

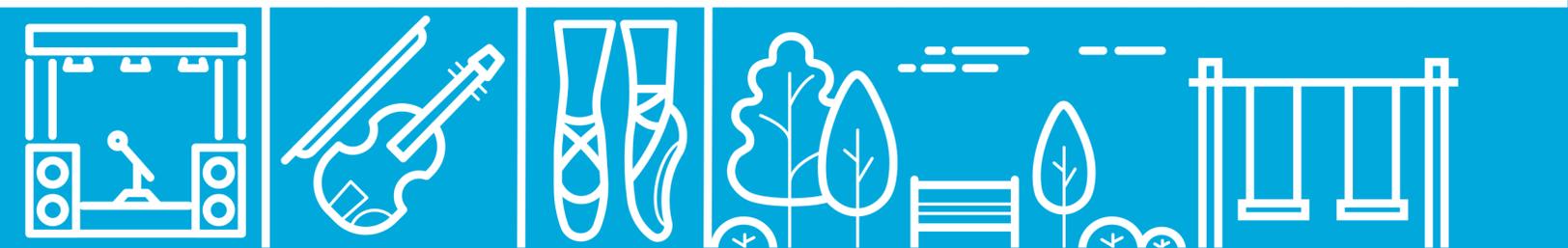


HUMAN RESOURCES



SALT LAKE CITY OPEN ENROLLMENT GUIDE

Plan Year 2025-2026





Open Enrollment
begins on **May 1** and ends on
May 16 at 11:59 pm New plan
year, deductibles, and premiums
are **effective July 1, 2025**



Workday
Medical, Dental, Life, AD&D, HSA,
HRA, and FLEX enrollment and
changes are made in your
Workday account



Questions or Issues
regarding enrollment,
contact the Benefits Team at
Benefits@slcgov.com
or 801-535-6600



Voluntary Benefits
enrollment and changes are
made online at
www.SLCVoluntaryBenefits.com



IMPORTANT THINGS TO KEEP IN MIND

- Open Enrollment is the only time you can add/drop dependents and enroll or change certain policies.
- All PEHP enrollments and changes are done on **Workday**, not PEHP.
- Legal documents and social security numbers are required on all covered dependents.
- All Qualifying Life Events (QLE) such as marriage, birth, loss/gain of coverage have a 60-day deadline from date of event.
- If you do not remove a dependent from your plan(s) within 60 days of the date they lose legal eligibility status, it will compromise their COBRA election rights.



IMPORTANT THINGS TO DO

- To only review your benefits for accuracy and not make any changes, log into Workday, click on Profile in the upper right corner, then click on Benefits in the far left menu.
- To make changes, log into Workday and click on Open Enrollment in the Announcements box. After making your changes, the process is not complete until you scroll all the way down and click on "I Accept" then click the Submit button.
- Make sure your beneficiary information is current with all policies, e.g., life, accident, HSA, pension, savings plans, etc. on their respective websites.
- Carefully review your July 18th paycheck to ensure your changes appear and that correct premiums are being deducted on all plans.



PREMIUM & PLAN CHANGES

ENROLLMENT TYPES EXPLAINED

Enrollment Type	Description
Open Enrollment Only	You can only sign up or make changes during the annual open enrollment period.
New Hire Enrollment Only	Available only to new employees during their initial benefits eligibility period.
Beneficiaries Needed?	Indicates if you need to list beneficiaries during enrollment.
No Enrollment Required	You are automatically enrolled; no action needed.

HEALTH & INSURANCE PLANS

Benefit Program	Open Enrollment Only	Available Anytime	Beneficiaries Needed	No Enrollment Required
Medical Insurance	Yes	No	No	No
Dental Insurance	Yes	No	No	No
HSA	Yes	No	Yes	No
HRA	Yes	No	No	No
Medical Flex <small>Must Re-Enroll Annually</small>	Yes	No	No	No
Limited Flex <small>Must Re-Enroll Annually</small>	Yes	No	No	No
Dependent Flex <small>Must Re-Enroll Annually</small>	Yes	No	No	No

LIFE & DISABILITY INSURANCE

Benefit Program	Open Enrollment Only	Available Anytime	Beneficiaries Needed	No Enrollment Required
Term Life (Voluntary)	No	Yes	Yes	No
Term Life (Employer Paid)	No	No	Yes	Yes
AD&D (Voluntary)	No	Yes	Yes	No
AD&D (Employer Paid)	No	No	Yes	Yes
Accident Weekly Indemnity	Yes	No	No	No
Accident Medical Expense	Yes	No	No	No
Short Term Disability	No	No	No	Yes
Long Term Disability	No	No	No	Yes

