



Employee Benefits

January 1, 2026 —————> December 31, 2026

Helping you take care of your
health, your family, and your future.

Benefits at Davis County

2026 Contacts

Medical

PEHP
(800) 765-7347
(801) 366-7555
***.pehp.org

Dental

Delta Dental
(800) 521-2651
***.deltadentalins.com

Vision

United Healthcare
(866) 414-1959
***.uhc.com

Health Savings Account

HealthEquity
(866) 346-5800
***.healthequity.com

Flexible Spending Account

PEHP
(801) 366-7503
***.pehp.org

Life and Disability

Sun Life Financial
(800) 247-6875
***.sunlife.com

Employee Assistance Program

SupportInc
(888) 881-LINC (5462)
***.supportlinc.com

Voluntary Accident Critical Illness Hospital Plan

Voya
(877) 236-7564
***.voyacom

For escalated questions or claims

GBS Voluntary Department
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Legal & Identity Theft Protection Plan

Legal Shield
(800) 654-7757
***.legalshield.com

Pet Insurance

MetLife
(800) 438-6388
***.metlife.com/getpetquote

Retirement

URS
(801) 366-7770 – Retirement
(801) 366-7720 – 401(k), 457, IRA
***.urs.org

Human Resources

Dawn Tolson, Benefit Administrator
(801) 451-3463
dtolson@co.davis.ut.us

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We're here to help you make informed decisions about your benefits—choices that impact your health, well-being, and financial security.

This guide outlines your available options so you can choose what works best for you and your family.

At the heart of our commitment is a belief that our employees are our most valuable asset. That's why we've built a benefits program that's not only comprehensive and flexible but also designed to be accessible and affordable—because supporting you is essential to the success of our organization.



Benefits Overview

Open Enrollment begins November 5 and ends November 19. All plans and rates are effective 01/01/2026. Open Enrollment provides you the opportunity to make changes to your benefit elections, including medical, dental, vision as well as voluntary insurance products.

Enrollment for Plan Year 2026 is a passive enrollment. All benefit eligible employees may choose to make election changes during Open Enrollment, **if you do nothing, your benefit plan coverage will remain the same as your current election with the new premium cost applied.**

If you are participating in the Flex Plan, or the HSA plan you must enroll/re-enroll each year under the IRS Regulations.

Need help? If you still have questions, you can learn more about the Davis County benefit offerings by reviewing the Benefits Enrollment Guide which highlights the array of benefits available to employees or by visiting our online enrollment system

*****employeenavigator.com

Things to Consider

Take the following situations into account before you enroll to make sure you have the right coverage.

- ☐ Does your spouse have benefit coverage available through another employer? Is it a Traditional or High Deductible Medical Plan? There are rules for double coverage with these plans.

- ☐ Did you get married, divorced or have a baby? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- ☐ Did any of your covered children reach their 26th birthday this year? If so, they are no longer eligible for benefits unless they meet a specific criteria.

2026 Plan Year Highlights & Changes

- Medical: Renewing with PEHP with a \$1,250/\$2,500 Traditional and a \$1,700/\$3,400 STAR HSA Plan annual deductible. The out-of-pocket maximum on the STAR plan is remaining at \$3000/\$6000.
- Dental: Renewing with Delta Dental
- Vision: Renewing with UnitedHealthcare
- Still offering Legal Shield and ID Shield, employee paid legal service plan.
- HSA contributions will be \$850 and \$1,700 family. Employer contributions (\$425/\$850) made twice per year. First payroll in January and July 2026
- Offering Short Term Disability, employee paid elective coverage
- Still offering employee paid pet insurance through MetLife

Benefits Overview

Who Is Eligible?

Employees in a benefit-eligible merit status including full time, part-time working 24 to 29 hours a week, appointed, elected and chief deputy/administrative assistant are eligible for benefits. You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include: your legal spouse, Domestic Partner and eligible dependent children (natural, adopted, or step-children) up to age 26. Seasonal, temporary, part-time working 0 to 29 (non merit) and variable hour employees are not eligible for benefits.

How We Define Medical Benefits Eligibility

Davis County is a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact the Human Resources Department for the complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

Enrollment and Coverage Dates

Open Enrollment

- You can enroll during the annual open enrollment period in November.
- New elections or changes to coverage are effective January 1, 2026.
- Coverage dates are from January 1, 2026 to December 31, 2026.

New Hires

- You can enroll for coverage within 60 days of your date of hire.
- Coverage begins the first day of employment.

Qualifying Events:

- A change in your situation – like getting married, having a baby or losing health coverage – that can make you eligible for a Special Enrollment Period, allowing you to enroll or make changes to your health plans. You have 60 days after the life-event to make changes. The following are examples, not a full list.
 1. Loss of health coverage: Losing existing health coverage, including job-based, individual, and student plans.
 2. Losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan.
 3. Changes in household: Getting married or divorced, having a baby or adopting a child, death in the family.

Termination of Employment

Coverage will end on the last day of the month in which:

- Your regular work schedule is reduced, and you become ineligible
- Your employment with Davis County ends

Failure To Notify Penalty

When an employee has a change in status affecting premiums, they must notify the County within 60 days of the event. If the employee does not notify the County within the deadline and the change results in a reduced premium; the employee will reimburse the County for any premium overpayments.

Online Benefits Enrollment

Information Needed When Adding Dependents

- › Name
- › Social Security Number(s)
- › Dates of Birth
- › Home Address (if separate from yours)

Step 1: Getting Started – Existing Users

- › Click the link below or in your web browser type www.employeenavigator.com in the address bar and click “Login” in the upper right-hand corner of the page.
- › Username – If you have misplaced your credentials, reach out to Human Resources.
- › Reset Password – Employees can reset passwords on login screen.
- › **Two-Factor Authentication** – You will be prompted to set up the authentication. Any authenticator app can be linked to successfully log into Employee Navigator and can be easily downloaded on your mobile device. Two of the most common authenticator apps are Google Authenticator and Microsoft Authenticator.

