

employee  
benefits  
enrollment  
guide

2022-  
2023



Groups 3 & 4







## table of contents

- 3 online enrollment instructions**
- 4 useful contact information**
- 7 medical plan options**
- 8 pharmacy program**
- 9 virtual telehealth**
- 11 dental insurance**
- 12 vision insurance**
- 13 life and ad&d insurance**
- 14 accident and critical illness insurance**



- 15 legal insurance**
- 16 id theft protection**
- 17 dependent care fsa**
- 18 employee assistance program**
- 19 regence app**
- 20 employee advocate**

### Do you need help or have questions?

You can reach out to your insurance company or benefit provider using the contact numbers provided on page 3.

If your issues are still not resolved, please contact your Diversified Insurance Group Employee Advocate.





## At Snowbird, we believe employees are the foundation of our success.

Snowbird is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. This enrollment guide is designed to help you understand the options available.

### Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

### When does coverage begin for New Hires?

Coverage begins on the first day of the month following 30 days from your date of hire. You must be actively at work for your coverage to become effective.



## What do I need to consider for Open Enrollment?

When choosing your insurance coverage for 2022-2023, review the benefit options available to you and make the elections that are right for you and your family.

Which medical plan will work best for you?

Do you need dental or vision coverage?

Do you need to cover eligible family members under your insurance benefits?

Do you want to purchase supplemental life or disability insurance?

Do you have upcoming life events to consider when selecting benefits, such as the birth of a new baby, a marriage, or a child going to college?

Who should be your beneficiary for life insurance?



### Important reminder

In order to enroll in, modify, or waive benefits, you **must** log into Ignite. If you do not enroll within your new hire waiting period, your next opportunity to make changes will be during next year's Open Enrollment period unless in the event of an IRS qualifying life event. For more details on IRS qualifying life events, visit [healthcare.gov](https://www.healthcare.gov).



**During your benefits enrollment period, you can add an eligible dependent to your coverage.**

#### IMPORTANT NOTICE

Once you're enrolled, if you get married, have/adopt a baby, get a divorce, or another **qualified life event occurs, you must notify HR within 30 days** of the date of change. For more information about who's eligible to be on your plans, see the Notices section of this guide.



## online enrollment instructions



### You must register before you can enroll in or make changes to your Employee Benefit elections and personal information.

Please follow the steps outlined here to register in Ignite, Snowbird's online enrollment system. Once you have registered, you will be able to enroll in benefits or make changes to your existing benefits and personal information in the Ignite system.



- Step 1** Open your internet browser and navigate to [ignitebenefits.com](https://ignitebenefits.com)
- 
- Click on **New Registration** and enter your information.
- Step 2** If you already have a **Username** and **Password** please select **Login** and skip ahead to **Step 4**.
- Snowbird's identifier is: **Snowbird**
- 
- Follow the instructions to set up your **Username** and **Password**.
- Step 3** Please use secure password storage practices to safeguard your personal information.
- 
- Now that you're registered and logged into the system, you can navigate to your **Profile**,
- Step 4** **Benefits, Required Tasks** (benefits or HR related items that Snowbird requires you to complete), and **Resources**.





## useful contact information

### Medical

Regence Group #10000535  
[regence.com](http://regence.com) (888) 367-2119

### Dental

EMI Health Group #2077  
[emihealth.com](http://emihealth.com) (800) 662-5851

### Vision

Opticare Group #SNO  
[opticarevisionservices.com](http://opticarevisionservices.com) (801) 797-2538

### Basic Life and AD&D Insurance

Lincoln Group #10255539  
[lincolnfinancial.com](http://lincolnfinancial.com) (800) 423-2765

### Voluntary Life Insurance

Lincoln Group #0004000010000-25464  
[lincolnfinancial.com](http://lincolnfinancial.com) (800) 423-2765

### Short-Term Disability, Accident & Critical Illness

Reliance Standard #VPS328681 #VAI827784  
#VCI802534  
[reliancestandard.com](http://reliancestandard.com) (800) 351-7500

### Identity Theft Protection

IDShield  
[benefits.legalshield.com/snowbird](http://benefits.legalshield.com/snowbird)

### Legal Insurance

MetLife (800) 821-6400  
[info.legalplans.com](http://info.legalplans.com)

### Dependent Care Flexible Spending Account (DCFSA)

HealthEquity (855) 428-0447  
[healthequity.com/dcfsa](http://healthequity.com/dcfsa)

### Employee Assistance Program

Lincoln Financial Group (855) 327-4463  
[guidanceresources.com](http://guidanceresources.com)

### Human Resources

Cecile Buse (801) 933-2456  
[cecile@snowbird.com](mailto:cecile@snowbird.com)

### Diversified Insurance

Employee Advocate (801) 325-5096  
[snowbird@digadvocate.com](mailto:snowbird@digadvocate.com)



# important medical insurance terms



## What comes out of my pay?

### Annual premium

The annual cost to purchase medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on the plan you choose and the number of people you cover.



## What will I pay after I meet my deductible?

### Coinsurance

After you meet the annual deductible, generally, you'll continue to pay the stated coinsurance percentage for in-network covered medical services until you meet the out-of-pocket maximum. The plan pays the rest.



