



Health

Financial

Work-Life

# YOUR 2024-25 BENEFIT GUIDE

JULY 1, 2024 - JUNE 30, 2025

# Welcome

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

Please read it carefully, along with any supplemental materials you receive.

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### Important Note

The material in this benefits guide is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.



# When Coverage Begins & Other Important Information

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## Eligibility

You are eligible for benefits if you 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 registered domestic partner (RDP) and/or their children, where applicable by state law
- } Your children who are your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- } **New Hires:** You must complete the enrollment process within 30 days of your hire date. If you enroll on time, coverage is available first of the month following your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- } **Open Enrollment:** Changes made to plan coverage are effective July 1, 2024 - June 30, 2025.

For example, if you are hired anytime between January 1 - January 31, your benefits begin February 1.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- } Marriage or divorce
- } Birth or adoption of a child
- } Child reaching the maximum age limit
- } Death of a spouse, RDP, or child
- } You lose coverage under your spouse's/RDP's plan
- } You gain access to state coverage under Medicaid or CHIP

## Making Changes

To make changes to your benefit elections, you must contact Human Resources 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 a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

## Voluntary Benefits

Voluntary benefits are neither sponsored nor endorsed by Park City for any purpose.

## Human Resources

Please contact the Human Resources team for any benefit related questions, including contributions, enrollment, benefit change opportunities, notifications for changes in status and address, provider directories, and general carrier information.



# Administrative Policy Domestic Partners

Benefit	Administration	Tax or Paycheck Implications
<b>Medical and/or Dental</b>	<ul style="list-style-type: none"> <li>• May be added during Open Enrollment.</li> <li>• May be added mid-year if coverage is applied for within 30 days of establishing a domestic partnership. An affidavit must accompany the Benefit Enrollment and/or Benefit change forms.</li> <li>• Domestic partners will have access to COBRA as a qualified COBRA beneficiary as defined under the federal COBRA Act.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee paycheck deductions attributed to the cost of the domestic coverage will be on an “after-tax” basis.</li> <li>• Employee paycheck deductions attributed to the employee or other qualified dependents will be on a “pre-tax” basis.</li> </ul>
<b>Life Insurance</b>	<ul style="list-style-type: none"> <li>• May be added during Open Enrollment.</li> <li>• May be added mid-year if coverage is applied within 30 days of establishing a domestic partnership. An affidavit must accompany the Benefit Enrollment and/or Benefit change forms.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Health Care Reimbursement Account</b>	<ul style="list-style-type: none"> <li>• Expenses for a domestic partner who is not the employee’s dependent for federal income-tax purposes are not eligible covered expenses under the Health Care Reimbursement Account.</li> </ul>	<ul style="list-style-type: none"> <li>• A Health Care Reimbursement account may be used for the expenses of an employee or an IRS-qualifying dependent. A domestic partner does not necessarily meet the IRS definition of dependent.</li> </ul>
<b>Bereavement Pay &amp; Family Illness</b>	<ul style="list-style-type: none"> <li>• A domestic partner is qualified family member under the provisions of the Bereavement Leave and Family Illness policy.</li> <li>• These benefits will not be granted until 30 days after filing an affidavit.</li> </ul>	<ul style="list-style-type: none"> <li>• None. Time is reported as Bereavement or Family Illness on time sheets and is subject to supervisor approval.</li> </ul>
<b>Employee Assistance Program (EAP)</b>	<ul style="list-style-type: none"> <li>• A domestic partner is an eligible family member for EAP services.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Leave to Care for Domestic Partner (FMLA type leave)</b>	<ul style="list-style-type: none"> <li>• Leave may be granted to an employee to care for a domestic partner with a serious health condition as defined under the federal Family and Medical Leave Act.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>457 401 A</b>	<ul style="list-style-type: none"> <li>• A domestic partner may be named beneficiary. An affidavit is not required but is suggested.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Utah State Retirement</b>	<ul style="list-style-type: none"> <li>• Utah State Retirement has no provision for domestic partners; hence no benefits are provided.</li> <li>• For those employees grandfathered in the Contributory State Retirement System contact Human Resources for information regarding domestic partners.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

# Administrative Policy Domestic Partners

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**Eligibility:** To provide health, dental and life insurance benefits to full time regular employees with qualified domestic partners.

## 1. Definition of Terms

An eligible domestic partner is defined as a person who is in a qualifying domestic partner relationship with a PCMC employee. For these purposes, a qualifying domestic partner relationship is a conjugal relationship between two individuals of the same or opposite sex that meets the following criteria:

- a. Each domestic partner is at least 18 years of age;
- b. The domestic partners share a close personal relationship and are responsible for each other's common welfare;
- c. Both domestic partners are each other's sole domestic partner;
- d. The domestic partners share the same permanent residence with the intent to continue doing so indefinitely;
- e. The domestic partners are jointly financially responsible for basic living expenses including food, shelter, utilities and medical expenses;
- f. Neither domestic partner is legally married to anyone else nor has had another qualifying domestic partnership within the 90 days immediately preceding the application; and
- g. Are not more closely related by blood that would bar marriage in this State.

## 2. Current Status

PCMC's current contract with Aetna allows domestic partner coverage.

## 3. Benefit Administration and eligibility

### Declaration of Domestic Partnership

Employees applying for domestic partnership coverage must meet specific criteria. Employees are required to provide the city with a signed Declaration of Domestic Partnership certifying their domestic partner relationship within 30 days of its establishment. The City will forward the affidavit and application for coverage to Aetna who accepts or denies coverage of the domestic partner. If the domestic partnership ends, employees will need to complete a Termination of Qualifying Partnership and return it to HR. Once a domestic partnership is dissolved, you will not be able to designate a new domestic partner for 90 days following the date of dissolution. Employees who willfully falsify information on the affidavit face legal action from Aetna including loss of re-payment of benefit coverage, insurance fraud and other civil actions. The City is not responsible for verifying or investigating domestic partner eligibility or relationship; Aetna is solely responsible for investigation or denial of coverage on any domestic partner affidavit or application.

