



Walden School 2022 BENEFITS GUIDE

OVERVIEW

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family, and your way of life. This booklet was designed to answer some of the basic questions you may have about your benefits.

Who is eligible for benefits?

- Full-time employees who work 30 or more hours per week.
- You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:
 - Your legally married spouse
 - Your biological, stepchildren, or legally adopted up to age 26
 - Your physically or mentally disabled children age 26 or older who depend on you for support (documentation may be required)

When does coverage begin for new hires?

Coverage begins **first of the month following 30 days.**





QUESTIONS TO ASK DURING OPEN ENROLLMENT?

Which Health Plan is right for you?

Low Deductible or Traditional Plans - An individual or family that has high-cost prescription drugs, maintenance conditions that result in frequent doctors visits, treatments or therapy.

High Deductible or HSA Plans - An individual or family that visits the Doctor for routine care, fills one or two generic prescriptions, and is insuring against worst-case scenarios.

Is a Dental Plan right for you?

Preferred Provider Organization (PPO) - A family that needs major dental work such as root canals, crowns or orthodontia.

Do you need vision?

Estimate your yearly costs, then compare the total with the cost of Vision insurance. Then, decide.

Life insurance?

Weigh the risks & protections of life insurance. Factor in the cost & choose what's right for you.

OTHER THINGS TO CONSIDER DURING OPEN ENROLLMENT?

REMINDER:

In order to enroll, change, or waive benefits, you will need to login to your enrollment portal to make your elections. Due to Federal regulations, you cannot change your elections until the next annual Open Enrollment period which will be effective next **September 1** unless you have a qualified life event during the year. Examples of qualified life events:

- Marriage or Divorce
- Birth or adoption of a child
- Death of a spouse or child
- Loss of coverage under spouse or parent's plan
- You gain coverage under your spouse's plan

To make qualified life event changes you must report the change within 30 days of the qualified life event (including newborns)

Be prepared to show documentation of the event such as a marriage license, birth certificate or divorce decree, loss of coverage letter, or proof of coverage letter. If changes are not submitted on time you must wait until the next Open Enrollment period to make your elections changes.



USEFUL CONTACT INFORMATION

Medical

Select Health

1 (800) 538-5038 selecthealth.org

Dental

Dental Select

1 (800) 999-9789 dentalselect.com

Vision

EMI Health

1 (800) 662-5850 emihealth.com

Health Savings Account

Health Equity

1 (866) 346-5800 healthequity.com

Life & Disability

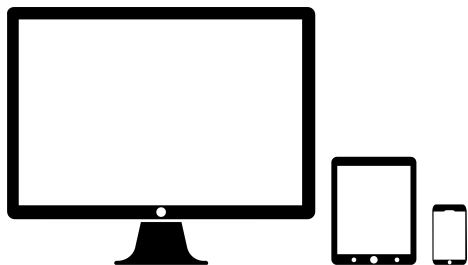
Unum

1 (800) 275-8686 unum.com

Magellan Benefits Team

801-255-5682

benefits@magellanhcm.com



Need Help?

Contacting your insurance provider is a great place to start for things such as:

- ID Cards/Numbers
- Doctor/Hospital lookup
- Coverage questions

MEDICAL

SelectHealth



MEDICAL INSURANCE TERMS

What comes out of my pay?

Monthly Premium

The cost to purchase your insurance will be taken out of your paycheck on a pre-tax basis. Your monthly medical premium will be based on the plan you choose and the number of family members you choose to cover.

What do I pay for when my medical coverage starts?

Annual Deductible

For care that you receive, you will pay the contracted rate with in-network providers until you reach your annual deductible. The only exception is preventative care, which is covered in full. For traditional plans, the annual deductible only applies to inpatient and outpatient services.

Is my doctor in-network?

Provider Network

You can check to see if your doctor is in-network by going to the medical carrier website listed on the Contact Information page and searching for the doctor or facilities in question.

What will I pay after I meet my deductible?

Coinsurance

After you meet your annual deductible, you will pay the coinsurance amount for in-network covered services that you receive while the insurance plan pays the rest. You will do this until you meet the out-of-pocket maximum.

How much will I pay out of my own pocket?

