? Disability coverage replaces a percentage of your income on a monthly basis in the event you are unable to work due to an accident or illness.

Granite's disability insurance program is a "bundled" program. If you participate in disability insurance coverage, you will be enrolled in both short and long-term disability coverage.

Teachers

- Participation in the disability insurance program is voluntary and you must elect to have and pay for disability coverage.
- The benefit maximum is to normal social security retirement age
- The cost of disability insurance coverage is listed below.

	Semi-Monthly	Monthly
<$34,999	$10.50	$21.00
$35,000–$49,999	$10.75	$21.50
$50,000–$64,999	$11.00	$22.00
>$65,000	$11.50	$23.00

Is the Disability Benefit Taxable?

Short-term disability benefit payments are taxable for all classes of employees. Long-term disability benefit payments are taxable for all classes of employees except for teachers.

Voluntary Accident

MetLife

Group Accident Insurance (off-the-job)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With MetLife Group Accident Insurance you can have peace of mind knowing -

- Coverage is guaranteed issue
- Benefits are paid directly to you unless assigned to someone else.
- Benefits are paid in addition to any other coverage.

Plan Features	Benefit Amounts
Accident Physician Treatment	$150 doctor / $250 urgent care
X-ray	$200
Ambulance	$400 ground / $1,250 air
ER Service	$300
Dislocation/Fracture Benefit	Up to $10,000
Hospital Confinement/Daily Benefit	$1,500 admission / $300 daily
Accident Follow-Up Visits	$100
Lacerations	Up to $800
Burns	Up to $20,000
Wellness Benefit	$75/per covered person per year

Group Accident Semi-Monthly Premiums	
Employee Only	$4.97
Employee & Spouse	$9.61
Employee & Child(ren)	$11.33
Family	$13.45

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*

Accident Insurance

Benefits that may help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits

With MetLife, you'll have a comprehensive plan (called the "High Plan") that provide payments in addition to any other insurance payments you may receive[1]. Here are just some of the covered events/services[2]. All benefits must relate to injuries sustained in an accident.

Benefit Type	High Plan Benefits (All Covered Persons)
Accidental Injury Benefits	
Fracture* (depending on the fracture and type of repair)	$200 – $10,000
Dislocation* (depending on the dislocation and type of repair)	$200 – $10,000
Second- or Third- Degree Burn (depending on degree of burn and percentage of burnt skin)	$100 – $20,000
Concussion (one time per calendar year)	$500
Coma (one time per accident; unlimited times per calendar year)	$10,000
Laceration (depending on the length of the cut and type of repair)	$75 – $800
Broken Tooth	Crown: $300 / Filling: $50 / Extraction: $150
Eye Injury (one time per accident; unlimited times per calendar year)	$400
Accident - Medical Services & Treatment Benefits	
Ambulance (one time per accident; unlimited times per calendar year)	Ground: $400 / Air: $1,250
Emergency Care (depending on location of care)	$150 – $300
Physician Follow-Up	$100
Therapy Services (including physical therapy)	$50
Medical Testing	$200
Medical Appliances (depending on the appliance)	$150 – $1,000
Transportation	$500
Pain Management (for epidural anesthesia)	$100
Prosthetic Device	One device: $2,000 More than one device: $3,000
Modification	$2,000
Blood/Plasma/Platelets	$500
Surgical Repair (depending on the type of surgery)	$200-$2,000
Exploratory Surgery	$200
Other Outpatient Surgery	$400

Accident Insurance

Hospital Benefits*	
Admission	$1,500 for the day of admission
Intensive Care Unit (ICU) Supplemental Admission	$1,500 for the day of admission
Confinement (paid for up to 15 days per accident)	$300 per day
ICU Supplemental Confinement (paid for up to 15 days per accident)	$400 per day
Inpatient Rehabilitation (paid for up to 15 days per accident)	$200 per day
Accidental Death Benefit	
Accidental Death Benefit*	$100,000 (Emp); $50,000 (Sp); $20,000 (Chld) $250,000 (Emp); $125,000 (Sp); $50,000 (Child) for accidental death on common carrier*
Accidental Dismemberment, Functional Loss & Paralysis Benefits	
Dismemberment/Functional Loss (depending on the injury)	$1,500 - $40,000
Paralysis (depending on the number of limbs)	$20,000 - $40,000
Other Benefits	
Lodging Benefit* - for a companion of a covered person who is hospitalized	$200 per day
Health Screening Benefit*	$75 – Paid one time per calendar year per covered person

* Notes Regarding Certain Benefits Fracture and Dislocation benefits – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

- Hospital Benefits – Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
- Accidental Death Benefit – The benefit amount will be reduced by the amount of any accidental dismemberment/functional loss/paralysis benefits and modification benefit paid for injuries sustained by the covered person in the same accident for which the accidental death benefit is being paid.
- Common Carrier Benefit - Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.
- Lodging Benefit – The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.
- Health Screening Benefit - MetLife will provide an annual benefit of $75 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person (employee and spouse) per calendar year.

