



# HUMAN RESOURCES



# SALT LAKE CITY OPEN ENROLLMENT GUIDE

*Plan Year 2026-2027*



## OPEN ENROLLMENT



### Open Enrollment

**begins on May 4 and ends on May 24** at 11:59 pm New plan year, deductibles, and premiums are **effective July 1, 2026**



### Workday

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



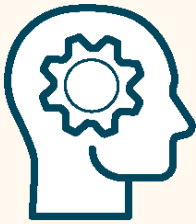
### Questions or Issues

regarding enrollment, contact the Benefits Team at [Benefits@slc.gov](mailto:Benefits@slc.gov) or 801-535-6600



### Voluntary Benefits

enrollment and changes are made online at [www.SLCVoluntaryBenefits.com](http://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

- This year's Open Enrollment is mandatory for all benefit-eligible employees.
- Every benefit-eligible employee is required to complete this process in Workday to ensure their benefits are correctly set for the upcoming plan year.
- To make changes, log into Workday and click on Open Enrollment task in your Workday inbox. 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 paychecks 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.

### 2026 Benefits Enrollment – Required Open Enrollment – 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)	Yes	No	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

**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

*VSP VISION PROGRAM HAS INCREASE IN BENEFITS STARTING JULY 1ST*

**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:**

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## PREMIUM & PLAN CHANGES

### HEALTH PLAN UPDATES FOR THE UPCOMING YEAR

The current health plan will include the following changes:

- Monthly premiums will increase.
- The Out-of-Pocket coinsurance amount for applicable services will change from 10% to 20%.
- All other plan features and coverage levels will remain the same.
- Medical Plan Overview and Coverage examples in exhibits.

A new health plan option Star 2 - will also be available:

- Significantly lower monthly premiums.
- Higher deductibles.
- Higher Out-of-Pocket maximum.
- Designed for employees who prefer lower premiums and are comfortable paying more only when care is needed.

Plan Costs	New Plan Options for 7/1/26	
	Star 1	Star 2
Deductible	\$2000/\$4000	\$2400/\$4800
Out of Pocket	\$4000/\$8000	\$4800/\$9600
Coinsurance	20%	20%

### EMPLOYEE BI-WEEKLY PREMIUM

Coverage Level	STAR 1	STAR 2
Single	\$20.56	\$10.46
Double	\$46.26	\$23.52
Family	\$61.68	\$31.37

### CITY PAID BI-WEEKLY PREMIUM

Enrollment	City - Bi-weekly Premium
Single	\$267.80
Double	\$602.57
Family	\$803.41



**HSA OR HRA ANNUAL CITY CONTRIBUTION**

COVERAGE	26/27 CITY LOAD
Single	\$1000
Double/Family	\$2000

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

# HealthEquity®

HSA’s 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	26/27 CARRYOVER
Medical Flex	\$680
Limited Flex	\$680

If you enroll for Medical FSA for the upcoming plan year, you will have the ability to carryover up to \$680 of your balance into the following plan year (2027)

- 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 \$3400 and up to \$680 eligible for carryover.
- Limited Purpose FSAs restrict eligible expenses to dental and vision expenses only. Annual limit is \$3400 and up to \$680 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 \$7500, not eligible for carryover.



**NOTES:**

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## PREMIUM & PLAN CHANGES

### PEHP DENTAL BI-WEEKLY PREMIUMS

COVERAGE	26/27 PREFERRED	26/27 PREMIUM
Single	\$17.08	\$20.09
Double	\$35.60	\$41.88
Family	\$48.70	\$57.29
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 2026, it's \$3,400).

#### 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:

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**PEHP AD&D PROGRAMS**

**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

**SHORT TERM DISABILITY**

Short term disability insurance is a City provided benefit at no cost to employees. Short Term Disability provides that provides income to replace a portion of your salary when you have an illness or injury that causes you to miss work based on the benefits outlines below.

