



CHAMBER OF COMMERCE
UNITE | CONNECT | PROMOTE

CHAMBER SPONSORED EMPLOYEE BENEFIT PROGRAM



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Greetings!

For many individuals and families along the Wasatch Back, access to quality healthcare is a significant factor in their decision making process in work and employment options.

For our business owners, we want to help you find, attract, and keep quality employees by providing a healthcare benefit exclusive to Chamber members of the Heber Valley and Park City Chambers.



The Chamber Sponsored Employee Benefit Program ensures our partners access quality health coverage options. Employers with as few as two employees can now avail themselves of these comprehensive benefits.

The Chamber Sponsored Employee Benefit Program offers excellent medical, dental, and vision coverage options. The plan even includes pet insurance because we understand the importance of our animal friends to family and individual well-being. The array of comprehensive coverage options reflects our belief that employees with high-quality health insurance are healthier, happier, and more productive. This leads to more engagement and less turnover, benefitting our entire community.

By joining forces with the Park City Chamber and our local insurance experts, we have leveraged their collective expertise and resources to negotiate favorable terms and competitive rates for you, empowering your access to high-quality benefits while effectively managing costs.

To learn more about the plan and how you and your employees can benefit from this exclusive arrangement, we would like to invite you to contact your health insurance provider or an agency included in this booklet.

Thank you for supporting the Heber Valley Chamber; we're proud to continue serving our business community!

Sincerely,

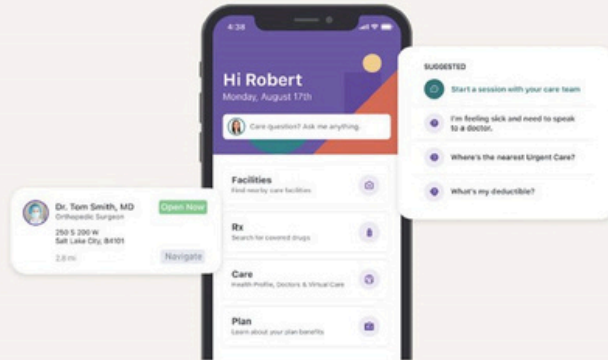
A handwritten signature in blue ink that reads "Dallin Koecher".

Dallin Koecher
Executive Director

Welcome To Angle

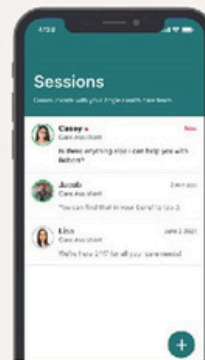
Re-imagining the health insurance experience

Born out of frustration from the personal healthcare experiences of our team, we founded Angle Health to bring a truly technology-enabled solution to health insurance. One where members don't have to spend hours navigating the complex maze of health systems and left to "figure out" their health insurance in order to access the right care.



Our health plans are built for the digital-forward employee, and designed with the "whole person" in mind which doesn't require a PhD in health insurance to understand.

Our fully digital platform delivers a personalized member experience that centers around ease of use, personalization, and better access to care.



We take the burden off the member in navigating the healthcare system.

Our Vision & Values

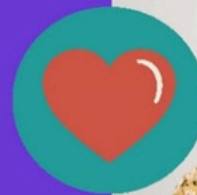
Bring transparency, simplicity, and humanity to healthcare so that people can live their best lives.

Member First	Lead With Empathy	Innovate
Our team strives to build the Angle experience around the true needs of the member before anything else.	Every product and service we build starts by looking at a problem with empathy. Because every stakeholder's needs are unique.	Our goal is to build the healthcare tools of the future without the legacy standards that limit our ability to innovate.

Our Investors

Angle Health is backed by top healthcare and technology investors with billions of dollars in assets under management and a consistent track record of success.

Angle Health Care Team



Angle Health CareTeam

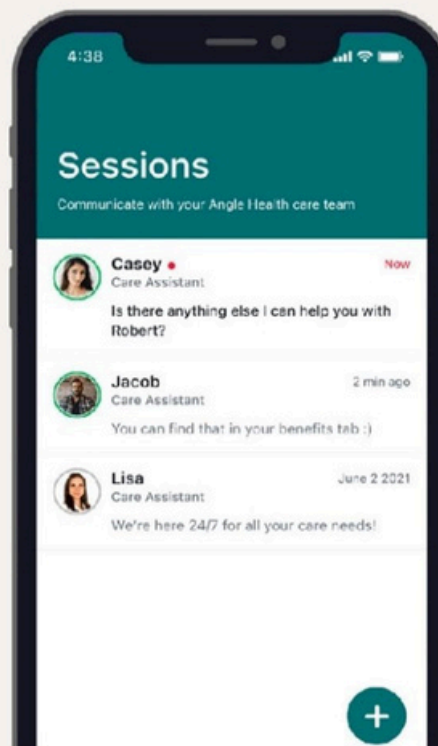
Angle does the heavy lifting so you don't have to. Members have access to resources and real-time chat with Angle's care team (a dedicated cadre of licensed nurses and healthcare professions to guide members through the entire care journey). Our care team helps you navigate the complex healthcare system with convenient and friendly human support so you don't have to bear all the burden.

