WEBER STATE UNIVERSITY

2026 – 2027 Employee Benefits Guide

July 1, 2026 – June 30, 2027

Table of Contents

Table of Contents	Page #
Eligibility	3
Cost of Benefits	4
Medical	
Medical Overview	5
Medical Plan Summary	6
Find the Best Care for You	7
Network Overview and Hospitals	8
Health Accounts	9
Dental & Vision	
Dental Plan Summary	11
Dental Resources	12
Vision Plan Summary	13
Vision Resources	14
Wellness Program	15
Employee Assistance Program	16
Basic Life and AD&D	18
Voluntary Life	20
Voluntary AD&D	22
Long Term Disability	24
Legal Assistance	26
Education Savings Program	28
Student Loan Debt Relief Program	31
Home & Auto	
Goldenwest Insurance	32
Liberty Mutual	33
Contacts	34

Open Enrollment:
April 13 – May 8, 2026

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older, who meet certain criteria, may continue coverage on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 60 days of your date of hire. If you enroll on time, coverage is effective on the date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment: Begins April 13 – May 8th, 2026!**

  Enrollments and changes made during Open Enrollment are effective July 1, 2026 - June 30, 2027.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 60 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Visit https://www.weber.edu/benefits/qualifying-life-events.html for more information.

Required Information—*You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

Inside

Cost of Benefits

Medical

Health Accounts

Dental

Vision

Wellness Programs

Mental Health Resources

Basic Life

Voluntary Life

Accidental Death & Dismemberment

Disability

Legal Assistance

Education Savings Program

Student Loan Debt Relief

Home & Auto Insurance

Contact information

Enrollment

Go to:
www.weber.edu/benefits/

There you will find detailed information about the plans available to you and instructions for enrolling.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

All rates shown are only for faculty/staff that are .75 FTE or greater. Contact HR for rates if you are less than .75 FTE.

PEHP Medical Insurance

Coverage Tier	Employee Cost Per Pay Period			
	Traditional Plan		STAR HSA Plan (HDHP)*	
	Advantage	Summit	Advantage	Summit
Employee Only	$46.38	$46.38	$3.51	$3.51
Employee + 1	$95.64	$95.64	$7.02	$7.02
Employee + 2	$127.69	$127.69	$9.36	$9.36

*Weber State University will contribute to your Health Savings Account if enrolled on the STAR HSA Plan. See page 9 for more information.

Ameritas Dental Insurance

Coverage Tier	Employee Cost Per Pay Period
Employee Only	$4.94
Employee + 1	$8.79
Employee + 2	$16.24

Ameritas Voluntary Vision

Coverage Tier	Employee Cost Per Pay Period	
	EyeMed	VSP
Employee Only	$2.48	$2.48
Employee + 1	$4.47	$4.47
Employee + 2	$6.28	$6.28

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.



PEHP Traditional PPO Plan

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- Lower deductible with fixed co-pays for predictable costs.
- Each family member has their own Deductible and Out-of-Pocket maximum (OOPM). There is also a Deductible and Out-of-Pocket maximum (OOPM) that applies to the family as a whole.
- Option to enroll in a Flexible Spending Account (FLEX$) for qualified health expenses, which is funded through pre-tax payroll deductions.
- Copays and pharmacy costs go toward the OOPM, but not toward the deductible.

PEHP STAR HSA Plan

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- You can put money in an HSA for health-related expenses to offset a higher deductible. HSA funds carry over from year-to-year and grow tax-free. You never forfeit what you don't spend. Learn more about HSA on page 9.
- It covers more preventive services paid at 100% compared to other plans.
- Your family has a set deductible, but each family member has their own Out-of-Pocket Maximum (OOPM) capped at $4,000. Once the individual meets the $4,000 amount, the individual is covered 100% for covered, in-network services.
- If the $9,000 Family Out-of-Pocket Maximum (OOPM) is met, PEHP will cover 100% for all family members covered, in-network claims for the rest of the plan year.

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Medical Plan Summary			
	PEHP Traditional Plan		PEHP STAR HSA Plan	
	Advantage or Summit Network	Out-of-Network[1]	Advantage or Summit Network	Out-of-Network[1]
Deductible (per plan year)				
Individual / Family	Single: $350 Double/Family: $350 per person, $700 per family *(one person cannot meet more than $350)*		Single: $1,700 Double/Family: $3,400 *(one person or a combination can meet the $3,400 double/family deductible)*	
Out-of-Pocket Maximum (per plan year)				
Individual / Family	Single: $3,000 Double: $3,000 per person, $6,000 per double Family: $3,000 per person, $9,000 per family *(one person cannot meet more than $3,000)*		Single: $3,000 Double: $4,000 per person, $6,000 per double Family: $4,000 per person, $9,000 per family *(one person can only meet $4,000, or a combination can meet the double/family deductible maximum)*	
Covered Services				
Preventive Services	No Charge	40%*	No Charge	40%*
PEHP Value Providers	Starting at $10 copay	Not Covered	20%*	Not Covered
Primary Care Visits	$25 copay IHC: $35 Summit copay UUHP: $35 copay	40%*	20%*	40%*
Specialist Visits	$35 copay IHC: $45 Summit copay UUHP: $45 copay	40%*	20%*	40%*
Diagnostic Test, Labs, X-rays, Imaging	20%*	40%*	20%*	40%*
Urgent Care Facility	$45 copay	40%*	20%*	40%*
Emergency Room	20% In-Network Rate, Minimum $150 copay		20%*	
Ambulance (ground or air)	20%*		20%*	
Inpatient Hospital	20%*	40%*	20%*	40%*
Outpatient Hospital	20%*	40%*	20%*	40%*
Mental Health & Substance Abuse	20%*	40%*	20%*	40%*
Prescription Drugs (Tiers)				
30 – Day Pharmacy (Retail only)	Tier 1: $10 copay Tier 2: 25%, $25 min Tier 3: 50%, $50 min	Plan pays up to discounted cost, minus copay, member pays balance.	Tier 1: $10 copay* Tier 2: 25%, $25 min* Tier 3: 50%, $50 min*	Plan pays up to discounted cost, minus copay, member pays balance.
90 – Day Pharmacy (Maintenance only)	Tier 1: $20 copay Tier 2: 25%, $50 min Tier 3: 50%, $100 min		Tier 1: $20 copay* Tier 2: 25%, $50 min* Tier 3: 50%, $100 min*	
Specialty Medications, retail	Tier A: 20% Tier B: 30%		Tier A: 20%* Tier B: 30%*	
Specialty Medications, Office/Outpatient	Tier A: 20%* Tier B: 30%*	Tier A: 40%* Tier B: 50%*	Tier A: 20%* Tier B: 30%*	Tier A: 40%* Tier B: 50%*
Specialty Medications, Accredo or Home Health.	Tier A: 20%, $150 max Tier B: 30%, $225 max Tier C1: 10% Tier C2: 20% Tier C3: 30%	Not Covered	Tier A: 20%, $150 max* Tier B: 30%, $225 max* Tier C1: 10%* Tier C2: 20%* Tier C3: 30%*	Not Covered

Deductibles and Out-Of-Pocket Maximums reset every July 1st, which is the first da of the plan year. In-and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

* Deductible applies

1) Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In–Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

Medical

Find the best care for you

Find and Compare Providers

You can search for doctors in your network based on specialty, name, or location. The tool also provides reviews and additional details to help you make an informed decision.

Find and Compare Healthcare Facilities

Under the "Find a Facility" tab, you can search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network.

Compare Prescription Costs

You'll see medication prices from different pharmacies, including home delivery, which is often less expensive.

Cash Back/Copay Maps

This is the best tool to use when you are considering surgery, CT scans, MRIs, colonoscopies and more.

Log in to your PEHP account and look for them under the Find Providers & Costs menu.

These tools are just one way we make life easier for our members.

Start using them today to find the best value!



Medical

Summit

CommonSpirit (Holy Cross), **MountainStar**, and **University of Utah Health Care** providers and facilities.

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital
- Brigham City Community Hospital

Cache County
- Cache Valley Hospital

Carbon County
- Castleview Hospital

Davis County
- Holy Cross Hospital - Davis
- Lakeview Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Holy Cross Hospital - Jordan Valley
- Holy Cross Hospital - Jordan Valley
- West Holy Cross Hospital - Salt Lake

Salt Lake County (cont.)
- Huntsman Cancer Hospital
- Lone Peak Hospital
- Primary Children's Medical Center
- Riverton Children's Unit
- St. Marks Hospital
- University of Utah Hospital
- University Orthopaedic Center

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Hospital

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Regional Medical Center

Utah County
- Holy Cross Hospital - Mountain Point
- Mountain View Hospital
- Timpanogos Regional Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- St. George Regional Medical Center

Weber County
- Ogden Regional Medical Center

Non-Covered Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit.

See a list of Non-Covered Providers.

Advantage

Intermountain Health providers and facilities.