## What will I pay when my medical coverage starts?

### Annual deductible

You won't pay for in-network preventive care defined by the U.S. Preventive Services Task Force, such as your annual checkup. Generally, for all other covered care, you'll pay the amount of your annual deductible before the plan starts to pay.



## How much will I pay out of my own pocket?

### Out-of-pocket maximum

This is the most you would pay for covered medical services in a calendar year. Once you meet it, the plan pays the full cost of additional covered care.



## Will my doctor be in-network?

### Provider network

You can confirm whether your doctor is in-network by going to Regence's website, listed on page 3 of this benefit guide.



## What is Snowbird contributing?

### Snowbird contribution

Snowbird pays a portion of your monthly premium to limit your monthly cost and provide you with affordable coverage options.





# regence hospital coverage in utah

**Includes 96% of hospitals and 95% of providers nationwide.**

All Networks include free-standing surgical and imaging centers, urgent care locations, providers and clinics, including Total Care/ Total Cost of Care (TCC) providers.

**TCC providers include:** Revere Health, Granger Medical Clinic, Foothill Family Clinic, Tanner Clinic, MountainStar-HCA, Aledade, Steward Health Care Network, and the Ogden Clinic.

**Preferred ValueCare (PVC) and National BlueCard PPO Network**

Includes 44 statewide Utah Hospitals, and 16,000+ providers and facilities, including HCA MountainStar, University of Utah, and Steward Health Systems, along with all major multi-specialty groups.

Please be aware that Intermountain Health Care (IHC) facilities or providers are not considered in-network.

	PVC
Alta View Hospital	
American Fork Hospital	
Ashley Regional Medical Center	X
Bear River Valley Hospital	X
Beaver Valley Hospital	X
Blue Mountain Hospital	X
Brigham City Hospital	X
Cache Valley Hospital	X
Castleview Hospital	X
Cedar City Medical Center	X
Central Valley Medical Center	X
Davis Hospital and Medical Center	X
Delta Community Medical Center	X
Fillmore Hospital	X
Garfield Memorial Hospital	X
Gunnison Valley Hospital	X
Heber Valley Medical Center	X
Huntsman Cancer Hospital	X
Intermountain Medical Center	
Jordan Valley Medical Center — West Jordan Campus	X
Jordan Valley Medical Center — West Valley Campus	X
Kane County Hospital	X
Lakeview Hospital	X
Layton Hospital	
LDS Hospital	
Logan Regional Hospital	X
Lone Peak Hospital	X
McKay Dee Hospital	

	PVC
Milford Memorial Hospital	X
Moab Regional Hospital	X
Moran Eye Center	X
Mountain Point Medical Center	X
Mountain View Hospital	X
Mountain West Medical Center	X
Ogden Regional Medical Center	X
Orem Community Hospital	
Park City Medical Center	X
Primary Children's Hospital	X
Riverton Hospital	X
Riverton Children's Unit	
Salt Lake Regional Medical Center	X
San Juan County Hospital	X
Sanpete Valley Hospital	X
Sevier Valley Medical Center	X
Shriners Hospital	X
Spanish Fork Hospital	
St. George Regional Hospital	X
St. Mark's Hospital	X
The Orthopedic Specialty Hospital (TOSH)	
Timpanogos Regional Hospital	X
Uintah Basin Medical Center	X
University of Utah Hospital	X
University of Utah Ortho Center	X
Utah Valley Hospital	

This information is designed to help you choose a medical facility and those listed could be subject to change.



# medical plan options

	REGENCE BCBS - TRADITIONAL PPO \$900 BLUEPOINT VALUECARE		REGENCE BCBS - HIGH DEDUCTIBLE HEALTH PLAN \$1,200 BLUEPOINT STANDARD	
	In-Network	Out-of-Network *	In-Network	Out-of-Network *
<b>Annual Deductible</b> Jan 1 - Dec 31	You pay up to <b>\$900</b> per individual <b>\$900</b> per member / <b>\$2,700</b> per family <i>Embedded</i>	You pay up to <b>\$2,250</b> per individual <b>\$2,250</b> per member / <b>\$6,750</b> per family <i>Embedded</i>	You pay up to <b>\$1,200</b> per individual <b>\$1,200</b> per member / <b>\$3,600</b> per family <i>Embedded</i>	You pay up to <b>\$1,800</b> per individual <b>\$1,800</b> per individual / <b>\$5,400</b> per family <i>Embedded</i>
<b>Coinsurance</b>	You pay <b>20%</b> AD	You pay <b>40%</b> AD	You pay <b>20%</b> AD	You pay <b>30%</b> AD
<b>Out-of-pocket Maximum</b> Jan 1 - Dec 31	You pay no more than <b>\$7,000</b> per individual <b>\$7,000</b> per member / <b>\$14,000</b> per family <i>Embedded</i>	No more than <b>\$15,000</b> per individual <b>\$15,000</b> per member / <b>\$30,600</b> per family <i>Embedded</i>	No more than <b>\$7,150</b> per individual <b>\$7,150</b> per member / <b>\$14,300</b> per family <i>Embedded</i>	No more than <b>\$7,500</b> per individual <b>\$7,500</b> per member / <b>\$15,000</b> per family <i>Embedded</i>
<b>Preventive Services</b>	You pay <b>\$0</b> according to government guidelines	You pay <b>40%</b> AD	You pay <b>\$0</b> according to government guidelines	You pay <b>30%</b> AD
<b>Office Visits</b> Primary Care Specialist Chiropractic (15 visits / year) Doctors on Demand Telehealth	You pay <b>\$40</b> copay You pay <b>\$50</b> copay You pay <b>20%</b> AD You pay <b>\$20</b> copay	You pay <b>40%</b> AD You pay <b>40%</b> AD You pay <b>40%</b> AD Not covered	You pay <b>20%</b> AD You pay <b>20%</b> AD You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>30%</b> AD You pay <b>30%</b> AD You pay <b>30%</b> AD Not covered
<b>Mental Health Services</b> Office Visit Inpatient	You pay <b>\$40</b> copay You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>30%</b> AD You pay <b>30%</b> AD
<b>Emergency Services</b> Urgent Care Emergency Room	You pay <b>\$60</b> copay You pay <b>\$250</b> copay, then <b>20%</b>	You pay <b>40%</b> AD Covered as <b>In-Network</b>	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>30%</b> AD Covered as <b>In-Network</b>
<b>Inpatient &amp; Outpatient</b> Inpatient Hospital Outpatient Surgery	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>40%</b> AD You pay <b>40%</b> AD	You pay <b>20%</b> AD You pay <b>20%</b> AD	You pay <b>30%</b> AD You pay <b>30%</b> AD
<b>Prescription Medication</b> Retail (30-day supply)	<b>Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / Tier 6</b> You pay <b>\$15 / 25% AD / \$35 / \$75 / \$175 / 50%</b> AD		<b>Tier 1 / Tier 2 / Tier 3 / Tier 4</b> You pay <b>20% AD / 20% AD / 20% AD / 20%</b> AD	