New User Set-Up

- › Click “**New User Registration**” (first time user)
- › Create Your Account:
 - First Name
 - Last Name
 - Company Identifier “**davis-county**”
 - Last 4 Digits of SSN
 - Birth Date
- › On the home screen (once logged in) look for “**Start Enrollment**”

Step 2: Verify Your Personal and Dependent Information

- › Personal Information – Validate all information is accurate.
- › Dependent Information:
 - To update information, click “**Edit**”, upon completion click “**Save**”.
 - Select “**Add Dependent**” if you currently do not see them listed.
- › Once all your dependents have been added/updated, click “**Save & Continue**”.
- › **Please note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- › Complete all benefits through each step of the enrollment process (enroll or waive).
- › Click “**Save & Continue**” at the end of each benefit screen.

Step 4: Confirm Your Elections

- › Upon completion, please verify everything in the “**Enrollment Summary Screen**”.
- › Click “**Click To Sign**” to complete your open enrollment elections.

Medical Benefits Comparison

PEHP

Summit & Advantage Networks	Traditional Plan	Star Plan (High Deductible)
Plan Year Plan Features	In-Network	In-Network
Deductible – Plan year <i>Applies to out-of-pocket maximum</i>	\$1,250/Per Individual \$2,500/Per 2-party/Family	\$1,700/Single coverage \$3,400/ Per 2-party/Family
Deductible Eligible Services	Major Medical	All Services
When Deductible is met	20% Co-insurance – Major Medical	20% Co-insurance – medical Pharmacy-4 Tier co-pays
Office Visits	\$15 co-pay/\$20-specialist	20% co-insurance after deductible
Out-of-Pocket Maximum (OOPM)	\$3,000/Per Individual \$6,000/2-party/Family	\$3,000/Single coverage \$6,000/2-party/Family
When OOPM is met	Plan pays 100% on eligible services	Plan pays 100% on eligible services

Health Savings Account (HSA) Summary

Eligibility	Must be 18 years old and enrolled in a Star Plan. Cannot be enrolled in Medicare, other traditional coverage, Tricare or receive VA benefits (see HRA).		
Tax Free	Employee and Employer contributions are tax free, funds grow tax-free and withdrawals to pay for eligible expenses are tax free.		
County Contribution 1/1/26 to 12/31/26		Full Time	Part-time Merit
	Single	\$850	\$510
	2-party/Family	\$1,700	\$1,020
Maximum Contributions	\$4,400/Single; \$8,750/2-party or family coverage Additional \$1,000 for employee and spouse if 55 or older		
Rollover	Funds in an HSA rollover year to year (no use or lose)		
Portability	Funds belong to the employee even if change jobs or health plans		

125 Flexible Spending Accounts (FSA)

Traditional FSA	If you enroll in the Traditional plan, you may elect to have a Traditional FSA. The annual limit is \$3,400. You can rollover up to \$680 into the following plan year. No more Use it or Lose it for up to \$680.
Limited Purpose FSA	A Limited FSA is an HSA-compatible account for the specific purpose of paying dental and vision expenses. The annual plan limit is \$3,400.

Medical

PEHP – Medical Networks

PEHP Advantage

The PEHP Advantage network of providers consists of predominantly Intermountain Healthcare (IHC) providers and facilities. It includes 36 participating hospitals and more than 8,000 participating providers.

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital

Cache County

Logan Regional

Carbon County

Castlevue Hospital

Davis County

Holy Cross Hospital – Davis
Intermountain Layton Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Alta View Hospital
Intermountain Medical Center
The Orthopedic Specialty Hospital (TOSH)
LDS Hospital
Primary Children's Medical Center
Riverton Hospital

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

American Fork Hospital
Orem Community Hospital
Spanish Fork Hospital
Utah Valley Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Medical Center

Weber County

McKay-Dee Hospital

PEHP Summit

The PEHP Summit network of providers consists of predominantly Holy Cross, MountainStar, and University of Utah hospitals, clinics, providers and facilities. It includes 40 participating hospitals and more than 8,000 participating providers.

Participating Hospitals

Beaver County

Beaver Valley Hospital
Milford Valley Memorial Hospital

Box Elder County

Bear River Valley Hospital
Brigham City Community Hospital

Cache County

Cache Valley Hospital

Carbon County

Castlevue Hospital

Davis County

Holy Cross Hospital – Davis
Lakeview Hospital

Duchesne County

Uintah Basin Medical Center

Garfield County

Garfield Memorial Hospital

Grand County

Moab Regional Hospital

Iron County

Cedar City Hospital

Juab County

Central Valley Medical Center

Kane County

Kane County Hospital

Millard County

Delta Community Hospital
Fillmore Community Hospital

Salt Lake County

Holy Cross Hospital – Jordan Valley
Holy Cross Hospital – Jordan Valley West
Holy Cross Hospital – Salt Lake
Huntsman Cancer Hospital

Lone Peak Hospital
Primary Children's Medical Center

Riverton Children's Unit

St. Mark's Hospital

University of Utah Hospital

University Orthopedic Center

San Juan County

Blue Mountain Hospital
San Juan Hospital

Sanpete County

Gunnison Valley Hospital
Sanpete Valley Hospital

Sevier County

Sevier Valley Hospital

Summit County

Park City Medical Center

Tooele County

Mountain West Medical Center

Uintah County

Ashley Valley Medical Center

Utah County

Holy Cross Hospital – Mountain Point

Mountain View Hospital
Timpanogos Regional Hospital

Wasatch County

Heber Valley Medical Center

Washington County

St. George Regional Medical Center

Weber County

Ogden Regional

Medical

PEHP – Traditional Plan Benefit Summary

Traditional Plan Summit and Advantage Networks	In-Network You Pay	Out-of-Network You Pay
Deductible	\$1,250/person \$2,500/family	\$2,500/person \$5,000/family
Out-of-Pocket Maximum	\$3,000/person \$6,000/family	\$4,500/person* \$9,000/family*
Preventive Care	Covered in Full	40% AD
Office Visits		
PEHP Value Clinics	\$10	Not Available
Primary Care	\$15	40% AD
Specialist	\$20	40% AD
Urgent Care	\$30	40% AD
Hospital Services		
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Mental Health Services		
Office Visit	\$20	40% AD
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Emergency Room	\$75	
Pharmacy	Retail 30-day Supply	Mail Order 90-day Supply
Tier 1	\$10	\$20
Tier 2	25% (\$25 min, \$75 max)	25% (\$50 min, \$150 max)
Tier 3	50% (\$50 min, \$100 max)	50% (\$100 min, \$200 max)

