



2011–2012 Employee Benefits Guide

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Benefits Overview

Weber Human Services is proud to offer a comprehensive benefits package to eligible, full-time employees. The complete benefit package is briefly summarized in this booklet.

You share the costs of some benefits (medical and dental), and Weber Human Services provides other benefits at no cost to you (life, accidental death & dismemberment, and LTD). In addition, there are voluntary benefits with reasonable group rates that you can purchase through Weber Human Services payroll deductions.

The benefit plans offered are:

- Medical
- HSA
- Dental
- Vision
- FSA
- Life and AD&D
- Voluntary Life and AD&D
- Long-Term Disability



Eligibility

If you work 30 hours or more per week on a regularly scheduled basis, you and your dependents are eligible for Weber Human Services benefits **on the first day of the month following the date of your hire** and after you have submitted properly completed forms.

Eligible dependents are your spouse, children under age 26, or disabled dependents of any age. Elections made now will continue until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

A qualifying event occurs if you experience a:

- Marriage
- Divorce
- Birth
- Adoption
- Change in Custody
- Death
- Loss of Coverage

When you experience a qualifying event you have 30 days to make any changes.

Opportunity to enroll in connection with extension of dependent coverage to age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Weber Human Services’ group medical plan. Individuals may request enrollment for such children for 30 days from the date of open enrollment. Enrollment will be effective on July 1, 2011. For more information contact the Human Resources Department.

Lifetime limit no longer applies and enrollment opportunity

The lifetime limit on the dollar value of benefits under Weber Human Services’ group medical plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of open enrollment to request enrollment. For more information contact the Human Resources Department.

This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we’ve tried to summarize the provisions of these legal documents clearly and accurately, if any information presented here conflicts with the legal documents, the legal documents will govern.

For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents.

All benefit plans are subject to change from time to time and Weber Human Services reserves the right to amend or cancel any benefits described in this booklet, with or without notice. This document does not guarantee any benefits.

Medical Benefits – Traditional Plan

Administered by EMI Health Customer Service 801-270-2880 or 1-800-662-5852
 852 East Arrowhead Lane, Murray, UT 84107
 www.emihealth.com

All services are subject to Educators Table of Allowances. When using a non-participating Provider, the covered person is responsible for all fees in excess of the Table of Allowances.

UBHC July 1, 2011 – June 30, 2012	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Lifetime Maximum Benefit	None	
Preexisting Condition Window Period (Age 19 and above)	6 months prior	
Preexisting Condition Waiting Period (Age 19 and above)	First 8 months of coverage / 18 months Late Enrollees	
Benefit Accumulator	Contract Year	
Dependent Age Limit	26	
Coinsurance Maximum (Per Person/Family Per Year— Separate from and not satisfied by the Prescription Drug Coinsurance Maximum. Services designated * do not accumulate toward the applicable Coinsurance Maximum.	\$3,000 / \$6,000	\$6,000 / \$12,000
Medical Deductible (Per Person/Family Per Year). Please note.*	\$500 / \$1,000	\$1,000 / \$2,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	50% Reduction in Payment	Not Applicable
Non-Precertification EAP Penalty	Not Applicable	
PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Prescription Drug Coinsurance Maximum (Per Person/Family Per Year - Separate from and not satisfied by the Medical Coinsurance Maximum. Services designated * do not accumulate toward the applicable Coinsurance Maximum.	\$3,500* / \$10,500*	
Prescription Deductible	\$50* / \$150* (Per person/ family per year separate from & not satisfied by the medical deductible)†	
Participating Pharmacy (30-day supply)	†Generic – 20% (\$5 Min) plus \$50 Rx deductible †Preferred – 30% (\$10 Min) plus \$50 Rx deductible †Non-Preferred – 50% (\$25 Min) plus \$50 Rx deductible	
Significant medication (during first 12 months after FDA approval)	50%*	
New therapeutic class of medication (after a 6-month waiting period following FDA approval)	50%*	
Non-Participating Pharmacy	Not Covered	
Mail Order (90-day supply) – Medco Long-term (maintenance) medication must be purchased through mail order to receive coverage	Generic – 20% (\$15 Min, \$100 Max) Preferred – 30% (\$20 Min, \$125 Max) Non-Preferred – 50% (\$65 Min, \$150 Max)	
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	•20%	•40%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	•20%	•40%
Skilled Nursing Facility (60 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	•20%	•40%
Medical/Surgical Care (Outpatient)	•20%	•40%

Traditional Plan Continued

UBHC July 1, 2011 – June 30, 2012	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Emergency Room (ER)	\$100	\$100
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	•20%	•40%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	•20%	•40%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	•40%
Newborn	20%	40%
InstaCare/Urgent Care Clinic	\$40	•40%
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (30 days per person per Year)	•20%	•40%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	
Ambulance Land/Air (Accident & Life-threatening)	•20%	Covered as a participating benefit subject to the Table of Allowance
Orthodontic Injury Treatment	•50%	
Dental Injury Treatment	•20%	
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	\$25	•40%
Physician Office Visits (secondary care)	\$35	•40%
Physician Office Visits (after hours)	\$35	•40%
Physician Visits (Inpatient)	•20%	•40%
Physician Visits (Outpatient)	•20%	•40%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	•20%	•40%
Minor Diagnostic Test, X-ray, Lab (office)	Covered 100%	•40%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	•20%	•40%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	•40%
Radiology/Pathology (office)	Covered 100%	•40%
Radiology/Pathology (Inpatient)	•20%	•40%
Radiology/Pathology (Outpatient)	Covered 100%	•40%
Injections (office)	Covered 100%	•40%
Surgery (office)	Covered 100%	•40%
Surgery (Inpatient)	•20%	•40%
Surgery (Outpatient)	•20%	•40%
Anesthesiology (office)	Covered 100%	•40%
Anesthesiology (Inpatient)	•20%	•40%
Anesthesiology (Outpatient)	•20%	•40%
Routine Prenatal & Delivery (Dependent maternity included)	•20%	•40%
Home Health Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	•20%	•40%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 10 visits per Year)	\$25	•40%
Chiropractic Therapy (20 visits per Year)	\$25 (CHP)	•40%
Allergy Testing	20%	•40%