Participating Hospitals

Beaver County
- Beaver Valley Hospital
- Milford Valley Memorial Hospital

Box Elder County
- Bear River Valley Hospital

Cache County
- Logan Regional Hospital

Carbon County
- Castleview Hospital

Davis County
- Holy Cross Hospital - Davis
- Intermountain Layton Hospital

Duchesne County
- Uintah Basin Medical Center

Garfield County
- Garfield Memorial Hospital

Grand County
- Moab Regional Hospital

Iron County
- Cedar City Hospital

Juab County
- Central Valley Medical Center

Kane County
- Kane County Hospital

Millard County
- Delta Community Hospital
- Fillmore Community Hospital

Salt Lake County
- Alta View Hospital
- Intermountain Medical Center
- The Orthopedic Specialty Hospital (TOSH)
- LDS Hospital

Salt Lake County (cont.)
- Primary Children's Medical Center
- Riverton Hospital

San Juan County
- Blue Mountain Hospital
- San Juan Hospital

Sanpete County
- Gunnison Valley Hospital
- Sanpete Valley Hospital

Sevier County
- Sevier Valley Hospital

Summit County
- Park City Medical Center

Tooele County
- Mountain West Medical Center

Uintah County
- Ashley Regional Medical Center

Utah County
- American Fork Hospital
- Orem Community Hospital
- Primary Children's Hospital – Lehi
- Spanish Fork Hospital
- Utah Valley Hospital

Wasatch County
- Heber Valley Medical Center

Washington County
- St. George Regional Medical Center

Weber County
- McKay-Dee Hospital

DID YOU

In-network rates for services and facilities may be different between the two. Compare provider costs at www.pehp.org/providerlookup

Medical

Expanded Preventive Medications

STAR HSA Plan

As a reminder, STAR HSA plans include Expanded Preventive Medication benefits. This means PEHP will pay a portion of the drug cost even before individuals meet their deductible. Make sure employees visit an in-network pharmacy to receive this benefit.

Diabetes

GLUCOSE RESCUE PRODUCTS
GlucaGen HypoKit
Glucagon
METFORMIN PRODUCTS
glipizide-metformin
glyburide-metformin
metformin
metformin ER (non OSM, non MOD)
MISCELLANEOUS
pioglitazone
TESTING SUPPLIES
Freestyle test strips
SULFONYLUREAS
glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized
tolazamide

Depression

citalopram
escitalopram
fluoxetine
sertraline

Cardiovascular

ANTICOAGULANTS/ ANTIPLATELETS
clopidogrel
dipyridamole
warfarin
BETA BLOCKERS
acebutolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
propranolol solution
propranolol tablets
sotalol
timolol maleate tablets
CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem
felodipine ER
isradipine
nifedipine tablets ER
verapamil
COMBINATION PRODUCTS
amiloride & HCTZ
atenolol & chlorthalidone
bisoprolol & HCTZ
enalapril & HCTZ
irbesartan & HCTZ
lisinopril & HCTZ
losartan & HCTZ
metoprolol & HCTZ
nadolol & bendroflumethiazide
propranolol & HCTZ
triamterene & HCTZ

RENIN/ANGIOTENSIN SYSTEM ANTAGONIST (ACEI/ARB)
enalapril
fosinopril
irbesartan
lisinopril
losartan
quinapril
ramipril
trandolapril
DIURETICS
amiloride
bumetanide
chlorothiazide
chlorthalidone
furosemide solution
furosemide tablets
hydrochlorothiazide capsules
hydrochlorothiazide tablets
indapamide
methazolamide
methyclothiazide
spironolactone
torsemide
MISCELLANEOUS
prazosin
clonidine
digoxin
VASODILATORS
hydralazine
isosorbide

Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
QVAR inhaler
SABA/ ANTICHOLENERGICS
ipratropium-albuterol inhaler
ipratropium-albuterol nebulized
SHORT ACTING BETA AGONISTS
albuterol ER tablets
albuterol nebulized
albuterol syrup
albuterol tablets
ProAir HFA inhaler
ProAir RespiClick
Ventolin inhaler

Osteoporosis

alendronate

PEHP Health & Benefits

Health Accounts

Health Savings Account (HSA)

The STAR HSA comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

An HSA is like a flex account, but better. Here's how it works.

- HSA funds roll over yearly and never expire, even when you change employers.
- Contributions are tax-and-FICA-free, grow tax-free, and can be used for eligible expenses tax-free.
- Your employer contributes funds to help fund future health needs and retirement.
- Penalty-free withdrawals are available post age 65.

To qualify, you must be enrolled in a high- deductible health plan like STAR HSA.

PEHP enrolls you in the HSA, but HealthEquity administers your account. HealthEquity will issue you a VISA card to pay your eligible expenses or you can submit your receipt and reimburse yourself from your HSA account.

IMPORTANT: Your combined contributions may not exceed the annual IRS limits listed below.

Annual IRS HSA Contribution Limit	2026
Employee Only	$4,400
Family (employee + 1 or more)	$8,750
Catch-Up (age 55+)	$1,000

Company Contribution: See below for your company's contribution amounts.

Employer HSA Contribution	Monthly	Per Pay Period
Employee Only	$66.18	$33.09
Employee + 1	$132.36	$66.18
Employee + 2	$132.36	$66.18

Flexible Spending Account (FLEX$)

FLEX$ is a flexible spending account that saves you money by setting aside a portion of your pre-tax salary to pay eligible expenses. There are two different FLEX$ accounts – one for medical expenses and another to help with dependent childcare costs.

- Great option to save for expenses if you're not eligible for an HSA.
- If you sign up for a FLEX$ account, PEHP will frontload your elected funds at the beginning of the plan year and issue you a Mastercard to use as payment for eligible expenses. Eligible expenses are set by the IRS.
- If you do have an HSA, you can have a limited FLEX$ account to pay for dental, vision, and post-deductible medical expenses only.
- FLEX$ accounts are use-or-lost. You can use your FSA funds through September 15, 2027 and submit claims for reimbursement through September 30. Any remaining funds after that will be forfeited.
- You must enroll in FLEX$ each year during open enrollment to participate.

You can contribute up to $3,400 in calendar year 2026.

Did you know?

FSA and HSA funds can be used to pay for more than just services covered by your medical, dental, or vision plan. You can also use funds for braces, LASIK, glasses/contacts, certain over-the-counter medications, and more. Search for qualifying expenses at https://healthequity.com/qme.

Dental & Vision

Effective July 1, 2026, Dental & Vision benefits will move to Ameritas.

What's Changing?

For dental, we will be utilizing the **Ameritas Classic (PPO) & Plus Network** which offers a broad selection of providers.

For vision, a notable upgrade with Ameritas is the increased flexibility for vision care. While EMI provided access strictly through VSP, Ameritas allows you to choose between two major networks: **VSP** or **EyeMed**.

How This Affects You

To ensure a seamless transition, we've established an automatic mapping process to prevent any disruption in coverage. If you are happy with your current coverage type, you will be automatically enrolled in the equivalent Ameritas plan.

If you currently have...	Your new July 1 coverage will be...	Action Required?
EMI Dental	Ameritas Dental (Classic Plus)	None
EMI Vision (VSP)	Ameritas Vision (VSP)	None

However, if you wish to switch from VSP to EyeMed, or make any other changes to your dental or vision elections, you must participate in this year' Open Enrollment beginning on April 13 and ending May 8, 2026.

Scan the QR code or visit www.explore.ameritas.com/weber/ to learn more about your dental and vision benefits with Ameritas

Dental

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Dental Plan Summary	
	Ameritas Classic (PPO) + Plus Network[1]	**Out-of-Network[2]**
Deductible (per plan year)		
Per Person / Family	None	None
Benefit Maximums		
Annual Max Per Person	$2,000	
Orthodontic Lifetime Maximum	$1,500	
Waiting Periods		
Preventive / Basic / Major / Orthodontics	None	
Covered Services		
Type 1 – Preventive exams, cleanings, x-rays, fluoride	100%	100%
Type 2 – Basic fillings, oral surgery, root canals, gum disease	80%	80%
Type 3 – Major crowns, bridges, dentures, sealants	50%	50%
Type 4 – Orthodontics Any age	50%	50%
Provisions / Limitations / Exclusions		
Exams	2 per benefit period	
Fluoride	2 per benefit period	
Cleanings	2 per benefit period	
Full Mouth/Panoramic Xray	1 in 3 years	
Simple or Complex Extractions	Basic	
Anesthesia	Basic	
Crowns	1 in 5 years per tooth	
Fixed Bridges ; removable complete/partial dentures	1 in 5 years	

1) Maximum Allowable Charge (MAC) – In-network claims are paid based on the provider's network fee, which may result in lower out-of-pockets costs.
2) Maximum Allowable Benefit (MAB) – Out-of-network providers decide how much they charge per procedure. Insurance will pay up to the lowest contracted network provider fee in your ZIP Code area. You pay the difference between what the plan pays and the dentist's actual charge.



Dental

Your dental benefits help you save money no matter which provider you visit. Here's what you can expect.

Save with a network provider. The Ameritas Dental Network is one of the nation's largest. Network providers charge 25-50% less than their regular rates, which can lower your out-of-pocket costs. Network provider charges are guaranteed to be within the plan allowance. Many network providers also offer discounts on non-covered dental services as allowed by state law.

Find a provider. Use the QR code to find a dentist or see if your current dentist is in the Ameritas Classic & Plus Network. Or visit ameritas.com – Find a Health Provider. You can also see a list of contracted providers in Mexico.

Visit any dental provider. You are free to use your benefits with any in or out-of-network licensed dentist. You do not need to switch providers, and family members do not need to visit the same dentist.

Nominate your dentist. If your provider is not in the network, Ameritas can invite them to join. Go to ameritas.com, search "nominate a provider" and complete the online form.

No paperwork or upfront payment. Network providers submit claims for you. Out-of-network dentists may also submit claims as a courtesy. Ameritas can send claim payments directly to any provider, so you only pay your portion. There's no need to pay upfront and wait for reimbursement.

Online access. After your benefit effective date, go to ameritas.com/sign-in and select Member Sign In under Dental, Vision & Hearing. Click Register, choose your account type, validate your identity, and follow the prompt to create your account. With your member account, you can access ID cards, view plan details, track claims and find helpful resources, all in one place.

Download the Ameritas Benefits app for quick access to many of the same features. Log in with the same email and password you use for your member account.

Save more with Ameritas. Ameritas offers savings programs to help members with hearing, prescription and eyewear expenses. These non-insurance programs are available at no additional cost to the plan premium.