Member Services

- Concierge service with a focus on making wellness easy.
- Expert counseling in navigating the ins and outs of our convoluted health system.
- Single touch-point solutions with an actual human on the other end.

Clinical Management Services

- 1 on 1 clinical support available via chat, email, & phone
- an on-call nurses available to field questions and provide expert clinical guidance through your wellness journey.



Contact Us

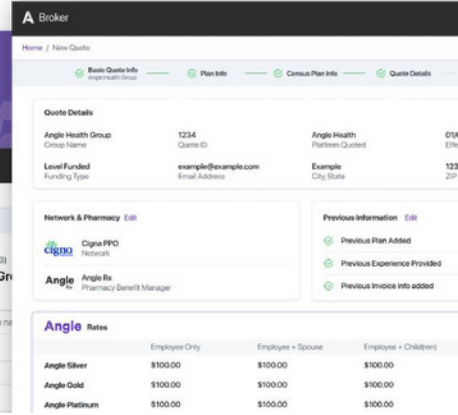
Phone: 855-937-1855 | E-mail: careteam@anglehealth.com | Chat: Angle Health App

Medical Plans





Utah Affinity Program Plans with Angle Health for 2025



Traditional Plan Designs

Actual benefits, limitations and exclusions are set forth in the summary of plan description issued to members.

Plan Name	500 20% Copay Plan	1000 20% Copay Plan	2000 20% Copay Plan	3000 20% Copay Plan	8000 20% Copay Plan	\$9000 10% Copay Plan
Deductible	\$500	\$1,000	\$2,000	\$3,000	\$8,000	\$9,000
Out of Pocket Maximum	\$1,500	\$2,000	\$4,000	\$5,000	\$9,350	\$9,350
Telemedicine via Doctor on Demand	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance	20%	20%	20%	20%	20%	10%
Primary Care	\$10	\$10	\$20	\$20	\$25	\$25
Specialist	\$30	\$30	\$50	\$50	\$75	\$75
Inpatient/Outpatient (Deductible Applies)	\$200	\$200	\$250	\$250	20%	10%
Tier 1 Rx	\$10	\$10	\$15	\$15	\$20	\$20
Tier 2 Rx	\$30	\$30	\$50	\$50	\$60	\$60
Tier 3 Rx	\$60	\$60	\$75	\$75	20%	10%
Tier 4 Rx (Deductible Applies)	20%	20%	20%	20%	20%	10%
Diagnostic	\$10	\$10	\$20	\$20	20%	10%
Urgent Care	\$50	\$50	\$75	\$75	\$75	\$75
Emergency Room (Deductible Applies)	\$200	\$200	\$250	\$250	20%	10%

High deductible Plan Designs

Actual benefits, limitations and exclusions are set forth in the summary of plan description issued to members.

Plan Name	1650 0% HDHP	3300 0% HDHP	5000 0% HDHP	4000 20% HDHP	7000 0% HDHP	8000 0% HDHP
Deductible	\$1,650	\$3,300	\$5,000	\$4,000	\$7,000	\$8,000
Out of Pocket Maximum	\$1,650	\$3,300	\$5,000	\$7,000	\$7,000	\$8,000
Telemedicine via Doctor on Demand	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance	0%	0%	0%	20%	0%	0%
Primary Care	0%	0%	0%	20%	0%	0%
Specialist	0%	0%	0%	20%	0%	0%
Inpatient/Outpatient (Deductible Applies)	0%	0%	0%	20%	0%	0%
Tier 1 Rx	0%	0%	0%	20%	0%	0%
Tier 2 Rx	0%	0%	0%	20%	0%	0%
Tier 3 Rx	0%	0%	0%	20%	0%	0%
Tier 4 Rx (Deductible Applies)	0%	0%	0%	20%	0%	0%
Diagnostic	0%	0%	0%	20%	0%	0%
Urgent Care	0%	0%	0%	20%	0%	0%
Emergency Room (Deductible Applies)	0%	0%	0%	20%	0%	0%

Requirements to quote

Data needs

Member level census with the following data for enrolled employees & dependents:

- First & last names
- Date of birth and sex (M/F)
- Home zip code
- Enrollment tier (EE, EC, ES, F) & plan selection

Data wants

The more data the better, additional data preferred in order of availability priority:

- Current rates & plans
- Renewal rates & plans (when available)
- Experience data (when available)