Length of Employment	Benefit Period 100%	Benefit Period 66 2/3%
0 – 6 months	2 weeks	None
6 mon – 2 years	2 weeks	4 weeks
2 – 4 years	4 weeks	4 weeks
4 – 6 years	6 weeks	6 weeks
6 – 8 years	10 weeks	2 weeks
8 – 10 years	11 weeks	1 week
10 years +	12 weeks	None

**FOR SUPPORT IN ANY LEAVE SCENARIO, EMAIL [LEAVEREQUEST@SLC.GOV](mailto:LEAVEREQUEST@SLC.GOV)**

**Employer-Paid Long-Term Disability (LTD) Insurance**

Long-Term Disability (LTD) insurance provides essential income protection if you become unable to work due to a covered illness, injury, or medical condition. Because this benefit is 100% employer-paid, eligible employees receive valuable financial security at no cost.

**Why LTD Coverage Matters**

A disabling injury or illness can occur unexpectedly and may last longer than your available sick leave or savings. Long-Term Disability insurance ensures that you and your family have financial support during extended medical absences, helping you focus on recovery rather than financial strain.

**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





## NEW TERM LIFE BENEFIT

### VOLUNTARY (SUPPLEMENTAL) TERM LIFE INSURANCE THE HARTFORD — OPEN ENROLLMENT



#### Why Consider Supplemental Life Insurance?

Supplemental Life Insurance offers employees an affordable way to increase financial protection for their families. It provides a cash benefit to help with final expenses, replace lost income, and safeguard your loved ones' financial stability in the event of your death. The Hartford emphasizes empathy and a compassionate claims process to support families during difficult times.

#### Who Is Eligible?

All benefit eligible Salt Lake City Corporation employees may enroll in Supplemental Life coverage. Employees must be actively at work on the day coverage begins.

#### COVERAGE OPTIONS

##### For Employees

- Coverage available in increments of \$10,000, up to a maximum of \$750,000.
- Guaranteed Issue amount: Up to \$300,000 (EOI required above this amount).

##### For Spouse / Domestic Partner

- Coverage available in increments of 10,000, up to a maximum of \$500,000.
- Guaranteed Issue amount: Up to \$100,000 (EOI required above this amount).
- Rates are based on the spouse/AD's age and increase as you enter each new age bracket.

##### For Children

- Flat benefit of \$15,000 with a flat monthly cost of \$0.72.
- EOI not required

#### EVIDENCE OF INSURABILITY (EOI)

EOI will be required in these situations:

- When electing coverage above the Guaranteed Issue amounts.
- For any coverage selected after your initial or annual enrollment window.

#### MONTHLY PREMIUM RATES

Premiums are based on the employee's current age and increase as you enter each new age category. Rates are per 1,000 of coverage.

#### Age Bands and Monthly Rates (per 1,000):

- Under 25 – 0.0478
- 25–29 – 0.0478
- 30–34 – 0.0519
- 35–39 – 0.0718
- 40–44 – 0.0878
- 45–49 – 0.1675
- 50–54 – 0.2034
- 55–59 – 0.3231
- 60–64 – 0.5465
- 65–69 – 0.5465
- 70–74 – 0.5465
- 75+ – 0.5465

#### WHY SUPPLEMENTAL LIFE MAY BE RIGHT FOR YOU

Depending on life stage, extra coverage can help:

- Families maintain their standard of living.
- Single parents protect dependent children's financial needs.
- Dual-income households manage ongoing obligations.
- Those supporting aging parents safeguard both generations.
- Individuals ensure personal debts aren't left to others.

#### How to Calculate Your Premium

- Benefit Amount ÷ 1,000 × Age-Band Rate = Monthly Premium
  - Example: If you elect 50,000 of coverage and your rate is 0.0718 →  $50 \times 0.0718 = 3.59$  per month.