AD = After Deductible

*Visiting an out-of-network provider may result in additional balance billing charges not covered under your plan



**Download the Full
Plan Summary**



Find a Provider

Medical

PEHP – STAR High Deductible Health Plan

STAR High Deductible Plan Summit and Advantage Networks	In-Network You Pay	Out-of-Network You Pay
Deductible	\$1,700/single \$3,400/family	\$1,700/single \$3,400/family
Out-of-Pocket Maximum	\$3,000/single \$6,000/family	\$3,000/single \$6,000/family
Preventive Care	Covered in Full	40% AD
Office Visits		
PEHP Value Clinics	20% AD	Not Available
Primary Care	20% AD	40% AD
Specialist	20% AD	40% AD
Urgent Care	20% AD	40% AD
Hospital Services		
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Mental Health Services		
Office Visit	20% AD	40% AD
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Emergency Room	20% AD	
Pharmacy	Retail 30-day Supply	Mail Order 90-day Supply
Tier 1	\$10 AD	\$20 AD
Tier 2	25% AD (\$25 min, \$75 max)	25% AD (\$50 min, \$150 max)
Tier 3	50% AD (\$50 min, \$100 max)	50% AD (\$100 min, \$200 max)

AD = After Deductible
 *Visiting an out-of-network provider may
 result in additional balance billing charges
 not covered under your plan



**Download the Full
Plan Summary**



Find a Provider

Medical

PEHP Tools

Telemedicine

Telemedicine visits using Connect Care provides you access to meet with Intermountain Healthcare clinicians for certain conditions using your phone or tablet. Connect Care is available on-demand, 24/7/365 to diagnose, treat and prescribe medication (if necessary) for many of your medical issues. It's quality care when you need it.

Commonly Treated Conditions

- Cold or flu
- Sinus infection
- Upper respiratory infection
- Allergies
- Headache
- Stomachache/diarrhea
- Eye Infection
- Ear Infection
- Rash/skin irritation
- Bronchitis

How Much Does It Cost?

Telemedicine is an affordable alternative to going to your regular doctor's office, urgent care, or the emergency room. On the Traditional plan, Connect Care is a \$10 co-pay. On the STAR High-Deductible plan, a Connect Care visit is approximately \$49 (no cost once your deductible is met).

Cost Calculator

Use PEHP's Cost Calculator to compare costs among medical providers. You can also estimate your out-of-pocket costs based on your specific plan and network.

Quality & Code Lookup

Look up doctors and see quality information. You can also get the costs for services that the cost calculator doesn't cover; or you can look up the cost of a service by code.

Find a Medication

Use PEHP's tools to find the best value for prescription drugs. See coverage and pricing for any covered medication based on your benefits.

Cost Saving Tips

Use tools and information to get the best healthcare value and avoid unnecessary medical bills.

Make sure to create an account at pehp.org to take advantage of these tools!

Medical – Mental Health

Brightside Health

Access Mental Health support from expert providers, anywhere

PEHP has partnered with Brightside Health to provide you with quality, affordable mental health care for anxiety, depression and other conditions.

Brightside offers

- 1:1 video sessions
- Anytime messaging
- Interactive lessons
- Proactive progress tracking
- Personalized psychiatry
- Clinically-proven therapy
- Comprehensive psychiatry & therapy
- Specialized & crisis care

[Click here to learn more or access Brightside Health](#)



Preventive Care 101

Annual preventive care is crucial for overall health. Staying on top of regularly scheduled doctor appointments, screenings, vaccinations, and disease management can make all the difference in catching a disease before it further develops. The information provided categorizes the difference in necessary preventive screenings amongst males, females, and children along with providing a few helpful resources to stay current and in control of one's health.

Knowing what is recommended and expected at a preventive care visit can be daunting. Try out this [calculator](#) to see what a doctor recommends based on age and gender at a preventive visit.

Self-advocating at a preventive exam can make all the difference in early detection. It is always best to ask questions and speak up if something seems abnormal!



Adults

As we age the list of preventive screenings increase. This is to ensure a developing disease is detected and treated prior to becoming unmanageable. Beginning at the age of 18, adults should undergo these preventive screening exams. Please consult with a doctor to confirm what applies to each individual's health.

- › Physical Exam
- › Sexually Transmitted Disease (STD)
- › Body Mass Index (BMI)
- › Blood Pressure
- › Mental Health Screening

Females

Ask a provider about cervical exams, breast cancer screenings, lipid disorder exams and colorectal exams.

Males

Ask a provider about lipid disorder exams, colorectal exams, and prostate screenings at annual preventive care screening.

Children

Beginning at a few days old it is recommended that children receive the appropriate screenings and vaccinations to ensure health. [Click here](#) to review preventive screening requirements for children ages newborn to 17 years old.

Prescription Savings

Strategies to Save

The average American spends about \$1,200 each year on prescription drugs. And with drug prices on the rise, 1 in 4 Americans are paying more today than they were a year ago.

Consider the following ways to help lower your bills for pills:

- › Go generic or ask your doctor or pharmacist if there's a similar drug with a generic version.
- › Compare prices by using an app, like GoodRx, to find the least expensive option. Call stores and pharmacies as well.
- › Order a 90-day supply and look into a mail-order program.
- › Sign up for a drugstore or chain store reward program to receive coupons and accumulate points.
- › Use a preferred pharmacy in your network.

If you have prescription drug questions, talk to your pharmacist for additional cost-cutting tips and guidance.

GoodRx

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies and discover free coupons and savings tips.

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: <https://www.goodrx.com/>
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.
2. On your phone: Available in the App Store or Google Play. Or simply visit m.goodrx.com from your phone.

Please Note:

- › Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- › Please be sure to compare all discount pricing options before you purchase.
- › Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

Health Savings Account

HealthEquity

A Health Savings Account (HSA) paired with our qualified high deductible health plan helps you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged account.

Advantages of Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. Here are some of the benefits:

- › Funds roll over from year-to-year and never expire
- › Portable when you move jobs or retire
- › Triple tax advantage: you won't pay taxes on contributions, distributions, or earnings
- › Able to invest your funds to grow your money tax-free
- › Contribution elections can be changed mid-year without a life event

Who Is Eligible?