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

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Accident Insurance

Covered Event[3]	Benefit Amount
Ambulance (ground)	**$400**
Emergency Care	**$300**
Physician Follow-Up ($150 x 2)	**$300**
Medical Testing	**$200**
Concussion	**$500**
Broken Tooth (repaired by crown)	**$300**
Benefits paid by MetLife Group Accident Insurance	**$2,000**

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members![4] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.
Enroll for coverage at: https://gbsbenefits.employeenavigator.com/

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[5] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: ***www.mybenefits.metlife.com***.

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Accident Insurance

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	Semi-Monthly Cost to You
Coverage Options	**High Plan**
Employee	$4.97
Employee & Spouse	$9.61
Employee & Child(ren)	$11.33
Employee & Spouse/Child(ren)	$13.45

[1] Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[2] Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
[3] Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.
[4] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26.
[5] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

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Voluntary Critical Illness

MetLife

Group Critical Illness Insurance

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

With MetLife Group Critical Illness Insurance you can have peace of mind knowing you're covered in the event of:

100% Coverage for:
Benign Brain Tumor
Invasive Cancer
8 Childhood Conditions
Coma
Loss of speech, hearing or sight
Paralysis of 2 or more limbs
Heart Attack
Sudden Cardiac Arrest
Kidney Failure
Major Organ Transplant
ALS
Alzheimer's
Multiple Sclerosis
Muscular Dystrophy
Parkinson's Disease
Systemic Lupus
Sever Burns
Stroke

50% Coverage for:
Coronary Artery Bypass Graft

25% Coverage for:
Non-Invasive Cancer
11 Infectious Diseases (must be in hospital for 5 consecutive days

5% Coverage for:
Skin Cancer

Plan Features	Employee	Spouse	Dependent
Coverage	$15,000 or $30,000	50% of employees initial benefit	50% of the employee's initial benefit
Guarantee Issue	Up to $30,000	Up to $15,000	Up to $15,000
Pre-Existing	None	None	None
Wellness Benefit *Must complete a health screening*	$50	$50	None

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*

Critical Illness Insurance

Benefits that may help cover expenses that are not covered by your medical plan.

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	**$15,000 or $30,000**	Coverage is guaranteed provided you are actively at work. [1]
Spouse[2]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]
Dependent Child(ren)[3]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**[4] for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions*	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit Amount
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit Amount
Skin Cancer	5% of Benefit Amount, but not less than $250	None
Cardiovascular Disease Category		
Coronary Artery Bypass Graft (CABG) - *where surgery involving either a median sternotomy or minimally invasive procedure is performed*	50% of Benefit Amount	100% of Initial Benefit Amount
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	None
Autism Benefit Upon Diagnosis	Flat $3,000 Benefit Amount	None
Cleft Lip or Cleft Palate	100% of Benefit Amount	None
Cystic Fibrosis	100% of Benefit Amount	None
Diabetes (Type 1)	100% of Benefit Amount	None

Critical Illness Insurance

Down Syndrome	100% of Benefit Amount	None
Sickle Cell Anemia	100% of Benefit Amount	None
Spina Bifida	100% of Benefit Amount	None
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or More Limbs	100% of Benefit Amount	None
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	None
Infectious Disease Category		
For a benefit to be payable, the covered person must have been treated for the disease in a hospital for [5] consecutive days.		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	None
Diphtheria	25% of Benefit Amount	None
Covid-19	25% of Benefit Amount	None
Encephalitis	25% of Benefit Amount	None
Legionnaire's Disease	25% of Benefit Amount	None
Malaria	25% of Benefit Amount	None
Necrotizing Fasciitis	25% of Benefit Amount	None
Osteomyelitis	25% of Benefit Amount	None
Rabies	25% of Benefit Amount	None
Tetanus	25% of Benefit Amount	None
Tuberculosis	25% of Benefit Amount	None
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	None
Major Organ Transplant Category		
Major Organ Transplant *For bone marrow, heart, lung, pancreas, and liver*	100% of Benefit Amount	None
Progressive Disease Category		
ALS	100% of Benefit Amount	None
Alzheimer's Disease	100% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None
Muscular Dystrophy	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit

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Critical Illness Insurance

* Notes Regarding Covered Conditions
MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage/Disclosure Document for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
    - Aortic Valve or Mitral Valve Repair or Replacement
    - Coma
    - Congenital Heart Disease (for which Surgery has been recommended for treatment)
    - Coronary Angioplasty
    - ICD
    - Loss of: Ability to Speak; Hearing; or Sight
    - Major Organ Transplant Donation
    - Pacemaker
    - Paralysis
    - Severe Burn

Health Screening Benefit MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Example of How Benefits are Paid
The example below illustrates an employee who elected a Benefit Amount of $15,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of $15,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of $15,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of $15,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

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Critical Illness Insurance

Questions & Answers

Q. Who is eligible to enroll for this critical illness coverage?

A. You are eligible to enroll yourself and your eligible family members![5] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.
Enroll for coverage at: https://gbsbenefits.employeenavigator.com/

Q. How do I pay for my critical illness coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[6] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: *mybenefits.metlife.com*.

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below. Eligible dependent children are covered at no additional charge.

Semi-Monthly Premium per $1,000 of Coverage

	$15,000 Benefit Amount		$30,000 Benefit Amount	
Age	**Employee Only**	**Employee + Spouse**	**Employee Only**	**Employee + Spouse**
<30	$3.62	$5.57	$5.85	$9.08
30 - 39	$5.34	$8.15	$8.40	$12.98
40 – 49	$8.78	$13.58	$15.15	$23.03
50 – 59	$15.60	$24.38	$28.80	$44.70
60 +	$27.45	$43.28	$52.50	$82.50

Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

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[1] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage.[1]
[2] Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
[3] Dependent Child coverage varies by state. Please contact MetLife for more information.
[4] Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.
[5] Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
[6] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state.. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses

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Worksite Voluntary Benefits

MetLife

Critical Illness Coverage Attained Rates

Employee Coverage Uni-Tobacco Semi-Monthly Rates

Age	$15,000	$30,000
<30	$3.62	$5.85
30-39	$5.34	$8.40
40-49	$8.78	$15.15
50-59	$15.60	$28.80
60 +	$27.45	$52.50
Dependent Coverage	Included in EE cost at 50%, no additional premium	

Employee/Spouse Coverage Uni-Tobacco Semi-Monthly Rates

Age	$15,000	$30,000
<30	$5.56	$9.08
30-39	$8.15	$12.98
40-49	$13.58	$23.03
50-59	$24.38	$44.70
60 +	$43.28	$82.50
Dependent Coverage	Included in EE cost at 50%, no additional premium	

Voluntary Hospital

MetLife

Group Hospital Indemnity Insurance

An overnight stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Confinement coverage pays a cash benefit when you are admitted for an overnight stay. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

With MetLife Group Hospital Indemnity Insurance you can have peace of mind knowing: Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc.

Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

Benefits Include:

Guarantee Issue	Yes
Pre-Existing	None
Maternity Waiting Period	None
First Day Hospital Confinement	$1,000
Daily Hospital Benefit *Up to 31 Days*	$200 per day
Intensive Care *Up to 15 days*	$200 per day
Rehabilitation Unit *Up to 15 days*	$200 per day
Newborn Confinement Benefit	$50 for 2 days

Hospital Indemnity Semi-Monthly Premiums

Employee Only	$8.56
Employee & Spouse	$16.09
Employee & Child(ren)	$12.82
Family	$20.35

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*

Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Hospital Indemnity Insurance Benefits

With MetLife, you'll have a comprehensive plan which provides a lump sum payment for covered events regardless of any other payments you may receive from your medical plan. Here are just some of the covered benefits/services[B], when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits (applies to subcategory)	Benefit	Benefit Amounts
Admission Benefit	4 times per calendar year	Admission[1]	$1,000
		Intensive Care Unit (ICU) Supplemental Admission (Benefits paid concurrently with Admission Benefit when Covered Person is admitted to ICU)	$1,000
Confinement Benefit	31 days per Confinement ICU Supplemental Confinement Benefit will pay an additional benefit for 15 of those days	Confinement[2]	$200
		ICU Supplemental Confinement (Benefits paid concurrently with Confinement Benefit when Covered Person is confined in ICU)	$200
Newborn Confinement Benefit	2 day(s) per Confinement	Newborn Confinement[3]	$50
Inpatient Rehabilitation Unit Benefit[4]	15 days per calendar year	Inpatient Rehabilitation [for Injury or Sickness]	$200

[1] See the Schedule of benefits in the CT and ID certificate. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement Benefit. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your certificate for details.
[2] When plan includes an Admission Benefit, the Confinement Benefit begins on Day 2.
[3] The Newborn Confinement Period Begins Immediately following the child's birth.