Save more with a network provider

Sample out-of-pocket costs based on your plan

Member Cost	Exam, X-rays, and cleaning (Type 1)	Filling (Type 2)	Crown (Type 3)
Without insurance	$207	$176	$1,223
In-network	$0	$17	$289
Out-of-network	$95	$109	$934

This is an example of average savings for Ameritas members in ZIP code region 844xx. It does not include deductibles. The cost without insurance has been estimated. Actual charges may vary.

Know the cost. After coverage begins, use the dental cost estimator in your member account to view average in- and out-of-network procedure charges in your area. These amounts do not include network discounts or plan benefits.

You are welcome to ask your dentist's office to submit a pretreatment estimate based on your plan benefits so you can see exactly how a proposed service would be covered, how much insurance will pay and your estimated out-of-pocket cost.

Here to help

Claims, benefit and provider network questions:
group@ameritas.com | 800-487-5553 | NY: 800-659-5556

Registering or accessing your member account: 888-808-5080

Scan the QR code to learn more about your dental networks and benefits.

Ameritas
fulfilling life

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Vision

Below is a high-level overview of your vision plan benefits. At the time of enrollment, you must elect decide between VSP or EyeMed. Compare the vision plan details to determine which plan better fits your needs.

Key Vision Benefits	Vision Plan Summary			
	VSP Choice Network		EyeMed Access Network	
	In Network	Out of Network	In-Network	Out-of-Network
Exams				
Eye Exam	No coverage – Covered under PEHP		No coverage – Covered under PEHP	
Deductible				
Eyeglass lenses	$10	$10	$10	$0
Frames	$10	$10	$0	$0
Frequency				
Lenses, Frames, Contacts	Every 12 months		Every 12 months	
	Contacts ***OR*** glasses. Benefits can be applied to contacts or glasses (frames and/or lenses) during the benefit year. If you use your lens benefits to purchase contacts, you will not receive an allowance for frames during the same benefit year.		Contacts ***AND*** frames. If you purchase contacts, you are still able to use your frame allowance toward new glasses during the same benefit year. In this case, the eyeglass lenses to go in your new frames would be an out-of-pocket expense.	
Frames				
Allowance	Up to $160	Up to $70	Up to $160	Up to $45
Contacts				
Allowance (elective)	Up to $160	Up to $120	Up to $160	Up to $100
Fit & follow-up exam	Member cost up to $60	No coverage	No coverage	No coverage
Lenses				
Single Vision	Covered in full	Up to $30	Covered in full	Up to $25
Bifocal	Covered in full	Up to $50	Covered in full	Up to $40
Trifocal	Covered in full	Up to $65	Covered in full	Up to $55
Lenticular	Covered in full	Up to $100	20% discount	No coverage
Lens Options & Coatings				
Progressive (Standard)	Covered in full	No coverage	Covered in full	No coverage
Premium Progressive	Up to provider's lined bifocal contracted fee. The patient is responsible for the difference between the base lens and the progressive lens charge.		Lens cost minus 20% discount minus $120 allowance	
Polycarbonate (standard)	$0 child, $33 adult	No coverage	$0 child, $40 adult	No coverage
Scratch Resistant	$17 - $33	No coverage	$15	No coverage
Anti-Reflective (standard)	$43 - $85		$45	
Ultraviolet	$16		$15	
Photochromatic	$31 - $82		No coverage	
Plastic tints & dyes (except I & II)	$15 - $17		$15	



Vision

First search for your preferred provider or retail chain at vsp.com and eyemed.com. Then compare plan summaries and additional details to decide which plan is right for you.

VSP network

Locations nationwide. VSP features the nation's largest network of independent doctors, with access to special offers at VSP Premier Edge locations. Visit vsp.com to find a provider or see if yours is in the VSP network.

- 100% are full-service providers, offering exams and eyewear.
- 83% offer early morning, evening or weekend hours.

Buy online. Take advantage of the Virtual Try-on tool and free shipping at eyeconic.com. Network benefits are automatically applied during checkout.

Glasses and contacts in the same year. No you cannot get both. Your VSP benefits can be applied to contacts OR glasses during the benefit year. You will not receive an allowance for frames if you already chose to apply your vision benefits to contacts during the same benefit year.

EyeMed network

Locations nationwide. EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Visit eyemed.com to find a provider or see if yours is in the EyeMed network.

- Nearly 100 frames priced $130 or lower at every location.
- Many offer weekday evening and extended weekend hours

Buy online. Network benefits are applied directly to orders at contactsdirect.com, lenscrafters.com, targetoptical.com, glasses.com, rayban.com, and oakley.com.

Glasses and contacts in the same year. Yes you can get both. EyeMed keeps benefits for frames and contact/eyeglass lenses separate. If you use your lens benefits to purchase contacts, you are still able to use your frame allowance toward new glasses during the same benefit year. In this case, the eyeglass lenses to go in your new frames would be an out-of-pocket expense.

Visit any vision provider. You can use your benefits with any in or out-of-network provider. Greater benefits are available with network providers, which can lower your out-of-pocket costs, and they submit the claim for you. When seeing an out-of-network provider, pay the the full balance and submit a claim with your itemized receipt for reimbursement based on your out-of-network plan benefits.

Sample out-of-pocket costs. These examples reflect amounts specific to your plan's benefit level and deductibles. Actual charges may vary. Without insurance, the average cost of an exam is $181, single vision lenses $98 and a pair of frames is $200.

Member cost	Exam	Single vision lenses	Frames
In-network	$181	$10	$32
Out-of-network	$181	$40	$130

Member cost	Exam	Single vision lenses	Frames
In-network	$181	$10	$32
Out-of-network	$181	$73	$155

Here to help

Once coverage begins, visit ameritas.com and create a member account to view plan information.
Contact Ameritas for ID card or network questions. group@ameritas.com | 800-487-5553

For claims, benefit or network information:

Contact VSP at 800-877-7195.
Create a VSP account at vsp.com or the VSP Vision Care app.

Contact EyeMed at 866-289-0614.
Create an EyeMed account at eyemed.com or the EyeMed Members app.

Ameritas
fulfilling life

This is not a certificate of insurance or guarantee of coverage. © 2025 Ameritas Mutual Holding Company. Read full disclaimer.

Wellness Program

As a PEHP member, you have access to wellness programs and activities to help you stay on top of your health. Below are some of the programs you can participate in:

» **Biometric Screenings** - Subscribers and their spouses are eligible to attend one Healthy Utah biometric screening each plan year free of charge.

» **Earn Cash Rebates*** – Get cash rewards for participating in wellness programs and activities.

» **Diabetes Management** – Receive education and support from a registered dietitian to manage or prevent diabetes.

» **Pregnancy Resources** – Enroll in PEHP WeeCare to get pregnancy and postpartum support to help you have the healthiest and safest pregnancy possible. Members can enroll online at any time during pregnancy.

» **Healthy Eating** – Practice expert strategies to plan healthy meals, streamline grocery shopping, and try new ingredients to avoid menu monotony.

» **Weight Management** – Meet your health and weight management goals with personalized help from a health coach and registered dietitian.



» **Physical Activity** – Stay active and physically fit with weekly motivational tips and resources from a certified personal trainer.



» **Mental & Emotional Well-Being** – Stay on top of your mental and emotional health with several tips, exercises, and resources.

» **Financial Wellness** – Get on track with personal finances to create financial peace of mind.

» **Family & Social Well-Being** – Check out a library of parenting materials or virtually attend monthly parenting classes.

» **Webinars** – Learn about current health and wellness topics.

FOR MORE INFORMATION
PEHP Wellness Programs
801-366-7300 | 855-366-7300
» **E-mail:** healthyutah@pehp.org
» **Web:** www.pehp.org/wellness

Employee Assistance Program

PEHP Mental Health Care & Services



Visit www.pehp.org/mentalhealth to find these resources and more:

Self-Care

Self-Paced Videos to Enhance Your Mental Well-Being:

- Burnout, fatigue and what to do about it.
- Managing anxiety & worry.
- Understanding & managing depression.
- Qualities & traits of resilient people.
- Suicide prevention: Starting a conversation.

Parenting Resources

ParentGuidance.org provides free parenting resources to members.

Some of the concepts the program explores:

- Meeting basic needs.
- Creating secure attachments.
- Attuning to your child.
- Identity formation.

Counseling

- Ask your employer about any Employee Assistance Programs (EAP) available to you. Many plans pay for a limited number of mental health visits without requiring a diagnosis.
- Find in-network counselors in the PEHP Provider Directory under the Mental Health category.

Crisis/Emergency

- **National Suicide & Crisis Lifeline:** Dial 988 for immediate support 24/7.
- **Emergency Room**: If you require emergency care, visit the nearest Emergency Room.

Psychiatry

- Find in-network psychiatrists in the PEHP Provider Directory.
- Meet with an in-network psychiatrist within 48 hours after an assessment at brightside.com/pehp.

Employee Assistance Program

Life Assistance Counseling

Blomquist Hale
SOLUTIONS

WHEN LIFE GETS CHALLENGING WE CAN HELP

The Blomquist Hale Life Assistance Counseling program provides direct, face-to-face guidance to address virtually any stressful life situation or problem. Not to mention there is absolutely no cost to you. Meeting with our team is simple. Call to schedule an appointment today. (800) 926-9619

Count On:

- 24/7 Crisis Service
- 100% Confidential
- Professional, Friendly Team
- Convenient Locations
- Extended Hours
- No Co-pay Required

WE CAN HELP WITH

- Marital & Family Counseling
- Stress, Anxiety or Depression
- Personal & Emotional Challenges
- Grief or Loss
- Financial or Legal Problems
- Substance Abuse or Addictions
- Senior Care Planning

Basic Life Insurance

Sun Life

Even among people who have life insurance, many don't have enough.