You must be enrolled in our qualified high deductible health plan and meet the following requirements:

- › Have no other health insurance coverage except what's permitted by the IRS
- › Not be enrolled in Medicare
- › Not be claimed as a dependent on someone else's tax return

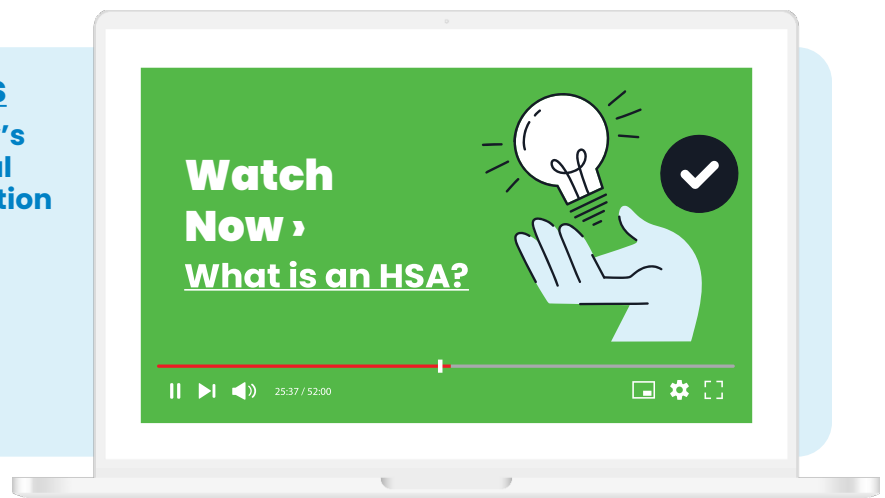
How Much Can I Contribute to an HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2026. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

HSA Limits & Contributions

	IRS Limit	County's Annual Contribution
Single	\$4,400	\$850
Two-Party	\$8,750	\$1,700
Family	\$8,750	\$1,700

At age 55, an additional \$1,000 contribution is allowed annually



Health Savings Account

HealthEquity

What Are Qualified Health Care Expenses?

You can use the funds in your Health Savings Account (HSA) to pay for qualified medical expenses incurred by you, your spouse, and your tax dependents—even if they are not enrolled in your health plan.

Qualified expenses are defined by the IRS (see [Publication 502](#)) and include a wide range of medical services and products. Examples include:

- › Health plan deductibles, copayments, and coinsurance
- › Doctor visits and specialist consultations
- › Prescription medications
- › Dental treatments, including cleanings and x-rays
- › Vision care, such as eye exams, glasses, and contact lenses

To ensure your expenses qualify, always consult IRS guidelines or speak with a tax advisor.

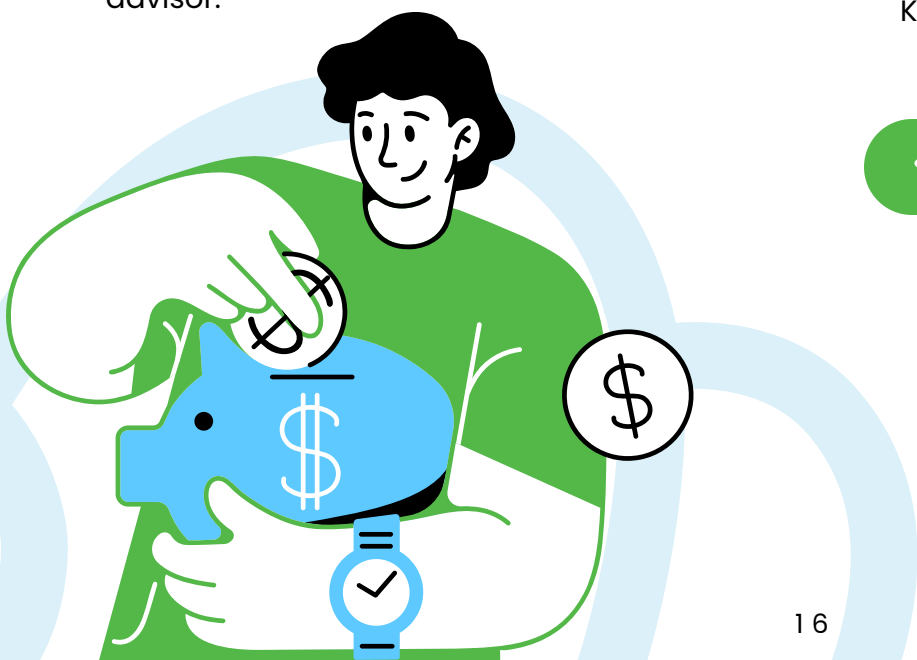
Important

Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

Documentation is Key

An HSA can be used for a wide range of health care services within the limits established by law. Be sure you understand what expenses are HSA qualified and be able to produce receipts for those items or services that you purchase with your HSA. You must keep records sufficient to show that:

- › The distributions were exclusively to pay or reimburse qualified medical expenses,
- › The qualified expenses had not been previously paid or reimbursed from another source, and
- › The qualified expense had not been taken as an itemized deduction in any year. Do not send these records with your tax return. Keep them with your tax records.



➤ **Qualified Medical Expenses**

Health Reimbursement Arrangement

Davis County in partnership with PEHP

Health Reimbursement Arrangement (HRA)

Enroll in the STAR HSA medical plan and receive employer-paid funds, which reimburses you for qualified medical expenses for you and your eligible dependents.

Participation

If you don't meet IRS qualifications to make contributions to an HSA, you will receive the employer funds in an HRA. Employees can't contribute to an HRA.

Contributions

Davis County makes all deposits into your HRA. Contact Human Resources for those amounts. HRA rules do not allow you to contribute.

Benefits Eligibility

You, your spouse, your dependent(s), and your children under age 27 are eligible to receive benefits from the account (see IRS Publication 969 for additional details). Health-related expenses must be incurred on or after the date you are enrolled in the HRA.

