Benefits Enrollment

University of Utah
Housestaff
The University of Utah offers a valuable benefits package for employees. You can sign up all online through our Ubenefits Portal.

https://hr.apps.utah.edu/ubenefits/

- Employee Health Care Plan
- Flexible Spending Accounts
- Group Life Insurance
- Additional Benefits
Enroll in Benefits
Choose Level of Insurance

UBenefits
THE UNIVERSITY OF UTAH

Enroll in Benefits

Steps to Completion:
- Health Coverage
  - 1. Choose a Level
  - 2. Choose a Plan
  - 3. Dependents
  - 4. HSA
- FSA
- Disability
- AD&D
- Life
- Other Benefits
- Checkout

Choose a Level
If you are employed by the University in a benefit-eligible position at 50% FTE or greater, you are eligible to participate in the University of Utah Employee Health Care Plan. You may also enroll your eligible dependents.

How many eligible dependents will you enroll in your health care coverage?

- Single
  - Myself
  - SELECT

- Two-Party
  - Myself + 1 Family Member
  - SELECT

- Family
  - Myself + 2 or More
  - Selected

More Info:
- Summary Comparison of Medical & Dental Options
- Explanation of Eligible Dependents

Waive Health Coverage
Save and Continue
Choose a Plan

Enroll in Benefits

Steps to Completion:

- Health Coverage
  1. Choose a Level
  2. Choose a Plan
  3. Dependents
  4. FSA

- FSA
- Disability
- AD&D
- Life
- Other Benefits
- Checkout

Choose a Plan

The Plan Design option determines the amount you will pay and the Provider Network option determines the group of providers who will be considered in-network for you. Services covered by the plan are the same, regardless of the Plan Design option or Provider Network option you select.

Each Plan Design option includes prescription drug coverage and behavioral health services. Most preventive care is covered at 100% in all Plan Design options when you use a provider in your network.

Please choose a Plan Design:

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Comprehensive</th>
<th>Consumer Directed Health Plan</th>
</tr>
</thead>
</table>

The Advantage option has no deductible and a copay for office visits when you use network providers. The Advantage option has the lowest in-network coinsurance amounts and provides the highest level of coverage.

Please choose a Provider Network:

Dental coverage is included, although you may choose to waive dental coverage.

Plan Design: Advantage Participating (PAR)
Coverage Level: Family
Dental: Covered

Plan Design: Advantage Preferred Value Care
Coverage Level: Family
Dental: Covered

- Dental Coverage
- $81.54
deducted per paycheck
- Selected

- Dental Coverage
- $123.11
deducted per paycheck

By clicking Save and Continue I agree to the Employee Health Care Plan — Statement of Understanding and Agreements.

SAVE AND CONTINUE
Add Dependents

UBenefits
THE UNIVERSITY OF UTAH

Enroll in Benefits

Steps to Completion:

- Health Coverage
  1. Choose a Level
  2. Choose a Plan
  3. Dependents
  4. HSA
- FSA
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- Other Benefits
- Checkout

More Info:
- Who is an eligible dependent?

Dependents

Please add required information for eligible family members you would like to cover on your health plan.

ADD A NEW DEPENDENT

Covered Dependents: 0 / Unlimited

You have no dependent data in UBenefits. Please create a new dependent.

SAVE AND CONTINUE ➤
Adding/Updating Dependents

Enroll in Benefits

Steps to Completion:

- **Health Coverage**
  1. Choose a Level
  2. Choose a Plan
  3. Dependents
  4. HSA
- FSA
- Disability
- AD&D
- Life
- Other Benefits
- Checkout

More Info:

- Who is an eligible dependent?

Dependents

Please add required information for eligible family members you would like to cover on your health plan.

**ADD A NEW DEPENDENT**

Covered Dependents: 0 / Unlimited

Not Covered

Personal Information

First Name

Middle Name

Last Name

Relationship

Birth Date

Sex

SIN/TIN

Marital Status

Home Address

Same as My Address

Street Address 1

Street Address 2

City

Country

Province

ZIP Code

NEVER MIND  SAVE CHANGES

SAVE AND CONTINUE
Enroll in Benefits

Steps to Completion:

1. Health Coverage
   1. Choose a Level
   2. Choose a Plan
   3. Dependents
   4. HSA
2. FSA
3. Disability
4. ADD & AD&D
5. Life
6. Other Benefits
7. Checkout

Health Savings Account

University employees enrolled in the Consumer Directed Health Plan (CDHP) may be eligible to enroll in a Health Savings Account. To qualify for the tax benefits of an HSA:

1. You must be covered under a qualified high deductible health plan as your only health coverage (except as otherwise permitted under IRS regulations). The University's CDHP plan meets the IRS requirements.
2. You must not be enrolled in Medicare.
3. You must not be claimed as a dependent on someone else's tax return.