### Available Coverage

Employees may apply to enroll their domestic partner in health, dental, & life insurance. Certain leave eligibility under FMLA, Cobra, and inclusion in the 125 health and child-care reimbursement plan if applicable. Bereavement and Family Illness leave will be granted to those employees with a Declaration of Domestic Partnership on file in Human Resources. All other required application forms must be forwarded and accepted by Aetna.

### Confidentiality

An employee who elects to enroll a domestic partner must understand that PCMC cannot assure the total confidentiality of the relationship. The name of a domestic partner may be on insurance cards. Internal documents such as monthly statements, reports and billing may also include the name of the domestic partner.

**Reminder:** Employee paycheck deductions attributed to the cost of the domestic partner coverage will be on an "after-tax" basis. Employee paycheck deductions attributed to the employee or other qualified dependents will be on a "pre-tax" basis.

# Leave Policy

Sick Leave	Family Sick Leave
140 Hours per Calendar Year	120 Hours per Calendar Year

Employees can utilize Sick Leave time whenever they are not feeling well and need to stay home to recover. If more than three consecutive days of sick leave are used, a doctor’s release note will be required. Sick leave time can also cover the time at doctors and dentist appointments.

Employees can utilize Family Sick Leave whenever they need to care for one of their immediate family members (dependents, children, spouses, domestic partners, and legal guardians).

## Military Leave

The City will adhere to federal requirements governing military service, military personnel, and military families. Military leave is also granted to those employees with Reserve and National Guard obligations with partial pay, limited to 10 working days per year.

## Pregnancy/Parental Leave

Full-Time Regular Employees are eligible for Pregnancy/Parental Leave up to 360 hours.. Leave hours will be counted towards the 12 weeks of leave allowed by the Family Medical Leave Act (FMLA) for eligible employees.

Please refer to the Policies and Procedures (P&P) or contact Human Resources for more information on the Leave policy and restrictions.

# Pay Calendar & Holiday Pay

Pay Period Start	Pay Period End	Pay Day
<b>2024 Pay Periods</b>		
06/16/2024	06/29/2024	07/05/2024
06/30/2024	07/13/2024	07/19/2024
07/14/2024	07/27/2024	08/02/2024
07/28/2024	08/10/2024	08/16/2024
08/11/2024	08/24/2024	08/30/2024
08/25/2024	09/07/2024	09/13/2024
09/08/2024	09/21/2024	09/27/2024
09/22/2024	10/05/2024	10/11/2024
10/06/2024	10/19/2024	10/25/2024
10/20/2024	11/02/2024	11/08/2024
11/03/2024	11/16/2024	11/22/2024
11/17/2024	11/30/2024	12/06/2024
12/01/2024	12/14/2024	12/20/2024
<b>2025 Pay Periods</b>		
12/15/2024	12/28/2024	1/3/2025
12/29/2024	1/11/2025	1/17/2025
1/12/2025	1/25/2025	1/31/2025
1/26/2025	2/8/2025	2/14/2025
2/9/2025	2/22/2025	2/28/2025
2/23/2025	3/8/2025	3/14/2025
3/9/2025	3/22/2025	3/28/2025
3/23/2025	4/5/2025	4/11/2025
4/6/2025	4/19/2025	4/25/2025
4/20/2025	5/3/2025	5/9/2025
5/4/2025	5/17/2025	5/23/2025
5/18/2025	5/31/2025	6/6/2025
6/1/2025	6/14/2025	6/20/2025

2024 Holidays	
<b>2024 Holidays</b>	
Independence Day	Thursday, July 4th
Pioneer Day	Wednesday, July 24th
Labor Day	Monday, September 2nd
Thanksgiving	Thursday, November 28th
Day After Thanksgiving	Friday, November 29th
Christmas Eve	Tuesday, December 24th
Christmas	Wednesday, December 25th
<b>2025 Holidays</b>	
New Year's Day (2025)	Wednesday, January 1st
Martin Luther King Day	Monday, January 20th
President's Day	Monday, February 17th
Memorial Day	Monday, May 26th
Juneteenth	Thursday, June 19th

# Commonly Used Health Terms

Health insurance is complicated. Learning about available health insurance plans can be overwhelming. Read through the definitions below to gain a better understanding of health insurance basics.

<b>Premiums</b>	The dollars you pay each month for your insurance coverage.
<b>Deductible</b>	The amount you pay for covered health care services before your insurance plan starts to pay. If you have a \$2,000 deductible, this means you will pay the first \$2,000 of covered services yourself.
<b>Annual Deductible</b>	The amount you owe for health care services before your health insurance begins to pay.
<b>Out-of-Pocket Maximum</b>	The most you will pay for covered services in a plan year. After you spend this amount on deductibles.
<b>Co-Insurance</b>	The percentage of costs of a covered health care service you pay after your deductible has been met. If your health insurance plan's allowed amount for a covered service is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance plan pays the rest of the allowed amount.
<b>Co-Payment (Co-Pay)</b>	A fixed amount that you pay for covered health care services including doctor visits, specialist visits, or prescription drugs. Once your co-pay is paid, your health insurance provider covers the remaining cost of the service. The amount of your co-pay can vary depending on the type of health care service.
<b>Health Care Usage</b>	The goods and services you use to treat illness, injury, chronic disease, prescriptions, and preventive care.
<b>Total Annual Healthcare costs</b>	The total amount that you pay in premiums, coinsurance, out-of-pocket maximums and health care usage.
<b>Fiscal Year</b>	PCMC has a fiscal year that runs from July 1 <sup>st</sup> - June 30 <sup>th</sup> . New plans start on July 1 <sup>st</sup> .
<b>Calendar Year</b>	The one-year period from January 1 <sup>st</sup> - December 31 <sup>st</sup> . Benefits including deductibles and out-of-pocket maximums run on a calendar year.