Using Your HRA

PEHP will issue you a healthcare MasterCard from which to pay medical expenses. Or you can submit claims and be reimbursed from your HRA. Any money remaining in the account continues to roll over from year-to-year. (Note: limitations apply in the event of your termination from your employer or in the event of your death.) Keep your detailed receipts as you will be required to provide documentation for all payments made with your card.

Please note: Once your employment terms with Davis County, you can submit claims for eligible services until the funds are depleted. A monthly account fee will also be deducted from your HRA balance.

Eligible Expenses

Eligible expenses include common medical, dental, and vision services. For a comprehensive list of eligible expenses, see IRS Publication 502, *Medical and Dental Expenses*.

Learn More

For more information, call the PEHP FLEX\$ Department at 801-366-7503 or 800-753-7703. Or go to www.irs.org and download publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans* and Publication 502, *Medical and Dental Expenses*.

Flexible Spending Account

PEHP

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your limited purpose and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- › Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You are allowed to roll over up to \$660 per year from 2025 into your 2026 FSA. The rollover amount will

increase for 2026 to \$680. For 2026, you will forfeit any funds left in your account totaling over \$680 after the end of the plan year.

- › Your 2026 contributions must be used for expenses you incur January 1, 2026–December 31, 2026.
- › The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- › You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- › Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper claim form or use your FSA debit card. It is important to save your receipts. PEHP may ask you to provide a copy to substantiate a claim.

	Medical FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$3,400	Up to \$7,500 (\$3,750 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Prescription, Dental, and Vision Expenses	Cost of childcare for children under age 13 so you and your spouse can go to work or look for work.

Dental

Delta Dental

Delta Dental PPO Plan Plan Features	Delta Dental PPO In-Network You Pay	Delta Dental Premier In-Network You Pay	Out-of-Network You Pay
Deductible <i>Waived for Preventive Services and Orthodontics</i>		No Deductible	
Annual Maximum		\$2,000 per person	
Preventive Care X-rays, cleanings, exams	Covered in Full	Covered in Full	Covered in Full of Fee Schedule
Basic Care <i>Fillings, extractions, root canals</i>	20%	20%	20% of Fee Schedule
Major Care <i>Dentures, crowns, bridges</i>	50%	50%	50% of Fee Schedule
Orthodontic Care <i>6 month waiting period For adults and children up to age 19</i>		50%	
Orthodontic Lifetime Maximum		\$2,000 per person	



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Plan Summary**



Provider Search

Vision

United Healthcare

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Davis County’s vision insurance entitles you to specific eye care benefits. Our policy provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Eye exams are covered under your medical plan.

Select Network	In-Network	Out-of-Network Plan Reimburses You
Frames <i>Once every 12 months</i>	\$120 allowance, you pay the difference	Up to \$80
Lenses <i>once every 12 months</i>		
Single Vision	\$10 copay for any type of lens	Up to \$40
Bifocal		Up to \$60
Trifocal		Up to \$80
Lenticular	Progressive lenses may have an additional cost	Up to \$80
Progressive		Cost varies by option chosen
Contact Lenses <i>once every 12 months</i> <i>In lieu of glasses</i>		
Elective	\$125 allowance, you pay the difference	Up to \$125
Medically Necessary	\$10 copay, then covered in full	Up to \$210
Laser Vision Correction <i>QualSight LASIK</i>	Up to 35% discount	N/A



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Plan Summary**



Provider Search



Life and AD&D

Sun Life Financial

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

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

Davis County provides all eligible employees, their spouses and their dependent children with a basic group life insurance and accidental death and dismemberment coverage. Davis County pays for half the cost of this policy.

Voluntary Life Insurance and AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse or domestic partner and your dependent children to age 26. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis. Premiums are based on your age and the amount elected and will be shown in Employee Navigator when making your elections. Any amounts elected are subject to age reduction, please refer to your plan documents for the age reduction schedule.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Plan Features	Employee	Spouse	Child
Basic Life Benefit Amount	\$50,000	\$10,000	\$5,000
Plan Features	Employee Voluntary Life	Spouse Voluntary Life	Child Voluntary Life
Maximum Life Benefit	7 times your annual salary to a maximum of \$500,000 Minimum amount of \$10,000	50% of employee elected amount to a maximum of \$250,000 Minimum amount of \$5,000	Your choice of \$2,500, \$5,000 or \$10,000
Guaranteed Issue Newly Eligible Employees	\$300,000	\$50,000	\$10,000

[Download the Full Plan Summary](#)

[Download the Voluntary Life Rates](#)

Disability

Sun Life Financial

Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

Definition of Disability

The definition of disability is used to determine an employee's eligibility for benefits. An individual's physical or mental inability to perform the major duties of his/her occupation because of illness or injury.

Employee Paid Short-Term Disability

Short-term disability provides a source of income should your qualified disability keep you from working for more than a week

Employer Paid Long-Term Disability

Long-term disability provides an ongoing source of income if your disability is prolonged.

[Click here to download the full plan summaries](#)

Plan Features	Short-Term Disability	Long-Term Disability
Benefit Amount	60% of weekly salary	60% of monthly salary
Maximum Benefit	\$2,500 weekly	\$10,000 monthly
Benefit Waiting Period	14 days Benefits begin on day 15	90 days
Maximum Benefit Duration	11 weeks	Social Security Normal Retirement Age



Voluntary Benefits

Voya

Voluntary benefits can help safeguard your personal finances. They are designed to supplement medical plans by providing financial protection in the event of a serious health problem or accident. These plans are not intended to replace true medical coverage. This is a brief summary of each plan offered; for more details see the brochures available at gbsbenefits.employeenavigator.com and on the County intranet site.

Eligibility & Enrollment

- Benefit-eligible employees working 24 hours a week are eligible to enroll.
- Spouses can be enrolled if under age 70 and children may be enrolled up to age 26 (you must elect coverage yourself).
- If you and your souse or domestic partner both work for the County, you may not have double coverage
- Health questions will not be asked; you are guaranteed coverage.
- Plans are effective January 1, 2026, and premiums will be deducted the first pay period in January. New hire coverage is effective on the date of hire. Our Group number is #701092.
- These plans are compatible with Health Savings Accounts.
- Some plans offer a wellness benefit component. Please see the chart below that illustrates the potential wellness benefit associated with each plan.