If you are not eligible for an HSA, you may instead enroll in a Health FSA.

I hereby instruct The University of Utah to direct the following amount to an HSA account in my name with Health Equity:

You may contribute a minimum of $150.00 and a maximum of $3,450.00 per year.

$ \div \ 12 \quad \text{Annual Amount}

\$0.00 \quad \text{Estimated contribution from each paycheck}

The per paycheck amount is only an estimate. The actual amount will depend on the pay period in which your election is submitted and entered into the payroll system.

This annual election will continue from one Plan Year to the next. You may change or cancel it at any time.

By clicking Save and Continue, I agree to the HSA - Statement of Understanding and Agreements.

SAVE AND CONTINUE
Enroll in Benefits

Steps to Completion:

- Health Coverage
  - FSA
    1. Health Care
    2. Dependent Day Care
  - Disability
  - ADD&D
  - Life
  - Other Benefits
  - Checkout

More Info:
- Flexible Spending Account Basics
- Flexible Spending Account Web Page
- Enrollment Guide
- Eligible Expenses

FSA — Health Care

A Health Flexible Spending Account allows you to be reimbursed with pre-tax dollars for qualifying out-of-pocket health care expenses for you and your eligible dependents. Health FSA enrollment does not continue from one plan year to the next; you must re-enroll each year to continue participation. If you wish to enroll in a Health FSA for the Plan Year that runs from July through June, please fill out the information below.

I elect the following annual amount to a Health FSA on a pre-tax basis to be divided equally among paychecks I receive during the Plan Year:

You may contribute a minimum of $0.00 and a maximum of $2,600.00 per year.

<table>
<thead>
<tr>
<th>Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00</td>
</tr>
</tbody>
</table>

Number of paychecks remaining in the Plan Year:

The date of your event is before the current Plan Year: If you wish to enroll, please contact the Benefits Department to submit a separate election form.

$0.00 Estimated contribution from each paycheck.

The per paycheck amount is only an estimate. The actual amount will depend on the pay period in which your election is submitted and entered into the payroll system.

Only qualified expenses incurred during the Plan Year or prior to the date the employee terminates participation in the Plan (whichever is earlier), are eligible for reimbursement. Eligible expenses must be submitted no later than December 31 following the end of the Plan Year. Any amounts remaining in an FSA after that date will be forfeited.

By clicking Save and Continue I agree to the Health FSA — Statement of Understanding and Agreements.
FSA Dependent Day Care

Steps to Completion:

- Health Coverage
  - FSA
    - Health Care
    - Dependent Day Care
- Disability
- AD&D
- Life
- Other Benefits
- Checkout

FSA — Dependent Day Care

A Dependent Day Care Flexible Spending Account allows you to be reimbursed with pre-tax dollars for qualifying day care expenses you pay for your eligible dependents. Dependent Day Care FSA enrollment does not continue from one plan year to the next; you must re-enroll each year to continue participation. If you wish to enroll in a Health FSA for the Plan Year that runs from July through June, please fill out the information below.

More info:
- Flexible Spending Account Basics
- Flexible Spending Account Web Page
- Enrollment Guide
- Eligible Expenses

Enroll in Benefits

Annual Amount

Number of paychecks remaining in the Plan Year:

The date of your event is before the current Plan Year. If you wish to enroll, please contact the Benefits Department to submit a separate election form.

$0.00 Estimated contribution from each paycheck.

The per paycheck amount is only an estimate. The actual amount will depend on the pay period in which your election is submitted and entered into the payroll system.

Only qualified expenses incurred during the Plan Year are eligible for reimbursement. Eligible expenses must be submitted no later than December 31 following the end of the Plan Year. Any amounts left in an FSA after all eligible expenses are submitted for reimbursement will be forfeited.