**VOLUNTARY BENEFITS AVAILABLE AT OPEN ENROLLMENT ONLY**

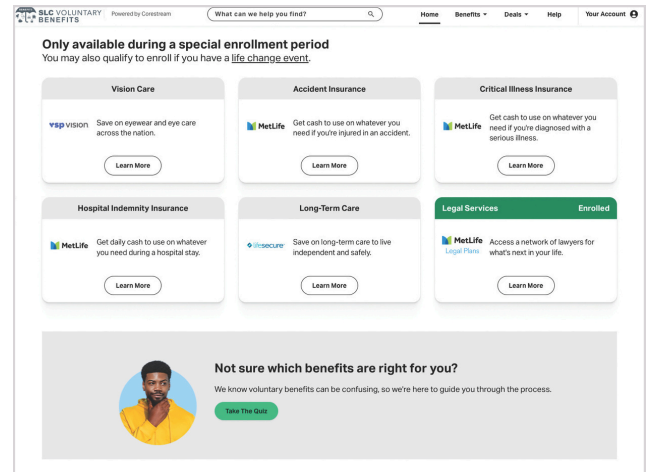
**Accident Insurance (MetLife)** – There are things that may lead to an accident and out-of-pocket expenses. Get protected.

**Critical Illness (MetLife)** – Gain the power to make treatment decisions when you experience a heart attack, cancer or stroke.

**Hospital Indemnity (MetLife)** – Hospital Indemnity Insurance - Achieve peace of mind with coverage to help ease your financial responsibility while you recover.

**MetLife Legal Plan** – Legal Services - Gain access to experienced attorneys to help with legal matters such as wills, traffic tickets, and more.

**Vision Care (VSP)** – Personalized eye care that fits your lifestyle and your budget is just within your reach. 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.



**VOLUNTARY BENEFITS AVAILABLE ANY TIME**

**Auto and Home Insurance** - Cover your car, boat, motorcycle, home & more. Renter’s insurance, too!

**Disaster Insurance** - Many US counties faced weather disasters in the last 5 years, but they needn’t be financial disasters.

**Discount Shopping** - Shop the brands you love with exclusive discounts you can’t get anywhere else.

**Identity Theft Protection** - Protect your financial and social wellness from identity thieves.

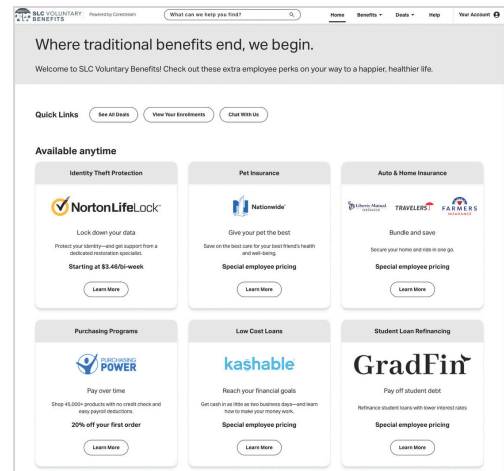
Life with Long Term Care - Get long-term coverage that will be with you after retirement to help you with daily living expenses.

**Personal Loans** - Pay down debts, cover unexpected expenses, and preserve retirement savings.

**Pet Health Insurance** - Give more to your furbabies. Save on vet expenses for accidents, illnesses and more, nationwide.

**Purchase Financing** - Buy a variety of products such as computers, cameras, and furniture via payroll deduction.

**Student Loan Refinancing** – Find the perfect plan whether you need a new loan, refinance or loan forgiveness.



Enroll by visiting [www.SLCVoluntaryBenefits.com](http://www.SLCVoluntaryBenefits.com)

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



## COMPSYCH EMPLOYEE ASSISTANCE PROGRAM

Most of us associate counseling with serious mental health issues such as depression or severe anxiety. But that's not always the case. People often find it helpful to speak with a counselor during life transitions, such as when you have a major disruption in your established routine.

When dealing with such situations, counseling may help you prevent stress or anxiety or learn new ways to manage problems that naturally arise during periods of transition.

Generally speaking, counseling is beneficial for anyone who feels overwhelmed by thoughts, feelings, actions, and relationships that may impair their ability to function effectively in their daily life. People seek the assistance of a professional counselor for a wide range of problems, including:

- Low self-esteem
- Depression
- Communication problems
- Marital or family issues
- Sexual problems
- Stress and anxiety
- Unexpected crises
- Suicidal thoughts
- Mental illnesses
- Eating disorders
- Preparing for a new phase of life
- Substance abuse and addictions

### Welcome to GuidanceConnect®

Here we'll ask you a few questions to help understand the type of care that's needed, and then help find a therapist and book a session.