Out-of-Pocket Maximum

This is the most that you will pay for medical expenses throughout the calendar year. After you have reached this amount, your medical plan will cover the full cost of any additional care covered under your plan.

MEDICAL PLAN OPTIONS

\$1500/\$3500 TRADITIONAL MED

In-Network

Out-of-Network

Annual Deductible
January - December

\$1,500 per individual
\$3,500 per family

\$3,000 per individual
\$9,000 per family

Coinsurance

You Pay **20% AD**

You Pay **50% AD**

Out-of-Pocket Maximum

\$7,350 per individual
\$14,700 per family

\$20,000 per individual
\$40,000 per family

Preventative Services

You pay **\$0**

Not Covered

Office Visits

Primary Care
Specialist

You pay **\$25** co-pay
You pay **\$40** co-pay

You pay **50% AD** co-pay
You pay **50% AD** co-pay

Mental Health Services

Office Visit
Inpatient/Outpatient

You pay **\$25** co-pay
You pay **20% AD**

You pay **50% AD** co-pay
You pay **50% AD**

Emergency Services

Urgent Care
Emergency Room
Ambulance

You pay **\$40** co-pay
You pay **\$350 AD**
You pay **20% AD**

You pay **50% AD** co-pay
\$350 AD
20% AD

Inpatient & Outpatient

Inpatient Hospital
Outpatient Surgery

You pay **20% AD**
You pay **20% AD**

You pay **50% AD**
You pay **50% AD**

Prescription Medication

Retail (30-Day Supply)
Mail Order (90 Day Supply)

Generic / Preferred / Non-preferred / Specialty

You pay **\$20 / \$30 / 25% / 50%**
You pay **\$20 / \$30 / 25% / 50%**

Health Care Account

No Health Care account is available for this Traditional Plan

MONTHLY RATE PRIOR TO ER CONTRIBUTION

Age	Monthly Rate	Age	Monthly Rate
<20	\$261.00	45	\$576.00
21	\$329.00	46	\$599.00
22	\$346.00	47	\$623.00
23	\$367.00	48	\$648.00
24	\$392.00	49	\$674.00
25	\$428.00	50	\$701.00
26	\$449.00	51	\$729.00
27-36	\$458.00	52	\$758.00
37	\$463.00	53	\$788.00
38	\$469.00	54	\$820.00
39	\$478.00	55	\$853.00
40	\$487.00	56	\$887.00
41	\$499.00	57	\$922.00
42	\$515.00	58	\$959.00
43	\$532.00	59+	\$987.00
44	\$554.00		

* AD = After Deductible

Walden School Monthly Medical Contribution

80% of the Value Network

MEDICAL PLAN OPTIONS

\$1750/\$3500 HDHP MED

	In-Network	Out-of-Network
Annual Deductible January - December	\$1,750 per individual \$3,500 per family	\$5,000 per individual \$10,000 per family
Coinsurance	You Pay 40% AD	You Pay 50% AD
Out-of-Pocket Maximum	\$7,000 per individual \$14,000 per family	\$20,000 per individual \$40,000 per family
Preventative Services	You pay \$0	Not Covered
Office Visits Primary Care Specialist	You pay \$30 AD co-pay You pay \$50 AD co-pay	You pay 50% AD co-pay You pay 50% AD co-pay
Mental Health Services Office Visit Inpatient/Outpatient	You pay \$30 AD co-pay You pay 40% AD	You pay 50% AD co-pay You pay 50% AD
Emergency Services Urgent Care Emergency Room Ambulance	You pay \$50 AD co-pay You pay \$350 AD You pay 40% AD	You pay 50% AD co-pay \$350 AD 40% AD
Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 40% AD You pay 40% AD	You pay 50% AD You pay 50% AD
Prescription Medication Retail (30-Day Supply) Mail Order (90 Day Supply)	Generic / Preferred / Non-preferred / Specialty You pay \$20 AD / \$30 AD / 25% AD / 50% AD You pay \$20 AD / \$30 AD / 25% AD / 50% AD	
Health Care Account	Health Savings Account (HSA)	