Wellness Benefits	Accident Plan	Critical Illness Plan	Screening Examples
Employee	\$60	\$60	<ul style="list-style-type: none">• Routine dental & eye exam• well child/preventive exams• Pap, Mammogram, PSA• Cholesterol, Triglycerides,• Colonoscopy
Spouse	\$60	\$60	
Child(ren)	\$60	\$60	

Accident

Voya

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With Voya Group Accident Insurance you can have peace of mind knowing:

- › Coverage is guaranteed issue – no evidence of insurability required at initial enrollment.
- › Benefits are paid directly to you unless assigned to someone else.
- › Benefits are paid in addition to any other coverage.

Plan Features

Benefit Amounts

Accident Physician	\$75
Emergency Room / Urgent Care	\$200
X-ray	\$60
Ambulance	\$300 ground / \$1,250 air
Dislocation/Fracture Benefit	Up to \$6,400/Up to \$5,600
Hospital Confinement/Daily Benefit	\$1,250 admission / \$350 day
Accident Follow-Up Visits	\$75
Lacerations	Up to \$400
Wellness Benefit	\$60 per person, per year

*The list above is not a complete list of benefits. Please see the full plan summary for a comprehensive list.

Accident Plan Monthly Premiums

Employee Only	\$10.49
Employee & Spouse	\$17.16
Employee & Child(ren)	\$19.93
Family	\$26.60



Download the Full Plan Summary

Critical Illness

Voya

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

With Voya Group Critical Illness Insurance, you can have peace of mind knowing you’re covered in the event of:

100% Coverage		
› Heart Attack	› Advanced Dementia*	10% Coverage
› Invasive Cancer	› Huntington’s Disease*	› Transient Ischemic Attacks*
› Stroke	› Muscular Dystrophy*	› Ruptured or Dissecting Aneurysm*
› Major Organ Failure	50% Coverage	› Abdominal/Thoracic Aortic Aneurysm*
› Permanent Paralysis	› Myasthenia Gravis *	› Transcatheter Heart Valve Replacement or Repair*
› End Stage Renal Failure	› SLE*	› Coronary Angioplasty*
› Coma	25% Coverage	› Pacemaker Placement*
› Sudden Cardiac Arrest*	› Coronary Artery Bypass Surgery	› Addison’s Disease*
› Type 1 Diabetes*	› Carcinoma In-Situ	› Systemic Sclerosis*
› Severe Burns*	› Open Heart Surgery for Valve Replacement or Repair*	› Skin Cancer
› Benign Brain Tumor*	› ICD Placement*	
› Loss of Sight, Hearing or Speech*	› Bone Marrow Transplant*	12 Childhood Conditions
› MS*	› Stem Cell Transplant*	*New Conditions Covered
› ALS*	› 19 Infectious Diseases*	
› Parkinson’s Disease*		

Plan Features	Employee	Spouse	Dependent
Coverage	\$10,000, \$20,000 or \$30,000	\$5,000, \$10,000 or \$15,000	\$10,000
Guarantee Issue	\$30,000	\$15,000	All child amounts are GI
Pre-Existing	None	None	None
Wellness Benefit <i>Must complete a health screening</i>	\$60	\$60	\$60

[Download the Full Plan Summary](#)

Hospital Indemnity

Voya

An inpatient stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Indemnity coverage pays a cash benefit when you are admitted for an inpatient stay for a minimum of 20 confinement hours. You can use the money to pay for medical bills not covered by insurance, or in any way you see fit.

With Voya’s Group Hospital Indemnity Insurance:

- › Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc.
- › Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

Benefits Include:	Low Plan	High Plan
Guarantee Issue	Yes	
Pre-Existing	No Pre-Ex	
Maternity Waiting Period	No waiting period	
First Day Hospital Confinement	\$1,200	\$1,800
Daily Hospital Benefit <i>Up to 31 days</i>	\$200 per day	\$300 per day
Intensive Care <i>Up to 31 days</i>	\$400 per day	\$600 per day
Rehabilitation Facility <i>Up to 31 days</i>	\$100 per day	\$150 per day
Observation Unit <i>4-19 hour stay</i>	\$250	

Hospital Indemnity Monthly Premiums		
	Low Plan	High Plan
Employee Only	\$26.81	\$40.21
Employee & Spouse	\$53.44	\$80.16
Employee & Child(ren)	\$39.61	\$59.41
Family	\$66.24	\$99.36



Download the Full Plan Summary

Employee Assistance Program

SupportLinc

We All Need a Little Support Every Now and Then

SupportLinc's Employee Assistance Program give you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts (up to 8 free counseling sessions per family member event), as well as access to resources and discounts designed to help you in a variety of different ways.

How We Can Help



Consultative services
are available to
provide direct support
and assistance



Work/life assistance
that can help you save
money and balance
commitments



Access legal and
financial assistance
and resources –
including WillPrep
Services

To access SupportLinc's Employee Assistance Program, visit www.supportlinc.com
Group Code: **daviscounty**

Or call **888-881-5462**. SupportLinc's team is available 24 hours a day, 7 days a week.



Scan this code to
download the app today!

[Click Here](#) to watch a
video and learn more
about your EAP benefits.

Legal & ID Theft Protection

LegalShield + IDShield

Legal & ID Protection Services For A Low Monthly Cost

LegalShield Membership

- › Gain access to attorneys for personal Legal advice on contracts, will preparation, moving traffic violations and so much more!
- › Dedicated National Law Firms with direct access, NO CALL CENTER!
- › Advice & Consultations Phone consultations, letters and phone calls made on your behalf
- › Document Review up to 15 pages each
- › Income Tax Audit Services
- › Trial Defense (Civil) when named defendant in a covered civil lawsuit
- › Uncontested Divorce, Separation, Adoption and/or Name Change Representation
- › Provides 24/7/365 Emergency legal access for covered emergencies.
- › 25% Member Discounts available for additional services.

IDShield Membership

- › Continuous Credit Monitoring through TransUnion Credit reporting
- › Privacy Management One-on-one consultation on online privacy issues
- › Financial Monitoring of personal financial accounts
- › Identity Theft Reimbursement: You never have to worry about covering the costs of ID theft. IDShield offers a \$1 million protection policy that covers any out-of-pocket expenses for lost wages, legal defense fees, stolen funds and more!
- › Unlimited Service Guarantee doing whatever it takes to restore your identity, even pre-existing issues.
- › Provides 24/7/365 live support for identity theft emergencies.