AD: After Deductible

\* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.

	EMPLOYEE COST PER PAY PERIOD			EMPLOYEE COST PER PAY PERIOD		
	Employee (EE) Only	EE + 1 Dependent	EE + Family	Employee (EE) Only	EE + 1 Dependent	EE + Family
	\$90.00	\$194.00	\$290.00	\$60.00	\$131.00	\$195.00





## save money on specialty medications



### Real People. Real Savings.

Diversified Pharmacy Advocates can help provide avenues for alternative funding for some specialty medications. If your medication is eligible, they will reach out to you directly and help you through the process.

### Diversified Pharmacy Advocates provides a unique opportunity to help employees save money on specialty medications.

Prescription Advocates will walk you through the enrollment process. Some of the advantages of the Diversified Pharmacy Advocates program are:

- If you are in need of a qualifying medication, our team of dedicated pharmacy advocates will reach out to you.
- Diversified Pharmacy Advocates saves you and the health plan money, which translates into lower premiums over time.
- Prescriptions are shipped directly to your home with no shipping or handling costs.

**Questions regarding eligibility or enrollment? Contact Diversified's Pharmacy Advocates at 866-530-9989**



## talk to a doctor by phone anytime

### The doctors at Doctor on Demand are in, 24/7.

Doctor on Demand offers an affordable alternative to costly urgent care and ER visits when you need care, 24 hours a day, 365 days a year.

**Talk to a doctor anytime; Please refer to medical page for costs associated with visits.**

Doctors on Demand features US-based, board-certified physicians, and licensed psychiatrists, psychologists, and therapists, that are available on your schedule.

**Download the Doctor on Demand app from the Apple App Store or Google Play today.**

#### How it works

Doctor on Demand works on any tablet, smartphone, or computer. Appointments can be made on demand or scheduled for a future visit.

#### Registration is quick and easy

- **Go** to [doctorondemand.com](https://doctorondemand.com) or
- **Open** the Doctor on Demand app
- Click **Sign Up** to create your account
- Provide the requested **Basic Info**
- Enter your **Insurance info**

#### Patient provider ratings

You can choose your Doctor on Demand provider using useful ratings from other patients and provide your own ratings to providers as well. Doctor on Demand providers average a 4.8 star rating.

#### Continuity of care

Your Doctor on Demand provider will follow-up with you via email, send you in-app follow-up instructions, and even follow-up with you via telephone when necessary. Doctor on Demand will, with your permission, provide your primary care provider with all information and notes from your visit.

**Contact Doctor on Demand  
to register today!**

(800) 997-6196 | [doctorondemand.com](https://doctorondemand.com)





## preventive care guidelines

### Preventing and detecting disease early, are important to living a healthy life.

The better your health, the lower your health care costs are likely to be. Following these guidelines, along with the advice of your doctor, can help you stay healthy. Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations. Preventive care visits are now 100% covered without a co-pay, or having to meet your deductible\*. For more information on preventive care, visit [healthcare.gov](http://healthcare.gov).