Contact Us



Visit Our Site

Dental Plans



Dental Plans



UTAH CHAMBER PLAN
 DENTAL AND VISION VOLUNTARY PLANS
 EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025

VOLUNTARY DENTAL BENEFITS | POWERED BY DENTIST DIRECT

HIGH PLAN | 35% PARTICIPATION | MP0000281848 | FOR ALL ELIGIBLE EMPLOYEES

LIVES COVERED	MONTHLY DENTAL RATES (GUARANTEED FOR 1 YEAR***)
EMPLOYEE ONLY	\$31.15
EMPLOYEE + ONE (1)	\$62.22
EMPLOYEE + FAMILY	\$122.46

MID PLAN | 35% PARTICIPATION | MP0000281853 | FOR ALL ELIGIBLE EMPLOYEES

LIVES COVERED	MONTHLY DENTAL RATES (GUARANTEED FOR 1 YEAR***)
EMPLOYEE ONLY	\$24.02
EMPLOYEE + ONE (1)	\$48.48
EMPLOYEE + FAMILY	\$99.49

LOW PLAN | 35% PARTICIPATION | MP0000281855 | FOR ALL ELIGIBLE EMPLOYEES

LIVES COVERED	MONTHLY DENTAL RATES (GUARANTEED FOR 1 YEAR***)
EMPLOYEE ONLY	\$18.20
EMPLOYEE + ONE (1)	\$36.44
EMPLOYEE + FAMILY	\$72.37

VOLUNTARY VISION BENEFITS

PLAN C \$120 | MP0000281857 | FOR ALL ELIGIBLE EMPLOYEES

LIVES COVERED	MONTHLY DENTAL RATES (GUARANTEED FOR 1 YEAR***)
EMPLOYEE ONLY	\$7.70
EMPLOYEE + ONE (1)	\$15.40
EMPLOYEE + FAMILY	\$24.81

PLAN C \$150 | MP0000281858 | FOR ALL ELIGIBLE EMPLOYEES

LIVES COVERED	MONTHLY DENTAL RATES (GUARANTEED FOR 1 YEAR***)
EMPLOYEE ONLY	\$8.36
EMPLOYEE + ONE (1)	\$16.73
EMPLOYEE + FAMILY	\$26.93

Dental Plans



UTAH CHAMBER PLAN
VOLUNTARY HIGH PLAN
EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025
QUOTE: MP0000281848
CLASS 1: ALL ELIGIBLE EMPLOYEES

DENTAL BENEFIT HIGHLIGHTS VOLUNTARY | HIGH PLAN

	HIGH PLAN PAYS	
	IN-NETWORK	OUT-OF-NETWORK
Diagnostic & Preventive Services Diagnostic and Preventive Services—exams, cleanings, fluoride and space maintainers Brush Biopsy—to detect oral cancer Radiographs—x-rays Sealants—to prevent decay of permanent teeth	100%	100%
Basic Services Emergency Palliative Treatment—to temporarily relieve pain. Other Basic Services—miscellaneous services Periodontic Services—to treat gum disease Minor Restorative Services—fillings Endodontic Services—root canal Simple Extractions—non complicated extractions	80%	80%
Major Services 12 Month Waiting Period Applies All Other Oral Surgery Services—complex extractions and dental surgery Major Restorative Services—crowns Relines and Repairs—to bridges and dentures Prosthodontic Services—bridges and dentures	50%	50%
Orthodontics Orthodontic Services—braces (up to age 19)	50%	50%
ADDITIONAL PLAN INFORMATION		
Allowed Amounts—fee schedule for in-network and out-of-network providers	PPO Fee Schedule	PPO Fee Schedule
Calendar Year Maximum—per person, per calendar year. Applies to all services except Orthodontic. Includes maximum rollover.	\$1,500	\$1,500
Orthodontic Lifetime Maximum	\$1,500	
Calendar Year Deductible—per person/per family per calendar year. DOES NOT apply to any Diagnostic & Preventive services.	\$50/\$150	

FIND AN IN-NETWORK DENTIST AT:
MYRENPROVIDERS.COM

Dental Plans



UTAH CHAMBER PLAN
VOLUNTARY MID PLAN

EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025

QUOTE: MP0000281853

CLASS 1: ALL ELIGIBLE EMPLOYEES

DENTAL BENEFIT HIGHLIGHTS

VOLUNTARY | MID PLAN

MID PLAN PAYS

IN-NETWORK	OUT-OF-NETWORK
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Diagnostic & Preventive Services Diagnostic and Preventive Services—exams, cleanings, fluoride and space maintainers Brush Biopsy—to detect oral cancer Radiographs—x-rays Sealants—to prevent decay of permanent teeth	100%	80%
Basic Services Emergency Palliative Treatment—to temporarily relieve pain. Other Basic Services—miscellaneous services Minor Restorative Services—fillings Simple Extractions—non complicated extractions	80%	60%
Major Services 12 Month Waiting Period Applies Periodontic Services—to treat gum disease Endodontic Services—root canal All Other Oral Surgery Services—complex extractions and dental surgery Major Restorative Services—crowns Relines and Repairs—to bridges and dentures Prosthodontic Services—bridges and dentures	50%	40%
Orthodontics 12 Month Waiting Period Applies Orthodontic Services—braces (up to age 19)	50%	50%