Traditional Plan Continued

UBHC July 1, 2011 – June 30, 2012	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	20%	•40%
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Child Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Medical Supplies	•20%	•40%
Medical Supplies (office)	Covered 100%	•40%
Durable Medical Equipment	•20%	•40%
Orthotic Supplies	•20%	•40%
Growth Hormone	•20%	•40%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Facility Semi-private Room	•20%	•40%
Inpatient Facility Ancillary	•20%	•40%
Inpatient Facility Physician Visits	•20%	•40%
Physician Office Visits Psychologist / Clinical Social Worker / APRN / Psychiatrist	\$25	•40%
OTHER LIMITED BENEFITS	YOU PAY	
Adoption Indemnity Benefit	The Plan pays a maximum of \$4,000 towards adoption expenses.	
TMJ Syndrome diagnosis & non-surgical treatment	•*50%	Not Covered
Orthognathic/Mandibular Osteotomy	•*50%	Not Covered
Total Parenteral Nutrition (TPN)	•*50%	Not Covered
Primary Infertility	•*50%	Not Covered

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact Educators Customer Service Department.

Services designated * do not accumulate toward the applicable Coinsurance Maximum. Services designated • are subject to first dollar Medical Deductible

Medical Benefits – High Deductible Health Plan

Administered by EMI Health Customer Service 801-270-2880 or 1-800-662-5852
852 East Arrowhead Lane, Murray, UT 84107
www.emihealth.com

All services are subject to Educators Table of Allowances. When using a non-participating Provider, the covered person is responsible for all fees in excess of the Table of Allowances.

UBHC July 1, 2011 – June 30, 2012	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Lifetime Maximum Benefit	None	
Preexisting Condition Window Period (Age 19 and above)	6 Months Prior	
Preexisting Condition Waiting Period (Age 19 and above)	First 8 months of coverage / 18 months Late Enrollees	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Coinsurance Maximum (Per Person/Family Per Year)	\$2,000 / \$4,000	\$5,000 / \$10,000
Medical Deductible (Per Person/Family Per Year)	\$2,000 / \$4,000	\$3,000 / \$6,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	50% Reduction in Payment	Not Applicable
Non-Precertification EAP Penalty	Not Applicable	
PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Participating Pharmacy (30-day supply)	•Generic – \$0; •Preferred – \$0; •Non-Preferred – \$0	
Non-Participating Pharmacy	Not Covered	
Mail Order (90-day supply) – Medco Long-term (maintenance) medications must be purchased through mail order to receive coverage	•Generic – \$0; •Preferred – \$0; •Non-Preferred – 50% \$0	
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	•Covered 100%	•40%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	•Covered 100%	•40%
Skilled Nursing Facility (60 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	•Covered 100%	•40%
Medical/Surgical Care (Outpatient)	•Covered 100%	•40%
Emergency Room (ER)	•Covered 100%	•Covered 100%
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	•Covered 100%	•40%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	•Covered 100%	•40%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	•Covered 100%	•40%
Newborn	•Covered 100%	•40%
InstaCare/Urgent Care Clinic	•Covered 100%	•40%
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (30 days per person per Year)	•Covered 100%	•40%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	

High Deductible Plan Continued

UBHC July 1, 2011 – June 30, 2012	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a participating benefit subject to the Table of Allowance
Ambulance Land/Air (Accident & Life-threatening)	•Covered 100%	
Orthodontic Injury Treatment	•Covered 100%	
Dental Injury Treatment	•Covered 100%	
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	•Covered 100%	•40%
Physician Office Visits (secondary care)	•Covered 100%	•40%
Physician Office Visits (after hours)	•Covered 100%	•40%
Physician Visits (Inpatient)	•Covered 100%	•40%
Physician Visits (Outpatient)	•Covered 100%	•40%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	•Covered 100%	•40%
Minor Diagnostic Test, X-ray, Lab (office)	•Covered 100%	•40%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	•Covered 100%	•40%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	•Covered 100%	•40%
Radiology/Pathology (office)	•Covered 100%	•40%
Radiology/Pathology (Inpatient)	•Covered 100%	•40%
Radiology/Pathology (Outpatient)	•Covered 100%	•40%
Injections (office)	•Covered 100%	•40%
Surgery (office)	•Covered 100%	•40%
Surgery (Inpatient)	•Covered 100%	•40%
Surgery (Outpatient)	•Covered 100%	•40%
Anesthesiology (office)	•Covered 100%	•40%
Anesthesiology (Inpatient)	•Covered 100%	•40%
Anesthesiology (Outpatient)	•Covered 100%	•40%
Routine Prenatal & Delivery (Dependent maternity included)	•Covered 100%	•40%
Home Health Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	•Covered 100%	•40%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year)	•Covered 100%	•40%
Chiropractic Therapy (10 visits per Year)	•Covered 100% (CHP)	•40%
Allergy Testing	•Covered 100%	•40%
Allergy Treatment/Serum	•Covered 100%	•40%
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Child Immunizations (to 19th birthday)	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered

High Deductible Plan Continued

UBHC July 1, 2011 – June 30, 2012	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Medical Supplies	•Covered 100%	•40%
Medical Supplies (office)	•Covered 100%	•40%
Durable Medical Equipment	•Covered 100%	•40%
Orthotic Supplies	•Covered 100%	•40%
Growth Hormone	•Covered 100%	•40%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Facility Semi-private Room	•Covered 100%	•40%
Inpatient Facility Ancillary	•Covered 100%	•40%
Inpatient Facility Physician Visits	•Covered 100%	•40%
Physician Office Visits: Psychologist / Clinical Social Worker / APRN / Psychiatrist	•Covered 100%	•40%
OTHER LIMITED BENEFITS	YOU PAY	
Adoption Indemnity Benefit	The Plan pays a maximum of \$4,000 towards adoption expenses.	
TMJ Syndrome diagnosis & non-surgical treatment	•Covered 100%	Not Covered
Orthognathic/Mandibular Osteotomy	•Covered 100%	Not Covered
Total Parenteral Nutrition (TPN)	•Covered 100%	Not Covered
Significant Medication (during first 12 months after FDA approval)	•Covered 100%	Not Covered
New therapeutic class of medication (after 6-month waiting period following FDA approval)	•Covered 100%	Not Covered
Primary Infertility	•Covered 100%	Not Covered
PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact Educators Customer Service Department.		
Services designated * do not accumulate toward the applicable Coinsurance Maximum. Services designated • are subject to first dollar Medical Deductible		