By clicking Save and Continue I agree to the Dependent Day Care FSA — Statement of Understanding and Agreements.

CONTINUE
Disability Insurance

Disability Insurance provides an income replacement benefit in the event you are unable to work because of an eligible disability. Currently, disability insurance is provided at no cost to medical Housestaff employees. This insurance provides enrolled employees who have an eligible disability with up to 66.66% income replacement up to a maximum of $3,000 per month, less certain income from other sources. Benefits become payable after a 90-day waiting period.

Long Term Disability
As a University of Utah Housestaff employee, you automatically receive long term disability insurance coverage at no cost:

- Up to 66.66% income replacement
- Up to $3,000 per month
- 90-day waiting period

More Info:
- Disability Insurance Basics
- Disability Insurance Web Page
- Long Term Disability Insurance Certificate
- Short Term Disability Insurance Certificate
Accidental Death & Dismemberment Insurance

This optional insurance allows employees to insure themselves and eligible family members against losses as a result of covered accidents. This coverage does not insure against death due to illness, natural causes, etc. You may enroll at any time. Proof of good health is not required.

Coverage Level
Are you enrolling in coverage for yourself or your entire family?

Employee Only
$0.007 per paycheck for every $1,000.00 of coverage.

Family Coverage
$0.014 per paycheck for every $1,000.00 of coverage.

Coverage Amount
Enter amount in $10,000 increments (Minimum $10,000 / Maximum $500,000).
Life Insurance Family Coverage

Enroll in Benefits

Steps to Completion:
- Health Coverage
- FSA
- Disability
- ADA
- Life
  1. Employee Coverage
  2. Family Coverage
  3. Spouse / Partner
  4. Beneficiaries
- Other Benefits
- Checkout
  - Go Back

More Info:
- Life Insurance Basics
- Life Insurance Website
- Life Insurance Rates
- Life Insurance Coverage

Part III - Optional Dependent Coverage

Life Insurance - Family Coverage

This optional insurance will pay Life Insurance Benefits if your dependents die while covered.

Part III

Life Insurance in the amount of $2,000 each on your spouse / domestic partner and each eligible dependent child.

$0.17
Estimated Per Paycheck Deduction

- Elect
- Not Elect

Supplemental Term Life Insurance

If you enroll during your Initial Enrollment Period, you may enroll up to $10,000 of Spouse/Partner Supplemental Insurance without proof of good health. If you would like additional coverage or if you would like to enroll after your Initial Enrollment Period, you will need to apply for coverage and provide proof of good health.

You must be enrolled in Employee Supplemental Life to enroll in supplemental coverage for your spouse or domestic partner. If you would like this additional coverage, you will need to apply for coverage and provide proof of good health.

Spouse / Domestic Partner

Coverage Amount:
- Minimum: $50,000
- Maximum: $250,000
- $10.00 per $1000 of coverage (per paycheck).
- Rate increases with age.

Date of Birth:
- 05/31/1963

Has your spouse / domestic partner used tobacco in the last 12 months?
- No

$0.00
Estimated Per Paycheck Deduction

- Elect
- Not Elect

For the Employee:

Estimated Total Coverage: $14.48

You have not elected to enroll a spouse / partner or dependent coverage.

Elected Coverage Costs: $14.48 per paycheck.

By enrolling, you agree to the terms of the Life Insurance - Statement of Understanding and Agreements.

Save and Continue?
Life Insurance Beneficiaries

Enroll in Benefits

Beneficiaries
Life Insurance – Employee Coverage

Consider selecting at least one primary beneficiary and at least one contingent beneficiary in case the primary beneficiaries are not living at the time of your death.

Part I
Primary Beneficiaries

Contingent Beneficiaries

EDIT BENEFICIARIES

Employee Supplemental Term
Primary Beneficiaries

Contingent Beneficiaries

COPY FROM PART I

EDIT BENEFICIARIES

Part II
Primary Beneficiaries

Contingent Beneficiaries

Life Insurance – Family Member Coverage

You are the primary beneficiary of family member coverage. Consider selecting at least one contingent beneficiary in case you are not living at the time of your family member's death.

Part III

You chose not to enroll in Part III.

ENROLL IN PART III

Spouse/Domestic Partner Supplemental Term

You chose not to enroll in Spouse/Domestic Partner Supplemental Term.