ADDITIONAL PLAN INFORMATION

Allowed Amounts—fee schedule for in-network and out-of-network providers	PPO Fee Schedule	PPO Fee Schedule
Calendar Year Maximum—per person, per calendar year. Applies to all services except Orthodontic. Includes maximum rollover.	\$1,000	\$1,000
Orthodontic Lifetime Maximum	\$1,000	
Calendar Year Deductible—per person/per family per calendar year. Deductible DOES NOT apply to in-network diagnostic & preventive services.	\$50/\$150	

FIND AN IN-NETWORK DENTIST AT:
MYRENPROVIDERS.COM

Dental Plans



UTAH CHAMBER PLANS
VOLUNTARY LOW PLAN
 EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025
 QUOTE: MP0000281855
 CLASS 1: ALL ELIGIBLE EMPLOYEES

DENTAL BENEFIT HIGHLIGHTS

VOLUNTARY | LOW PLAN

	LOW PLAN PAYS	
	IN-NETWORK	OUT-OF-NETWORK
Diagnostic & Preventive Services Diagnostic and Preventive Services—exams, cleanings, fluoride and space maintainers Brush Biopsy—to detect oral cancer Radiographs—x-rays Sealants—to prevent decay of permanent teeth	100%	50%
Basic Services Emergency Palliative Treatment—to temporarily relieve pain. Other Basic Services—miscellaneous services Minor Restorative Services—fillings Simple Extractions—non complicated extractions	50%	30%
Major Services 12 Month Waiting Period Applies Periodontic Services—to treat gum disease Endodontic Services—root canal All Other Oral Surgery Services—complex extractions and dental surgery Major Restorative Services—crowns Relines and Repairs—to bridges and dentures Prosthodontic Services—bridges and dentures	25%	25%
Orthodontics Orthodontic Services—braces	0%	0%
ADDITIONAL PLAN INFORMATION		
Allowed Amounts—fee schedule for in-network and out-of-network providers	PPO Fee Schedule	PPO Fee Schedule
Calendar Year Maximum—per person, per calendar year. Applies to all services except Orthodontic. Includes maximum rollover.	\$1,000	\$1,000
Orthodontic Lifetime Maximum	\$0	
Calendar Year Deductible—per person/per family per calendar year. Deductible DOES NOT apply to in-network diagnostic & preventive services.	\$50/\$150	

FIND AN IN-NETWORK DENTIST AT:
MYRENPROVIDERS.COM

Vision Plan



Vision Plan



UTAH CHAMBER PLAN
VOLUNTARY PLAN C-120
EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025
QUOTE: MP0000281857
CLASS 1: ALL ELIGIBLE EMPLOYEES

VISION BENEFIT HIGHLIGHTS—Plan C 120

IN-NETWORK COVERAGE			
BENEFIT TYPE	DESCRIPTION	COPAY ¹	FREQUENCY
WellVision Exam [®]	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 Months
Prescription Glasses		\$25	See Frames & Lenses
Frames	<ul style="list-style-type: none"> \$120 allowance for a wide selection of frames⁴ - 20%² savings on the amount over your retail allowance³ 	Included in Prescription Glasses	Every 12 Months
Lenses	<ul style="list-style-type: none"> Single Vision, Lined Bifocal & Lined Trifocal lenses - Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 Months
Lens Enhancements	<ul style="list-style-type: none"> Standard, Premium and Custom Progressive Lenses - Average savings of 30% on other lens enhancements⁵ 	STAND. / PREM. / CUST. \$55 / \$95-\$105 / \$150-\$175	Every 12 Months
Contacts	<ul style="list-style-type: none"> Contact Lenses coverage in lieu of Prescription Glasses 	See Evaluation & Fitting	Every 12 Months
Evaluation & Fitting	<ul style="list-style-type: none"> Elective Contact Lenses Member receives 15% off² of contact lens exam services;³ 	Up to \$60 (only applies to elective Contact Lenses)	Every 12 Months
Contact Lenses	<ul style="list-style-type: none"> \$120 allowance for Elective Contact lenses 	N/A	Every 12 Months
ADDITIONAL SAVINGS			
Primary EyeCare Plan ^{™ 1}	<ul style="list-style-type: none"> \$10 copay per visit at VSP[®] doctors. Provides covered in full retinal screening for members with diabetes who do not have diabetic eye disease. (Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.)⁶ 		
Low Vision	<ul style="list-style-type: none"> Supplemental testing covered every two years. 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years at VSP doctors 		
Glasses/Sunglasses ⁷	<ul style="list-style-type: none"> Members receive an extra \$20 to spend on featured frame brands including bebe[®], Calvin Klein, Cole Haan, Flexon[®], Nike, Nine West, and more. Go to vsp.com/specialoffers for details 		
Contacts	<ul style="list-style-type: none"> Visit vsp.com for Contact Lens Rebate offerings. 		
Retinal Screening	<ul style="list-style-type: none"> No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
Laser Vision Correction	<ul style="list-style-type: none"> Average 15% off regular price or 5% off the promo price; discounts only available from contracted facilities⁹ 		
<p>OUT OF NETWORK COVERAGE: Exam: Up to \$45 Frame: Up to \$70 Contacts: Up to \$105¹⁰ LENSES: Single: Up to \$30 Lined Bifocal: Up to \$50 Lined Trifocal: Up to \$65 Progressive: Up to \$50</p>			