# Medical

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## Aetna

We are proud to offer you a choice of medical plans that provide comprehensive medical prescription drug coverage. The plans also offer many resources and tools to help you maintain a health lifestyle. Following is a brief description of each plan. If electing a high deductible health plan, your Health Savings Account is administered by Inspira Financial (previously Payflex).

### Traditional Plans - \$375 or \$700

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a who participates with your plan. See page 10 for further details on the network. The deductible must be met before certain services are covered.



### High Deductible Health Plan with HSA - \$1,600

This High Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce out-of-pocket costs if you choose a provider who participates with your plan. See below and page 10 for further details on the network.

In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or be enrolled in another non-qualified plan through a parent or spouse. See the plan documents for full details. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf). Hears how the plan works:

- } **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *Note: if you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any individual.*
- } **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- } **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the year. *Note: If you enroll one or more family members, you must meet the fully FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*
- } **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductibles to help offset your annual deductible and pay for qualified health care expenses.

Stay on top of your benefits by visiting [MyAetnaWebsite.com](http://MyAetnaWebsite.com) or download the Aetna Health app by texting AETNA to 90156 to receive a download link.

Review your benefits and what's covered, track spending, view claims, ID card, find in-network providers and their reviews, including virtual care, locate walk in clinics, and urgent care centers near you.



To find out more information regarding your benefits and networks, scan the QR code below or go to <https://aetnaresource.com/p/Park-City>



# Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Traditional \$375		Traditional \$700		HDHP \$1,600	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible (per calendar year)</b>						
Individual / Family	\$375 / \$700	\$750 / \$1,400	\$700 / \$1,100	\$1,250 / \$2,500	\$1,600 / \$3,200 <sup>2</sup>	\$1,600 / \$3,200 <sup>2</sup>
<b>Out-of-Pocket Maximum (per calendar year)</b>						
Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000 <sup>3</sup>	\$5,000 / \$10,000 <sup>3</sup>
<b>Company Contribution to Your Health Savings Account (HSA) (per calendar year)**</b>						
Individual / Family	Not applicable		Not applicable		\$82.40 Employee Only per month \$188.10 Family Coverage per month	
<b>Covered Services</b>						
Office Visits (primary/specialist)	\$25 / \$45	40%*	\$35 / \$55	40%*	20%*	40%*
Telemedicine / Virtual Care	\$10	40%*	\$10	40%*	10%*	40%*
Routine Preventive Care	Covered 100%	40%*	Covered 100%	40%*	Covered 100%	40%*
Chiropractic Services (10 visits per calendar year)	20%*	40%*	20%*	40%*	20%*	40%*
Ambulance / Emergency Room	\$300	Same as in-network	\$300	Same as in-network	20%*	Same as in-network
Urgent Care Facility	\$45	40%*	\$55	40%*	20%*	40%*
Inpatient / Outpatient Hospital	20%*	40%*	20%*	40%*	20%*	40%*
<b>Prescription Drugs (Preferred Generic / Preferred Brand / Non-Preferred Generic and Brand Name)</b>						
Pharmacy Deductible	None	None	None	None	Same as medical	Same as medical
Retail Pharmacy (30 day supply)	\$10 / 20% / 35%	40% of submitted cost <sup>4</sup>	\$10 / \$25% / 40%	40% of submitted cost <sup>4</sup>	20%*	20%*
Mail Order (90 day supply)	\$30 / 20% / 35%		\$30 / 25% / 40%		20%*	20%*

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

\*\*Employer HSA contributions for employees is reliant on Healthy Living participation and contribution for those who do not participate in Healthy Living and employees who use Tobacco is different. \$900 will be deducted from the HSA contribution for employees not participating in Healthy Living.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you may be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, each family member is protected by the INDIVIDUAL out-of-pocket maximum. Once satisfied, the plan starts to pay eligible covered services at 100% for the one individual that met the Individual out-of-pocket maximum. Expenses from other family members continue to accumulate toward the Family out-of-pocket maximum, until all family members combined satisfy the FAMILY out-of-pocket maximum.
4. After applicable in-network cost share.

Monthly Premium			
Park City Premium	Traditional \$375	Traditional \$700	HDHP \$1,600
Healthy Living - Single / Family	\$638.18 / \$1,835.79	\$661.23 / \$1,809.00	\$623.87 / \$1,777.58
Non-Healthy Living - Single / Family	\$563.18 / \$1,760.79	\$586.23 / \$1,734.00	\$623.87 / \$1,777.58
<b>Employee Premium</b>			
Healthy Living - Single / Family	\$50 / \$125	\$0 / \$75	\$0 / \$0
Non-Healthy Living - Single / Family	\$125 / \$200	\$75 / \$150	\$0 / \$0
<b>Employee Premium (Tobacco Users)</b>			
Healthy Living - Single / Family	\$175 / \$250	\$125 / \$200	\$125 / \$125
Non-Healthy Living - Single / Family	\$250 / \$325	\$200 / \$275	\$125 / \$125

# Medical Network - Aetna

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## Employees in Utah

Employees living in Utah decide between the **Open Access Managed Choice POS (OAMC)** or **UT - Aetna Whole Health (AWH) Connected**. This selection cannot be changed until the next open enrollment, or a qualifying life event allows a change to your plan.

### University of Utah, Mountain Star - Standard Open Access Managed Choice POS (OAMC)

[https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site\\_id=DirectLink&planValue=OAMC%7CManaged\\_Choice\\_POS\\_Open\\_Access](https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=DirectLink&planValue=OAMC%7CManaged_Choice_POS_Open_Access)

### IHC Only Plan - (UT) Aetna Whole Health (AWH) Connected

[https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site\\_id=DirectLink&planValue=CP2UT|UT\\_Aetna\\_Whole\\_Health\\_Connected\\_Utah\\_Open\\_Access\\_Managed\\_Choice\\_Choice\\_POS\\_II](https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=DirectLink&planValue=CP2UT|UT_Aetna_Whole_Health_Connected_Utah_Open_Access_Managed_Choice_Choice_POS_II)

**Park City and Heber Valley Hospitals are participating in both networks.**

## Employees Outside Utah

Employees living outside Utah will enroll in **Open Choice PPO**.