* AD = After Deductible

MONTHLY RATE PRIOR TO ER CONTRIBUTION

Age	Monthly Rate	Age	Monthly Rate
<20	\$208.00	45	\$458.00
21	\$262.00	46	\$477.00
22	\$275.00	47	\$496.00
23	\$292.00	48	\$516.00
24	\$312.00	49	\$536.00
25	\$340.00	50	\$558.00
26	\$357.00	51	\$580.00
27-36	\$364.00	52	\$603.00
37	\$368.00	53	\$627.00
38	\$374.00	54	\$652.00
39	\$380.00	55	\$679.00
40	\$388.00	56	\$706.00
41	\$398.00	57	\$734.00
42	\$410.00	58	\$763.00
43	\$424.00	59+	\$786.00
44	\$441.00		

Walden School Monthly Medical Contribution

80% of the Value Network

MEDICAL PLAN OPTIONS

\$1500/\$3500 TRADITIONAL VALUE

In-Network

Annual Deductible January - December	\$1,500 per individual \$3,500 per family
Coinsurance	You Pay 20% AD
Out-of-Pocket Maximum	\$7,350 per individual \$14,700 per family
Preventative Services	You pay \$0
Office Visits Primary Care Specialist	You pay \$25 co-pay You pay \$40 co-pay
Mental Health Services Office Visit Inpatient/Outpatient	You pay \$25 co-pay You pay 20% AD
Emergency Services Urgent Care Emergency Room Ambulance	You pay \$40 co-pay You pay \$350 AD You pay 20% AD
Inpatient & Outpatient Inpatient Hospital Outpatient Surgery	You pay 20% AD You pay 20% AD
Prescription Medication Retail (30-Day Supply) Mail Order (90 Day Supply)	Generic / Preferred / Non-preferred / Specialty You pay \$20/ \$30 / 25% /50% You pay \$20 /\$30 / 25% /50%
Health Care Account	No Health Care account is available for this Traditional Plan

* AD = After Deductible

MONTHLY RATE PRIOR TO ER CONTRIBUTION

Age	Monthly Rate	Age	Monthly Rate
<20	\$236.00	45	\$520.00
21	\$298.00	46	\$541.00
22	\$312.00	47	\$563.00
23	\$331.00	48	\$585.00
24	\$354.00	49	\$608.00
25	\$386.00	50	\$633.00
26	\$406.00	51	\$658.00
27-36	\$414.00	52	\$684.00
37	\$418.00	53	\$712.00
38	\$424.00	54	\$740.00
39	\$431.00	55	\$770.00
40	\$440.00	56	\$801.00
41	\$451.00	57	\$833.00
42	\$465.00	58	\$866.00
43	\$481.00	59+	\$894.00
44	\$500.00		

Walden School Monthly Medical Contribution

80% of the Value Network

MEDICAL PLAN OPTIONS

\$1750/\$3500 HDHP VALUE

In-Network

Annual Deductible
January - December
\$1,750 per individual
\$3,500 per family

Coinsurance
You Pay **40% AD**

Out-of-Pocket Maximum
\$7,000 per individual
\$14,000 per family

Preventative Services
You pay **\$0**

Office Visits
Primary Care You pay **\$30 AD** co-pay
Specialist You pay **\$50 AD** co-pay

Mental Health Services
Office Visit You pay **\$30 AD** co-pay
Inpatient/Outpatient You pay **40% AD**

Emergency Services
Urgent Care You pay **\$50 AD** co-pay
Emergency Room You pay **\$350 AD**
Ambulance You pay **40% AD**

Inpatient & Outpatient
Inpatient Hospital You pay **40% AD**
Outpatient Surgery You pay **40% AD**

Prescription Medication
Retail (30-Day Supply) **Generic / Preferred / Non-preferred / Specialty**
Mail Order (90 Day Supply) You pay **\$20 AD / \$30 AD / 25% AD / 50% AD**
You pay **\$20 AD / \$30 AD / 25% AD / 50% AD**

Health Care Account
Health Savings Account (HSA)