Hospital Indemnity Insurance

Benefit Payment Example

The example below assumes Susan sought treatment at a group policyholder-designated facility.

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	Benefit Amount
Regular Hospital Admission (1x)	$1,000
ICU Supplemental Admission (1x)	$1,000
Regular Hospital Confinement (3 total days)	$600
ICU Supplemental Confinement (1 day)	$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	$2,800

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at: https://gbsbenefits.employeenavigator.com/

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. [C] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [D]

Q. What is the coverage effective date?

A. The coverage effective date is 01/01/2022.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: ***www.mybenefits.metlife.com***

Hospital Indemnity Insurance

Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance

Coverage Options	Rates
Semi-Monthly Cost to You	
Employee	$8.56
Employee & Spouse	$16.09
Employee & Child(ren)	$12.82
Employee & Spouse/Child(ren)	$20.35

[A] Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
[B] Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. There is a pre-existing exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
[C] Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas."
[D] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Welfare Association

Is a way for employees to help take care of employees. When a Welfare Association member passes away, all other current participating association members make a one-time $5.00 contribution via payroll deduction to the designated beneficiary of the deceased member. Membership in the Welfare Association is voluntary, benefit payments may vary depending on the number of members

Being A Member

- Welfare Association membership is applicable only to an employee - spouses and dependent children are not covered.
- Membership in the Welfare Association is completely voluntary and can be cancelled during open enrollment.
- There is no cost for participation in the Welfare Association unless a current participating Association member passes away.
- No Welfare Association benefit will be payable during the first twelve (12) months of membership unless the death is deemed accidental as per a Certified Death Certificate.
- Participation and benefits in the Association end when you terminate employment and/or retire employment from the District. No continuation privileges are available when employment ends.

Insurance Rates

Dental | Dental Select

	Silver		Gold Medium		Gold High		Platinum	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Single	$1.00	$2.00	$7.00	$14.00	$10.00	$20.00	$16.00	$32.00
Two-Party	$2.00	$4.00	$13.00	$26.00	$17.00	$34.00	$30.00	$60.00
Family	$4.50	$9.00	$21.00	$42.00	$27.00	$54.00	$52.00	$104.00

Vision | Opticare Vision Services

	Semi-Monthly	Monthly
Single	$1.55	$3.11
Two-Party	$3.01	$6.03
Family	$3.95	$7.91

Medical Contribution Rates

Employees whose rates don't meet 9.61% affordability will automatically be adjusted