#### First, who are we helping today?

Myself

A Dependent

A Partner

Couple's Counseling



**NOTE:** You can schedule a counseling appointment online or through the app. No need to call in to schedule an appointment.

### UTILIZE YOUR EMPLOYEE ASSISTANCE PROGRAM:

Did you know that your EAP is a free, confidential service for you and your household family members that can take on your to-do list and provide help with a variety of everyday tasks?

#### EXAMPLES OF SERVICES INCLUDE:

**GuidanceResources® Online:** Go online to access information on: relationships, work, school, children, wellness, legal and financial. You can search for qualified child and elder care, attorneys, and financial planners.

**Personalized concierge resources,** including child, elder, and pet care solutions, transportation and local errand resources, low-cost home repair, utility assistance, etc.

**Telephonic appointments with EAP attorneys and financial planners** to assist with personal legal matters and financial issues that may have arisen during your time away from the workplace.

**Confidential guidance from a local counselor** to provide stress management assistance during the time of transition

- 15 sessions per event for Public Employees
- 15 sessions per event for SLCStrong

### Contact Info

#### For Public Employees:

(801) 857-9698 [www.guidanceresources.com](http://www.guidanceresources.com)

WEB ID: SLC

#### For First Responders (SLCStrong):

844-206-4097 [www.guidanceresources.com](http://www.guidanceresources.com)

WEB ID: SLCPS

#### Mobile App:

GuidanceNow

*SLC Strong includes Police, Fire, Dispatch departments, including civilian positions.*



Benefit eligible employees, spouses, and adult designees can earn up to **\$150** each year through SLC360°, paid in the form of a gift card.:

Sign up for an SLC360° profile at [www.guidanceresources.com](http://www.guidanceresources.com)

Company ID:

- Public Employees: SLC
- SLCSstrong: SLCPs

Complete your AgeGage survey. Earn points by getting your age-appropriate preventive screenings.

- Earn points by completing wellness challenges.
- Earn 150 points during the plan year, and you'll have earned the full \$150 gift card! Smaller gift cards will be awarded to those who earn fewer than 1,500 points but still meet the other requirements.



**Questions about SLC360°?**  
**Contact the Benefits**  
**Team at 801-535-6600 or**  
**[Benefits@slc.gov](mailto:Benefits@slc.gov)**

### What will you get with your points?

Wellness can be fun—and even more so when you get rewarded for it. You can earn up to \$150 (150 points) in gift cards! Every 25 points you earn, the program will automatically send you a \$25 gift card voucher to redeem online from a variety of different vendors.

**Citywide Challenges:** Throughout the year we will host 2 unique health challenges for you and your spouse to participate in each year.

**Go Shopping:** Choose from popular eGift Cards at a variety of different retailers.

**Integrated with EAP:** The new SLC360 program is integrated with our EAP provider ComPsych and WebMD. Together these program will help provide great health education and other service available to you and your spouse.

**No Medical Enrollment Required:** There is no longer a requirement to be enrolled in the City's medical plan. All full time employees and spouses (added into workday) are eligible to receive \$150 per calendar year.

**Get Credit for Health Coaching:** ComPsych's health coaching services are excellent. Reach out to them for any kind of health related goal and get credit in the SLC360 program.



### Why Wellness Is Important

The SLC360° Wellness program is designed around preventive care. The more we can prevent illnesses or injuries from happening in the first place, the lower total healthcare costs will be City-wide. This will help keep your healthcare premiums low.

Participating in SLC360° will help you keep more money in your pockets and live a happier, healthier life!