RETIREMENT & FINANCIAL WELLNESS

Benefit Program	Open Enrollment Only	Available Anytime	Beneficiaries Needed	No Enrollment Required
URS (Employer Paid)	No	No	Yes	Yes
URS (Employee Defferals)	No	Yes	Yes	No
Empower (Employee Deferrals)	No	Yes	Yes	No



PREMIUM & PLAN CHANGES

SLC VOLUNTARY BENEFITS

Benefit Program	Open Enrollment Only	Available Anytime	Beneficiaries Needed	No Enrollment Required
Accident Insurance	Yes	No	No	No
Critical Illness	Yes	No	No	No
Hospital Indemnity	Yes	No	No	No
MetLife Legal Plan	Yes	No	No	No
VSP Vision Insurance	Yes	No	No	No

METLIFE LEGAL PLAN PROGRAM CHANGES FOR JULY 1

The biweekly rate for MetLife Legal will decrease from \$9.81 to \$8.88. And there are a number of new services being added. The new services are:

- Supplemental coverage for non-covered matters increased from 4 hours to 10 hours per plan year
- Change and Establishment of Custody Order (Family Law)
- Contested Divorce (previously only covered uncontested) (Family Law)
- Enforcement/Modification of Support Orders (Family Law)
- Expungement (Traffic & Other Matters)
- Habeas Corpus (Traffic & Other Matters)
- Inheritance Rights (Estate Planning)
- Insurance Claims (Insurance Matters)
- Personal Safety Orders (Insurance Matters)
- Postnuptial Agreement (Family Law)
- Probate (Probate)
- Reproductive Assistance (Family Law)
- Social Security Disability (Personal Injury)

LIFESTYLE & ADDITIONAL BENEFITS

Benefit Program	Open Enrollment Only	Available Anytime	Beneficiaries Needed	No Enrollment Required
Home and Auto	No	Yes	No	No
Purchasing Power	No	Yes	No	No
Kashable	No	Yes	No	No
Identity Theft	No	Yes	No	No
Pet Insurance	No	Yes	No	No
EAP	No	No	No	Yes

NOTES:



PREMIUM & PLAN CHANGES

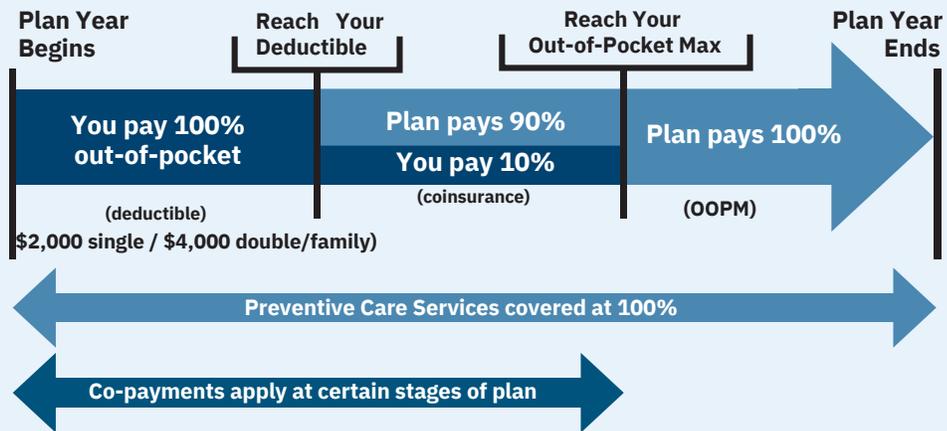
PEHP SUMMIT STAR MEDICAL BI-WEEKLY PREMIUMS

COVERAGE	24/25 EMPLOYEE COST	25/26 EMPLOYEE COST	24/25 CITY CONTRIBUTION	25/26 CITY CONTRIBUTION
Single	\$11.95	\$12.81	\$227.11	\$243.45
Double	\$26.90	\$28.83	\$511.01	\$547.76
Family	\$35.86	\$38.44	\$681.33	\$730.34