PROTECTS YOUR LOVED ONES.
Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

HELPS PAY YOUR FINAL EXPENSES.
Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

PART OF YOUR BENEFIT PACKAGE.
You are responsible for sharing the cost of this insurance. Remember to name your beneficiaries if you haven't done so already.

BENEFITS	
For you *	**2 times** your Basic Annual Earnings, up to a **maximum of $600,000.** No medical questions asked. Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.
Dependent Coverage	**$3,630** for your spouse and **$3,630** for your child(ren), with no medical questions asked. Dependent coverage cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate A full benefit is payable for a dependent child from birth to 26 or to 0 years old if a full-time student.

This coverage includes Accidental Death and Dismemberment insurance.

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All Eligible Salaried Employees
POLICY # 939764

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Basic Life

Frequently asked questions

What is my AD&D benefit?
We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

Do I need to answer any health questions to enroll?
If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

What if my spouse and I work for the same employer?
Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

Can I take my insurance with me if I leave my employer?
Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?
You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?
If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?
Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the *Important information* section for more details including limitations and exclusions.

Voluntary Life Insurance

Sun Life

MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

BENEFITS (You can purchase this coverage at a group rate.)	
For you	You can choose from **$20,000 to $1,000,000**—in increments of $5,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of $200,000 or 3 times** your Basic Annual Earnings, whichever is less. Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.
For your spouse	If you elect coverage for yourself, you can choose from **$10,000 to $250,000**—in increments of $5,000. No medical questions asked **up to the Guaranteed Issue amount of $50,000**. The amount you select for your spouse cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate.
For your child(ren)	If you elect coverage for yourself, you can choose **$5,000 to $10,000**—in $5,000 increments. No medical questions asked. The amount you select for your child(ren) cannot exceed 100% of your coverage amount. Benefits may reduce as noted in your Certificate. A full benefit is payable for a dependent child from birth to 26.

WEBER STATE UNIVERSITY

All Eligible Salaried Employees

POLICY #: 939764

Voluntary Life

Frequently asked questions

Do I need to answer any health questions to enroll?
Yes, if you request an amount higher than the Guaranteed Issue amount. You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

What if my spouse and I work for the same employer?
Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

Can I take my insurance with me if I leave my employer?
Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Can I access my life insurance if I become terminally ill?
You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

What happens if I become Totally Disabled?
If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

How does my beneficiary file a death claim?
Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.)

Read the *Important information* section for more details including limitations and exclusions.

Accidental Death and Dismemberment

Accidental Death and Dismemberment (AD&D) insurance

Weber State University | All Eligible Salaried Employees | 939764

Protect your savings and your family

A serious accident can change the course of your life and leave you and the people you love with unexpected expenses. AD&D insurance provides financial protection if you or anyone on your plan suffers from a covered accidental injury or accidental death.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate.

You are responsible for paying all or a portion of the cost.

Benefits

For you	You can choose from **$10,000 to $500,000**—in increments of $5,000, **not to exceed 10 times** your basic annual earnings. Benefits are reduced to 65% at age 70 and to 50% at age 75. Coverage ends at termination of employment or retirement.
For your spouse	If you elect coverage for yourself, you can choose **50%** of your coverage amount or **60%** of your coverage amount if no dependent children are covered to a maximum benefit of **$250,000.** Spouse rates are based on employee age. Coverage ends when you turn age 70.
For your child(ren)	If you elect coverage for yourself, you can choose **10%** of your coverage amount or **25%** of your coverage amount if there is no spouse coverage to a maximum benefit of **$125,000.** A full benefit is payable for a dependent child from birth to 26 years old.

Sun Life Financial®



Reasons why you may need AD&D insurance

- Provide financial support for you or others
- Pay household expenses
- Hire help for child or elder care
- Funeral or medical expenses

You or your beneficiaries can use the benefit to pay for injury-related expenses or to help replace lost income—however way the money is needed.

Sun Life Assurance Company of Canada
sunlife.com
800-SUN-LIFE (247-6875)

Accidental Death and Dismemberment

Covered accidental injuries

You may receive up to 100% of your AD&D coverage amount for losses resulting from one accident, such as paralysis, speech or hearing loss, or thumb and index finger loss. If a covered accident results in your death, your beneficiary will receive 100% of your AD&D coverage amount.

This chart shows a partial list of AD&D insurance benefit amounts as a percentage of coverage. You may refer to the certificate for the full list of covered accidental injuries.

Benefits

Accidental injury	The plan pays
Accidental death	100%
Quadriplegia	100%
Loss of sight of one eye	50%
Loss of speech only or hearing only	50%
Loss of limb (arm or leg)	50%
Loss of thumb and index finger on the same hand	25%

Accidental Death and Dismemberment FAQ

If I do not elect coverage now, can I elect it in the future?

If you do not elect coverage when you are first eligible, you will be required to wait 6 months until you are eligible to elect coverage again.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How is my benefit claim filed and paid?

In the event of your accidental death or injury, you or your beneficiary(ies) and your employer will complete the appropriate claims forms and submit these to Sun Life. Our claims examiners review the claim and gather additional information if necessary. We will notify you or your beneficiaries when the decision is made. If your death claim is approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply, and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the important plan provisions section for more information including limitations and exclusions.

Long Term Disability

Long-Term Disability Insurance

Sun Life

COMMON CAUSES OF DISABILITY

- Musculoskeletal conditions
- Circulatory conditions
- Cancer
- Nervous system disorders
- Injuries

HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurances replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer.

BENEFITS	
Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace **70%** of your Total Monthly Earnings, up to **$15,000** each month.
When benefits begin	Benefits begin as soon as **90 days** from the date of your disability.
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

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All Eligible Salaried Employees

POLICY # 939764

LONG-TERM DISABILITY FAST FACTS

34.6 months

The length of the average long-term disability claim.[1]

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

Sun Life Assurance Company of Canada

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800-247-6875 • sunlife.com/us

Long-Term Disability Insurance

Long Term Disability

Frequently asked questions

How do I file a Long-Term Disability claim?
If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?
You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?
If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Can I work while I'm disabled?
Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?
Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information, contact your benefits administrator.

How is my benefit taxed?
If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, disabilitycanhappen.org, last accessed April 2019.

Read the *Important information* section for more details including limitations and exclusions.

Legal Assistance

MetLife | Legal Plans

WEBER STATE UNIVERSITY



Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

New for 2025!

We've upgraded your plan to include:

- 10 hours of attorney time and services for non-covered matters[3]
- Change/Establishment of Custody Order
- Divorce, Dissolution, & Annulment
- Enforcement/Modification of Support Order
- Expungement, Habeas Corpus
- Inheritance Rights, Probate Proceedings
- Insurance Claims
- Personal Safety Order
- Postnuptial Agreement
- Reproductive Assistance Law[5]
- Social Security Disability

Legal experts on your side, whenever you, and your parents, need them

We know that legal help is valuable at every stage of life. Whether you're getting married, sending kids off to college or retiring and planning for the future, having access to expert legal help allows you to navigate life's milestones confidently.

That's why we created a plan to provide legal help for your entire family. MetLife Legal Plans Plus Parents covers you, your spouse, dependents, parents, parents-in-law, and grandparents for many of the common legal issues a family faces. Sign up for a convenient payroll deduction of just **$19.25 per month for MetLife Legal Plans Plus Parents**, and the plan will cover attorney's fees for covered matters... with no deductibles, no co-pays, no claim forms or usage limits when using a network attorney. The cost will be automatically deducted from your paycheck.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.[1]

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.[2]

How to use the plan

1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Enrollment Period:
April 13, 2026 – May 8, 2026

Enroll online at
www.metlife.com/mybenefits
or call 800-821-6400

Legal Assistance

WEBER STATE UNIVERSITY

Helping you navigate life's planned and unplanned events.

You get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney. All services below are available to you, your spouse and dependents. And, for non-covered matters that are not otherwise excluded, your plan provides ten hours of network attorney time and services per year.[3] Services highlighted in **bold** are available to parents, parents-in-law and grandparents through Plus Parents. Plus Parents allows up to eight additional people to have coverage.

Money Matters	• Debt Collection Defense • Identity Theft Defense • **Identity Restoration[4]**	• Negotiations with Creditors • Personal Bankruptcy • **Promissory Notes**	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • **Deeds** • Eviction Defense • Foreclosure	• Home Equity Loans • **Mortgages** • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• **Codicils** • **Complex Wills** • Inheritance Rights • **Healthcare Proxies**	• **Living Wills** • **Powers of Attorney (Healthcare, Financial, Childcare, Immigration)**	• Probate Proceedings • Revocable & Irrevocable Trusts • **Simple Wills**
Family & Personal	• Adoption • **Affidavits** • Change/Establishment of Custody Order • Conservatorship • **Demand Letters** • Divorce, Dissolution, & Annulment • Enforcement/Modification of Support Order	• Garnishment Defense • Guardianship • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Personal Property Protection • Personal Safety Order • Postnuptial Agreement	• Prenuptial Agreement • Protection from Domestic Violence • Reproductive Assistance Law[5] • **Review of ANY Personal Legal Document** • School Hearings • Social Security Disability
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Insurance Claims • Pet Liabilities • Small Claims Assistance
Elder-Care Issues	**Consultation & Document Review for your parents:** • **Deeds** • **Leases**	• **Medicaid** • **Medicare** • **Notes** • **Nursing Home Agreements**	• **Powers of Attorney** • **Prescription Plans** • **Wills**
Traffic & Other Matters	• Defense of Traffic Tickets[6] • Driving Privileges Restoration	• Expungement • Habeas Corpus	• Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

Create an account at **members.legalplans.com** or scan the QR code.