ENROLL IN SPOUSE/DOMESTIC PARTNER SUPPLEMENTAL TERM

Dependent Child Supplemental Term

You chose not to enroll in Dependent Child Supplemental Term.

ENROLL IN DEPENDENT CHILD SUPPLEMENTAL TERM

The Bottom Line...

For the Employee:

- Estimated Total Coverage: up to $480,000
- You have not elected to enroll in Spouse or Domestic Partner or Dependent coverage.

Elected Coverage Cost: $144.80 per paycheck.

By enrolling, you agree to the terms of the Life Insurance – Statement of Understanding and Agreements.

CONTINUE
Other Benefits

Enroll in Benefits

Steps to Completion:
- Health Coverage
- FSA
- Disability
- AD&D
- Life
- Other Benefits
- Checkout

Other Benefits

The University of Utah offers a variety of other benefits including Retirement, Tuition Reduction and an Employee Assistance Program. Review the following information and contact the Benefits Department at 801-581-7447 if you have questions.

Retirement Savings

The University provides retirement benefits for most employees in beneficial positions. Consider contributing either pre-tax or after-tax funds to one of the University's supplemental retirement plans.

You may view details of employer provided retirement plans or begin making contributions to supplemental plans through a separate Unbenefits retirement page.

Paid Leave Time

The University provides paid leave time for employees in beneficial positions. Leave time may include Personal Preference Days, Vacation Pay, Sick Leave, Funeral Leave, Jury or Witness Duty and Annual Military Training.

For more information, visit our Paid Leave Time webpage or see the Vacation Accrual Table.

Hyatt Legal Plans

Hyatt Legal Plans is an affordable solution to help you with your legal needs. The Group Legal Plan, administered by Hyatt Legal Plans, gives you access to legal representation or advice for a wide range of legal matters.

Covered legal services include:
- Wills and Estate Planning
- Divorce Matters
- Defense of Civil Lawsuits
- Reduced Fees
- Real Estate Matters
- Consumer Protection
- Document Review
- Juvenile Matters
- Family Law
- Document Preparation
- Traffic Matters

To get an up-to-date listing of participating attorneys (including attorneys outside the state of Utah) and covered services, go to www.Unbenefits.com. Once on the website, current participants log in as “Member Login.”

Employees who are not current members or who have not set up a member login can go to “Thinking About Enrolling” and use c853058 as the password.

How to enroll: If you wish to enroll, visit www.Unbenefits.com/mybenefits or call 1-800-888-8888. Enrollment is automatically terminated unless you cancel your enrollment during open enrollment (participation will be effective June 30).

Home & Auto Insurance

University employees may enroll in home and auto insurance at group rates. The University has partnered with three companies to provide this coverage: Liberty Mutual Insurance, MetLife Home and Auto, and Safeco Insurance.

The University does not guarantee that rates provided by any of these companies will be the best rate available to you.

Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten, not all applicants may qualify. Please consult a sales representative for additional information.

How to enroll: If you enroll in coverage through the University, premiums will be deducted directly from your paycheck. To obtain quotes or receive additional information or available coverage, contact the respective company.

Liberty Mutual Insurance Visit www.libertymutual.com/mybenefits or call 1-800-888-8888
MetLife Home and Auto Insurance: Call 1-877-680-7918
Confirm Elections

Enroll in Benefits

Please Confirm Your Elections
The dollar amounts listed below are estimated deductions per paycheck.

Health Coverage

Medical / Dental

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Birthdate</th>
<th>Sex</th>
<th>SSN/TIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Male</td>
<td>01/01/2023</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Female</td>
<td>03/03/2023</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Coverage: Preferred Value Care
Plan Design: Advantage

Dependent Life Insurance Coverage

Part III
You elected to waive Part III Life Insurance.

Spouse / Partner Supplemental
You elected to waive Spouse / Partner Supplemental Life Insurance.

Dependent Child Supplemental
You elected to waive Dependent Child Supplemental Life Insurance.

Total: $17.98
per paycheck deduction estimate
Benefits Department

Main Office:

250 E 200 S Suite 125
SLC, UT 84047
8:00 am to 5:00 pm

Phone: (801) 581-7447
Fax: (801) 585-7375

Email: benefits@utah.edu

Web: www.hr.utah.edu/benefits

UBenefits: https://hr.appses.utah.edu/ubenefits