Dental Benefits

Administered by Dental Select

Dental Select customer service 801-495-3000 or 1-800-999-9789
5373 South Green Street, 4th Floor, Salt Lake City, UT 84123
www.dentalselect.com

	PPO Indemnity PLATINUM NETWORK	
	Network Dentist*	Non-Network Dentist**
Preventive Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of R&C
Basic Fillings, extractions, oral surgery, endodontics	80%	80% of R&C
Major Crowns, bridges, dentures and periodontics	50%	50% of R&C
	6-Month Waiting Period	
Orthodontics Children and Adults	50%; 6-Month Waiting Period; Lifetime Max: \$1,500	
All Members	20% Discount	No Discount
Maximum Benefit Preventive, Basic and Major services per person per year.	\$1,500	
Deductible Applies to Basic and Major services.	\$25 per person \$75 family max	\$25 per person \$75 family max
Specialists Endodontists, Oral Surgeons, Periodontists, Prosthodontists, Pediatric Specialists	1) You receive a 20% discount off the Specialist's fee 2) Plan pays according to the General Dentists Schedule of Fees. 3) Member is responsible for the difference between the Plan's payment & the discounted Specialist's fee.	
	PAID SAME AS GENERAL DENTISTS	

Reasonable and Customary (R&C): means benefits based only on "Reasonable and Customary" fee criteria.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and in the case of a discrepancy, the plan documents apply.

Please refer to the Group Certificate Booklet for a complete description of benefits, limitations, and exclusions.

*IN-NETWORK

General Dentists & Specialists: All payments made by the plan are based on the Platinum Fee Schedule.

**OUT-OF-NETWORK

Dental Select will allow up to the reasonable and customary charge for the dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.



Vision – Opticare Plan: 120C

Administered by Opticare of Utah

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Opticare of Utah 1901 W. Parkway Blvd., SLC, UT, 84119
Phone: 1-800-EYE-CARE (801) 886-2020 Fax: (801) 954-0054
www.opticareofutah.com

Opticare Plan: 120C			
	Select Network	Broad Network	Out-of-Network
Eye exam	No Examination Benefit		
Lenses *Standard Plastic			
Single Vision	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings.
Bifocal (FT 28)	100% Covered	\$10 Co-pay	
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	
Lens Options			
Progressive (Standard plastic no-line*)	\$30 Co-pay	\$50 Co-pay	
Glass lenses	15% Discount	15% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
High Index	\$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options - A/R, edge polish, tints, mirrors, etc.	25% Discount	25% Discount	
Frames			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	\$80 Allowance
Additional pairs of glasses throughout the year	50% Off Retail	25% Off Retail	
Contacts			
Contact benefit is in lieu of lens and frame benefit	\$120 Allowance	\$100 Allowance	\$80 Allowance
Additional contact purchases:			
Conventional	Up to 20% off	Retail	
Disposables	Up to 10% off	Retail	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery (LASIK)	\$250 Off Per Eye	Not Covered	Not Covered

LASIK services are not an insured benefit - this is a discount only Pre & post operative care provided by Standard Optical Based on Standard Optical Retail Fees

Discounts

Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts. See provider for details.

Status	Premiums (Twice Monthly)
Employee	\$2.62
Two Party	\$5.13
Family	\$6.79



WHS FY2012 Medical & Dental Rates TRADITIONAL HEALTH PLAN

Single Coverage	WHS 90% Contribution Twice Monthly	Employee 10% Contribution Twice Monthly	Twice Monthly Total WHS & Employee	Monthly Total WHS & Employee
Dental Select	\$17.15	\$1.91	\$19.06	\$38.12
Educators Mutual	\$231.58	\$25.73	\$257.31	\$514.61
Total	\$248.73	\$27.64	\$276.37	\$552.73
Two Party Coverage				
Dental Select	\$30.97	\$3.44	\$34.41	\$68.82
Educators Mutual	\$476.74	\$52.97	\$529.71	\$1,059.42
Total	\$507.71	\$56.41	\$564.12	\$1,128.24
Family Coverage				
Dental Select	\$43.72	\$4.86	\$48.58	\$97.16
Educators Mutual	\$647.69	\$71.96	\$719.65	\$1,439.30
Total	\$691.41	\$76.82	\$768.23	\$1,536.46

Calculations are based on (24) twice monthly deductions with no deductions on the 3rd pay date of the month: December 30, 2011 and June 29, 2012

If you choose to waive medical insurance and provide proof of other coverage, you must choose between the following:
Deposit \$244.48 per pay period (26) into your 401K account or receive \$122.24 per pay period (26) in cash

Dental coverage is optional. If you waive dental coverage, your waived plan credits will NOT be deposited into your 401K account or be paid to you in cash.

WHS FY2012 Medical & Dental Rates HIGH DEDUCTIBLE HEALTH PLAN

Single Coverage	WHS 90% Contribution Twice Monthly	Employee 10% Contribution Twice Monthly	Twice Monthly Total WHS & Employee	Monthly Total WHS & Employee
Dental Select	\$17.15	\$1.91	\$19.06	\$38.12
Educators Mutual	\$200.54	\$22.28	\$222.83	\$445.65
Total	\$217.69	\$24.19	\$241.89	\$483.77
Two Party Coverage				
Dental Select	\$30.97	\$3.44	\$34.41	\$68.82
Educators Mutual	\$412.86	\$45.87	\$458.74	\$917.47
Total	\$443.83	\$49.31	\$493.15	\$986.29
Family Coverage				
Dental Select	\$43.72	\$4.86	\$48.58	\$97.16
Educators Mutual	\$560.89	\$62.32	\$623.22	\$1,246.43
Total	\$604.61	\$67.18	\$671.80	\$1,343.59

HEALTH SAVINGS ACCOUNT (HSA)

HEALTH EQUITY: 1.866.346.5800 www.healthequity.com

WHS CONTRIBUTION

	Twice Monthly	Total Monthly	Annual Total
Single Coverage	\$29.17	\$58.34	\$700.00
Two Party Coverage	\$65.92	\$131.84	\$1,582.00
Family Coverage	\$82.21	\$164.42	\$1,973.00

Maximum HSA Annual Contribution (WHS and Employee Combined)

Single Coverage	\$3,050.00	
Two Party Coverage	\$6,150.00	*55+ Additional \$1,000
Family Coverage	\$6,150.00	

*Calculations are based on (24) twice monthly deductions with no deductions on the 3rd pay date of the month: December 30, 2011 and June 29, 2012

If you choose to waive medical insurance and provide proof of other coverage, you must choose between the following:
Deposit \$244.48 per pay period (26) into your 401K account or receive \$122.24 per pay period (26) in cash

Dental coverage is optional. If you waive dental coverage, your waived plan credits will NOT be deposited into your 401K account or be paid to you in cash.