**Provider participation can change periodically. It's important to confirm that your doctor or clinic is still covered in your network.**

### Check Provider Participation

To check if your physician, clinic, or a facility is covered under either network, follow the steps below:

[www.aetna.com](http://www.aetna.com)

Find a Doctor

Plan From an Employer

Continue as a Guest

Enter Zip Code and Distance (standard default 25 miles)

Search

Select a Plan

- (UT) Aetna Whole Health<sup>SM</sup> - Connected Utah - Open Access Managed Choice/Choice POS II
  - **Intermountain / IHC narrow network**
- Open Choice<sup>®</sup> PPO
  - **This is the PPO network (those outside UT)**
- Managed Choice<sup>®</sup> POS (Open Access)
  - **This is the OAMC network**



To find out more information regarding your benefits and networks, scan the QR code below or go to <https://aetnaresource.com/p/Park-City>

# Health Savings Account

We provide you with an opportunity to participate in our health saving account (HSAs) administered by Inspira Financial (previously Payflex). The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute to your HSA; company contribution amounts can be found on the medical overview grid.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limits	2024	2025
Employee Only	\$4,150	\$4,300
Family (employee + 1 or more)	\$8,300	\$8,550
Catch-up (age 55+)	\$1,000	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

### Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit [www.irs.gov/forms-pubs/about-publication-969](http://www.irs.gov/forms-pubs/about-publication-969).
- ▶ For a complete list of qualified health care expenses, visit [www.irs.gov/forms-pubs/about-publication-502](http://www.irs.gov/forms-pubs/about-publication-502).
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

# Flexible Spending Account

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by NBS. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

You may contribute up to \$3,200 (subject to change)<sup>1</sup> to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental Treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

NOTE: If you enroll in the HSA medical plan, you may not participate in a health care FSA.

## Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

## Dependent Care FSA

You may contribute up to \$5,000 per family (subject to change)<sup>1</sup> to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## FSA Rules

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA, Limited Purpose FSA, and Dependent Care FSA:** You can be reimbursed for claims incurred up to 2 ½ months after the end of the plan year (grace period). Unused funds will be forfeited after the grace period. You'll have an additional 30 days to submit claims for expenses incurred during the plan year.

Upon termination of employment, participation in the FSA will cease, and no further salary redirection contributions will be contributed on your behalf. However, you will be able to submit claims for expenses incurred before the end of the period for which payments to the FSA have already been made. Your further participation will be governed by "Continuation of Coverage Rights Under COBRA".

1. The IRS and your employer establish the maximum amount you may contribute. This amount is subject to change each year. See the plan documents for details.



## You've got Teladoc Health

made available through  


**Teladoc**  
HEALTH

Access to quality care at your fingertips

### General Medical

**\$56 or less/visit**

Talk to a licensed doctor for non-emergency conditions 24/7  
Flu • Sinus infections • Sore throats • And more

### Mental Health

**\$90 or less/ therapist visit**

**\$215 or less/ psychiatrist first visit**

**\$100 or less/ psychiatrist ongoing visit**

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

### Dermatology

**\$85 or less / consult**



Upload images of a skin issue online and get a custom  
treatment plan within two days

Eczema • Acne • Rashes • And more



## Set up your account or log in today

Visit [Teladoc.com/Aetna](https://Teladoc.com/Aetna)

Call 1-855-TELADOC (835-2362) | Download the app  

Less than an urgent care/ER visit, your cost is never more than a doctor visit!

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Group ID: 155218



# Dental

We are proud to offer you a dental plan through Regence. This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Regence Dental Network**.

You are provided with Dental Insurance at **NO COST** to you. Following is a high-level overview of the coverage available.

Key Dental Benefits	Regence Dental PPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
<b>Individual / Family</b>	\$25 / \$75	
<b>Benefit Maximum Per Individual</b> (per calendar year)	\$1,500	
<b>Preventive Services</b> (Exams, Flouride, Cleanings, X-rays)	Covered 100%	100% of EDE <sup>2</sup>
<b>Basic Services</b> (Fillings, Extractions, Oral Surgery, Endodontics, Periodontics)	20%*	20% of EDE <sup>2</sup> *
<b>Major Services</b> (Crowns, Bridges, Dentures)	50%*	50% of EDE <sup>2</sup> *
<b>Orthodontic Lifetime Maximum</b>	\$1,500	
<b>Orthodontic</b> (All Members)	50%	50% of EDE <sup>2</sup>

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. Cleanings do not apply towards the annual maximum.

2. EDE: Eligible Dental Expenses

Access your personalized member portal at [regence.com/sign-in/](http://regence.com/sign-in/) or download the **Regence Mobile App** to view benefits, eligibility, claim status, ID cards, plan summary, provider search, and more.

# Vision

We are proud to offer you a choice of vision plans through Opticare. This plan offers you the freedom and flexibility to use a vision provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Select Network** or **Broad Network**.

Following is a high-level overview of the coverage available.