MONTHLY RATE PRIOR TO ER CONTRIBUTION

Age	Monthly Rate	Age	Monthly Rate
<20	\$188.00	45	\$414.00
21	\$237.00	46	\$430.00
22	\$249.00	47	\$448.00
23	\$264.00	48	\$466.00
24	\$282.00	49	\$484.00
25	\$307.00	50	\$504.00
26	\$323.00	51	\$524.00
27-36	\$329.00	52	\$545.00
37	\$332.00	53	\$566.00
38	\$337.00	54	\$589.00
39	\$343.00	55	\$613.00
40	\$350.00	56	\$637.00
41	\$359.00	57	\$663.00
42	\$370.00	58	\$689.00
43	\$383.00	59+	\$711.00
44	\$398.00		

* AD = After Deductible

Walden School Monthly Medical Contribution

80% of the Value Network

HEALTH SAVINGS ACCOUNT



HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) allows you to contribute money (pre-tax) to offset out-of-pocket medical, dental, and vision expenses such as co-pays, prescriptions, and glasses.

Health Savings Account (HSA)

Do I need to be enrolled in a medical plan?	Yes
What plan is this available with?	HDHP PLAN
Is this required?	No. Participation is voluntary.
What is the maximum I can contribute?	\$3,650 Employee-only medical coverage \$7,300 Family medical coverage If you will be 55 or older, you can make an additional \$1,000 catch-up contribution.
Does my company contribute?	Walden School matches employees' contributions up to \$500/Year for Single, \$1,000/Year for Employee + 1, \$1,750/Year for Family.
When is my money available to use?	Your money will be available as it comes out of your paycheck each pay period. Your entire contribution is not available at the beginning of the year or when coverage starts.
How do I use my money throughout the year?	When you enroll in your HSA, you may choose to use a debit card instead of getting reimbursements. If you have not received a debit card, please contact your HSA provider. Contact information is available on Useful Contact Information at the beginning of this booklet. Keep copies of receipts in case you ever get audited.
What happens if I don't use all of my money throughout the year?	Money in your HSA will remain in your HSA each year without forfeiture. Your HSA will earn a small interest amount each year and has investment options when you meet a minimum balance threshold.
What can I use this money for?	Money in your HSA can be used to pay for current eligible medical, dental, or vision expenses. You can also save up your money to pay for future health care expenses such as a birth or a surgery.

DENTAL

Dental Select



DENTAL PLAN OPTION

Our dental carrier is **Dental Select** and the provider network is **Platinum**. You can search for covered providers by going to the website on the Useful Contact Information page.

	PPO	
	In-Network	Out-of-Network
Annual Deductible January - December	\$50 per individual \$150 per family	\$100 per individual \$300 per family
Calendar Year Maximum	\$1,500 per individual	
Preventive Services Routine exams, cleanings (2 per year), topical fluoride, x-rays	Plan pays 100% of covered services, deductible waived	Plan pays 80% of Fee Schedule of covered services, deductible waived
Basic Services Composite fillings, extractions, endodontics, periodontics, oral surgery, space maintainers, sealants	Plan pays 80% of covered services, deductible applies	Plan pays 70% of Fee Schedule of covered services, deductible applies
Major Services Crown, bridges, dentures, implant alternate.	Plan pays 50% of covered services, deductible applies	Plan pays 50% of Fee Schedule of covered services, deductible applies
Orthodontic Services Children under 19	Plan pays 50% of covered services, deductible applies	Plan pays 50% of covered services, deductible applies
Orthodontic lifetime Maximum	\$1,000	

Your Monthly Cost			
Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$40.64	\$92.58	\$77.97	\$131.52

VISION

EMI



VISION PLAN OPTION

Our vision carrier is **EMI Health** and the provider network is **Opticare of Utah**. You can search for covered providers by going to the website on the Useful Contact Information page.

	PLAN NAME	
	In-Network	Out-of-Network
Routine Vision Exams	\$10 Copay	Plan reimburses up to \$85
<hr/>		
Frequencies		
Exam		Once every 12 months
Contact Lenses		Once every 12 months
Frames		Once every 12 months
<hr/>		
Glasses (in lieu of contacts)		
Single Vision Lenses	\$10 Copay	Plan reimburses up to \$85
Lined Bifocal Lenses	\$10 Copay	Plan reimburses up to \$85
Frame Allowance	No Copay, \$130 Allowance,	Plan reimburses up to \$90
<hr/>		
Contact Lenses (in lieu of glasses)		
Elective Lenses	No Copay, \$130 Allowance	Plan reimburses up to \$90
<hr/>		
Laser Vision Correction	\$250 Off Per Eye	N/A
<hr/>		