#### Services for Adults

**Abdominal Aortic Aneurysm:** one-time screening for men of specified ages who have ever smoked

**Alcohol Misuse:** screening and counseling

**Aspirin:** use for men and women of certain ages

**Blood Pressure:** screening for all adults

**Cholesterol:** screening for adults of certain ages or at higher risk

**Colorectal Cancer:** screening for adults over 45

**Depression:** screening for adults

**Type 2 Diabetes:** screening for adults with high blood pressure

**Diet:** counseling for adults at higher risk for chronic disease

**HIV:** screening for all adults at higher risk

**Immunization:** vaccines for adults-doses, recommended ages, and recommended populations vary: Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza, Measles, Mumps, Rubella,

Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella, COVID-19

**Obesity:** screening and counseling for all adults

**Sexually Transmitted Infection:** STI: prevention counseling for adults at higher risk

**Tobacco Use:** screening for all adults and cessation interventions for tobacco users

**Syphilis:** screening for all adults at higher risk

#### Services for Women

**Anemia:** screening on a routine basis for pregnant women

**Bacteriuria:** urinary tract or other infection screening for pregnant women

**BRCA:** counseling about genetic testing for women at higher risk

**Breast Cancer Mammography:** screenings every 1 to 2 years for women over 40

**Breast Cancer Chemoprevention:** counseling for women at higher risk

**Breast Feeding:** interventions to support and promote breast feeding

**Cervical Cancer:** screening for sexually active women

**Chlamydia Infection:** screening for younger women and other women at higher risk

**Folic Acid:** supplements for women who may become pregnant

**Gonorrhea:** screening for all women at higher risk

**Hepatitis B:** screening for pregnant woman at their first prenatal visit

**Osteoporosis:** screening for women over age 60 depending on risk factors

**Rh Incompatibility:** screening for all pregnant women and follow-up testing for women at higher risk

**Tobacco Use:** screening and interventions for all women, and expanded counseling for pregnant tobacco users

**Syphilis:** screening for all pregnant women or other women at increased risk

#### Services for Children

**Alcohol and Drug Use:** assessments for adolescents

**Autism:** screening for children 18 - 24 months

**Behavioral:** screening for children of all ages

**Cervical Dysplasia:** screening for sexually active females

**Congenital Hypothyroidism:** screening for newborns

**Developmental:** screening for children under age 3, and surveillance throughout childhood

**Dyslipidemia:** screening for children at higher risk of lipid disorders

**Fluoride Chemoprevention:** supplements for children without fluoride in their water source

**Gonorrhea:** preventive medication for the eyes of all newborns

**Hearing:** screening for all newborns

**Height, Weight, and Body Mass Index:** measurements for children

**Hematocrit or Hemoglobin:** screening for children

**Hemoglobinopathies** or sickle cell screening for newborns

**HIV:** screening for adolescents at higher risk

**Immunization:** vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus, Influenza Type B, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza, Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, COVID-19

**Iron:** supplements for children ages 6 - 12 months at risk for anemia

**Lead:** screening for children at risk of exposure

**Medical History:** for all children throughout development

**Obesity:** screening and counseling

**Oral Health:** risk assessment for young children

**Phenylketonuria: PKU:** screening for this genetic disorder in newborns

**Sexually Transmitted Infection:** STI: prevention counseling for adolescents at higher risk

**Tuberculin:** testing for children at higher risk of tuberculosis

**Vision:** screening for all children

*\*If diagnostic services are performed during your preventive checkup, co-pays and deductibles may apply.*












# dental insurance

## EMI Health is the carrier for our dental plan.

Visit [emihealth.com](http://emihealth.com) to find a provider in the network.

### Out-of-network coverage

A dentist who is “out-of-network” means the provider hasn’t agreed to negotiated rates. The plan pays benefits based on the reasonable & customary charge for a particular service. If the out-of-network provider charges more, you’ll be responsible for paying the amount that exceeds the reasonable & customary charge plus the applicable coinsurance and deductible.

DENTAL PPO R&C PLAN (80TH PERCENTILE)			
	Advantage Plus Network	Premier Network	Out-of-Network*
 <b>Annual Deductible**</b> January - December		\$50 per individual \$150 per family	
 <b>Annual Maximum</b> January - December	\$2,000	\$1,000	\$1,000
 <b>Waiting Period</b>		None for Preventive Services None for Basic Services None for Major Services	
 <b>Preventive Services</b> Cleanings, exams, fluoride, and x-rays	Plan pays <b>100%</b> of covered services AD	Plan pays <b>100%</b> of covered services AD	Plan pays <b>80%</b> of R&C AD
 <b>Basic Services</b> Endodontics, sealants, oral surgery, fillings, space maintainers, and impacted teeth	You pay <b>20%</b> AD	You pay <b>20%</b> AD	You pay <b>20%</b> of R&C, AD
 <b>Major Services</b> Bridges, crowns, dentures, periodontics and general anesthesia	You pay <b>50%</b> AD	You pay <b>50%</b> AD	You pay <b>50%</b> of R&C, AD
 <b>Orthodontic Lifetime Maximum</b>		\$500 per year, \$1,000 Lifetime	

If you enroll in Medical coverage, you'll be auto-enrolled in dental coverage.

AD: After Deductible

\*\*Deductible applies to Preventative, Basic & Major Services.

R&C: Reasonable & Customary

\* Providers may charge more than the plan allows when you receive services out-of-network. It is recommended that you ask the out-of-network provider about their billed charges before planning care.



# vision insurance



## Opticare Vision Services is our vision carrier.

Visit [opticarevisionservices.com](https://opticarevisionservices.com) to find an eye care provider in the network.