## CONTACT INFO

Vendor Name/Department	Phone Number	Website/Email
PEHP	801-366-7555	pehp.org
WeeCare Prenatal Program	801-366-7400	pehp.org/weecare
The Hartford- Term Life	801-535-6169	hartford.com/employeebenefits
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
The Hartford- Short/Long Term Disability	888-301-5615	account.thehartford.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

# MEDICAL PLAN OVERVIEW

Benefits	Summit STAR HSA (HDHP) Option 1		Summit STAR HSA (HDHP) Option 2	
	In-Network Provider	Out-of-Network Provider*	In-Network Provider	Out-of-Network Provider*
<b>Annual Medical Deductible (includes pharmacy)</b> <b>Deductible must be met individually for Single Coverage or cumulatively for Double or Family Coverage before any benefits apply.</b>	<b>\$2,000 Single</b> <b>\$4,000 Double or Family</b>  You are responsible for 100% of the discounted costs of eligible medical and pharmacy charges until you meet the separate in-network plan year deductible before the plan will pay any benefits	<b>\$4,000 Single</b> <b>\$8,000 Double or Family</b>  You are responsible for 100% of the costs of eligible medical and pharmacy charges until you meet the separate out-of-network plan year deductible before the plan will pay any benefits	<b>\$2,400 Single</b> <b>\$4,800 Double or Family</b>  You are responsible for 100% of the discounted costs of eligible medical and pharmacy charges until you meet the separate in-network plan year deductible before the plan will pay any benefits	<b>\$4,800 Single</b> <b>\$9,600 Double or Family</b>  You are responsible for 100% of the costs of eligible medical and pharmacy charges until you meet the separate out-of-network plan year deductible before the plan will pay any benefits
<b>City's Health Savings Account (HSA) Contribution (or HRA if not eligible for the HSA)</b>	<b>\$1,000 Single</b> <b>\$2,000 Double or Family</b> <b>Employee Biweekly Premiums</b> Single: \$20.56 Double: \$46.26 Family: \$61.68		<b>\$1,000 Single</b> <b>\$2,000 Double or Family</b> <b>Employee Biweekly Premiums</b> Single: \$10.46 Double: \$23.52 Family: \$31.37	
<b>Out-of-Pocket Maximum**</b>  <i>Any one individual may not apply more than \$8,000 toward the in-network family Out-of-Pocket Maximum. Deductible applies to the Out-of-Pocket Maximum.</i>  <i>PEHP tracks overall out-of-pocket spending to assure it doesn't exceed the IRS-defined, overall out-of-pocket maximum. PEHP refers to the Master Policy for exceptions to the out-of-pocket maximum.</i>	<b>\$4,000 Single</b> <b>\$8,000 Double or Family</b>  <b>All qualified medical and pharmacy services do apply to the out-of-pocket maximum</b>	<b>\$8,000 Single</b> <b>\$16,000 Double or Family</b>  <b>All qualified medical and pharmacy services up to the PEHP Allowed Amount (AA) apply to the out-of-pocket maximum</b>  <b>Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers</b>	<b>\$4,800 Single</b> <b>\$9,600 Double or Family</b>  <b>All qualified medical and pharmacy services do apply to the out-of-pocket maximum</b>	<b>\$9,600 Single</b> <b>\$19,200 Double or Family</b>  <b>All qualified medical and pharmacy services up to the PEHP Allowed Amount (AA) apply to the out-of-pocket maximum</b>  <b>Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers</b>
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. See <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	<b>80% after deductible</b>	<b>Not applicable</b>	<b>80% after deductible</b>	<b>Not applicable</b>

AA = Allowed Amount

In- and Out-of-Network deductibles and Out-of-Pocket Maximums accumulate separately and are not combined.

\*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.



**SURGERY ON A SINGLE PLAN**

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
Contracted Cost for Surgery	\$12,000	\$12,000
- Deductible (member pays)	\$2,000	\$2,400
Balance Before Coinsurance	\$10,000	\$9,600
20% (NEW) Coinsurance (member pays)	\$2,000	\$1,920
<b>Member Responsibility for Surgery</b>	\$4,000	\$4,320
Annual Plan Premium (2026-2027)	\$534.56	\$271.96
<b>Total with Annual Premium included</b>	<b>\$4,534.56</b>	<b>\$4,591.96</b>

**SURGERY ON A DOUBLE PLAN**

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
Cost for Surgery	\$12,000	\$12,000
- Deductible (member pays)	\$4,000	\$4,800
Balance Before Coinsurance	\$8,000	\$7,200
20% (NEW) Coinsurance (member pays)	\$1,600	\$1,440
<b>Member Responsibility (deductible + coinsurance)</b>	\$5,600	\$6,240
Annual Plan Premium (2026-2027)	\$1,206.00	\$613.20
<b>Total with Annual Premium included</b>	<b>\$6,806.00</b>	<b>\$6,853.20</b>