Monthly Premiums

	Employee Only	Employee + Dependents
LegalShield Only	\$18.95	\$18.95
IDShield Only	\$9.95	\$19.95
LegalShield & IDShield	\$28.90	\$34.75



Download the Full Plan Summary

Pet Insurance

MetLife

More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

With MetLife Pet Insurance you can have peace of mind knowing

Product Overview	Pet Insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with preventive care like X rays and ultrasounds.	
Why Needed	<ul style="list-style-type: none"> › The average annual cost for a routine vet visit is \$212 for a dog and \$160 for a cat. › The average annual cost for a surgical vet visit is \$426 for a dog and \$214 for a cat › A small monthly payment can help plan for these expenses. › Pet insurance may not cover preexisting conditions, so enroll your pet when they're healthy. 	
Flexible Coverage	Choose the plan that works for you and your pet. Options include: <ul style="list-style-type: none"> › Levels of coverage from \$500 unlimited › \$0 --\$2,500 deductible options › Reimbursement percentages from 50% 100% 	
What Is Covered	<ul style="list-style-type: none"> › accidental injuries › illnesses › exam fees › surgeries 	<ul style="list-style-type: none"> › medications › ultrasounds › hospital stays › X-rays and diagnostic tests
Coverage Also Includes	<ul style="list-style-type: none"> › hip dysplasia › hereditary conditions › congenital conditions › chronic conditions 	<ul style="list-style-type: none"> › alternative therapies › holistic care › and much more
Additional Value	Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. <ul style="list-style-type: none"> › If you're claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50. › Group discounts are available. 	

Enroll Today!

Enroll online by visiting <http://www.metlife.com/getpetquote>. You will be directed to a custom landing page where you can obtain additional information, get a quote and enroll 24/7.

You can also call **800-GETMET8 (800-438-6388)** to speak to a representative. Simply advise you are an employee of Davis County.

Coverage is employee paid and is not billed through payroll. You will need to make payment arrangements directly through MetLife.

Wellness

Davis County in partnership with PEHP

2026 Healthy Lifestyle Incentive Program

The Healthy Lifestyle Incentive Program is the wellness program administered by the County for employees and their spouses. This incentive is structured to reward employees who take steps towards living a healthier lifestyle. Employees have the opportunity to participate by setting personal health goals, having preventive care exams, participating in wellness challenges, and attending seminars & wellness activities. **If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 801-451-3415 and we will work with you (and, if you wish, with your doctor) or find a wellness option with the same reward that is right for you in light of your health status.**

There are 4 components to the Healthy Lifestyle Program: Physical Activity Tracker, Preventive Care, Wellness Challenges, and Education. There are 2 different incentives in the Healthy Lifestyle program: the Monthly Incentive, and the Year-End Incentive.

1. **Monthly Incentive:** Every month employees and spouses who complete their physical activity tracker by the 10th of the following month are entered into a monthly prize drawing.
2. **Year-End Incentive:** At year-end, all employees and spouses who have completed 9 physical activity trackers, had at least 3 preventive care exams, have completed at least 3 wellness challenges through PEHP, GBS, or Davis County's Healthy Lifestyle, and have viewed at least 3 webinars and/or read educational articles through PEHP, GBS or Davis County, will be awarded an incentive.

The four components for the Year-End Incentive:

Physical Activity Tracker is where you track your physical activity for the month. You can track your number of steps, number of minutes and/or your number of miles. To be entered into the monthly prize drawing, participants must complete their tracker by the 10th of the following month.

Preventive Care preventive care is always important for good health. Procedures must be considered preventive and not treatment for an existing condition.

Wellness Challenge Wellness challenges/competitions are held to assist employees and spouses in developing healthy habits. They also serve as an opportunity for employees to form support systems. Each month there are 2 different challenges available to participate in. One challenge is from Davis County and one from PEHP. You can choose to participate in one challenge that month, both challenges, or forgo a challenge for that month.

Education Webinars and online educational articles are available online through PEHP, GBS and Davis County. Participants can choose the health areas they are interested in learning more about.

How do I get started in the Healthy Lifestyle Incentive Program?

Get started by going to <http://dc-intranet/human-resources/wellness> on the intranet and view the DavisFit App instruction video.

Next, log in to the DavisFit App

*****webapp.daviscountyutah.gov/App/DavisFit/#/Player/Dashboard and start participating in as many of the different areas that you can. Prizes will be given out just for participating. Watch for upcoming wellness activities, webinars and challenges in emails.

*** All incentives awarded to Davis County employees are considered to be taxable fringe benefits by the IRS and will be included in taxable gross income.**



Wellness

Davis County in partnership with PEHP

PEHP offers **cash rewards** to insurance-eligible employees and their spouses for participating in wellness programs and activities. The [Choose Your Path to Wellness](#) webpage includes activities, challenges, resources, and webinars to help you meet your well-being goals. If you have questions, contact Human Resources at 801-451-3415 or PEHP Healthy Utah at 801-366-7300.

How to receive your 'First Steps' rebate:

› Attend

- ☐ Attend a PEHP Healthy Utah session, appointments available at many County offices during the year.

OR

- ☐ Schedule and attend an annual preventive visit with your Doctor who must complete the **First Steps Rebate form** which is available on the County intranet, on the Employee Navigator website, or at pehp.org/rebates. Don't forget to sign it. Submit completed form through the Message Center Attn: PEHP Wellness by logging into your PEHP account.

› Log In

- ☐ Log into your PEHP account at pehp.org
- ☐ Check box that you commit to participate in 2 wellness activities from the Choose Your Path to Wellness page within **6 months** after your biometric testing date

How to receive your 'Next Steps' rebate:

› Participate

- ☐ Agree to participate in two additional PEHP Wellness activities from the *Choose Your Path to Wellness* [webpage](#). Complete and submit the form to PEHP Wellness via your personal online account through the Message Center. Selected activities must be completed within **12 months** of your biometric testing date.