Out-of-network services, including online retailers, require out of pocket payment in full, and a reimbursement form will need to be submitted. You can submit your claim reimbursement request by visiting: [opticarevisionservices.com/find-a-provider/out-of-network/](https://opticarevisionservices.com/find-a-provider/out-of-network/). Once submitted and processed, you'll receive a check in the mail for the out-of-network allowed amounts for services received.



**Routine Vision Exams**  
**Contact / Eyeglass Exams**

### VISION - STANDARD OPTICAL

In-Network	Out-of-Network
\$30 copay	\$25 allowance
\$30 copay	\$25 allowance



**Frequency**

Exams	Once every 12 months
Contact Lenses	Once every 12 months
Frames	Once every 12 months
Lenses	Once every 12 months

**Eyeglasses**

Frames	\$120 allowance based on retail pricing	\$80 allowance
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**Standard Plastic Lenses**

Single Vision	\$10 copay
Bifocal	\$10 copay
Trifocal	\$10 copay



**Lens Options**

Progressive (Standard No-Line)	\$50 copay	\$85 allowance for lenses, options, and coatings
Premium Progressive	\$100 copay	
Ultra Premium Progressive	Up to 20% discount	
Polycarbonate	25% (discount only)	
High Index	25% (discount only)	
Additional pairs of glasses throughout the year	Up to 50% off retail	N/A

**Contact Lenses**

Contact benefits is in lieu of lens and frame benefits	\$120 allowance	\$80 allowance
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**Additional Contact Purchases**

Conventional	Up to 20% Discount	Retail
Disposables	Up to 10% Discount	Retail

**If you enroll in medical coverage, you'll be auto-enrolled in vision coverage.**

\*LASIK: \$250 discount per eye may be available for in-network providers only. Please refer to [opticarevisionservices.com](https://opticarevisionservices.com) or speak with your provider.



## life and ad&d insurance

### Life insurance can provide income protection for you and your family.

Some coverage is provided automatically to you at no cost. Other supplemental coverage is available to purchase based on your needs.



#### Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Group 1 & 2 employees are provided with \$50,000 of Life and AD&D insurance as part of your core benefits. 1S employees working a minimum of 20 hours a week are provided with \$5,000 of coverage. This coverage is completely free to employees — Snowbird pays the premiums. Additionally, you have the option to convert your coverage if you retire, lose eligibility or terminate your employment with Snowbird.

These benefits are provided through Lincoln Financial Group.







## accident and critical illness insurance

### Snowbird offers these additional voluntary benefits through Reliance Standard to help you navigate life's challenges.

Reliance Standard's goal is to help you and your family cope with and recover from the financial stress of a serious accident or illness. These plans are not major medical insurance; they are insurance for daily living expenses and pay cash directly to you.



#### Accident Insurance

This plan pays toward injury related ER visits, hospitalizations, follow up visits, physical therapy and coverage for accidents. Benefits are paid directly to you when you need it most and can be used however you choose: to help pay for out-of-pocket medical expenses like co-pays and deductibles or for non-medical expenses\*.

- Provides cash benefits for a wide range of accident-related events: fractures, dislocations, burns, dental injuries, etc.
- Includes accidental death benefit: **\$50,000** for employee, **\$10,000** for spouse, and **\$5,000** for child.
- **\$1,000** per hospital admission, or **\$1,500** per ICU admission (1 admission per incident, per insured).
- **\$300** per day of hospital confinement (365 days per year, per insured), or **\$600** per day for ICU confinement (30 days, per year, per insured).
- **\$75** annual wellness/health screening benefit.



#### Critical Illness Insurance

Benefits are paid directly to you as cash benefits that correspond with a variety of covered illnesses, such as: cancer, vascular conditions, neurological conditions, comas, and more. As an employee, you can elect up to \$20,000 in coverage in increments of \$5,000. You can also elect up to 100% of your elected amount for spouse coverage, and 25% of your elected amount for dependent child(ren). Benefits reduce beginning at age 70.

- **Choose:** the benefits to protect yourself and any family members if diagnosed with a covered critical illness.
- **Use:** you go to your annual exam, the doctor runs tests, the results come back, and you're diagnosed with a covered illness.
- **Claim:** go online, and file a claim. The cash benefits are paid to you, to use however you wish.
- **\$50** annual wellness/health screening benefit.

**\*Please refer to Ignite for costs.**

**EMPLOYEE COST PER PAY PERIOD**

Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
\$7.93	\$11.87	\$13.02	\$17.40

This information is designed to help you choose a benefit plan for 2022-2023 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.



## legal protections for you and your family

### Affordable access to a lawyer when you need one.

#### The program features:

- Access to a nationwide network of attorneys for a variety of personal legal needs including estate planning, financial matters, real estate matters, defense of civil lawsuits, family law, traffic offenses, juvenile matters and consumer protection.
- Attorney access by phone or in person for consultations and certain court appearances.
- A low cost of **\$10.38** per pay period, which covers you, your spouse and your dependents and is paid by convenient payroll deductions.
- The Plan provides access to both In-Network and Out-of-Network attorneys. Covered services provided by an In-Network attorney are generally paid in full by the Plan, while services provided by an Out-of-Network attorney are paid based on a fee reimbursement schedule up to the stated Plan maximum for that service. Whether you use an In-Network or Out-of-Network attorney, there are no waiting periods or limits on how frequently services can be used.