**SURGERY ON A FAMILY PLAN**

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
Cost for Surgery	\$12,000	\$12,000
- Deductible (member pays)	\$4,000	\$4,800
Balance Before Coinsurance	\$8,000	\$7,200
20% (NEW) Coinsurance (member pays)	\$1,600	\$1,440
<b>Member Responsibility (deductible + coinsurance)</b>	\$5,600	\$6,240
Annual Plan Premium (2026-2027)	\$1,603.68	\$815.62
<b>Total with Annual Premium included</b>	<b>\$7,203.68</b>	<b>\$7,055.62</b>



# HOW TO CHOOSE YOUR MEDICAL PLAN

## SINGLE PLAN/MEETS MAX OUT OF POCKET

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
- Deductible (member pays)	\$2,000	\$2,400
=Maximum out of Pocket (after deductible paid + 20% (new) coinsurance)	\$2,000	\$2,400
Total paid out of pocket (contracted providers used)	\$4,000	\$4,800
Annual Plan Premium (2026-2027)	\$534.56	\$271.96
<b>Total with Annual Premium included</b>	<b>\$4,534.56</b>	<b>\$5,071.96</b>

## DOUBLE PLAN/MEETS MAX OUT OF POCKET

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan	New STAR Plan 2
- Deductible (member pays)	\$4,000	\$4,800
Maximum out of Pocket (after deductible paid + 20% (new) coinsurance)	\$4,000	\$4,800
Total paid out of pocket (contracted providers used)	\$8,000	\$9,600
Annual Plan Premium (2026-2027)	\$1,206.00	\$613.20
<b>Total with Premium included</b>	<b>\$9,206.00</b>	<b>\$10,213.20</b>

## FAMILY PLAN/MEET MAX OUT OF POCKET

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
- Deductible (member pays)	\$4,000	\$4,800
Maximum out of Pocket (after deductible paid + 20% (new) coinsurance)	\$4,000	\$4,800
Total paid out of pocket (contracted providers used)	\$8,000	\$9,600
Annual Plan Premium (2026-2027)	\$1,603.68	\$815.62
<b>Total with Premium included</b>	<b>\$9,603.68</b>	<b>\$10,415.62</b>



**SINGLE PLAN/DOESN'T MEET DEDUCTIBLE**

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
Office Visit Cost (non-preventive)	\$140 x 4 = \$560	\$140 x 4 = \$560
Urgent Care Visit	\$600 x 1 = \$600	\$600 x 1 = \$600
Total visit costs	\$1,160	\$1,160
Annual Plan Premium (2026-2027)	\$534.56	\$271.96
<b>Total with Annual Premium included</b>	<b>\$1,694.56</b>	<b>\$1,431.96</b>

**DOUBLE PLAN/DOESN'T MEET DEDUCTIBLE**

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
Office Visit Cost (non-preventive)	\$140 x 8 = \$1,120	\$140 x 8 = \$1,120
Urgent Care Visit	\$600 x 2 = \$1200	\$600 x 2 = \$1200
Total visit costs	\$2,320	\$2,320
Annual Plan Premium (2026-2027)	\$1,206.00	\$613.20
<b>Total with Annual Premium included</b>	<b>\$3,526.00</b>	<b>\$2,933.20</b>

**FAMILY PLAN/DOESN'T MEET DEDUCTIBLE**

How much does the member have to pay on the STAR HSA Plan?	Current STAR Plan 1	New STAR Plan 2
Office Visit Cost (non-preventive)	\$140 x 8 = \$1,120	\$140 x 8 = \$1,120
Urgent Care Visit	\$600 x 2 = \$1200	\$600 x 2 = \$1200
Total visit costs	\$2,320	\$2,320
Annual Plan Premium (2026-2027)	\$1,603.68	\$815.62
<b>Total with Annual Premium included</b>	<b>\$3,923.68</b>	<b>\$3,135.62</b>