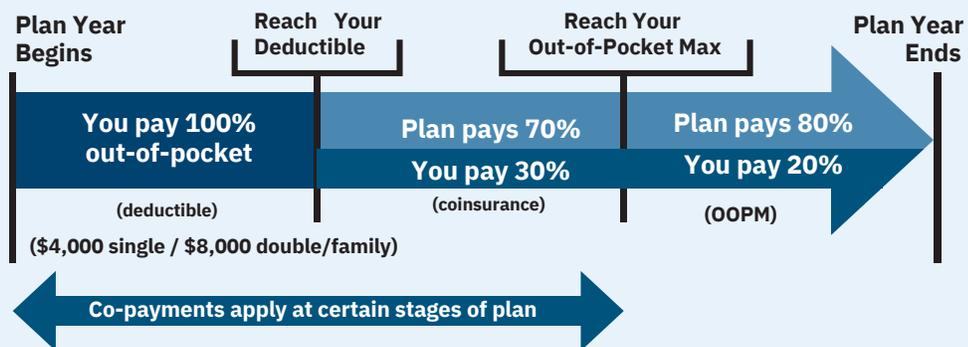
PEHP SUMMIT STAR MEDICAL ANNUAL DEDUCTIBLE

COVERAGE	24/25 DEDUCTIBLE	25/26 DEDUCTIBLE
Single	\$2000	\$2000
Double/Family	\$4000	\$4000

IN NETWORK DEDUCTABLE



SEPERATE OUT OF NETWORK DEDUCTABLE (CHANGE STARTING JULY 1)





PREMIUM & PLAN CHANGES

HSA OR HRA ANNUAL CITY CONTRIBUTION

COVERAGE	24/25 CITY LOAD	25/26 CITY LOAD
Single	\$1000	\$1000
Double/Family	\$2000	\$2000

If enrolled in the City's medical plan, you will receive funds the first pay period of the new plan year.

HealthEquity®

HSAs empower health savings in several ways:

- Lower monthly health insurance premiums
- HSA contributions are not taxed*
- You earn tax-free* interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed*
- HSA balances roll over year after year
- You own your HSA, even if you change jobs or retire



EMPOWERING
you to build
HEALTH SAVINGS

FLEXIBLE SPENDING CARRYOVER OPTION

COVERAGE	24/25 CARRYOVER	25/26 CARRYOVER
Medical Flex	\$640	\$660
Limited Flex	\$640	\$660

If you enroll for Medical FSA for the upcoming plan year, you will have the ability to carryover up to \$640 of your balance into the following plan year (2026)

- Healthcare FSAs let you pay for all eligible medical expenses including dental and vision expenses, as well as over-the-counter medications. Annual limit is \$3300 and up to \$660 eligible for carryover.
- Limited Purpose FSAs restrict eligible expenses to dental and vision expenses only. Annual limit is \$3300 and up to \$660 eligible for carryover.
- Dependent Care FSAs restrict eligible expenses to dependent care expenses only. A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare. Annual limit is \$5000, not eligible for carryover.



NOTES:



PREMIUM & PLAN CHANGES

PEHP DENTAL BI-WEEKLY PREMIUMS

COVERAGE	24/25 PREFERRED	25/26 PREFERRED	24/25 PREMIUM	25/26 PREMIUM
Single	\$16.16	\$16.76	\$18.98	\$19.69
Double	\$33.65	\$34.90	\$39.58	\$41.06
Family	\$46.01	\$47.71	\$54.16	\$56.16
Premiums are based on the City's claims experience				

DENTAL AND ORTHODONTIA EXPENSES WITH LIMITED FLEX PROGRAM

A Limited Purpose Flexible Spending Account (LPFSA) is a pre-tax benefit account specifically designed to cover eligible dental and vision care expenses. Since orthodontia, including braces and aligners, falls under dental care, you can absolutely use your LPFSA for these expenses.

Here's how you can typically use your LPFSA for orthodontia:

Understand Eligibility:

You must be enrolled in a High-Deductible Health Plan (HDHP) and have a Health Savings Account (HSA) to be eligible for an LPFSA. This is the key distinction from a general-purpose FSA. The orthodontia expenses must be for yourself, your spouse, or your eligible dependents.

Contribution:

You elect a specific amount to contribute to your LPFSA during your employer's open enrollment period. This amount is then deducted from your paycheck on a pre-tax basis, reducing your taxable income. Keep in mind the annual contribution limits set by the IRS (for 2025, it's \$3,300).