For details, please contact **Hyatt Legal at 1 (800) 821-6400** or [members.legalplans.com/Home/](https://members.legalplans.com/Home/)

Once you're enrolled, click on "MEMBER LOGIN" at the top of the web page to access services.



#### Hyatt Legal / MetLaw Services (examples)

##### Vehicle and Driving Matters

- Defense of traffic tickets (with exception of DUI)
- Driving privileges restoration
- Repossession of vehicle

##### Home and Real Estate Matters

- Sale or purchase of primary residence and vacation home (not investment properties)
- Refinancing and home equity loan
- Foreclosure
- Tenant negotiations (but not as a landlord)
- Eviction defense

##### Money Matters

- Negotiations with creditors
- Personal bankruptcy
- Identity theft defense
- Tax audit representation (municipal, state or federal)

##### Elder Care Legal Services

- Medicare or Medicaid questions
- Review of nursing home agreements

##### Civil Lawsuits

- Civil litigation defense and mediation
- Disputes over consumer goods and services
- Small claims assistance
- Pet liabilities

##### Estate Planning

- Simple and complex wills
- Revocable and irrevocable trusts
- Powers of attorney (health care, financial, childcare)
- Living wills
- Health care proxies

##### Family and Personal Matters

- Adoption
- Prenuptial agreement
- Juvenile court defense
- Protection from domestic violence
- Review of immigration documents

There are some types of legal services that are not covered under this Plan. Excluded from coverage are certain domestic matters such as divorce, DUI-related offenses, nuisance claims, any business-related matters (including rental property), employment related legal actions or activities and any matter where a spouse's or dependent's interest might conflict with your interest.



## id theft protection

### Affordable legal access for all and comprehensive privacy protection.



#### IDShield

IDShield offers protection beyond identity theft with complete privacy and reputation management services to help keep your online identity and personal information private.

- Consultation on best practices for identity management
- Monitoring of your identity from every angle, not just Social Security number, credit cards and bank accounts, and more.
- Online dashboard monitoring, updating daily, let's you see right away if there are changes to your profile.
- If any change in your status occurs, you receive an email alert. If a consumer spots suspicious or fraudulent activity, they can contact a private investigator immediately and begin restoring their identity to its pre-theft status
- Our IDShield app keeps you connected. Download it and have an identity-theft expert at your fingertips

#### IDSHIELD COSTS PER PAY PERIOD

##### Employee Only

\$4.13

##### Family

\$7.82

#### Access IDShield:

- Step 1:** Setup your account at [www.idshield.cloud/activate](http://www.idshield.cloud/activate) using your Member number.
- Step 2:** Add the personal information you would like monitored, including social media accounts.
- Step 3:** Download the IDShield mobile app to receive instant alerts and monthly tracking resources.





# dependent care flexible spending account



## Offset your out-of-pocket childcare expenses by contributing pre-tax dollars to a flexible spending account.

This account allows you to pay child or dependent care on a pre-tax basis and can save you 10% - 30%, depending on your personal tax rate.

This account is administered by HealthEquity visit [healthequity.com](http://healthequity.com) for information on claims and reimbursements.

### Dependent Care Flexible Spending Account

**What would I use this account for?**

Eligible dependent care expenses, including adult day care centers, babysitters or nannies, summer day camp, before & after school programs, and child day care.

**Who is eligible for this account?**

In order to be eligible for this account, you must meet one of the qualifying criteria:

- You and your spouse both work
- You are a single head of household
- Your spouse is disabled or a full-time student
- Employees with children under age 13 and anyone who is a dependent under IRS rules, or who is mentally or physically incapable of taking care of himself or herself
- Employees scheduled to work less than 30 hours per week are not eligible.

**What is the maximum amount that I can put in this account?**

**\$5,000** If you are single  
**\$5,000** If you are married & filing jointly  
**\$2,500** If you are married & filing separate tax returns

**What does the company contribute?**

Snowbird does **not** contribute to this account.

**When are the funds available?**

Your contribution amount is available as it comes out of your paycheck each pay period — **not at the beginning of the year.**

**How do I use the funds?**

You can use this account to reimburse yourself for eligible dependent care expenses for children under age 13 or anyone who is a dependent under IRS rules.

**What happens if I don't use the money during the year?**

**Any unused funds at the end of the plan year are forfeited per IRS regulations.**



## employee assistance program

### Lincoln Financial's Employee Assistance Program provides direct, face-to-face guidance to address any problem.

#### Get help with:

Stress, anxiety, depression, grief, and loss  
 Personal and emotional challenges  
 Marital, relationship, and family counseling  
 Financial or legal difficulties  
 Substance abuse and other addictions  
 Senior care planning

#### Brief, Solution-Focused Therapy

EmployeeConnect Plus is Snowbird's Employee Assistance Program (EAP). This is a free benefit for Snowbird employees, as well as those within your household.

#### Guaranteed Confidentiality

Lincoln Financial practices strict adherence to all professional, state and federal privacy guidelines. Confidentiality is guaranteed to all participants.

#### Direct In-person or Virtual Care

You get up to **6** free in-person or virtual sessions per person, per issue, per year. However, cases which require care beyond the scope of the EAP are referred to appropriate community providers.