Key Vision Benefits	0-10-100C			100CC		
	Select Network	Broad Network	Out-of-Network	Select Network	Broad Network	Out-of-Network
<b>Eyeglass / Contact Exam</b>	100% Covered	\$10 Copay	\$40 Allowance	Not Covered	Not Covered	Not Covered
<b>Contact Fitting</b>	100% Covered	Retail	Included above	Not Covered	Not Covered	Not Covered
<b>Standard Plastic Lenses</b> (Single, Bifocal, Trifocal)	100% Covered	\$10 Copay	\$70 Allowance	100% Covered	\$10 Copay	\$70 Allowance
<b>Standard Progressive</b>	\$10 Copay	\$50 Copay	Included under the \$70 Standard Plastic Lens Allowance	\$10 Copay	\$50 Copay	Included under the \$70 Standard Plastic Lens Allowance
<b>Polycarbonate</b>	\$20 Copay	\$40 Copay		\$20 Copay	\$40 Copay	
<b>Anti-Reflective</b>	\$40 Copay	\$45 Copay		\$40 Copay	\$45 Copay	
<b>Scratch Resistant Coating</b>	100% Covered	\$10 Copay		100% Covered	\$10 Copay	
<b>UV Protection Coating</b>	100% Covered	\$10 Copay		100% Covered	\$10 Copay	
<b>Other Options</b> (Edge polish, tints, mirrors, etc.)	Up to 25% discount			Up to 25% discount		
<b>Frames</b>	\$100 Allowance	\$90 Allowance	\$55 Allowance	\$100 Allowance	\$90 Allowance	\$55 Allowance
<b>Contacts</b> (in lieu of lens & frame)	\$100 Allowance	\$90 Allowance	\$75 Allowance	\$100 Allowance	\$90 Allowance	\$75 Allowance
<b>Frequency</b> (Exams, Lenses, Frames, Contacts)	Every 12 months			Every 12 months		

**Please note:** Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by provider.

- LASIK (Refractive Surgery) 20% Off Retail under the **Select Network** only. This is a discount only. Standard Optical Locations only.
- Out-of-Network benefits may not be combined with promotional items. Online purchases at approved providers only.
- Must purchase full year supply to receive discounts on select brands. See provider for details.
- Up to 20% Discount off balance above Frame Allowance

Access your personalized member portal at [opticarevisionservices.com](http://opticarevisionservices.com) or download the **MyOpticare Member App** to view benefits, eligibility, claim status, ID cards, plan summary, covered providers, and more.

Monthly Premium		
Employee Premium	0-10-100C	100CC
Single	\$7.37	\$4.79
Two-Party	\$12.98	\$8.44
Family	\$16.60	\$10.79

# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit after your death.

**Accidental death and dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (City-paid)

This benefit is provided at **NO COST** to you through Prudential

**NEW! Benefits update effective 7/1/2024**

Benefit Amount	
Employee	1x Annual Earnings to a maximum of \$200,000, minimum of \$50,000*
Dependent	\$5,000

\*Tax implications are applicable for any amounts above \$50,000 in coverage. See the IRS website for more details.

<https://www.irs.gov/government-entities/federal-state-local-governments/group-term-life-insurance> or <https://www.irs.gov/pub/irs-pdf/p15b.pdf>

Both Basic and Supplemental Life insurance amounts are subject to reduction at specific ages. Please see the Certificate of Coverage summary for more information.

**Please note:** You may request an additional \$40,000 of Employee Supplemental Life insurance coverage each open enrollment period without medical underwriting. This coverage is available, at the applicable premium rate, as long as you have not been previously denied coverage. Please see the Certificate of Coverage summary for more detailed information.

# Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

You are provided with Short-Term and Long-Term Disability Insurance at **NO COST** to you. Please see the Certificate of Coverage summary for more detailed benefit information.

Employees taking more than three days must secure a note from their physician or licensed health care professional authorizing their return to work. This must be submitted to Human Resources prior to being allowed to return to work.

Short Term Disability	
Benefit Percentage	60% of weekly salary
Weekly Benefit Maximum	\$1,385
When Benefits Begin	After 21 day elimination period
Maximum Benefit Duration	10 weeks

Long Term Disability	
Benefit Percentage	60% of monthly salary
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90 day elimination period
Maximum Benefit Duration	3 years Own Occupation, then any Occupation until Social Security Normal Retirement Age

Any absence deemed to be covered under Family Medical Leave Act (FMLA) to which you are entitled runs concurrently with disability leave and sick leave, if applicable.

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Prudential for yourself and your eligible family members.

Benefit Option		Guaranteed Issue <sup>1</sup>
Employee	Lesser of 5x salary or \$500,000 in \$10,000 increments	\$200,000
Spouse/RDP	Lesser of \$250,000 or 50% of employee amount in \$5,000 increments	\$20,000
Child(ren)	Lesser of \$10,000 or 50% of employee amount in \$2,000 increments	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed issue amounts without having to provide Evidence of Insurability (EOI), or information about your health. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Retirement Plans

## Utah Retirement Systems (URS)

Park City Municipal participates in the Utah Retirement System (URS). The URS system dictates, to all government employers, a percentage for annual contributions and offers a defined benefit program to employees. This benefit is 100% paid by Park City. The system and tier in which you are enrolled depends on your position and date of hire. Vesting requires 4 consecutive years of service with Park City Municipal.

## MissionSquare (Formally ICMA-RC)

Park City Municipal offers a 457 plan through MissionSquare. This is a tax deferred plan through which employers can make contributions toward their retirement. All contributions made to this account are matched by Park City at 50%, up to \$900 per fiscal year. An employee must contribute at least \$1,800 to achieve the maximum match from Park City. Don't miss out on **FREE MONEY** from Park City Municipal.


### MissionSquare Enrollment Instructions

- Visit [www.icmarc.org](http://www.icmarc.org)
- Select 'participants' > click 'enroll in your plan' > click 'Continue' > Enter Employer 'PARK CITY' > Enter Plan State (UT) > Scroll Down to plan 301087 and Click on 'Visit Website' > click on 'Enroll in My Plan' > Follow prompts and instructions to enter SSN and DOB.
- Once enrolled in the retirement plan, please contact Human Resources and indicate how much you would like to contribute to your 457 plan!

### Visit your plan resource site to enroll today.

Enrolling in your employer's retirement plan online is quick and easy, and it means you're taking a valuable step for your financial future. Your plan resource site provides information on your retirement plan's details and enrollment options.