Questions? Call the **MetLife Legal Plans Client Service Center** at **800-821-6400** Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Digital notary and signing are not available in all states. When a group has Plus Parents coverage, the service is available to the member and spouse, their dependents, parents, parents-in-law, and grandparents. Plus Parents allows up to eight additional people to have coverage.
3. No more than a combined maximum total of ten hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. Surrogacy and reproductive assistance laws vary by state.
6. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4+PP+Unique]

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MetLife

Education Savings Program

A plan for where the future leads

First, it was colors, letters and numbers. Then, it was algebra, biology and Shakespeare. At every step of your child's education, you've been there to guide them. Now, let my529 help you plan for the next phase.

College, university, trade or technical school—you can use funds for whichever path your beneficiary takes. my529 funds can pay for education costs like tuition and required fees, books, equipment, computers and internet access. You can even use it for K-12 tuition, registered apprenticeships or to pay down qualified education loans.

A my529 account can help your family get there.

Make my529 your 529

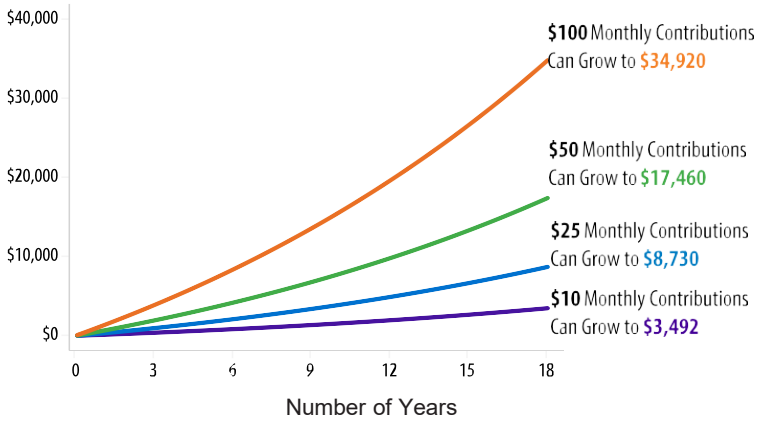
Plan ahead for future education costs by investing with my529, Utah's official 529 educational savings plan.

Accounts are free to open. And my529 doesn't require minimum balances or contributions.

Invest what you want, when you want. Investing small amounts regularly can make a big difference. If you can, start early—or start today.

An ideal gift. Invite family and friends to contribute to your education through the my529 Gift Program.

Early savings can add up



Assumes a 5% annual rate of return compounded monthly and no initial contribution. This chart is for illustrative purposes only.



Education Savings Program

Not just for Utah schools

Funds in a my529 account can be used at any technical school, college or university in the U.S. or abroad that is qualified to participate in federal student aid programs

Benefits. Advantages. Options.

Flexible investment options. my529 offers a variety of investment options. Choose what works best for you.

Low fees. my529 offers a high-quality 529 plan at a low cost to account owners.

Tax advantages. Earnings grow free from federal and Utah state income taxes. Withdrawals are tax-free when used for qualified higher education expenses, such as:

- Tuition and required fees.
- Computers, related equipment and services.
- Required books and supplies.
- Room and board costs for students attending at least half-time.
- K-12 tuition expenses at public, private or religious schools (up to $10,000 annually from all 529 accounts).
- Registered apprenticeships.
- Qualified education loan repayments for a beneficiary or beneficiary's sibling (up to a lifetime total of $10,000).

Utah resident income tax credit. Utah taxpayers can claim a Utah state income tax credit on my529 account contributions up to certain amounts.

Get Started

1. Read the Program Description and open an account for free at my529.org or by submitting an Individual Account Agreement (Form 100).
2. Name a beneficiary and choose an investment option based on your financial goals, how long you have to save and your tolerance for risk.
3. Start with a zero balance or make a first-time contribution. What you invest—and when you invest–is up to you.

Education Savings Program

Sometimes plans change

Your my529 funds can be withdrawn at any time. However, if funds are used for anything other than qualified higher
education expenses, earnings are subject to a 10% federal tax penalty as well as state and federal income tax.

Utah taxpayers must also add back the amount of a nonqualified withdrawal (to the extent it was deducted or used in calculating the Utah my529 credit on their current or a previously filed Utah tax return) as income on their Utah state income tax form for the taxable year a nonqualified withdrawal is made. See the Program Description for details.

Learn more

Phone 800.418.2551 | Fax 800.214.2956
Email info@my529.org | Online my529.org

Mailing address

PO Box 145100, Salt Lake City, UT 84114-5100

Location

Utah Board of Higher Education Building, Gateway 2 60 South 400 West, Salt Lake City, UT 84101-1284

Important Legal Notice

Investing is an important decision. The investments in your account may vary with market conditions and could lose value. Carefully read the Program Description in its entirety for more information and consider all investment objectives, risks, charges and expenses before investing. For a copy of the Program Description, call 800.418.2551 or visit my529.org.

Investments in my529 are not insured or guaranteed by my529, the Utah Board of Higher Education, the Utah Higher Education Assistance Authority Board of Directors, any other state or federal agency, or any third party. However, Federal Deposit Insurance Corporation (FDIC) insurance is provided for the FDIC-Insured investment option. In addition, my529 offers investment options that are partially insured for the portion of the respective investment option that includes FDIC- insured accounts as an underlying investment.

The state in which you or your beneficiary pay taxes or live may offer a 529 plan that provides state tax or other benefits, such as financial aid, scholarship funds and protection from creditors, not otherwise available to you by investing in my529. You should consider such benefits, if any, before investing in my529.

my529 does not provide legal, financial, investment or tax advice. You should consult your own tax or legal advisor to determine the effect of federal and state tax laws on your particular situation.

my529®

my529.org |800.418.2551

Student Loan Debt Relief Program

savi

WEBER STATE UNIVERSITY

Unlock student loan support with Savi

Through Weber State University, you have access to Savi, a powerful student loan benefit that can help identify monthly savings and provide access to 1:1 student loan support. Start saving on your student loans today and take control of your financial future.

What is Savi?

Uncover Options
Discover which repayment and forgiveness programs you qualify for based on your personal loan profile.

Enrollment, Made Easy
Sync your federal and private loans securely and let Savi guide you through the enrollment process.

Path to savings
Savi users save an average of $187/month and $39K over time.

Stay Ahead of News
Stay informed about the latest changes to federal and state student loan policies so you never miss an opportunity.

How Savi Works

01
Start an Application:
Add your information so Savi can crunch the numbers.

02
Explore Your Options:
Explore personalized repayment and forgiveness options.

03
Submit & Save:
With a paid premium plan, Savi can submit your applications to get those savings.

04
Get Support:
Access educational resources, webinars, and personalized assistance.

weber.bysavi.com

Home & Auto

Goldenwest Insurance Services has partnered with the Weber State Alumni Association to offer discounted home and auto insurance to WSU alumni, students, faculty, and staff. As an independent agency, their agents shop multiple top-rated carriers (A- or higher) to find the best coverage tailored to your needs. Members can save up to 35% on insurance at credit union rates. You can get a free quote by calling 844-WSU-CATS or visiting www.gwcu.org/WSUinsurance.



Home & Auto

We customize.
You could **save over $950.**†

Liberty Mutual INSURANCE

Switch to customized insurance and only pay for what you need. As an employee of Weber State University, you could save over $950 by bundling your auto and home insurance.†

More benefits you'll love:

Violation-Free Discount§
Customers can earn a discount for three years of violation-free driving. Get an even larger discount when you reach five years.

Multi-Policy Discount§
When you insure both your car and your home with Liberty Mutual, you qualify for comprehensive protection and additional savings.

Better Car Replacement™||
If your car is totaled, we'll give you the money for a model that's one year newer.

24-Hour Roadside Assistance¶
If your car breaks down, we won't leave you stranded. From a jump-start to a tow, our optional 24-Hour Roadside Assistance will get you moving again.

Convenient Payment Options
We are committed to making billing easy and hassle-free. Have your payments deducted automatically from your checking or savings account.

For a free quote, call 1-844-451-1953
or visit www.libertymutual.com/weberedu

Client #114340

Appendix

Medical

Eligibility

- **For Employees:** You must be working 30 hours or more per week.
- **For Your Spouse:** Your legally married spouse is eligible under Utah State Law. You may be asked to provide a valid marriage certificate.
- **For Your Dependent Children:** Your children are eligible, including: biological, stepchildren, adopted, placed for adoption, foster, and children whom you have legal guardianship. **Age restrictions may apply.**
    - Unmarried children aged 26 or older who meet specific requirements may continue on your coverage if they are disabled and financially dependent on you. Proof of disability is required within 31 days after the child turns 26 and proof of disability at renewal periods, as requested by PEHP.

Start Date

New Hire (Newly eligible): Complete and submit an enrollment application within 60 days of your employment start date or when you are first eligible. Your coverage (and your dependents' if they also enroll) starts on the latest of date of hire or first day of eligibility. If you miss your 60-day window, you can enroll during the next annual Open Enrollment.

Open Enrollment: Coverage begins first day of the next plan year (July 1st)

Special Enrollment: You can make changes to your coverage mid-year within 60 days of a life change or family status change (marriage, divorce, birth, adoption, or losing other insurance). Coverage start dates vary depending on the type of event.

- **Loss of Other Coverage:** If you previously declined this plan because you (or your dependents) had other insurance, and now that coverage has ended. Your coverage under this plan will start on the date your previous coverage ended.
- **Gain a New Dependent:** You must enroll your new dependent within 60 days of the life change.
    - **Marriage:** Coverage starts on the date of marriage
    - **Birth:** Coverage starts on the date of birth
    - **Placement in home:** Coverage starts on the date of placement

End of Coverage

Termination or No longer eligible:

- **Probationary Employees:** Benefits end two weeks after midnight after your termination date.
- **All Other Employees:** Benefits end on the last day of the month of your termination date.

Dependents:

- **Dependent Childs Age:** Coverage ends on the last day of the month of their 26th birthday for any non-disabled children.
- **Dependent Child under Legal Guardianship:** Coverage ends on the last day of the month of their 19th birthday.
- **Dependent Child in Foster Care:** Coverage ends the day before their 19th birthday.