Eligible Orthodontia Expenses:

Your LPFSA can typically be used for a wide range of orthodontia costs, including: Braces: Traditional metal braces, ceramic braces, lingual braces. Clear Aligners: Such as Invisalign. Initial consultations and diagnostic tests directly related to the orthodontia treatment (e.g., X-rays, impressions). Retainers: Both initial and replacement retainers prescribed after the main treatment. Follow-up care and adjustments. Other necessary orthodontic appliances.

To effectively use your limited purpose flex account for orthodontia expenses, you should:

- Contact your LPFSA administrator: They can provide specific details about your plan's rules, eligible expenses, reimbursement procedures, and any deadlines.
- Communicate with your orthodontist: Discuss payment options and ensure they can provide the necessary documentation for your LPFSA claims.
- Plan your contributions carefully: Estimate your anticipated orthodontia expenses for the year to make informed contribution decisions.

By understanding the rules of your LPFSA and planning accordingly, you can significantly reduce your out-of-pocket costs for orthodontia treatment using pre-tax dollars.

NOTES:



TERM LIFE AND AD&D COVERAGE

ADDITIONAL TERM LIFE COVERAGE

Term Life Coverage reduces beginning at age 70

Coverage Amounts	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under Age 30	0.55	1.10	2.21	3.31	4.42	5.52	6.63	7.73	8.84	9.94	11.05
Age 30-34	0.60	1.20	2.39	3.59	4.79	5.98	7.18	8.38	9.57	10.77	11.97
Age 35-39	0.83	1.66	3.31	4.97	6.63	8.29	9.94	11.60	13.26	14.91	16.57
Age 40-44	1.01	2.03	4.05	6.08	8.10	10.13	12.15	14.18	16.20	18.23	20.25
Age 45-49	1.93	3.87	7.73	11.60	15.47	19.33	23.20	27.06	30.93	34.80	38.66
Age 50-54	2.35	4.69	9.39	14.08	18.78	23.47	28.17	32.86	37.56	42.25	46.95
Age 55-59	3.73	7.46	14.91	22.37	29.83	37.28	44.74	52.19	59.65	67.11	74.56
Age 60-69	6.31	12.61	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
At Age 70, rates remain the same and coverage decreases											
Bi-Weekly Rates	6.31	12.61	25.22	37.84	50.45	63.06	75.67	88.28	100.89	113.50	126.11
Age 70-74	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

AD&D COVERAGE

AD&D coverage ceases at age 70

Coverage Amount	Individual Plan Bi-Weekly Cost	Family Plan Bi-Weekly Cost
25,000	\$0.23	\$0.35
50,000	\$0.46	\$0.69
75,000	\$0.69	\$1.04
100,000	\$0.92	\$1.38
125,000	\$1.15	\$1.73
150,000	\$1.38	\$2.07
175,000	\$1.61	\$2.42
200,000	\$1.84	\$2.76
225,000	\$2.07	\$3.11
250,000	\$2.30	\$3.45

ACCIDENT WEEKLY INDEMNITY

You must be enrolled in Optional AD&D

Monthly Base Salary	Coverage Amount	Employee Cost
1,801 to 2,164	\$250	\$1.16
2,165 to 2,499	\$300	\$1.39
2,500 to 2,899	\$350	\$1.62
2,900 to 3,599	\$400	\$1.86
3,600 and over	\$500	\$2.32

ACCIDENT MEDICAL EXPENSE

You must be enrolled in Optional AD&D

Coverage Amount	Employee Cost
\$2,500	\$0.54

LONG TERM DISABILITY

System Provider	Employee Cost
Tier I and II Public Employees — The Hartford	Employer Paid
Tier I Firefighters — The Hartford	Employer Paid
Tier I and II Sworn Police — The Hartford	Employer Paid
Tier II Fire Fighters — PEHP	Employer Paid

DEPENDENT TERM LIFE

Term Life Coverage reduces beginning at age 70

Coverage Amount	Employee Cost
\$5,000	\$0.24
\$10,000	\$0.48
\$15,000	\$0.72



SLC VOLUNTARY BENEFITS

VOLUNTARY BENEFITS AVAILABLE AT OPEN ENROLLMENT ONLY

Accident Insurance (MetLife) – Helps pay essential living expenses and costs not covered by your medical insurance. Family coverage available.