Contact Lincoln Financial 24/7

(855) 327-4463 | [guidanceresources.com](https://guidanceresources.com)

Web ID: Lincoln





## get on-the-go access with the regence mobile app

### The Regence mobile app gives you easy and secure access to all your health information.

Just sign in with your existing Regence account or create a new one from the app—then use Touch ID to sign in. That means you won't need a password after setup!

Download the app by visiting the Apple Store or Google Play.



#### Contact Regence

[regence.com](http://regence.com) | (888) 367-2119



#### Personalized dashboard

- See your deductibles and out-of-pocket max.
- Find In-network doctors, hospitals and urgent care.
- Contact us—send secure messages to Member Services, tap to call or share feedback on your app experience.

#### Member ID card

- View your card on the app and it's stored for anytime access—even without an Internet connection.
- Show your digital member ID at the doctor's office for easy check-in.

#### It goes where you go

- View your claims and detailed Explanation of Benefits statements.
- See your copay, deductible and coinsurance amounts.
- Download your benefits booklet.





## your employee advocate is here for you



**Diversified Insurance has a dedicated employee advocacy team to help resolve claims problems, enrollment complications, and other service related issues.**

### Contact your Employee Advocate

**Phone:** (801) 325-5096 | (888) 244-1212 ext. 5096

### Schedule 1-on-1 Appointment:

[calendly.com/dylanpear/snowbird-benefits-question](https://calendly.com/dylanpear/snowbird-benefits-question)

**Email:** [snowbird@digadvocate.com](mailto:snowbird@digadvocate.com)



Our Employee Advocates will work with you and your providers to ensure that each party gets their questions answered and problems resolved.

### Our Employee Advocates can:

- Work with carriers on billing and claim payment issues for employee medical, dental, vision, and life insurance
- Coordinate between the pharmacy and the health plan for escalated pharmacy issues
- Explain network access and payment process for in and out-of-network providers
- Work with providers to file paperwork if claims have been denied due to lack of required authorization
- Clarify the total and out-of-pocket cost for services provided
- Assist with referrals and prior authorizations
- Help with all levels of appeals
- Ensure services are being coordinated when multiple doctors or coverages are involved
- Help gain access to care and services
- Define preventive care and associated guidelines
- Assist in finding a specialist for a condition or diagnosis
- Explain benefit plan details and coverage provisions



## general participation guidelines and notices

Snowbird recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefits program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

### Who is eligible?

- Full-time employees who actively work at least 30 hours per week;
- Your legal spouse;
- Your natural born children, current stepchildren, or legally adopted children up to age 26;
- Your children of any age if they depend on you for support due to a physical or mental disability (documentation may be required).

### General definitions

#### Special enrollment rights (other than open enrollment)

There will be an Open Enrollment period each year. During this Open Enrollment period you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during Open Enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year (see below). If you have a qualifying change of status, the change must be submitted to your local HR/Payroll Representative within 30 days of the event, with supporting documentation. The coverage effective date will be retroactive to the qualifying change of status event date.

#### A qualifying change of status occurs for the following:

- You get married, legally separated, or divorced;
- You add a dependent child through birth, adoption, or change in custody;

- Your parent/spouse or child dies which affects your coverage;
- Your work schedule permanently changes i.e., permanent reduction of hours;
- You or a dependent enroll in the Exchange during the Exchange Open Enrollment;
- Your parent/spouse begins or terminates employment which affects benefit coverage;
- Your parent/spouse loses health coverage through his/her employer, which affects your coverage;
- You receive a qualified medical child support order (QMCSO);
- Your parent/spouse's Open Enrollment may be considered a qualifying change of status.

#### Or

You have a 60-day special election period for the following:

- You and/or your spouse and dependents gain or lose Medicaid and/or state CHIP coverage;
- You and/or your spouse and dependents gain or lose eligibility for the state sponsored Utah Premium Partnership Program (UPP).

#### When does coverage begin for new hires?

Coverage begins on the 1st day of the month after your date of hire. You must be actively at work for your coverage to become effective.

You must complete your online enrollment within 14 days from your date of hire. If the online enrollment and appropriate forms are not completed within the stated deadline, coverage does not become effective, and you may not be eligible to enroll until the next Open Enrollment period or until you have a qualifying change of status event. Refer to the terms, conditions, and limitations defined by the carrier plan documents.

#### When coverage ends

Medical, dental, and vision terminates on the last day of the month that you are employed with Snowbird. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

Coverage ends at the earliest time when any of the following changes occur:

- Your employment with Snowbird ends;
- The group policy ends;
- You are no longer eligible under the plan;
- Your death;
- You retire;
- You enter the armed forces of any country on a full-time basis.

#### Dependent eligibility verification notice

Snowbird reserves the right to audit dependency status. The goal is to ensure that benefits are provided only to those who are eligible. This process may include a complete eligibility verification of all enrolled dependents or verifying relationship and status of new dependents registered during Open Enrollment, new hires and a qualifying change of status. You must only cover eligible dependents when you enroll in the plan offerings. For a detailed definition of an eligible dependent, refer to the **"Who is eligible"** section.