No matter what's going on in your life, GuidanceResources® is here to help. Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a no-cost, company-sponsored benefit that is available to you and your dependents to provide confidential support, resources and information to get through life's challenges. This flyer explains how GuidanceResources can help you.

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential counseling service to help address the personal issues you are facing. This service, staffed by experienced clinicians, is available by calling a toll-free phone line 24 hours a day, seven days a week. A Guidance Consultant is available to listen to your concerns and refer you to a local provider for in person counseling or to resources in your community. Call any time with personal concerns, including:

- › Depression
- › Marital and family conflicts
- › Job pressures
- › Stress and anxiety
- › Alcohol and drug abuse
- › Grief and loss

Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- › Divorce and family law
- › Debt obligations
- › Landlord and tenant issues
- › Real estate transactions
- › Bankruptcy
- › Criminal actions
- › Civil lawsuits
- › Contracts

Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- › Saving for college
- › Getting out of debt
- › Retirement planning
- › Estate planning
- › Tax questions

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com. Each time you return, you will receive personalized, relevant information based on your individual life needs. You can:

- › Review in-depth HelpSheets™ on topics you select
- › Get answers to specific questions
- › Search for services and referrals
- › Use helpful planning tools



Kevin Miles
801-589-1866
milkevin@gmail.com

NEW for 2011 Open Enrollment! Aflac Group Accident Coverage with up to 30% lower premiums and higher benefits than current Aflac Coverage!

Why do you need Aflac Group Insurance?

- This is not health insurance. This is coverage to help you with your medical and living expenses.
- Aflac is different from Major medical. It's insurance for daily living. It pays cash directly to you to help with the daily expenses due to an accident or an illness.
- Aflac compliments your company's existing benefits package.
- Aflac currently has a new group accident plan available.

Group Policies Available:

Group Accident

- Pays towards injury related office visits, hospitalization, specific injury benefits, physical therapy & more.
- 24 hour coverage for accidents large and small
- Pays injury benefits from \$25 - \$10,000
- Provides an annual \$60 Wellness Benefit per covered family member.
- Includes an Accidental Death Benefit.

	Twice-Monthly Premium
Employee	\$8.10
Employee & Spouse	\$11.59
Employee & Dependent Children	\$15.45
Family	\$18.94

Guaranteed acceptance on Group Accident

Flexible Spending Accounts (FSAs)

Administered by Custom Benefit Solutions

Custom Benefit Solutions 244 West Highway 40, 333-7, Roosevelt UT, 84066

Fax: (801) 725-6199

www.cbsservices.com

You can save money on your health care and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pre-tax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit **\$4,000**

Dependent Care Spending Limit **\$5,000**

Custom Benefit Solutions is the administrator of two individual Flexible Spending Accounts—one for health care expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

Here's How an FSA Works

1. You decide the annual amount (up to the max for each account) you want to contribute to either or both FSAs based on your expected health care and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes and deposited into your FSA.
3. You can pay with the WHS FSA debit card for eligible health care expenses only if you elect the traditional plan. For dependent care you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
5. If you contribute to the HSA, you may contribute up to \$4,000 to a Limited Health Flexible Spending Account. These funds can be used for dental and vision expenses ONLY. Please see the plan summary for more information.

Federal Healthcare Reform Notice:

As of January 1, 2011, over-the-counter medications are no longer a qualified medical expense for the FSA account without a prescription from a physician. Please modify your FSA election with that consideration in mind.



Questions and Answers

What is a flexible Spending Account?

A benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then during the year you can be directly reimbursed from your account for qualified health care and/or day care expenses.

Why should I participate when I already have health insurance?

This account is used to pay for expenses not covered by insurance; such as, deductibles, copayments, and coinsurance.

If I set aside part of my pay, won't I make less money?

No. Your net take-home pay will increase by the amount of taxes you did not pay. Please see examples for how it may work for you.

Can I change my contributions during the year?

Only if you have a change in status such as: marriage, divorce, birth or adoption, or change in employment status.

How do I get reimbursed for my expenses?

If you do not use your debit card for your purchase, complete a claim form, attach a copy of the health care or dependent care receipt, and mail it to Custom Benefit Solutions at 244 West Highway 40, 333-7, Roosevelt, UT 84066 or fax 435-725-6199. Complete details will be provided to you once you have enrolled.

Are there any negatives that I should know about?

Yes, because you are not paying any social security tax on that portion of your income that has been redirected, your social security benefits may be slightly reduced.

Do I have to wait for the money to be deposited in my account in order to make a claim for reimbursement?

The annual amount you have allocated for the Medical Reimbursement Account is available to you at any time throughout the plan year. The amount available to you from your Dependent Day Care Account is the amount you have contributed to date.

How do I know how much is available in my accounts?

Refer to www.cbsservices.com

What happens to my accounts if I terminate my employment?

You will be able to request reimbursement for medical and dependent care expenses that you incurred prior to your termination. You have a grace period at the end of the plan year to submit covered receipts for reimbursement.

What if I don't use all the money I set aside in my account?

Carefully review your estimated expenses before making the decision to participate. Any contributions that are not used during the plan year will not be paid to you in cash and can not be used in the next plan year.

How do I benefit by participating?

Your biggest advantage is the tax savings. Every dollar you set aside in your account reduces your income taxes, saving you money.