Your Monthly Cost		
Employee	Employee + 1	Employee + Family
\$5.30	\$10.30	\$16.40

LIFE INSURANCE

Unum



LIFE INSURANCE TERMS AND BENEFITS

TERMS

Life Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Some options may be available at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Provides a benefit payout to you or your beneficiaries in the event of a covered accidental bodily injury that directly causes dismemberment, or in the event an accident causes your death. In the event of an accidental death, both the life and AD&D will be payable.

BENEFITS

Basic Life/AD&D (Company Paid)

This benefit is provided at NO COST to all active, full time employees.

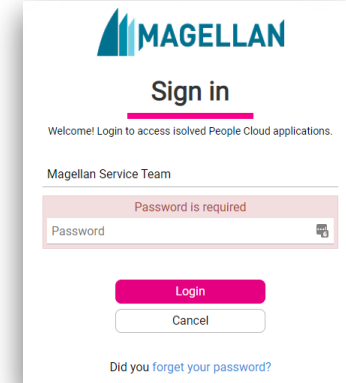
Benefit Amount	\$20,000
Benefit Amount	\$20,000
Spouse Benefit Amount	\$5,000
Child Benefit Amount	\$2,000

ISOLVED ENROLLMENT INFORMATION PART 1

Step 1: Log In

Go to magellan.myisolated.com and **Login**

- **Returning users:** Log in with the username and password you selected. If you have forgotten what that is, click **forget your password?**
- **First time users:** Click on your Registration Link in the email sent to you by your admin. Create an account, and create your own username and password.