Your rebate will automatically be processed and will be sent to you at the address on your PEHP account! This is a taxable incentive and PEHP will deduct FICA tax from your rebate check. PEHP will mail additional tax information to you after you receive your rebate. Consult your tax advisor if you have any questions.

Other Wellness Rebates

- › \$100 **Diabetes Management Rebate**: if you have been diagnosed with diabetes
- › \$50 **Tobacco Cessation Rebate**: be quit from tobacco/nicotine for 6 months with physician signature
- › \$50 **WeeCare Rebate** (also available for covered dependents): if you are an expectant mother - prenatal program - must register during pregnancy
- › \$50 **AgeWell Rebate** - Medicare Supplement members only

Additional Benefits

Davis County

Golf Discounts

Employees may golf at Davis Park and Valley View Golf Courses at a discounted rate by presenting a current Davis County employee ID badge at either golf course. The discount may also be applied to immediate family members (spouse, children and parents) golfing with the employee.

Animal Care of Davis County

Enjoy 50% off adoption fees.

URS Retirement System Benefits

Davis County participates in the Utah Retirement System (URS). We offer the Tier I retirement plan for qualified employees or the Tier II retirement plan with a pension or 401(k). URS also includes a one-time 75% life insurance benefit for employees. In addition, Davis County will continue to report URS service credits if you are injured or become ill while performing your regular employment duties and qualify for Long Term Disability or Workers Comp coverage. See the URS plans for specific details on these benefits.

Retirement & 401(k) Match

The County pays into the Utah Retirement System for eligible employees. The County will also contribute matching funds up to 2% of gross retirement income to the URS 401(k) plan when the employee contributes to a URS 401(k), 457 or Traditional or Roth IRA.

Worker's Compensation

Davis County provides Workers' Compensation benefits to all County employees and volunteers who become injured on the job and cannot perform their normal duties or who contract occupational diseases as covered under The Workers' Compensation Act. Employees should report injuries to their supervisor. Contact Terri DeVries in Human Resources for more information at 451-3429. Initial treatment must be obtained from a designated preferred provider:

IHC Work Med (1st choice for work injuries)
2075 University Park Blvd (2075 N. 1200 W), 2nd Floor, Layton, 801-776-4444
Mon-Fri, 8:00 a.m.-5:00 p.m., no weekends

Layton IHC Urgent Care (2nd choice-only if Work Med is closed)
201 W. Layton Pkwy, Ste 1A, Layton 801-543-6875
Mon-Sun, 8:00 a.m. -10:00 p.m.

Third choice – Life-Threatening: Go to nearest emergency room
Layton IHC Hospital
201 W. Layton Pkway, Layton, 801-543-6000
Open 24 Hours

Blood Borne Pathogen exposure

1st Choice IHC Work Med
2nd Choice Layton IHC Hospital

Your No-Cost Medicare Team

Senior Benefits Insurance Services

The Medicare Maze

When you approach Medicare eligibility, you'll find that there is a mountain of decisions waiting for you. We simplify that process by turning that mountain of confusion into a smooth and easy transition. You get a free Medicare resource for any and all questions. You get the coverage you want that fits with your financial plan. Finally, you get to sleep easy at night knowing that you don't have to worry about Medicare decisions.

How We Help

We help with your overall healthcare strategy once Medicare becomes a reality for you.

This includes:

- › How Medicare works and strategies
- › Medicare Supplement plans
- › Medicare Advantage plans
- › Part D: Prescription Drug plans
- › Senior Dental & Vision plans
- › Long & Short Term Care plans
- › Group Medicare Advantage Medical Savings Account plans



90DaysFromRetirement.com

What's Next?

Let's start talking!

The best time to start the Medicare conversation is 90 days before you plan to retire. So, when you're ready, let's work through this together.

801-523-6081



Cost of Coverage

January 1, 2026 – December 31, 2026

Medical Traditional Plan – Full-Time Employees			
Status	Employee's Bi-Weekly Cost	Monthly County Contribution	Total Premium
Single	\$90.18	\$721.44	\$901.80
Two- Party	\$198.39	\$1,587.18	\$1,983.96
Family	\$270.54	\$2,164.32	\$2,705.40

Medical Traditional Plan – Part-Time Employees			
Status	Employee's Bi-Weekly Cost	Monthly County Contribution	Total Premium
Single	\$157.81	\$586.18	\$901.80
Two- Party	\$347.19	\$1,289.58	\$1,983.96
Family	\$473.44	\$1,758.52	\$2,705.40

Medical STAR Plan – Full-Time Employees			
Status	Employee's Bi-Weekly Cost	Monthly County Contribution	Total Premium
Single	\$34.76	\$625.66	\$695.18
Two- Party	\$76.47	\$1,376.44	\$1,529.38
Family	\$104.27	\$1,876.98	\$2,085.52

Medical STAR Plan – Part-Time Employees			
Status	Employee's Bi-Weekly Cost	Monthly County Contribution	Total Premium
Single	\$121.65	\$451.88	\$695.18
Two- Party	\$267.64	\$994.10	\$1,529.38
Family	\$364.96	\$1,355.60	\$2,085.52

HSA Contributions For employees enrolled in the STAR Plan		
Status	Full-Time Employees	Part-Time Employees
Single	\$850 (\$425 2x per year)	\$510 (\$255 2x per year)
Two-Party / Family	\$1,700 (\$850 2x per year)	\$1,020 (\$510 2x per year)

Dental Full-Time Employees	
Status	Employee's Monthly Cost
Single	\$6.04
Two-Party	\$7.89
Family	\$11.50

Dental Part-Time Employees	
Status	Employee's Monthly Cost
Single	\$24.15
Two-Party	\$31.58
Family	\$46.02

Vision Monthly Premiums – All Employees	
Status	Employee's Monthly Cost
Single	\$1.00
Two-Party	\$2.50
Family	\$5.00

Life Insurance Monthly Premiums – All Employees			
Status	Employee Cost	County Contribution	Total Premium
Single	\$3.50	\$3.50	\$7.00
Family	\$0.71	\$0.72	\$1.43
Age 70 - Single	\$1.75	\$1.75	\$3.50
Age 70 - Family	\$0.36	\$0.36	\$0.72



This Employee Benefits Guide was created for the employees of
Davis County by GBS Benefits.