Eligible Medical Expenses

- abdominal supports
- abortion
- acupuncture
- alcoholism treatment
- ambulance
- anesthetist
- arch supports
- artificial limbs
- autoette (when used for relief of sickness/disability)
- birth control pills (by prescription)
- blood tests
- blood transfusions
- braces
- cardiographs
- chiropractor
- Christian Science Practitioner
- contact lenses
- contraceptive devices (by prescription)
- convalescent home (for medical treatment only)
- crutches
- dental treatment
- dental x-rays
- dentures
- dermatologist
- diagnostic fees
- diathermy
- drug addiction therapy
- drugs (prescription)
- elastic hosiery (prescription)
- eyeglasses
- fees paid to health institute prescribed by a doctor
- guide dog
- gynecologist
- healing services
- hearing aids and batteries
- hospitals
- hydrotherapy
- insulin treatments
- ophthalmologist
- optician
- optometrist
- oral surgery
- organ transplant (including donor's expenses)
- orthopedic shoes
- orthopedist
- osteopath
- oxygen and oxygen equipment
- pediatrician
- physician
- physiotherapist
- podiatrist
- postnatal treatments
- practical nurse for medical services
- premiums for long term care
- prenatal care
- prescription medicines
- psychiatrist
- psychoanalyst
- psychotherapy
- radium therapy
- registered nurse
- special School costs for the handicapped
- spinal fluid test
- splints
- surgeon
- telephone or TV equipment adapter to assist the hard-of-hearing-therapy equipment
- transportation expenses (relative to health care)
- lab tests
- lead paint removal
- lodging (away from home for outpatient care)
- metabolism tests--neurologist--nursing (including board and meals)
- obstetrician
- operating room costs
- ultra-violet ray treatment
- vaccines
- vasectomy
- vision care
- vitamins (if prescribed)
- wheelchair
- x-rays

Non-Eligible Medical Expenses

- advance payment for services to rendered next year
- athletic club membership
- automobile insurance premium allocated to Medical coverage
- boarding school fees
- bottled water
- commuting expenses of a disabled person
- cosmetic surgery and procedures
- cosmetics, hygiene products and similar items
- diaper service
- domestic help
- funeral, cremation or burial
- expenses
- health programs offered by resort hotels, Health clubs and gyms
- illegal operations and treatments
- illegally procured drugs
- maternity clothes
- premiums for life insurance, income protection, disability, loss of limbs, sight or similar Benefits
- Scientology counseling
- social activities
- special foods or beverages
- specially designed car for an autoette or special equipment
- stop-smoking programs
- swimming pool
- travel for general health improvement

Federal Healthcare Reform Notice:

As of January 1, 2011, over-the-counter medications are no longer a qualified medical expense for the FSA account without a prescription from a physician. Please modify your FSA election with that consideration in mind.

Agency Paid Life and Accidental Death & Dismemberment Insurance (Agency Paid)

Insured by Prudential

Prudential Insurance Company of America
 4643 South Vister Street, Suite 1295, Denver CO, 80237
 877-670-7798
 www.prudential.com

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Weber Human Services. The agency provides basic life insurance of \$25,000 at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Weber Human Services provides AD&D coverage of \$25,000 at no cost to you. This coverage is in addition to your agency-paid life insurance described above.

Weber Human Services Group Basic Life and Supplemental Life Benefit Highlights	
Eligibility	As an active full-time employee, you and your dependents are eligible for the Group Basic Life and Supplemental Life insurance plans as further defined within your certificate.
Basic Life Benefit Amounts	Basic Life insurance is provided to you and your eligible dependents by Weber Human Services at no cost to you. Following is the Basic Life benefit amount: Employee: \$25,000
Basic Accidental Death and Dismemberment Benefit Amount	Basic Accidental Death and Dismemberment insurance is provided to you by Weber Human Services at no cost to you in the following amount: Employee: \$25,000 *Spouse and Dependent Children are not eligible for coverage under the Accidental Death and Dismemberment plan.
Employee Supplemental Life Benefit Amount	You have the option to purchase Supplemental Life insurance coverage in increments of \$5,000, from \$20,000 to a maximum of \$500,000. Retirees are not eligible for this plan.
Evidence of Good Health Requirements	Evidence of good health will be required for all coverage amounts under the Employee Supplemental Life plan. Amounts under \$200,000 are guarantee issue.
Benefit Reductions	Your Employee and Spouse Basic and Supplemental Life coverage amounts are reduced to 65% at age 65, to 40% at age 70, and to 25% of the original coverage amount at age 75. Benefits terminate upon retirement.
Dependent Supplemental Life Coverage	You may also elect coverage on the lives of your Spouse and/or Dependent Children. To qualify, children must be unmarried and under the age of 26. Also, unmarried children who are disabled may be eligible if certain conditions are met. Please refer to your certificate for more information on the definition of eligible Dependent Children. All Dependent Supplemental Life coverage amounts elected for the Spouse or eligible children are subject to providing evidence of good health. Amounts under \$20,000 for the spouse and \$10,000 for the child are guarantee issue. Spouse Benefit Amount: Increments of \$5,000 to a maximum of \$250,000 (not to exceed 100% of your Employee Supplemental Life amount). You may not elect coverage for your Spouse if your Spouse is covered as an employee under the policy. Your Spouse may elect coverage up to the plan maximum of \$250,000 by providing evidence of good health, up to 100% of the employee's Supplemental Life insurance amount. Note, Spouse premium rates are based on spouse's age. Child Benefit Amount: If you apply for a minimum of \$20,000 on the Employee Supplemental Life plan, you may apply for Supplemental Life coverage on your Dependent Children for either \$5,000 or \$10,000 (maximum).

Weber Human Services Group Basic Life and Supplemental Life Benefit Highlights	
Portability	If you leave your Employer, Portability is an option that allows you to continue your Life insurance coverage. The employee's portable Supplemental Life amount is subject to a maximum of \$500,000. The portability maximum for Spouse coverage is \$250,000, and \$10,000 for Dependent Child(ren). The employee's Supplemental Life plan must be ported for Spouse and Dependent Child(ren) coverages to also be eligible for portability. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Employee Supplemental Life Insurance. Evidence of good health will not be required.
Living Benefits Option	Should you be diagnosed as terminally ill with a life expectancy of 12 months or less, the Living Benefits Option allows you to receive an accelerated payment of a portion of your group life insurance. The option is available to individuals with at least \$10,000 in group life insurance coverage from Prudential, subject to any maximum age limit described in your booklet, up to a maximum of 90% of your coverage not to exceed \$500,000. Funds are paid directly to you, with no policy restrictions on how you use them. The remaining benefit is then payable to the beneficiary upon your death.