Employer <input type="text" value="Park City"/> <small>Enter your employer's name for a list of plans</small>	Plan Name <input type="text"/>	Plan State <input type="text" value="Utah"/>
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<input checked="" type="checkbox"/> I'm not a robot	 <small>reCAPTCHA Privacy - Terms</small>	<input type="button" value="Search Plan Resource Sites"/>
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Plan Resource Sites			
Plan Name	Plan State	Plan Type	Plan ID
PARK CITY MUNICIPAL CORP	UT	GRP-ROTH	705522 <a href="#">Visit Website</a>
PARK CITY MUNICIPAL CORP	UT	GRP-IRA	701459 <a href="#">Visit Website</a>
PARK CITY MUNICIPAL CORP	UT	457	301087 <a href="#">Visit Website</a>
PARK CITY MUNICIPAL CORP.	UT	401A	109041 <a href="#">Visit Website</a>

Additional Questions Contact:

Jeff Hartung 202-962-4804, [Jhartung@missionsq.org](mailto:Jhartung@missionsq.org)

# Employee Assistance Program (EAP)

## Blomquist Hale

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Blomquist Hale.

The EAP can help with the following issues, among others:

- Life Changes
- Parenting
- Depression
- Finances
- Grief
- Smoking Cessation
- Birth / Adoption
- Family Conflicts
- Job Pressures
- Elder Care
- Aging
- Eating Disorders
- Child Care
- Stress
- Legal Advice
- Relationships
- Drugs / Alcohol

Counseling is available 24 hours a day, 7 days a week. To reach an EAP Representative, call **1-800-926-9619**.

## Healthy Living

In an effort to help maintain lower costs for you and to encourage good health for all of our valued employees, Park City Municipal encourages all employees to participate in our Wellness Program called Healthy Living. This program helps you take steps to become more aware of your own health and to reward you for making changes and taking steps to stay or get on a health path towards a healthier lifestyle.

### The Program Focuses on 3 Components of Health

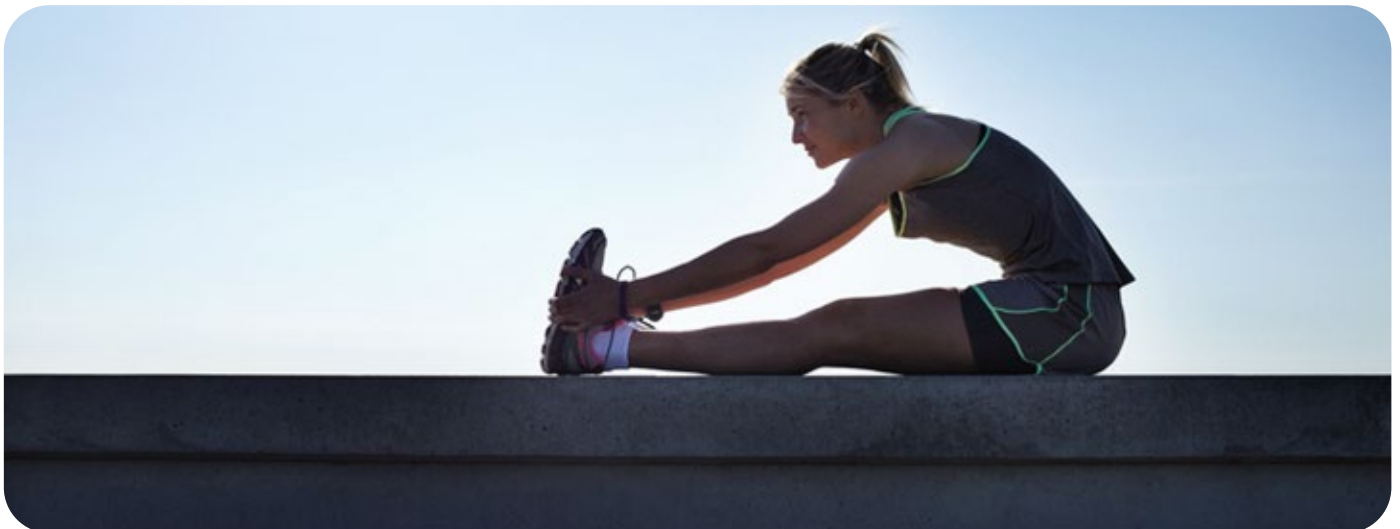
- Health and Medical Assessments
- Preventive Health Care
- Proactive Health Care

As you participate and complete all three components, you will be eligible to receive a monthly discount on your health insurance premiums. Your Healthy Living form will ask for a PDF upload of your annual physical and 6-month dental cleaning.

If an employee does not take steps to return the Healthy Living form to the HR department, his/her premiums will increase by \$75.00 per month (or the City contribution into the HSA account will decrease).

### Fitness Tracking Reimbursement

As part of our Healthy Living program, any Full-Time regular employee who purchases a fitness tracking device (i.e. FitBit, iWatch, etc.) could receive up to a \$50 reimbursement. Please provide an itemized receipt to HR within 30 days of the purchase date.





# Commuting Benefits

## Ride on Park City

Find neighbors who live and work near you on Park City's carpool matching platform, Ride On! You can reduce your care maintenance, parking and gas costs by sharing a ride. You can also join our incentive programs which reward you for using a sustainable transportation mode.

## Summit Bike Share

Park City Municipal and Summit County launched the country's first all-electric bike share system in 2017.

Summit Bike Share offers annual, monthly, and daily passes - perfect for residents and visitors alike. The bikes' electric motors make tackling Park City's hilly terrain a breeze and our city's pathway network makes getting around town safe and comfortable.

For station locations, pricing, and more information, please visit [www.summitbikeshare.com](http://www.summitbikeshare.com).

## UTA Vanpool

Park City Municipal provides a FREE vanpool to their employees. The vanpool makes one round-trip from Salt Lake City to Park City per day, Monday through Friday.

Email [vanpool@parkcity.org](mailto:vanpool@parkcity.org) for more information and to sign up.

## Guaranteed Ride Home (GRH)

Guaranteed Ride Home is designed to provide an 'insurance policy' against being stranded at work in the event an employee needs to make a sudden trip home to tend to an emergency or misses their bus home as a result of being required to work unexpected overtime.

### Who Is Eligible?

Any employee working in Park City or surrounding Summit County that traveled to work by means other than driving alone is eligible to participate.