REAL PROVIDER CHOICES¹⁰

Your employees can choose their provider from more than 110,000 access points, including the largest national network of independent doctors and nearly 26,000 participating retail chain access points.* Find an eye doctor at MyRenProviders.com.

VSP Doctors: 86% offer early morning, evening and weekend hours. 24-hour access to emergency care.

Participating Retail Chains¹: Your employees get the convenience of popular retail chains like these and more.



Vision Plan



UTAH CHAMBER PLAN
 VOLUNTARY PLAN C-150
 EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025
 QUOTE: MP0000281858
 CLASS 1: ALL ELIGIBLE EMPLOYEES

VISION BENEFIT HIGHLIGHTS—Plan C 150

IN-NETWORK COVERAGE			
BENEFIT TYPE	DESCRIPTION	COPAY ¹	FREQUENCY
WellVision Exam ⁶	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 Months
Prescription Glasses		\$25	See Frames & Lenses
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames⁴ - 20%² savings on the amount over your retail allowance³ 	Included in Prescription Glasses	Every 12 Months
Lenses	<ul style="list-style-type: none"> Single Vision, Lined Bifocal & Lined Trifocal lenses - Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 Months
Lens Enhancements	<ul style="list-style-type: none"> Standard, Premium and Custom Progressive Lenses - Average savings of 30% on other lens enhancements³ 	STAND. / PREM. / CUST. \$55 / \$95-\$105 / \$150-\$175	Every 12 Months
Contacts	<ul style="list-style-type: none"> Contact Lenses coverage in lieu of Prescription Glasses 	See Evaluation & Fitting	Every 12 Months
Evaluation & Fitting	<ul style="list-style-type: none"> Elective Contact Lenses Member receives 15% off² of contact lens exam services;² 	Up to \$60 (only applies to elective Contact Lenses)	Every 12 Months
Contact Lenses	<ul style="list-style-type: none"> \$150 allowance for Elective Contact lenses 	N/A	Every 12 Months
ADDITIONAL SAVINGS			
Primary EyeCare Plan ^{SM 1}	<ul style="list-style-type: none"> \$10 copay per visit at VSP⁸ doctors. Provides covered in full retinal screening for members with diabetes who do not have diabetic eye disease. (Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.)⁹ 		
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Participating Retail Chains¹: Your employees get the convenience of popular retail chains like these and more.



Life, Short Term Disability, Accident Plans



Life, Short Term Disability, Accident Plans



UTAH CHAMBER PLAN
 BASIC & VOLUNTARY LIFE + AD&D PLANS
 EFFECTIVE DATE: JUL 01, 2024 – JUN 01, 2025

EMPLOYEE BASIC LIFE + AD&D BENEFITS

BASIC LIFE + AD&D | AGE BANDED | MP000303773 | FOR ALL ELIGIBLE EMPLOYEES

AGE	MONTHLY LIFE RATE PER \$1000 (GUARANTEED FOR 2 YEARS***)	MONTHLY AD&D RATE PER \$1000 (GUARANTEED FOR 2 YEARS***)
39 & Under	0.095	0.021
40-59	0.235	0.021
60+	0.970	0.021

EMPLOYEE VOLUNTARY LIFE + AD&D BENEFITS

VOLUNTARY LIFE + AD&D | AGE BANDED | MP0000295680 | FOR ALL ELIGIBLE EMPLOYEES

AGE	MONTHLY LIFE RATE PER \$1000 (GUARANTEED FOR 2 YEARS***)	MONTHLY AD&D RATE PER \$1000 (GUARANTEED FOR 2 YEARS***)
Under 25	0.064	0.030
25-29	0.077	0.030
30-34	0.102	0.030
35-39	0.115	0.030
40-44	0.128	0.030
45-49	0.191	0.030
50-54	0.293	0.030
55-59	0.548	0.030
60-64	0.842	0.030
65-69	1.620	0.030
70-74	2.627	0.030
75 +	6.572	0.030

RENAISSANCE LIFE ASSIST:

Our Life products feature a collection of value-added, non-insurance services that offer assistance with many of life's challenges. The Renaissance Life Assist services bundle provides expert support for Travel Assistance, ID Theft and Beneficiary Companion Assistance. Renaissance also packages an Employee Assistance Plan (EAP) with unlimited telephonic employee assistance.*

* See enclosed flyers for additional details regarding these valued added services.