Limitations and Exclusions

As is standard with most term life insurance plans, Coverage Amounts will be reduced at certain ages in order to prevent premium increases. Check your Benefit Highlights Sheet for these details. In addition, under the Supplemental Life plan, death by suicide is covered only after the employee has been insured for two years. Therefore, if death results from suicide, no benefit will be payable for any Supplemental Life coverage that became effective within two years of the date of death. This suicide provision does not apply to Basic Life coverage.

Other exclusions may apply depending upon your coverage. Refer to your certificate for further plan information.

This Benefit Highlights Sheet and the accompanying Brochure and Enrollment Form explain the general purposes of the insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.



VOLUNTARY Life and AD&D Insurance

Insured by Prudential
 Prudential Insurance Company of America
 4643 South Vister Street, Suite 1295, Denver CO, 80237
 877-670-7798
 www.prudential.com

You may elect additional life insurance and AD&D insurance. Coverage is available in increments of \$5,000 to \$500,000 but not to exceed 5 times your annual earnings. The minimum is \$20,000. Guaranteed coverage is \$200,000. You can enroll for up to \$200,000 of coverage without providing Evidence of Insurability (EOI). Previous elections from the Hartford will be grandfathered. If elected your optional AD&D amount will be equal to your Voluntary Term Life coverage amount.

Those who wish to make an initial election over \$200,000 (up to 5 times annual salary) of coverage must submit Evidence of Insurability (EOI). The completed EOI should be returned to Human Resources.

Employee— \$20,000 to a maximum of \$500,000. In increments of \$5,000

Spouse— \$10,000 to a maximum of \$250,000. In increments of \$5,000 (cannot exceed employee coverage)

Children— \$5,000 to a maximum of \$10,000

Upon calculating your elected Supplemental Life coverage amounts, please complete the Supplemental Life Insurance Enrollment Form. This worksheet does not serve as the enrollment form, and should be used only as a tool to estimate your coverage needs and premium calculations.

Premium Calculation

Use the calculation line below to determine your cost for this coverage.

	÷ \$1,000 =		x		= \$	
Employee Elected Benefit Amount			Rate Above			Your Monthly Cost
	÷ \$1,000 =		x		= \$	
Spouse Elected Benefit Amount			Rate Above			Your Monthly Cost
	= \$					
Child Life Amount	Your Monthly Cost equals Cost Per Unit above rate includes coverage for all eligible children)					

Check the Supplemental Life Benefit Highlights for a summary of the general benefits of the insurance described. Complete coverage information is in the certificate of insurance issued to you.

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, Weber Human Services offers voluntary benefits, which you can purchase at group rates.

Supplemental Life Insurance Monthly Rate Chart Worksheet	
Supplemental Life Insurance for Employee and Spouse:	
Age Band:	Rates per \$1,000
Under Age 30	\$.054
30 – 34	\$.059
35 – 39	\$.073
40 – 44	\$.109
45 – 49	\$.174
50 – 54	\$.263
55 – 59	\$.372
60 – 64	\$.625
65 -69	\$ 1.229
70 – 74	\$ 2.559
75 – 79	\$ 4.683
AD&D (Optional)	\$.02

Child Life Amount	\$5,000	\$10,000
Monthly Cost per Unit	\$.60	\$1.20

Long-Term Disability Insurance

Insured by Prudential

Prudential Insurance Company of America
4643 South Vister Street, Suite 1295, Denver CO, 80237
877-670-7798
www.prudential.com

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. Weber Human Services provides Long-Term Disability insurance (LTD) coverage for you at no cost.

LTD coverage provides income when you have been disabled for 90 days or more. Your benefit is 60% of your monthly earnings, up to \$10,000 per month. This amount may be reduced by other deductible sources of income or disability earnings.

No contributions are required for your coverage while you are receiving payments under this plan.

Cost of Coverage: The long-term disability plan is provided to you on a noncontributory basis. The entire cost of your coverage under the plan is being paid by your Employer.

Long-Term Disability Plan

This long-term disability plan provides financial protection for you by paying a portion of your income while you have a long period of disability. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled. Benefits start after the elimination period.

Minimum Hours Requirement: Employees must be working 30 hours or more per week on a regularly scheduled basis.

Employment Waiting Period: You may need to work for your Employer for a continuous period before you become eligible for the plan. The must be agreed upon by your Employer and Prudential. Your Employer will let you know about this waiting period.

Elimination Period: 90 days
Benefits begin the day after the Elimination Period is completed.

Monthly Benefit: 60% of your monthly earnings, but not more than the Maximum Monthly Benefit
Your benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may be limited under this coverage.

Maximum Monthly Benefit: \$10,000.00

Maximum Period of Benefits:

Your Age on Date Disability Begins	Your Maximum Benefit Duration
Under age 61	To your normal retirement age*, but not less than 60 months
Age 61	To your normal retirement age*, but not less than 48 months
Age 62	To your normal retirement age*, but not less that 42 months
Age 63	To your normal retirement age*, but not less than 36 months
Age 64	To your normal retirement age*, but not less than 30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

*Your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth.

The above items are only highlights of your coverage. For a full description please read the entire Group Insurance Certificate.

Public Employees' Retirement System

560 East 200 South
Salt Lake City, UT 84102-2099
801-366-7700 or 800-365-8772
www.urs.org

Tier 1 (employees hired before July 1, 2011)

Membership Eligibility

You become a member of the Public Employees' Noncontributory Retirement Systems if you work 30 hours or more a week on a regularly scheduled basis and are eligible to receive all benefits normally provided by the employer.

Retirement Contributions

Your employer will pay your retirement contributions. Because contributions are paid into a general retirement account, they will appear yearly on a separate statement.

Defined Contribution 401(k) and 457 Plans

In addition to the regular employer funded retirement, Weber Human Services will also match up to 1% of the employee's contribution to the Golden Horizon 401(k) Plan.

You can provide additional income for yourself at retirement by deferring part of your salary into the Defined Contribution Plan above the amount contributed by your employer. While federal laws limit how much you can defer, the limit is annually adjusted for inflation. All contributions you or your employer makes to your Defined Contribution Plan(s) are refundable if your terminate your employment.