Critical Illness (MetLife) – Provides you with a lump-sum payment for specifically covered illnesses that can be used to pay for expenses not usually covered by medical or disability income plans. Family coverage available.

Hospital Indemnity (MetLife) – Complement your medical coverage by helping to ease the financial impact of hospitalization. Family coverage available.

MetLife Legal Plan – Access legal services for many personal legal matters. Canceling your coverage can only be done during Open Enrollment.

New this year: Reduced cost, more covered services refer to page 4.

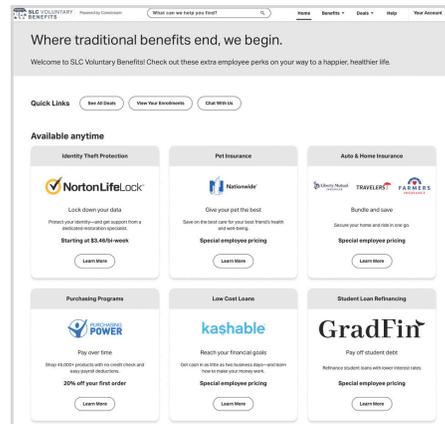
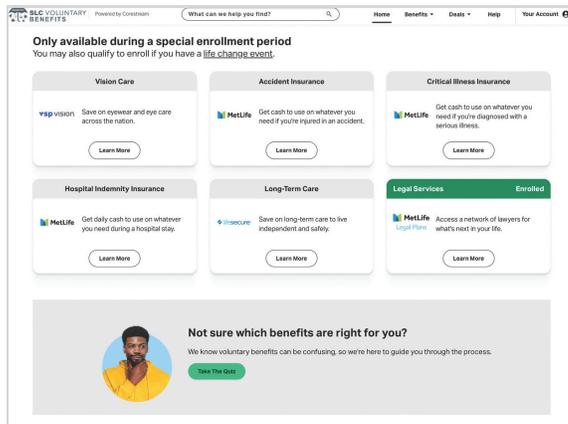
Vision Care (VSP) – Receive eyecare and eyewear at the participating location right for you. Your VSP Member ID needed to use the benefit is 000 6 digit employee ID, or 00 if you have a 7 digit employee ID, in front of your employee ID. No cards will be sent from VSP.



VOLUNTARY BENEFITS AVAILABLE ANY TIME

Auto and Home Insurance
Financial Wellness Discount
Shopping Identity Theft

Protection Student Loan Refinance VPI: Pet Insurance



Enroll by visiting www.SLCVoluntaryBenefits.com

Use your six or seven digit employee ID to create your account
Corestream Customer Service 888-935-9595



Vendor Name/Department	Phone Number	Website/Email
PEHP	801-366-7555	pehp.org
WeeCare Prenatal Program	801-366-7400	pehp.org/weecare
PEHP Plus	801-366-7555	pehp.org/plus
Pharmacy Program	800-903-4725	express-scripts.com
Accredo	877-222-7336	accredohealth.com
Health Savings Account	866-346-5800	healthequity.com
PEHP preauthorization of inpatient facility	801-366-7755	pehp.org
PEHP preauthorization of inpatient mental health and substance abuse	801-366-7755	pehp.org
PEHP Group Term Life & Accident	801-366-7495	pehp.org
PEHP Flexible Spending and HSA	801-366-7503	pehp.org
PEHP Out-of-State Network	800-677-1098	multiplan.com
EAP SLC Strong	844-206-4097	Guidanceresources.com (SLCPS)
EAP Public Employees	855-823-5389	Guidanceresources.com (SLC)
SLC Voluntary Benefits	888-935-9595	slcvoluntarybenefits.com
Kashable	646-663-4353	slcvoluntarybenefits.com
LifeLock	800-607-9174	slcvoluntarybenefits.com
Long Term Care Solutions	877-286-2852	slcvoluntarybenefits.com
MetLife/MetLife Legal	800-638-5433	slcvoluntarybenefits.com
Purchasing Power	888-923-6236	slcvoluntarybenefits.com
VSP Vision	800-877-7195	slcvoluntarybenefits.com
VPI Pet	888-849-4874	slcvoluntarybenefits.com

Vendor Name/Department	Phone Number	Website/Email
Human Resources Benefits Team	801-535-6600	Benefits@slcgov.com
Human Resources Leave Team	801-535-7121	Leaverequest@slcgov.com
Workday Help Line	801-535-7778	imshelpdesk@slcgov.com