Life, Short Term Disability, Accident Plans



Renaissance.
DENTAL · VISION · LIFE · DISABILITY

UTAH CHAMBER PLAN

VOLUNTARY DEPENDENT LIFE + AD&D PLANS

EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025

DEPENDENT VOLUNTARY LIFE + AD&D BENEFITS

VOLUNTARY LIFE + AD&D | AGE BANDED | MP0000295680 | FOR ALL ELIGIBLE EMPLOYEES

AGE	MONTHLY LIFE RATE PER \$1000 (GUARANTEED FOR 2 YEARS***)	MONTHLY AD&D RATE PER \$1000 (GUARANTEED FOR 2 YEARS**)
Under 25	0.064	0.030
25-29	0.077	0.030
30-34	0.102	0.030
35-39	0.115	0.030
40-44	0.128	0.030
45-49	0.191	0.030
50-54	0.293	0.030
55-59	0.548	0.030
60-64	0.842	0.030
65-69	1.620	0.030

CHILD LIFE: \$0.20 per \$1,000 regardless of the number of children

CHILD AD&D: \$0.030 per \$1,000 regardless of the number of children

Life, Short Term Disability, Accident Plans



UTAH CHAMBER PLAN
BASIC LIFE + AD&D

EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025

QUOTE: MP0000303773

CLASS 1: ALL ELIGIBLE EMPLOYEES

BASIC LIFE	
Benefit	\$25,000
Minimum	N/A
Maximum	N/A
Guaranteed Issue Amount	\$25,000
Age Reductions	<ul style="list-style-type: none"> Age 65 reduces to 65% Age 70 reduces to 50%
Waiver Of Premium Provision	Total disability must occur prior to age 60; insurance ends when the employee ceases to be totally disabled; fails to provide proof of disability; attains age 65; or attains his or her retirement date. Elimination Period: 6 months.
Accelerated Death Benefit (ADB)	Maximum benefit 75%; Included for Life insurance amounts of at least \$10,000
Continuation of Insurance	Available during total disability
Conversion	Included
Portability	Not Included
Employee Contribution	0% (non-contributory)
Minimum Participation	100%
Rate Guarantee	2 years
Spouse Life Benefit	N/A
Domestic Partner	Not Included
Child Life Benefit	Not Included

ACCIDENTAL DEATH & DISMEMBERMENT ¹	
Benefit	\$25,000
Minimum	N/A
Maximum	N/A
Age Reductions	<ul style="list-style-type: none"> Age 65 reduces to 65% Age 70 reduces to 50%
Coverage Type	24 hour
Loss of Life	100%
Seatbelt/Airbag	10% / \$10,000

ENHANCED BENEFITS	
Loss of: both hands or feet / sight in both eyes / one hand and sight in one eye	100%
Loss of One of The Following: arm / hand / leg / foot or sight in one eye	50%
Quadriplegia	100%
Paraplegia; Hemiplegia; Triplegia	50%
Uniplegia	25%
Loss of: Speech / Hearing	50%
Loss of: Thumb and Index Finger Same Hand	25%
Coma	3% / \$5,000 (lesser of)
Common Carrier Hazard	10%
Repatriation	10% / \$5,000 Covered Expenses (lesser of)
Spouse Training	5% / \$5,000 (lesser of)
Qualified Child Education	3% / \$2,000 (lesser of)
Childcare Expense	3% / \$5,000 (lesser of)

Life, Short Term Disability, Accident Plans



UTAH CHAMBER PLAN
VOLUNTARY BASIC LIFE

EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025

QUOTE: MP0000295680

CLASS 1: ALL ELIGIBLE EMPLOYEES

VOLUNTARY EMPLOYEE BASIC LIFE

Benefit	Increments of \$10,000 to \$300,000, not to exceed 5x annual earnings
Minimum	\$10,000
Maximum	\$300,000
Guaranteed Issue Amount	\$50,000
Age Reductions	<ul style="list-style-type: none"> • Age 65 reduces to 65% • Age 70 reduces to 50%
Waiver of Premium Provision	Total disability must occur prior to age 60; insurance ends when the employee ceases to be totally disabled; fails to provide proof of disability; attains age 65; or attains his or her retirement date. Elimination Period: 6 Months
Accelerated Death Benefit	Maximum benefit 75%; included for life insurance amounts of at least \$10,000
Continuation of Insurance	Available during total disability
Conversion	Included
Portability	Not Included
Suicide Exclusion	Included
Minimum Participation	Ten (10) Employees or 20%, whichever is greater.
Rate Guarantee	2 years

VOLUNTARY DEPENDENT BASIC LIFE

Benefit	Increments of \$5,000 to \$100,000, not to exceed 50% of the Employee amount
Minimum	\$5,000
Maximum	\$100,000
Guaranteed Issue Amount	\$20,000
Termination	As of the termination date of the employee or age 70
Age Reductions	<ul style="list-style-type: none"> • Age 65 reduces to 65% • Age 70 reduces to 50%
Domestic Partner	Included
Suicide Exclusion	Included
Conversion	Included
Child Life Benefit	<ul style="list-style-type: none"> • Increments of \$1,000 to \$10,000, not to exceed 50% of the Employee amount • \$500 (Live Birth to 6 months)
Minimum Age	N/A
Termination Age	26 Years