Max Contribution Rates 2011

Under 50

401(k) – \$16,500 457 – \$16,500

50+

401(k) – \$22,000 457 – \$22,000

Benefits Membership

Defined Benefit Plan

Retirement Income – You may retire:

1. At any age with 30 years of service.
2. At age 65 with at least 4 years of service.
3. At age 62 with 10 years of service.
4. At age 60 with 20 years of services with a 3% actuarial reduction for each between 60 and 65.
5. With 25 years of service at any with full actuarial reduction of approximately 7% for each year under age 60, and 3% for each year between 60 and 65.
6. Monthly benefits are based on your total years of creditable service and the monthly average salary of your 3 highest paid years.

Group Life Insurance

As an active member of the Utah Retirement System, you have a group life insurance policy. The death benefit is a percentage of your highest annual salary. For less than a full year of services the benefit is prorated with a minimum of \$1,000. If transferred from the Contributory to the Noncontributory System, your-beneficiary will also receive a refund of your vested contributions and interest.

Tier 2 (employees hired on/after July 1, 2011)

Administered by Utah Retirement Systems

Membership Eligibility

You become a member of the Public Employees' Retirement Systems if you work 30 hours or more a week on a regularly scheduled basis and are eligible to receive all benefits normally provided by the employer.

You have a choice between two retirement options:

- 1) The Tier 2 Hybrid Retirement System combines a pension and 402(k) plan, or
- 2) The Tier 2 Defined Contribution Plan is 401(k) only.

Tier 2 Hybrid Retirement System

Pension + 401(k)

- Your employer contributes an amount equal to 10% of your salary between both plans (pension and 401(k))
 - Pension contributions are based on the yearly pension contribution rate. For example, the 2011-12 year rate is 7.59%. The difference between 10% and the pension contribution rate (7.59%) is contributed to your 401(k) (2.41%). If the pension contribution rate ever exceeds 10%, you must pay the additional amount above 10%.
 - The pension gives you a lifetime monthly payment determined by the benefit formula. It's based upon your number of years of service credit x 1.5% x highest five years' earnings converted to a monthly average.
 - You may qualify for a monthly retirement benefit if you are:
 - 65 with 4 years of service
 - 62 with 10 years of service*
 - 60 with 20 years of service*
 - Any age with 35 years of service.
- *If you have less than 35 years of service credit and retire before age 65, your monthly payment will be reduced by the full actuarial amount for each year between the ages of 60 and 65.
- You'll get up to a 2.5% annual cost-of-living adjustment (COLA) on your retirement payments, based on the Consumer Price Index.
 - Pension and employer contributions to your 401(k) are vested after four years.

Public Employees' Retirement System Tier 2 Continued

Tier 2 Defined Contribution Plan

401(k) only

- Your employer contributes an amount equal to 10% of your salary to a 401(k) plan.
- Employer contributions to your 401(k) are vested after four years.
- The amount of money you have throughout retirement depends on investment performance and personal withdrawals.

Defined Contribution 401(k) and 457 Plans

In addition to the regular employer funded retirement, Weber Human Services will also match up to 1% of the employee's contribution to the Golden Horizon 401(k) Plan.

You can provide additional income for yourself at retirement by deferring part of your salary into the Defined Contribution Plan above the amount contributed by your employer. While federal laws limit how much you can defer, the limit is annually adjusted for inflation. All contributions you or your employer makes to your Defined Contribution Plan(s) are refundable if you terminate your employment.

Max Contribution Rates 2011

Under 50

401(k) - \$16,500 457 - \$16,500

50+

401(k) - \$22,000 457 - \$22,000

Benefits Membership

Defined Benefit Plan

Retirement Income – You may retire:

1. With 35 years of service at any age
2. At any age with 30 years of service (only with service purchase)
3. At age 65 with at least 4 years of service
4. At age 62 with 10 years of service*
5. At age 60 with 20 years of service*

Monthly benefits are based on your total years of creditable service and the monthly average salary of your 3 highest paid years.

*Actuarial reduction if under age 65 with fewer than 35 years of service.

Tier 2 Defined Contribution Plan

Which plan is right for you?

Both plans have advantages and disadvantages. Some questions to ask yourself: How long do I plan to work in the public sector? What is my risk tolerance? How comfortable am I managing investments?

Here are some considerations to help you decide:

Tier 2 Hybrid Retirement System	Tier 2 Defined Contribution Plan
Guaranteed fixed monthly income for life.	No guaranteed income. Your retirement savings are subject to the performance of your investments, which affects your monthly income.
Plan bears all pension investment risk.	You bear all investment risk.
Your pension is managed by investment professionals.	You manage all your investments (when vested).
Possible 401(k) contribution if pension contribution rate is below 10%.	You receive the full 10% to your 401(k).
You must contribute to the pension if the pension contribution rate ever exceeds 10%.	You are never required to contribute to the plan.
Cost-of-living adjustment (COLA) benefit.	No COLA benefit.
Pension is portable among URS-covered employers.	Your 401(k) plan is portable among URS-covered and private sector employers.
Pension is available only after you have met retirement age qualifications.	You can withdraw from your vested 401(k) at any time upon termination (may be subject to IRS penalty).
Upon retirement, you may choose a guaranteed monthly payment option for your spouse, which becomes payable after your death.	You can pass on your vested 401(k) balance to your spouse or any beneficiary.

This is just a brief summary for comparison purposes. Go to www.urs.org for more complete details about both plans.

COBRA Regulations

“COBRA” stands for Consolidated Omnibus Budget Reconciliation Act of 1985, COBRA is the Federal Health Care Continuation Law, COBRA requires that if an employee or other “Qualified Beneficiary” loses employer provided health coverage due to termination of employment or other specified qualifying event, the group health plan must offer to continue the health care coverage to the qualified beneficiary. A qualified beneficiary is the employee, the employee’s spouse, and any dependent children that are covered by the health plan the day before the qualifying event happens. The qualified beneficiary is required to pay the full cost of coverage plus a 2% administrative fee. COBRA is limited in its durations. In most cases it is limited to 18 or 36 months from the date of the qualifying event.

Qualifying Events are as follows:

18-Month Duration

- Voluntary or involuntary termination of the covered employee’s employment (other than by reason of gross misconduct);
- Reduction of hours of the covered employee’s employment which brings the employee below the 30 hours per week qualification for benefits.