	SelectHealth SelectMed & Regence BCBS Value Care			SelectHealth SelectMed Plus & Regence BCBS Value Care Plus		
	Semi-Monthly	Monthly	GSD	Semi-Monthly	Monthly	GSD
Full-Time (1.0 FTE)						
EE	$21.77	$43.53	$578.34	$22.21	$44.41	$590.03
EE & Child	$42.44	$84.89	$1,127.77	$43.30	$86.60	$1,150.55
EE & Children	$62.03	$124.06	$1,648.28	$63.29	$126.57	$1,681.58
EE & Spouse	$99.75	$199.50	$1,131.32	$101.76	$203.53	$1,154.17
EE & Sp & Child(ren)	$140.02	$280.03	$1,610.47	$142.84	$285.69	$1,643.00
Part-Time (.8750 FTE)						
EE	$38.87	$77.73	$544.14	$39.65	$79.30	$555.13
EE & Child	$75.79	$151.58	$1,061.08	$77.32	$154.64	$1,082.51
EE & Children	$110.77	$221.54	$1,550.80	$113.01	$226.02	$1,582.13
EE & Spouse	$108.71	$217.42	$1,164.46	$110.91	$221.81	$1,187.99
EE & Sp & Child(ren)	$153.87	$307.74	$1,654.19	$156.98	$313.96	$1,687.60
Part-Time (.83 FTE)						
EE	$52.86	$105.72	$516.16	$53.93	$107.85	$526.58
EE & Child	$103.08	$206.15	$1,006.51	$105.16	$210.32	$1,026.84
EE & Children	$150.65	$301.30	$1,471.05	$153.69	$307.39	$1,500.76
EE & Spouse	$113.12	$226.24	$1,104.58	$115.40	$230.81	$1,126.89
EE & Sp & Child(ren)	$160.69	$321.39	$1,569.12	$163.94	$327.88	$1,600.81
Part-Time (.80 FTE)						
EE	$62.19	$124.38	$497.50	$63.44	$126.89	$507.55
EE & Child	$121.27	$242.53	$970.13	$123.72	$247.43	$989.72
EE & Children	$177.23	$354.47	$1,417.88	$180.81	$361.63	$1,446.52
EE & Spouse	$133.08	$266.16	$1,064.65	$135.77	$271.54	$1,086.16
EE & Sp & Child(ren)	$189.05	$378.10	$1,512.40	$192.87	$385.74	$1,542.95
Part-Time (.75 FTE)						
EE	$77.73	$155.47	$466.41	$79.30	$158.61	$475.83
EE & Child	$151.58	$303.16	$909.49	$154.64	$309.29	$927.87
EE & Children	$221.54	$443.09	$1,329.26	$226.02	$452.04	$1,356.11
EE & Spouse	$166.35	$332.70	$998.11	$169.71	$339.42	$1,018.27
EE & Sp & Child(ren)	$236.31	$472.63	$1,417.88	$241.09	$482.17	$1,446.52

Medical Contribution Rates

Employees whose rates don't meet 9.61% affordability will automatically be adjusted

	SelectHealth SelectMed & Regence BCBS Value Care			SelectHealth SelectMed Plus & Regence BCBS Value Care Plus		
	Semi-Monthly	Monthly	GSD	Semi-Monthly	Monthly	GSD
Part-Time (.69 FTE)						
EE	$96.39	$192.78	$429.09	$98.34	$196.68	$437.76
EE & Child	$187.96	$375.92	$836.73	$191.76	$383.52	$853.64
EE & Children	$274.71	$549.43	$1,222.92	$280.26	$560.53	$1,247.62
EE & Spouse	$206.28	$412.55	$918.26	$210.44	$420.89	$936.81
EE & Sp & Child(ren)	$293.03	$586.06	$1,304.45	$298.95	$597.89	$1,330.80
Part-Time (.67 FTE)						
EE	$102.61	$205.22	$416.66	$104.68	$209.36	$425.07
EE & Child	$200.09	$400.18	$812.48	$204.13	$408.26	$828.89
EE & Children	$292.44	$584.87	$1,187.47	$298.34	$596.69	$1,211.46
EE & Spouse	$219.58	$439.17	$891.65	$224.02	$448.04	$909.66
EE & Sp & Child(ren)	$311.93	$623.87	$1,266.64	$318.23	$636.47	$1,292.22
Part-Time (.6250 FTE)						
EE	$116.60	$233.20	$388.67	$118.96	$237.91	$396.52
EE & Child	$227.37	$454.75	$757.91	$231.97	$463.93	$773.22
EE & Children	$332.32	$664.63	$1,107.72	$339.03	$678.06	$1,130.09
EE & Spouse	$249.53	$499.06	$831.76	$254.57	$509.14	$848.56
EE & Sp & Child(ren)	$354.47	$708.94	$1,181.56	$361.63	$723.26	$1,205.43
Part-Time (.562 FTE)						
EE	$136.19	$272.38	$349.50	$138.94	$277.88	$356.56
EE & Child	$265.57	$531.15	$681.51	$270.94	$541.87	$695.28
EE & Children	$388.15	$776.29	$996.07	$395.98	$791.97	$1,016.18
EE & Spouse	$291.45	$582.89	$747.92	$297.34	$594.67	$763.03
EE & Sp & Child(ren)	$414.02	$828.04	$1,062.46	$422.38	$844.77	$1,083.92
Part-Time (.50 FTE)						
EE	$155.47	$310.94	$310.94	$158.61	$317.22	$317.22
EE & Child	$303.16	$606.33	$606.33	$309.29	$618.58	$618.58
EE & Children	$443.09	$886.17	$886.17	$452.04	$904.07	$904.07
EE & Spouse	$332.70	$665.41	$665.41	$339.42	$678.85	$678.85
EE & Sp & Child(ren)	$472.63	$945.25	$945.25	$482.17	$964.35	$964.35