## general participation guidelines and notices

### Important notice

The benefit summaries contained in this guide are for ease of comparison. This guide provides only a summary of benefits available to eligible employees and their dependents. The information in this guide supersedes all prior guides. However, since this guide is only a summary, it does not describe every detail of the benefit programs outlined. If there are inconsistencies or discrepancies between this guide and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will control. The governing plan documents and benefit contracts are available for your review in the Human Resources Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees apprised of any changes in benefit plans including medical, dental, vision, life and AD&D, voluntary life, voluntary short-term disability (STD), and Dependent Care Flexible Spending Accounts (DCFSA).

Snowbird may choose to communicate certain plan documents and benefits information electronically to participants. You may obtain copies of these documents, upon written request, from Human Resources.

### Summary of benefits coverage

As a result of the Affordable Care Act (the health care reform law) all health insurance issuers are required to provide a Summary of Benefits Coverage (SBC). The SBC has a uniform glossary of terms commonly used in health insurance coverage and also uses a new, standardized plan comparison tool called "coverage examples," similar to the Nutrition Facts label required for packaged foods.

The coverage examples will illustrate sample medical situations and describe how much coverage the plan

would provide. The SBC will be posted on the employee website. If you would like a paper copy of this summary, please contact HR.

### Waiving coverage

If you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive coverage.

If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other coverage, you may be able to enroll yourself and/or your dependents in this plan in the future, providing that you request enrollment within 30 days after your other coverage ends and can provide supporting documentation.

### Medical coverage assistance options

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](http://healthcare.gov).

If you or dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or [insurekidsnow.gov](http://insurekidsnow.gov) to find out how to apply.

If you qualify, ask your state if it has a program that

might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled.

This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor.

Children's medical coverage assistance  
[healthcare.gov/medicaid-chip/](http://healthcare.gov/medicaid-chip/)  
1 (877) KIDS-NOW

Low-income family medical coverage assistance  
[medicaid.gov](http://medicaid.gov)  
1 (801) 538-6155

Health Insurance Marketplace  
[healthcare.gov](http://healthcare.gov)  
1 (800) 318-2596



## general participation guidelines and notices

### ACA notices about eligibility and coverage periods

- Snowbird measures your worked hours each year to validate benefit status and group level status. Snowbird's 12-month look-back period is June 1st through May 31st annually. Employees' group level may be adjusted up or down depending on if worked hours fall above or below required eligibility. To learn more about group statuses and minimum hours requirements for eligibility, please check the employee handbook on [my.snowbird.com](http://my.snowbird.com) or email [cecile@snowbird.com](mailto:cecile@snowbird.com)
- You are being offered the opportunity to enroll yourself and your dependents (if any) in Snowbird's health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.
- If you "waive" or "decline" coverage then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.
- If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Snowbird's cafeteria plan provide very limited situations in which you will be allowed to dis-enroll in healthcare coverage during your 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless you meet one of the situations allowed by law or in our plan.

### enrollment notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurances applicable to other medical and surgical benefits provided under this plan.

### Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and Health Maintenance Organizations (HMOs) may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery.

If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission.

Also, a health insurer or HMO cannot require you or

your attending provider to obtain prior authorization for your delivery or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

### Privacy policy

#### Summary of privacy practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed in the administration of your claims, and of certain rights you have.

#### Our pledge regarding medical information

The company is committed to protecting your personal health information. As required by law, we:

1. make sure that any medical information that identifies you is kept private;
2. provide you with rights with respect to your medical information;
3. give you a notice of our legal duties and privacy practices; and
4. follow all privacy practices and procedures currently in effect.

#### How the company may use and disclose medical information about you

Any use and disclosure of your medical information requires your written authorization. Your personal health information may be used and disclosed without your permission to facilitate your medical treatment, for payment of any medical treatments, and for any other health care operation. Your personal health information may be disclosed without your permission as allowed or required by law. You cannot be retaliated against if you refuse to sign an authorization or revoke an authorization you had previously given.

### Women's health and cancer rights act





## general participation guidelines and notices

### Your rights regarding your medical information

You have the right to inspect and copy your medical information, request corrections of your medical information and to obtain an accounting of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communication about your medical information be made in different ways or at different locations.

### Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to medically necessary leave of absence from school.

### Genetic Information Nondiscrimination Act (GINA)

Under this federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

### Mandatory insurer reporting law

This law took effect 1/1/2009 and is part of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). Under this federal law, providers of group health plans are required to report certain information to the Secretary of Health and Human Services to determine Medicare entitlement. As such, employees are required to provide social security numbers for all dependents enrolled in the medical plan. You will be asked to enter social security numbers for all dependents you cover on your medical plan.

### Patient Protection and Affordable Care Act (ACA)

Pursuant to the Patient Protection and Affordable Care Act (ACA) and its applicable regulations, Snowbird offers eligible employees affordable, minimum essential health care coverage that meets minimum value. This guide and the enrollment forms are your offer of coverage. If you decline or waive this coverage, you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

### Medicare Part D creditable coverage notice

#### Important notice from Snowbird about your prescription drug coverage and medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Snowbird and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription

Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

- Snowbird has determined that the prescription drug coverage offered by the Snowbird Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When can you join a medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**These are only summaries. Full statements are available from Human Resources.**





The information in this guide has been provided for you by:



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(801) 325-5000 | [diversifiedinsurance.com](http://diversifiedinsurance.com)