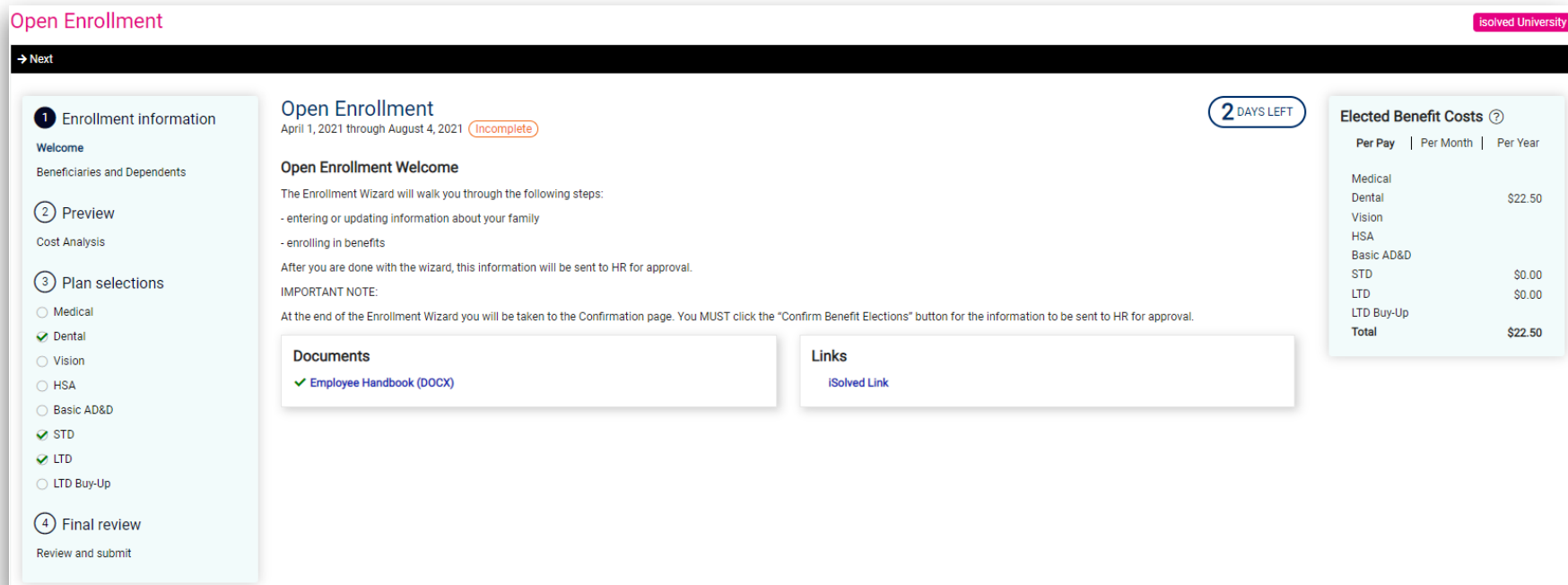


Step 2: Start Enrollments

After you login, select **Open Enrollment** on the left-side menu. Select **Next** option on the action bar to move through the enrollment screens. A digital copy of this booklet will be available on the Welcome page, and any employer messages will be displayed on the right-hand side of the screens.

TIP

Have dependent details handy. To enroll a dependent in coverage, you will need their date of birth and Social Security Number.



Open Enrollment isolved University

→ Next

1 Enrollment information
Welcome
Beneficiaries and Dependents

2 Preview
Cost Analysis

3 Plan selections
 Medical
 Dental
 Vision
 HSA
 Basic AD&D
 STD
 LTD
 LTD Buy-Up

4 Final review
Review and submit

Open Enrollment April 1, 2021 through August 4, 2021 Incomplete 2 DAYS LEFT

Open Enrollment Welcome

The Enrollment Wizard will walk you through the following steps:

- entering or updating information about your family
- enrolling in benefits

After you are done with the wizard, this information will be sent to HR for approval.

IMPORTANT NOTE:
At the end of the Enrollment Wizard you will be taken to the Confirmation page. You **MUST** click the "Confirm Benefit Elections" button for the information to be sent to HR for approval.

Documents
 Employee Handbook (DOCX)

Links
[iSolved Link](#)

Elected Benefit Costs

	Per Pay	Per Month	Per Year
Medical			
Dental			\$22.50
Vision			
HSA			
Basic AD&D			
STD			\$0.00
LTD			\$0.00
LTD Buy-Up			
Total			\$22.50

ISOLVED ENROLLMENT INFORMATION PART 2

Open Enrollment

← Previous → Next

1 Enrollment information
Welcome
Beneficiaries and Dependents

2 Preview
Cost Analysis

3 Plan selections
✓ Medical
○ Dental

Open Enrollment
April 1, 2021 through August 4, 2021 Incomplete 2 DAYS LEFT

Vision
Plan selections
Vision VSP

Waive Coverage

Step 3: Navigating Through Enrollment

Click **Next** at the top of each screen to save your elections.

If you do not want a benefit, click **Waive** next to the **Waive Coverage** option at the bottom of each list and select a reason from the drop-down menu.

Review

ACTION REQUIRED: There are outstanding items that must be completed in order to submit this benefit enrollment.

Invalid plan options ⓘ

- Dental
- Vision
- HSA
- Basic AD&D
- LTD Buy-Up

Medical	Waived
Dental	
Vision	
HSA	
Basic AD&D	
STD	\$0.00
LTD	\$0.00
LTD Buy-Up	
Total	\$0.00

Step 4: Review & Confirm Elections

Once you have finished making your benefit elections, the Review & Submit page will display. Be sure to read the important details in the **Action Required** message box. It will notify you of missing election.

Once elections have been made on all plans, you will see a full list of your elections. Make sure they are correct, then click **Submit My Benefits** in the **Action Required** box to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

Open Enrollment
April 1, 2021 through August 4, 2021 Incomplete 2 DAYS LEFT

Benefit enrollment submission

Benefit Election and Deduction Authorization
By submitting these benefit elections, I understand and agree that:

- I have elected to participate or opt out of the benefit plans as shown below.
- I authorize my Employer to deduct from my pay any premium amounts shown below.
- I understand that most pre-tax elections cannot be changed or revoked prior to the next plan anniversary date unless I experience a "Change In Status" as defined under the Internal Revenue Code
- Updates to these elections can be made until the final day of the enrollment period.

Annual Benefit Costs ⓘ

Plan Information	Effective Date	Coverage	Participants	Beneficiaries	Payroll Information	
					Deduction	Start Date
Medical						
Coverage Waived	06/01/2021					
Dental						