Divorce: Coverage for ex-spouses and stepchildren end the day prior to the date on the court-signed divorce decree.

Appeals

Initial Appeal: The insured can submit an appeal if they disagree with a PEHP decision.

- Complete and submit an appeal to PEHP by completing the PEHP Appeal form, found on your explanation of benefit statement or at PEHP.org/forms within 180 days of PEHP's decision. Send the form along with supporting information to: PEHP Appeals and Policy Management Department, P.O. Box 3836
- Salt Lake City, UT 84110-3836 or Fax: 801-320-0541.
- PEHP will communicate their decision with specific reasons within 60 days of receiving the appeal.

External Review: If your appeal involves a medical judgment and PEHP denies it, you can request an external review.

Complete and submit an appeal to PEHP external review form and return it to PEHP along with the $25 external review fee within four months of PEHP's appeal decision. This fee can be waived if you can show you're unable to pay and will be returned if PEHP's decision is overturned.

Formal Administrative Hearing: If PEHP's appeal decision didn't involve a medical judgement, or if you disagree with the external reviews' decision.

You must file a written request within 30 days of the denial. This hearing is before the Utah State Retirement Board's hearing officer, and you'll need to use a standard form provided by and returned to the Retirement Office. Contact PEHP for more information.

Please refer to the Policy certificate or contact PEHP for further details on eligibility and enrollment or the claims and appeals process.

Appendix

Dental & Vision

Eligibility

- **Employees:** You must be working 30 hours or more per week.
- **Your Spouse:** Your legally married spouse under Utah State Law is eligible. You may be asked to provide a valid marriage certificate.
- **Your Dependent Children:** Your children are eligible up to their 26th birthday, including: biological, stepchildren, adopted, placed for adoption, and children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
    - Unmarried children aged 26 or older who meet specific requirements may continue on your coverage if they are total disabled and financially dependent on you. Proof of disability is required within 31 days of the child turns 26 and proof of disability once a year thereafter after the initial two-year period following the child turning 26.

Start Date

New Hire (Newly eligible): Complete and submit an enrollment application within 60 days of your employment start date or when you are first eligible. Your coverage (and your dependents' if they also enroll) starts on the latest of date of hire or first day of eligibility. If you miss your 60-day window, you can enroll during the next annual Open Enrollment.

Open Enrollment: Coverage begins first day of the next plan year (July 1st).

Special Enrollment (Life Changes): You can make changes to your coverage mid-year within 60 days of a life change or family status change (marriage, divorce, birth, adoption, or losing other insurance). Coverage start dates vary depending on the type of event:

- **Loss of Other Coverage:** If you previously declined this plan because you (or your dependents) had other insurance, and now that coverage has ended. Your new coverage under this plan will start on the date of change.
    - **COBRA Exhaustion:** Your COBRA continuation from another plan ended. Complete and submit an enrollment within 60 days of COBRA ending.
    - **Loss of Medicaid/CHIP Eligibility:** You must elect coverage within 60 days of losing that coverage.
    - **Other Coverage Loss (Not COBRA, Medicaid, or CHIP):** Your other coverage ended because you lost eligibility (e.g. divorce, job loss, reduction of hours). You must elect coverage within 60 days of losing that coverage.
- **Gain a New Dependent:** You must enroll your new dependent within 60 days of the life change.
    - **Marriage:** Coverage starts on the date of change
    - **Birth:** Coverage starts on the date of change
    - **Adoption**: If placed within 30 days of birth, then coverage start at birth. If placed more than 30 days after birth, coverage starts on the date of placement.

End of Coverage

Termination or No longer eligible: Coverage ends the last day of the month you either stop being an eligible employee or your employment ends.

Dependent Childs Age: Coverage ends on the last day of the month they turn 26.

Divorce: Coverage for your covered spouse ends on the date of change.

Appeals

Submit an Appeal
You may submit additional documents or information to support your appeal. You can also request copies of documents related to your appeal, clinical guidelines, the reasons behind the decision, and the names of any experts consulted, all at no cost. If you have questions about a diagnosis, contact your healthcare provider, as diagnostic codes may not be available for dental or routine vision claims.

Wait for Standard Review
The review timeline depends on the type of appeal. Appeals involving medical necessity or clinical decisions will receive a Standard Consultant Review, with a written decision provided within 30 calendar days. Appeals involving policy coverage will receive a Standard Administrative Review, with a written decision provided within 60 calendar days.

Request an Expedited Review for Urgent Care
If your situation is urgent, you or your authorized representative may request an expedited review verbally or in writing. If requested verbally, written confirmation will be sent within 24 hours. You may submit written comments and supporting documents, and clinical professionals not involved in the original decision will review the case. A decision will be made as quickly as your medical condition requires, but no later than 72 hours after the review begins. Expedited reviews are not available for claims involving services or treatment that have already occurred.

Request a Voluntary Independent Review
If you disagree with a decision about medical necessity, you may request a review by an independent third party. You must generally complete all internal appeal options first, unless both parties agree to waive this requirement. You have 180 calendar days after the final internal appeal decision to request an independent review. This review is voluntary, and the decision may be binding on both parties.

Receive the Written Decision
You will receive a written decision explaining the outcome of your appeal, the reasons for the decision, and who reviewed it. It will also explain your rights and deadlines for further appeals, identify any additional information needed to support your claim, and explain how to request an independent review. You may request copies of any rules, guidelines, or medical reasoning used to make the decision at no cost. You also have the right to contact the Utah Insurance Department with any questions or concerns at 3110 State Office Building, Salt Lake City, UT 84114-6901 or call 801-538-3800.

Please refer to the Policy certificate or contact Ameritas for further details on eligibility and enrollment or the claims and appeals process.

Appendix

Basic Life

Eligibility

- **Employees:** You must be a salaried employee working in the United States, scheduled for at least 15 hours per week.
- **Your Spouse:** Your legally married spouse is eligible. This includes anyone recognized as a spouse or civil union partner by state, federal, or provincial law.
- **Your Dependent Children:** Your unmarried or married children are eligible up to their 26th birthday, including: biological, stepchildren, adopted, placed for adoption, and foster children.
    - Unmarried children aged 26 or older who meet specific requirements may continue on your coverage if they are disabled and financially dependent on you. Proof of disability is required within 31 days after the child turns 26.

Employee Basic Life Insurance

You're initially eligible for Employee Basic Life Insurance on, your first day of work, or when you officially start in an eligible job class, whichever is latest. Your coverage kicks in on that eligibility date, but only if you're actively working. If you're not, it starts when you return to active work.

Changes:

- Increases start when you're actively working on the date of change. If you're not, they wait until you're back at work.
- Age-related reductions happen every July 1st after the change, regardless of your work status.
- Other reductions also start on the date of change, whether you're working or not.

Family status changes that increase coverage start on the later of your application date (if within 31 days of the change) or the date of the family status change. If you're not actively working, these increases wait until you are. Any reductions due to family status changes start immediately.

Declining Coverage: If you decline all or part of your coverage, you'll need to sign a form. To get it back later, you'll likely need to apply and provide Evidence of Insurability (proof of insurability).

When it Ends: Your insurance ends earliest the of: the policy ending, you no longer being in an eligible job class, your job class no longer being covered, not paying premiums, you requesting it to end, your last day actively at work (with exceptions), entering active military duty (with exceptions), retirement, or death.

Reinstatement: If your insurance ended for reasons other than you voluntarily quitting it, it might be reinstated when you return to active work in an eligible class.

Spouse and Dependent Children Basic Life Insurance

You're eligible for Spouse and Dependent Children Basic Life Insurance when you become eligible for your own Employee Basic Life Insurance, or when you get a spouse or dependent child, whichever is latest.

Enrollment: You must enroll within 31 days of initial eligibility. You'll be considered a Late Entrant if you don't enroll when initially eligible for Spouse or Dependent Child Basic Life (special enrollment periods or within 31 days of a family status change). Late entrants need to provide proof of insurability for their spouse or dependent child.

Start Date: For non-late entrants, it starts on the latest of your eligibility, when you're insured for your own Employee Basic Life Insurance, or when you enroll and agree to pay, provided you're actively working and your spouse or dependent child isn't confined. (Confinement doesn't apply to newborns) If you're a late entrant, it starts after your spouse's or dependent child's proof of insurability is approved, and you're actively working, and your spouse or dependent child isn't confined. If you're not actively at work or your spouse or dependent child is confined, coverage waits until those conditions change.

Changes for Spouse: Increases usually need approved proof of insurability for your spouse, and you must be actively working, and your spouse cannot be confined. Age-related reductions happen every July 1st.

Adding Children: If you already have Dependent Children coverage and are actively at work, any new dependent child is automatically covered without extra paperwork. If you don't have this coverage but acquire a new child, they are automatically covered for 31 days, and you must enroll within that time to continue coverage.

When it Ends: Coverage stops earliest of: the policy ending, you no longer being in an eligible job class, your job class no longer being covered for spouse or dependent child insurance, not paying premiums (for yours, spouse's or dependent child's), you losing your own Employee Basic Life Insurance, you requesting it to end, your last day actively at work (with exceptions), your spouse or dependent child entering active military duty, your spouse or dependent child no longer meeting the definition of spouse or dependent child, your retirement, your death, or your spouse's or dependent child's death.

Submit a Claim or Appeal

Start Your Claim (Notice): For Life, notify Sunlife within 30 days of death or within 12 months of stopping work for waiver of premium. If you're late, notify them as soon as you can. SunLife will send you forms for proof. If not received, send your proof without them.

Submit Your Proof: For Life, submit proof to SunLife within 90 days of death or within 15 months of stopping work for waiver of premium. If you're late, notify them as soon as you can. Include dates, causes, medical records or death certificates, etc.