GRH program participants are eligible for up to six uses of the program or combined total of \$250 per year in reimbursement; whichever occurs first.

Employees must be registered prior to requesting reimbursement.

### How Does It Work?

GRH participants typically use a taxi or ride-hailing app to get home. The employee then submits their receipt using our Reimbursement Claim Form. Reimbursements are sent through a check in the mail and are sent within 30 days after submitting a request. Tips are encouraged though not reimbursed.

## Kamas Commuter

Employees commuting from parts of eastern Summit County can take advantage of Park City Transit's fare free commuter service from Kamas to Park City and Kimball Junction. Visit <http://www.parkcity.org/departments/transit-bus> to learn more.



# Education Benefit

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## Education Benefit

A program of education assistance has been established for full-time regular employees who have completed probation.

- Course work that qualifies for educational assistance will be considered on a case-by-case basis prior to of the employee's enrollment.
- The determination to pay for the educational assistance will be at the sole discretion of the City Manager or his/her designee and in the best interest of the City.
- The City Manager reserves the right to change the amount or percentage of reimbursements available per employee at any time.
- The City will reimburse up to \$10,000 per calendar year according to the cap set by the IRS.
- In order to qualify for 100% reimbursement of classes and fees, the course grade must be:
  - "A" = 100%
  - "B" = 90%
  - "C" = 80%
- For "pass-fail" courses - up to 80% will be paid for passing.
- No reimbursement will be made for a grade lower than "C" or "fail" grade.

To be eligible for educational assistance, employees must have completed probation before classes commence. Employees will submit all degree requirements as part of the pre-approval process. All documentation of degree program requirements must be forwarded to Human Resources for approval before classes commence. Any and all reimbursement must be directly related to specific course requirements outlined by the degree program approved. Requests for educational assistance must pertain to degree programs from an accredited college or university.

# Babbel Benefit

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## Babbel

### Improving Your Language Skills

Improve your language skills, using Babbel FOR FREE!

Once you purchase a 1 year subscription and submit your receipt to Human Resources, you will be eligible to receive full reimbursement. This program is available to ALL employees.

Whether you learn best by reading, writing, speaking, seeing or listening, Babbel is built to bolster your language knowledge by teaching you in a way that is best for you.

### Mejorar sus habilidades lingüísticas

Mejora tus habilidades lingüísticas usando babble, GRATIS!

Una vez que compre una suscripción de 1 año, envíe su recibo a Recursos Humanos y puede obtener su reembolso completo!

\*Este programa está disponible para TODOS los empleados.

Ya sea que aprendas mejor leyendo, escribiendo, hablando, viendo o escuchando, Babbel está diseñado para reforzar tu conocimiento del idioma enseñándote de la mejor manera para ti.





# Valuable Extras

## Pet Insurance

The City offers a variety of Pet and Pet Prescription insurance plans that will give you a 25% discount from veterinary bills if you see a partnered Pet Benefit Solutions vet. Visit [www.petbenefits.com](http://www.petbenefits.com) for more details or ask HR.

## Housing Assistance Programs

City-owned rental properties and mortgage assistance, when available, are also a benefit to eligible employees. For more information, contact the City's Housing Specialist Rhoda Stauffer at extension 5152. Full-Time Regular employees who reside within the Park City School District boundaries are eligible for a monthly housing allowance. Please get in touch with Human Resources for more information on this benefit.

## Bilingual Stipend Policy

To provide services for resident employees in their primary language, including sign language. In Park City and Summit County, English, Spanish, American Sign Language (ASL) are the primary languages of many residents and employees.

- Employee must pass a proficiency test certifying the employee's ability to speak and write English and Spanish and use sign language
- Pay will be fixed amount \$40 per pay period. Part time employees will be paid \$20 per pay period.
- Bilingual Stipend will only be paid for pay periods where the employee receives straight time pay hours at a minimum of 15 hours per week.

## Ski & Mountain Bike Passes

Transferable Ski passes are available year-round for every employee. There are 5 Deer Valley passes which include both skiing and mountain biking access and 3 White Pine passes for cross country skiing. These passes are available for checkout Monday-Friday. They are due back the same day of checkout before the end of the day. Weekend checkout is also available. Contact HR for additional information.

### Ice Arena

	Ice Employee	Ice Dependent	City Employee	City Dependent
<b>Recreational Programs</b>				
Public Skate	Free	Free	Free	Free
Drop-In Hockey	Free*	Free*	Free*	Free*
Skating & Hockey Academy Classes	50% Off/Free if space first day of class	50% Off/Free if space first day of class	20% Off/Free if space first day of class	20% Off/Free if space first day of class
<b>Competitive Programs</b>				
Stick & Puck	Free*	Free*	Free*	Free*
Freestyle	Free*	Free*	20% Off Punch Cards	20% Off Punch Cards
Off-Ice Classes	Free*	Free*	20% Off Punch Cards	20% Off Punch Cards
<b>Skate Sharpening</b>				
Overnight Skate Sharpening	Free**	Free**	Free**	No Discount. Must Pay for Sharpening
<b>Camps &amp; Clinics</b>				
Basic Skating Camp	50% Off/Free*	50% Off/Free*	20% Off/Free*	20% Off/Free*
FS/Camp Competitive Clinics	50% Off	50% Off	20% Off	20% Off
Termite Camp	50% Off/Free*	50% Off/Free*	20% Off	20% Off
FS Clinics	50% Off/Free*	50% Off/Free*	20% Off	20% Off
<b>Hockey Leagues</b>				
Player Registration Fees	Free (min 100 hours)	NA	Free (min 100 hours)	NA
<b>Birthday Parties</b>				
Basic Package (Super Star Package not available)	No charge for party room if available 2 weeks out. Must pay admission and skate rental for all non-dependents	No charge for party room if available 2 weeks out. Must pay admission and skate rental for all non-dependents	20% Off	20% Off

\*Free if space available; Pay or give up spot if sessions sells out. Employee must identify as an employee when call ahead or signing in and notify cashier if they wish to pay for their spot or give it up should the session sell out.