29-Month Duration

- Disability

36-Month Duration

- Divorce and/or legal separation of the covered employee from the employee’s spouse;
- Covered employee becomes entitled to Medicare benefits;
- Dependent child ceases to be a dependent child
- Death of the covered employee

If a qualified beneficiary is determined by the Social Security Administration to be disabled at the time of termination of within 60 days of termination, then the normal 18 month COBRA period may be extended to 29 months. For the months after the initial 18-month period, the plan may charge the disabled qualified beneficiary 150% of the applicable premium.



RETIREMENT BENEFITS OPTIONS

Weber Human Services Medical and Dental Benefit

Employees retiring before June 30, 2012 will be able to make a one time choice at the time of retirement to select Retirement Option One or Retirement Option Two. Employees retiring after July 1, 2012 will retire under Retirement Option Two.

The right to participate in paid-up health and dental insurance coverage shall vest only at the time of retirement. This policy may be changed by the Board of Directors at any given time without liability to Weber Human Services, its Directors or Board Members.

Retirement Option One:

Employees retiring from employment with Weber Human Services before age sixty-five (65) years, and who meet provision of the State Retirement Program, will be permitted to convert into cash up to three hundred and twenty (320) hours of annual leave, and up to one third (1/3) of any accumulated sick leave. The retiring employee may convert any remaining sick leave at a rate of sixteen (16) hours per month to purchase health and dental insurance coverage from Weber Human Services.

Employees retiring from employment with Weber Human Services at age sixty-five (65) may convert into cash up to three hundred and twenty (320) hours of annual leave, and up to one half (1/2) of any accumulated sick leave.

In the event that current Weber Human Services employees are required to share in the cost of health and/or dental insurance premiums, retired WHS employees will be required to share in such costs.

Health and/or dental insurance premiums are due by the 5th day of the month.

Coverage may be cancelled if the retired WHS employees' premiums are not paid by the 5th day of the following month.

An administrative fee sufficient to cover the cost of handling the account may be charged to retirees participating in this program. Any such fee will be established at the beginning of each fiscal year.

Retirement Option Two:

A retiree can convert into cash up to three hundred and twenty (320) hours of accumulated annual leave at his/her current rate of pay. He/She may also convert into cash up to one fourth (1/4) of accumulated sick leave at his/her current rate of pay.

A retiree can transfer the remaining accumulated sick leave at his/her rate of pay into the Weber Human Services Accumulated Sick Leave Conversion Medical Reimbursement Plan and Prime Trust (TRUST). The rate of pay for the conversion will be established by using either the average pay of all full time Weber Human Services employees for the previous calendar year, or the actual hourly rate of the individual at the time of her/her retirement, whichever is greater.

To access the complete retirement policy, refer to Weber Human Services Personnel Policies

WHS HOLIDAY LIST

FISCAL YEAR 2011-2012

Independence Day.....Monday, July 4th
 Pioneer Day.....Monday, July 25th
 Labor Day.....Monday, September 5th
 Veterans Day.....Friday, November 11th
 Thanksgiving Day.....Thursday, November 24th
 Day after Thanksgiving.....Friday, November 25th
 Christmas Day.....Monday, December 26th
 New Year's Day.....Monday, January 2nd
 Human Rights Day.....Monday, January 16th
 Presidents' Day.....Monday, February 20th
 Memorial Day.....Monday, May 28th

BI-WEEKLY PAYROLL DATES Benefit Plan Year: July 2011-June 2012				
	Pay Period START Date	Pay Period END Date & Time & Service DUE Date	PAY DATE	#
Plan Year Deductions Begin	6/25/2011	7/8/2011	7/15/2011	1
	7/9/2011	7/22/2011	7/29/2011	2
	7/23/2011	8/5/2011	8/12/2011	3
	8/6/2011	8/19/2011	8/26/2011	4
	8/20/2011	9/2/2011	9/9/2011	5
	9/3/2011	9/16/2011	9/23/2011	6
	9/17/2011	9/30/2011	10/7/2011	7
	10/1/2011	10/14/2011	10/21/2011	8
	10/15/2011	10/28/2011	11/4/2011	9
	10/29/2011	11/11/2011	11/18/2011	10
	11/12/2011	11/25/2011	12/2/2011	11
	11/26/2011	12/9/2011	12/16/2011	12
No Premium Deductions	12/10/2011	12/23/2011	12/30/2011	13
	12/24/2011	1/6/2012	1/13/2012	14
	1/7/2012	1/20/2012	1/27/2012	15
	1/21/2012	2/3/2012	2/10/2012	16
	2/4/2012	2/17/2012	2/24/2012	17
	2/18/2012	3/2/2012	3/9/2012	18
	3/3/2012	3/16/2012	3/23/2012	19
	3/17/2012	3/30/2012	4/6/2012	20
	3/31/2012	4/13/2012	4/20/2012	21
	4/14/2012	4/27/2012	5/4/2012	22
	4/28/2012	5/11/2012	5/18/2012	23
	5/12/2012	5/25/2012	6/1/2012	24
	5/26/2012	6/8/2012	6/15/2012	25
No Premium Deductions	6/9/2012	6/22/2012	6/29/2012	26

Human Resources Department				
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Mary Miller	Benefit Specialist	375	801.625.3788	marym@weberhs.org

Benefit	Administrator	Phone	Website
Medical	EMI Health	800.662.5852 801.270.2880	www.educatorsmutual.com
Health Savings Account "Bank" (HSA)	Health Equity	866.346.5800	www.healthequity.com
Dental	Dental Select	800.999.9789 801.495.3000	www.dentalselect.com
Voluntary Vision	Opticare of Utah	800.EYE.CARE 801.886.2020	www.opticareofutah.com
Flexible Spending Account	Custom Benefit Solutions	435.725.6600 866.656.0227	www.cbseservices.com
Life and AD&D Insurance & voluntary Life & AD&D	Prudential	800.842.1718	www.prudential.com
Long-Term Disability	Prudential	800.842.1718	www.prudential.com
Retirement	Utah Retirement Systems	801.366.7700	www.urs.org
(WHS) Human Resources	Mary Miller	801.625.3788	marym@weberhs.org





Gallagher Benefit Services, Inc.

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