Get a Decision & Payment: Approved benefits are often paid within 15 days. You'll typically get a decision within 45 days. SunLife might ask for more time or information from you.

Appeal a Denial: You have 180 days to appeal. SunLife aims to decide on appeals within 45 days. They might ask for more time or information from you.

Please refer to the Policy certificate or contact SunLife for further details on eligibility and enrollment or the claims and appeals process.

Appendix

Basic AD&D

Eligibility

- **Employees:** You must be a salaried employee working in the United States, scheduled for at least 15 hours per week.

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

You're initially eligible for Employee Basic AD&D Insurance on the latest of your eligibility for Employee Basic Life Insurance, your first day of work, or your first day actively at work in an eligible job class.

When it Starts: It starts on the later of your eligibility or when you're insured for Employee Basic Life Insurance, provided you're actively working. If you're not actively at work, it starts when you return.

When it Ends: Coverage stops earliest of: the policy ending, you no longer being in an eligible job class, your job class no longer being covered, not paying premiums, you requesting it to end, you no longer having Employee Basic Life Insurance, your last day actively at work (with exceptions), entering active military duty (with exceptions), retirement, approval for the Waiver of Premium Benefit for Employee Basic Life Insurance, or death.

Reinstatement: If your coverage ended for reasons other than you voluntarily quitting it, it might be reinstated when you're insured for Employee Basic Life Insurance and return to active work in an eligible class. Accidents that happen between the time your coverage ended and when it's reinstated won't be covered.

Additional Accidental Benefits

This is a quick look at what you (or your family) could receive if a serious accident happens. Refer to the plan certificate for the benefit amount.

- **Bereavement Counseling:** Helps immediate family cover counseling costs after your death.
- **Child Care Benefit:** Provides funds for licensed childcare if your dependent child (under 13) needs it after your death.
- **Coma Benefit:** Offers monthly payments if an accidental injury leads to a prolonged coma.
- **Critical Burn Benefit:** Provides a payment if you suffer critical burns due to an accident.
- **Dependent Education Benefit:** Offers financial aid for education or job retraining for your children or spouse if you die.
- **Felonious Assault Benefit:** Gives an extra payment if you're seriously injured or die from an assault at work/on business (with exceptions).
- **Home Alteration or Vehicle Modification Benefit:** Helps cover costs to adapt your home or vehicle for accessibility after specific severe accidental injuries.
- **Rehabilitative Training Benefit:** Provides financial support for job training needed due to an accidental injury.
- **Repatriation Benefit:** Reimburses costs for transporting your body for burial if you die far from home.
- **Seat Belt/Air Bag Benefit:** Offers extra payments if you die in a car accident while wearing a seat belt and/or if an airbag deployed.

Submit a Claim or Appeal for Basic AD&D

- **Start Your Claim (Notice):** Notify Sunlife within 30 days of death or within 12 months for other claims. If you're late, notify them as soon as you can. SunLife will send you forms for proof. If not received, send your proof without them.
- **Submit Your Proof :** Submit proof to SunLife within 90 days of death or within 15 months for other claims. If you're late, notify them as soon as you can. Describe what happened and include medical records and police reports (if applicable), etc.
- **Get a Decision & Payment:** You'll get a decision within 45 days with payments quickly to follow if approved. SunLife might ask for more time or information from you.
- **Appeal a Denial:** You have 180 days to appeal. SunLife aims to decide on appeals within 45 days. They might ask for more time or information from you.

Please refer to the Policy certificate or contact SunLife for further details on eligibility and enrollment or the claims and appeals process.

Appendix

Group Voluntary Life

Eligibility

- **Employees:** You must be a salaried employee working in the United States, scheduled for at least 15 hours per week.
- **Your Spouse:** Your legally married spouse is eligible. This includes anyone recognized as a spouse or civil union partner by state, federal, or provincial law.
- **Your Dependent Children:** Your unmarried or married children are eligible up to their 26th birthday, including: biological, stepchildren, adopted, placed for adoption, and foster children.
    - Unmarried children aged 26 or older who meet specific requirements may continue on your coverage if they are disabled and financially dependent on you. Proof of disability is required within 31 days after the child turns 26.

Employee Voluntary Life Insurance

You're initially eligible for Employee Voluntary Life Insurance on, your first day of work, or when you officially start in an eligible job class, whichever is latest. You can also become eligible during special enrollment times or due to a family status change.

Enrollment: You must enroll within 31 days of initial eligibility. You'll be considered a Late Entrant if you don't enroll when initially eligible (special enrollment periods or 31 days of a family status change). Late entrants need to provide proof of insurability.

Start Date: For coverage up to the Guaranteed Issue Amount and you're actively at work and not a Late Entrant, it starts on your initial eligibility or enrollment, whichever is later. Any amount exceeding the Guaranteed Issue Amount or if you're a Late Entrant requires written approval of proof of insurability, provided you are actively at work. If you're not actively at work, coverage won't start until you return.

Changes: You can make changes during any enrollment period or within 31 days of a family status change.

- Increases typically start on July 1st after you apply for the change or upon approval of proof of insurability.
- Increases due to family status changes start on the latest of the application, agreement to contribute, family status change date, or approval of proof of insurability, provided you are actively at work. If not actively at work, increases wait until you return.
- Age-related reductions or other coverage reductions (not due to family status changes) generally take effect on July 1st following the change, regardless of work status. Family status change reductions start immediately.

End of Coverage: Your insurance ends the earliest of: the policy ending, you no longer being in an eligible job class, your job class no longer being covered, not paying premiums, your last day actively at work (with exceptions), entering active military duty (with exceptions), retirement, or death.

Reinstatement: If your insurance ended for reasons other than you voluntarily terminating your insurance, it might be reinstated within 12 months. You apply within 31 days of actively working in an eligible job class. Reinstatement is effective on the date of returning to actively at work and agreeing to pay the required premium. Reinstatement typically returns you to your previous coverage amount; increasing it requires new proof of insurability

Spouse and Dependent Children Voluntary Life Insurance

You're initially eligible for Spouse or Dependent Children Voluntary Life Insurance when you become eligible for your own Employee Voluntary Life Insurance, or the date you acquire a spouse or dependent child due to a family status change, whichever is later.

Enrollment: You must enroll within 31 days of initial eligibility. You'll be considered a Late Entrant if you don't enroll in Spouse or Dependent Children Voluntary Life when initially eligible. Late Entrants need to provide proof of insurability for their spouse or dependent child. You must also be enrolled in Employee Voluntary Life Insurance to enroll your spouse or dependent child.

Start Date: For coverage up to the Guaranteed Issue Amount (and if you're not a Late Entrant), it starts on the latest of your initial eligibility, your insured in your own Employee Voluntary Life Insurance, or you enroll Spouse or Dependent Voluntary Life, provided you are actively at work and your spouse or dependent child isn't confined. (Confinement doesn't apply to newborns). Approval of proof of insurability is needed for any amounts above the Guaranteed Issue Amount or if you're a Late Entrant and you're actively at work and your spouse or dependent child not confined. If you're not actively at work or your spouse or dependent child is confined, coverage won't start until these conditions change.

Changes: Changes can be made during enrollment periods or within 31 days of a Family Status Change.

- Increases typically start on July 1st after you apply for the change or upon approval of proof of insurability for your spouse or dependent child. Your spouse or dependent cannot be confined for increases to take effect. If you're not actively at work or your spouse or dependent child is confined, increases wait until those conditions change.
- Reductions due to age or other reasons (not family status changes) generally start on July 1st following the change. Reductions due to a family status change start immediately.

Adding Children: If you already have Dependent Children Insurance and are actively at work, any new dependent child is automatically covered without Evidence of Insurability. If you don't have this coverage but get a new child (newborn, foster, adopted), they are automatically covered for 31 days; you must enroll and pay premiums within that time to continue coverage.

End of Coverage: Spouse and Dependent Child insurance ends the earliest of: the policy ending, you no longer being in an eligible job class, your job class no longer covers spouse or dependent children insurance, not paying premiums (for you, your spouse, or dependent children), your Employee Voluntary Life Insurance ending, your last day working (with exceptions), your spouse or dependent child entering active military duty, your spouse or dependent child no longer meeting the definition of spouse or dependent child, your retirement, your death, your spouse or dependent child's death.

Submit a Claim or Appeal for Voluntary Life

Start Your Claim (Notice): For Life, notify SunLife within 30 days of death or within 12 months of stopping work for waiver of premium. If you're late, notify them as soon as you can. SunLife will send you forms for proof; if not received, send your proof without them.

Submit Your Proof: For Life, submit proof to SunLife within 90 days of death or within 15 months of stopping work for waiver of premium. If you're late, notify them as soon as you can. Include dates, causes, medical records or death certificates, etc.

Get a Decision & Payment: Approved payments are usually made within 15 days. You'll get a decision within 45 days. SunLife might ask for more time or information from you.

Appeal a Denial: You have 180 days to appeal. SunLife aims to decide on appeals within 45 days. They might need more time or information from you during the appeal.

Please refer to the Policy certificate or contact SunLife for further details on eligibility and enrollment or the claims and appeals process.

Appendix

Group Voluntary Accidental Death and Dismemberment (AD&D)

Eligibility

- **Employees:** You must be a salaried employee working in the United States, scheduled for at least 15 hours per week.
- **Your Spouse:** Your legally married spouse is eligible. This includes anyone recognized as a spouse or civil union partner by state, federal, or provincial law.
- **Your Dependent Children:** Your unmarried or married children are eligible up to their 26th birthday, including: biological, stepchildren, adopted, placed for adoption, and foster children.
    - Unmarried children aged 26 or older who meet specific requirements may continue on your coverage if they are disabled and financially dependent on you. Proof of disability is required within 31 days after the child turns 26.