\*\*Free, as staff available. If needed by a specific day/time no discount

\*Ice employees must work a minimum of 100 hours over a 12 month period or 2 hours per week to receive Ice Benefits for themselves and their dependents. Employees working less than 100 hours are eligible for benefits provided to all City employees and their dependents.

## Recognition Awards

Full-Time Regular employees are rewarded for their dedication and continued loyalty. Awards are presented every five years of continued service as a Full-Time Regular employee. Each five years of service is rewarded with an incremental dollar amount of \$200 redeemable through the Kudos recognition platform. For example, 5 years of service is awarded \$200, conversely, 30 years of service is awarded \$1200. Recognition from the Mayor, City Manager, City Attorney, and City Council for employee years of service is given every 5 years at a special dinner. Contact HR for additional information.

## Voluntary Identity Theft Protection and Restoration - Identity Theft Shield

Identity theft is a major problem affecting people's credit history and personal information. You may elect this optional coverage for you and your family through payroll deduction any time during the year. Contact Human Resources or go to the Employee Portal ([ep.parkcity.org](http://ep.parkcity.org)) for more information.

## Hepatitis A&B Shot Information

The Health Department offers shots every Monday-Thursday from 8:00AM-11:00AM and 1:00PM-5:00PM. This is a series of three shots: initial, one month, and five month shot. To receive your shots for free: tell the clinic you work with Park City Municipal Corp, and they know to bill us directly. For interested employees, free Hepatitis A & B shots are available at the Summit County Health Department.

## Wellness Benefit

The City offers privileges and discounts at City recreational facilities such as the PC MARC, Golf Course, and the Ice Arena. All active part-time, full-time, seasonal, and intern status employees are eligible to request Wellness benefits. Individuals under special employment agreements may also be eligible depending on their employment agreement. Benefits may also be requested for spouses, domestic partners, and dependents.

### PC MARC & Recreation

	REC Employee*	REC Dependent*	City Employee	City Dependent
Facility & Class Pass	Free	Free	Free	Free
Recreation Programs	50% Off/Free if space after deadline	50% Off/Free if space after deadline	20% Off/Free if space after deadline	20% Off/Free if space after deadline

All passes are non-transferable

\*Recreation employees must work a minimum of 100 hours over a 12 month period or 2 hours per week to receive Rec Benefits for themselves and for their dependents. Employees working less than 100 hours are eligible for benefits provided to all City employees and their dependents.

### Tennis

	Tennis Employee*	Tennis Dependent*	City Employee	City Dependent
Tennis & Pickleball Courts Use	Walk on at no charge	Walk on at no charge	Walk on at no charge	Walk on at no charge
Tennis Clinic, Social & Programs	50% Off/Free if space after deadline	50% Off/Free if space after deadline	20% Off/Free if space after deadline	20% Off/Free if space after deadline

\*Tennis employees must work a minimum of 100 hours over a 12 month period or 2 hours per week to receive Rec Benefits for themselves and their dependents. Employees working less than 100 hours are eligible for benefits provided to all City employees and their dependents.

### Golf Wellness Benefits

	Golf Employee*	Golf Dependent*	City Employee	City Dependent
10 Punch Pass (\$360)	Free	\$288 (20% Discount)	\$180	\$288 (20% Discount)

Limit 3 punch cards a year for City Employees and their domestic partner

\*Golf employees must work a minimum of 100 hours over a 12 month period or 2 hours per week to receive Golf Benefits for themselves and their dependents. Employees working less than 100 hours are eligible for benefits provided to all City employees and their dependents.

# Contacts

Coverage	Carrier	Phone #	Website/Email
Medical	Aetna	Concierge: (800) 345-8882	<a href="http://www.aetna.com">www.aetna.com</a>
Dental	Regence	(888) 675-6570	<a href="http://www.regence.com">www.regence.com</a>
Vision	Opticare Vision Services	(800) 363-0950 (801) 869-2020	<a href="http://www.opticarevisionservices.com">www.opticarevisionservices.com</a>
Health Savings Account (HSA)	Inspira Financial	(844) 729-3539 (TTY:711)	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>
Flexible Spending Accounts (FSA) - Reimbursement	National Benefit Services (NBS)	Phone: (800) 274-0503 Account Balance: (888) FLEX125	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>
Life and AD&D	Prudential	(888) 598-5671	<a href="http://www.prudential.com">www.prudential.com</a>
Disability	Prudential	(888) 598-5671	<a href="http://www.prudential.com">www.prudential.com</a>
Retirement	MissionSquare (ICMA-RC)	Main: (800) 326-7272 Jeff Hartung: (202) 962-4804	<a href="http://www.icmarc.org">www.icmarc.org</a> <a href="mailto:Jhartung@missionsq.org">Jhartung@missionsq.org</a>
Retirement	URS	Main: (801) 366-7770	<a href="http://www.urs.org">www.urs.org</a>
Employee Assistance Program (EAP)	Blomquist Hale	(800) 926-9619	<a href="http://www.blomquisthale.com">www.blomquisthale.com</a>
Pet Insurance	Pet Benefits	(800) 891-2565	<a href="http://www.petbenefits.com">www.petbenefits.com</a> <a href="mailto:customercare@petbenefits.com">customercare@petbenefits.com</a>

## Benefits Website

Our employee portal, [ep.parkcity.org](http://ep.parkcity.org), can be accessed anytime you want additional information on our benefits programs.

### Human Resources

If you have additional questions, you may also contact:

Sarah Mangano at (435) 615-5241  
or [Sarah.Mangano@parkcity.org](mailto:Sarah.Mangano@parkcity.org)

or

Amy Villarreal at (435) 615-5242  
or [Amy.Villarreal@parkcity.org](mailto:Amy.Villarreal@parkcity.org)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to each insurance carrier's plan documents, medical plan SBC's, benefit summaries and your employer's Summary plan for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