Life, Short Term Disability, Accident Plans



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UTAH CHAMBER PLANS
VOLUNTARY BASIC LIFE

EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025

QUOTE: MP0000295680

CLASS 1: ALL ELIGIBLE EMPLOYEES

VOLUNTARY EMPLOYEE AND DEPENDENT ACCIDENTAL DEATH & DISMEMBERMENT¹

Benefit	An amount equal to Voluntary Life
Guaranteed Issue Amount	An amount equal to the Voluntary Life Guaranteed Issue Amount
Maximum	N/A
Age Reductions (Employee and Dependent)	<ul style="list-style-type: none"> • Age 65 reduces to 65% • Age 70 reduces to 50%
Coverage Type	24 hour
Loss of Life	100%
Seatbelt/Airbag	10% / \$10,000

ENHANCED BENEFITS

Loss of: Both hands or both feet / loss of sight in both eyes / loss of one hand and sight in one eye	100%
Loss of one of the following: arm / hand / leg / foot or sight in one eye	50%
Quadriplegia	100%
Paraplegia; Hemiplegia; Triplegia	50%
Uniplegia	25%
Loss of: Speech or Hearing	50%
Loss of: Thumb and Index Finger Same Hand	25%
Coma	3% / \$5,000 (lesser of)
Common Carrier Hazard	10%
Repatriation	10% / \$5,000 Covered Expenses (lesser of)
Spouse Training	5% / \$5,000 (lesser of)
Qualified Child Education	3% / \$2,500 (lesser of)
Childcare Expense	3% / \$5,000 (lesser of) (lesser of) (lesser of)

(1) All benefits combined will be limited to no more than 150% of the benefit amount shown above.

Life, Short Term Disability, Accident Plans



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UTAH CHAMBER PLAN
VOLUNTARY SHORT-TERM DISABILITY BENEFITS
EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025
QUOTE: MP0000295680
CLASS 1: ALL ELIGIBLE EMPLOYEES

SHORT-TERM DISABILITY ("STD") BENEFITS

Benefit Percentage	60% of Basic Weekly Earnings rounded to the next higher \$1
Maximum Weekly Benefit	\$1,500
Minimum Weekly Benefit	\$25
Accident Elimination Period	7 days (benefits begin the day following completion of the elimination period)
Sickness Elimination Period	7 days (benefits begin the day following completion of the elimination period)
First Day Hospital	Not Included
Maximum Benefit Duration	13 weeks
Definition of Disability	Residual with loss of duties and loss of earnings: Claimant is unable to perform the duties of his/her regular occupation and has a 20% or more loss of weekly earnings. Total disability is not required during the elimination period.
Work Incentive Benefit	Gross weekly benefit plus work earnings may not exceed 100% of pre-disability earnings.
Pre-Existing Conditions	3 Months / 12 Months
State Disability Plan Offset	Direct
Other Income Offsets	Compulsory Disability Benefits, Sick leave, Salary Continuation, Work Earnings, Unemployment Compensation, and other benefits unless otherwise stated.
Employee Contribution	100%
Minimum Participation Requirement	50% for groups of 2-9; 25% for groups 10+.
Coverage Type	Non-Occupational
Continuity of Coverage	Included for replacement plans
Rehabilitation Benefit	An additional benefit of 5% of the gross weekly benefit is payable if the claimant participates in an approved rehabilitation program.
Recurrent Disability Period	14 days
Waiver of Premium	Included
FICA Match Service	Not Included
W2 Preparation	Included
Social Security Integration	Primary and Family

Life, Short Term Disability, Accident Plans



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UTAH CHAMBER PLAN
VOLUNTARY LONG-TERM DISABILITY BENEFITS
EFFECTIVE DATE: JUL 01, 2024 - JUN 01, 2025
QUOTE: MP0000295680
CLASS 1: ALL ELIGIBLE EMPLOYEES

LONG-TERM DISABILITY ("LTD") BENEFITS	
Benefit Percentage	60% of Basic Monthly Earnings
Max. Monthly Benefit	\$6,000
Guaranteed Issue Amount	\$6,000
Min. Monthly Benefit	\$100 or 10%
Elimination Period	90 days
Max. Benefit Duration	SSNRA
Regular Occ Period	2 years
Definition of Disability	Claimant is unable to perform the material and substantial duties of his/her regular occupation and has a 20% loss of indexed monthly earnings. Total disability is not required during the elimination period.
Gainful Earnings	80 / 60
Work Incentive Benefit	During the first 12 Months of disability gross weekly benefit plus work earnings may not exceed 100% of pre-disability earnings
Pre-Existing Conditions	12 Months / 24 Months
Prudent Person	Not Included
Social Security Integration	Family
Social Security Assistance	Included
Employee Contribution	100%
Minimum Participation Requirement	50% for groups of 2-9; 25% for groups 10+.
Mental Illness Limitation	24 Months (Lifetime)
Substance Abuse Limitation	24 Months (Lifetime)
401K Contribution Benefit	Not Included
Medical/COBRA	Not Included
Education Benefit	Not Included
Coverage Type	24 hour

LTD BENEFITS CONTINUED	
Rehabilitation Benefit	An additional benefit of 5% of the gross monthly benefit to a maximum of \$500 is payable if the claimant participates in an approved rehabilitation program.
Presumptive Disability (Accidental Dismemberment)	Not Included
Early Intervention Services	Included
COLA Adjustment	Not Included
COLA Duration	N/A
Special Conditions Limitation	None
Self-Reported Conditions Limitations	N/A
Catastrophic Disability Benefit (ADL)	N/A
Infectious and Contagious Disease	None
Recovery Income Benefit	None
Student Loan Repayment Benefit	Not Included
Revenue Protection Benefit	Not Included
Family Care Benefit/Duration	Not Included
Continuity of Coverage	Included
Workplace Modification Benefit	Included
Waiver of Premium	Included
FICA Match Service	Embedded
W2 Preparation	Included

Life, Short Term Disability, Accident Plans



Because You Care

Total Wellbeing for a Better Employee Experience

FEATURES: NexGen EAP goes beyond traditional EAP services and offers your employees a truly holistic approach to wellbeing.



Behavioral Health Counseling

Short-term, goal-oriented sessions with Master's Level Clinicians to help manage stress and common issues faced by employees.



Health Advocacy

Helping your employees to navigate the complexities of healthcare. Includes benefit assistance, billing, claims, appeals and healthcare provider research.



Work/Life

A virtual concierge to help employees balance the competing demands of work and life. Personal Assistants available to provide research on just about any topic.



Legal And Financial Consultations

Free consultations on legal issues such as divorce, custody, or wills, and financial issues such as debt, taxes, ID theft, student loans, and investments.



Child/Elder Care Resources

Assistance finding a pediatrician, babysitter, camp, and more. Help with college applications and financial aid. Eldercare assistance including assisted living facilities, in-home care, navigating Medicaid, and more.



Online Training and Resources

Virtual access to personal and professional development courses as well as compliance trainings.



Integrated Mobile App

Access to work/life, health advocacy, and wellness resources from any mobile device. The app enables users to access training; start a work/life, wellness, legal, or financial request; and learn how their benefits can work together to address life events.

Q: What are the eligibility requirements to participate in the Chamber Sponsored Employee Benefit Program?

A: Employer organizations must be members of the Chamber. In addition, there needs to be at least two full-time employees who will enroll in benefits.

Q: As an employer organization interested in the dental, vision, and other benefit packages, could I select which benefits I want to offer?

A: The employer organization must purchase the base Gold plan for all full-time employees working more than 30 hours each week. Additional benefits from the High, Mid and Low plans can be added at the employer organization's discretion.

Q: Is the Chamber Sponsored Employee Benefit Program guaranteed for all members of the Chamber?

A: The medical insurance under the Chamber Sponsored Insurance Plan is a medically underwritten insurance product. Rates are determined by risk factors and rates are based upon those risk factors for each organization. All employer organizations that solicit a quote will receive plans and rates according to the underlying risk.

Q: Under the medical plan, which hospitals are considered in-network?

A: The medical plan utilizes Cigna PPO network which includes Intermountain Health, Holy Cross Medical Group, formerly known as Steward Health Care, the University of Utah, and Mountain Star hospital systems. Please note that not all providers that practice in these locations are considered in-network. It is the responsibility of the employer organization to verify the provider's acceptance of this network.

Q: What if the employer organization does not renew or drops the Chamber membership?

A: Since employer organizations must be members of the Heber Valley or Park City Chamber, benefits will terminate at the end of the month following the date of loss of membership.

Q: What percentage of the premium are employer organizations required to pay towards these plans?

A: On the sponsored medical plan, it is required that the employer organizations pay 50% of the employee only premium. On the dental, vision, and other benefit packages, employer organizations are required to pay 100% of the base package. These premiums can be deducted through payroll on a pre-tax basis for both employers and employees.

Q: Does an employer organization have to purchase the sponsored medical plan and ancillary benefits package together?

A: No. These packages can be purchased separately.

Q: Are 1099 employees eligible for the employer sponsor benefits?

A: No. A 1099 employee is technically contracted and is not paid regular wages. Only employees receiving a W2 will be allowed to participate in the employer sponsored plans.

Q: As an employer, do I need to wait until open enrollment in January to participate?

A: An employer can come onto the plan at any time and are able to choose when the company's effective date will be.

Contact

For details, questions, and the next steps for signing up, please contact:

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