Employee Voluntary AD&D Insurance

You're initially eligible for Employee Voluntary AD&D Insurance on your first day of work, or when you officially start in an eligible job class, whichever is latest. You can also become eligible during special enrollment times or due to a family status change

Enrollment: You must enroll within 31 days of initial eligibility, within 31 days of a family status change, or during any open enrollment period.

Start Date: Your coverage starts on the later of your eligibility or enrollment, provided you're actively at work. If you're not actively at work, coverage won't start until you return.

Changes: You can make changes during any enrollment period or within 31 days of a family status change (if you're actively working and already covered).

- Increases start on July 1st after you apply for the change, if you're actively working. If not, they start when you return to active work.
- Age-related reductions start on July 1st after the change, regardless of whether you're actively working.
- Any other reductions start on the first of the month after you apply for the change, regardless of whether you're actively working.

Any change only applies to accidents that happen after the change's effective date.

End of Coverage: Your insurance ends the earliest of: the policy ending, you no longer in an eligible job class, your job class is no longer covered, not paying premiums, you request to end it, your last day actively at work (with exceptions), entering active military duty, retirement, or death.

Reinstatement: If your insurance ends for reasons other than you voluntarily terminating your insurance, it might be reinstated within 12 months. You apply within 31 days of actively working in an eligible job class. Accidents that happen between when your coverage ended and when it restarts won't be covered.

Spouse and Dependent Children Voluntary AD&D Insurance

You're initially eligible for Spouse or Dependent Children Voluntary AD&D when you become eligible for your own Employee Voluntary AD&D Insurance, or the date you acquire a spouse or dependent child, whichever is latest. You can also become eligible during special enrollment times or a due to a family status change.

Enrollment: You must enroll within 31 days of initial eligibility, or within 31 days of a family status change, or during any open enrollment period.

Start Date: Spouse or Dependent Child Voluntary AD&D insurance starts on the latest of: when your initial eligibility, your insured in your own Employee Voluntary Life Insurance, or enrollment, provided you are actively at work and your spouse or dependent child isn't confined. (Confinement doesn't apply to newborns). If you are not actively at work or your spouse or dependent child is confined, coverage won't start until these conditions change.

Adding Children: If you already have Dependent Children Voluntary AD&D, any new dependents are automatically covered. If you don't have this coverage but acquire a new child (newborn, foster, or adopted), they are automatically covered for 31 days; you must enroll and pay premiums within that time to continue coverage.

Changes: Changes can be made during enrollment periods or within 31 days of a family status change (if your spouse or dependent child is covered and not confined, and you're actively working).

- Increases start on July 1st after you apply for the change, if you're actively working. If not, they start when you return to active work.
- Reductions start on the first of the month after you apply for the change, regardless of whether you're actively working.

Any change only applies to accidents that happen after the change's effective date.

End of Coverage: Your spouse or dependent child insurance ends the earliest of: the policy ending, you no longer being in an eligible job class, your job class is no longer covers spouse or dependent insurance, not paying premiums (for you, your spouse, or dependent children), your Employee Voluntary AD&D ending, your last day actively working (with exceptions), your spouse or dependent child entering active military duty, your spouse or dependent child no longer meet the definition of spouse or dependent child, your retirement, your death, or your spouse or dependent child's death.

Submit a Claim or Appeal for Voluntary AD&D

- **Start Your Claim (Notice):** For accidental death, notify SunLife within 30 days or within 12 months for other claims. If you're late, notify them as soon as you can. SunLife will send you forms for proof; if not received, send your proof without them.
- **Submit Your Proof:** For accidental death, submit proof to SunLife within 90 days or within 15 months for other claims. If you're late, notify them as soon as you can. Describe what happened and include medical records and police reports (if applicable), etc.
- **Get a Decision & Payment:** Approved payments are usually made within 15 days. You'll get a decision within 45 days. SunLife might ask for more time or information from you.
- **Appeal a Denial:** You have 180 days to appeal. SunLife aims to decide on appeals within 45 days. They might need more time or information from you during the appeal.

Please refer to the Policy certificate or contact SunLife for further details on eligibility and enrollment or the claims and appeals process.

Appendix

Group Long Term Disability (LTD) Income

Eligibility

- **Employees:** You must be a salaried employee working in the United States, scheduled for at least 15 hours per week.

Employee LTD

You're generally eligible for Disability Insurance on the latest of your first day of employment, or your first day actively working in an eligible role. Your insurance starts on this eligibility date if you're actively at work; otherwise, it begins when you return to active work.

Changes in Coverage:

- Increases: If you're actively at work, increases start immediately if you change to a different eligible employee class or your total monthly earnings increase. If not actively at work, the increase waits until you return.
- Decreases: Decreases start immediately if you transfer to a different class or your total monthly earnings decrease, whether or not you're actively at work.

When Coverage Ends: Your insurance ends earliest of: the policy terminating, not paying premiums, you canceling it in writing, or your death. Coverage can also end if you're no longer in an eligible class, enter active military duty, retire, your class is no longer covered, or you're no longer actively at work (though some continuations may apply).

Reinstatement: If your insurance ended involuntarily, you might be able to reinstate it when you return to active work in an eligible class.

Disability Income Benefits

When Payable: Benefits are paid if you become Disabled while insured, submit Proof of disability, and complete your Elimination Period (a waiting period).

Calculation for Total Disability: Your monthly benefit is calculated by taking your Total Monthly Earnings, multiplying by a Benefit Percentage, and subtracting any Deductible Sources of Income, up to a Maximum Benefit. There's a Minimum Benefit you'll always receive.

Calculation for Partial Disability: For the first 12 months, your partial disability benefit is based on adding your disability earnings and deductible income to your total disability benefit. If this sum exceeds 100% of your Indexed Total Monthly Earnings, your total disability benefit is reduced by that excess. If it's 100% or less, you get the full total disability benefit. If you earn 20% or less of your Indexed Total Monthly Earnings, you'll receive a Total Disability Benefit. After 12 months, a formula is used to recalculate the benefit based on your earnings loss compared to your indexed earnings.

Payment: Benefits are paid monthly after your Elimination Period is completed.

Returning to Work & Re-disability: If you return to work but become disabled again within six months (due to the same/related cause) or even one day (for an unrelated cause), it's treated as part of your prior disability, and you won't need a new Elimination Period. If your new disability starts later, a new Elimination Period is required.

When Benefits End: Benefits stop earliest of: not submitting to medical exams, no longer considered disabled, reaching your Maximum Benefit Duration, not providing proof of continued disability, or not proving your earnings loss is due to disability.

Other Income & Reimbursement

Deductions: Any Deductible Sources of Income (like other benefits) will reduce your gross benefit.

Application Requirement: You must apply for any other income you're eligible for and make reasonable efforts to appeal denials.

Right of Recovery: You must pursue claims against third parties responsible for your disability and inform the insurer of any recoveries**. The insurer** can pursue claims you don't.

Income Estimation: The insurer can estimate other income amounts and reduce your benefit. This estimation might be waived if you've applied for benefits, agree to appeal denials, and sign a reimbursement agreement.

Adjustments for Other Income: You must notify the insurer of any approvals, denials, or adjustments to other income. Overpayments must be reimbursed; underpayments will be paid in a lump sum. Cost of living increases from other income sources (not employment earnings) won't reduce your benefit after the first deduction.

Additional Benefits

Social Security Disability Income Assistance Program: If you need to apply for Social Security disability, SunLife can help you with the process.

Cost of Living Adjustment (COLA) Benefit: After you've been on total disability for a year, your monthly payment might increase by 3% each year to help with inflation.

Family Care Credit Benefit: If you're seriously disabled and in a special rehab program, SunLife might help you with daycare costs for young children (under 13) or other dependent family members, which can slightly increase your benefit. There are limits to how much SunLife will cover.

Reasonable Accommodation Benefit: If workplace modifications would allow you to return to work, SunLife may reimburse your employer up to $5,000 (or more with approval) for reasonable expenses related to those modifications.

Rehabilitation Services: If deemed suitable, you may be required to participate in vocational rehabilitation services (job modification, placement, retraining) at the insurer's expense. Participation may lead to an increased benefit for a period. Refusing these services without good cause can result in termination of benefits.

Retirement Contribution Benefit: If you're disabled and have a company retirement plan, SunLife might add money to your retirement account for you.

Retro Disability Benefit: If you have a long waiting period (90+ days) and you were in the hospital right at the start of your total disability, you might get an extra one-time payment for that initial time.

Survivor Benefit: If you die while disabled and receiving benefits, your spouse or young children might get a one-time payment.

Waiver of Premium: Once your waiting period is over and you're getting disability payments, you don't have to pay for your disability insurance anymore as long as you're receiving benefits.

Appendix

Group Long Term Disability (LTD) Income (continued)

Submit a Claim or Appeal for Disability

- **Start Your Claim (Notice):** If you get disabled, you need to notify SunLife before you waiting period (Elimination Period) is almost over, or soon after your policy ends. If you're late, notify them as soon as you can. SunLife will send you forms for proof; if not received, send your proof without them.
- **Submit Your Proof:** After your waiting period ends, send proof of your disability within 90 days. If you're late, notify them as soon as you can. Describe what and when it happened and include medical records and police reports or pay stubs (if applicable), etc. SunLife might also need continued proof of disability.
- **Get a Decision & Payment:** Approved payments are usually made within 30 days. You'll get a decision within 45 days. SunLife might ask for more time or information from you.
- **Appeal a Denial:** You have 180 days to appeal. SunLife aims to decide on appeals within 45 days. They might need more time or information from you during the appeal.

Please refer to the Policy certificate or contact SunLife for further details on eligibility and enrollment or the claims and appeals process.

Key Terms for SunLife:

- **"Actively at Work" Condition:** For coverage to start or increase, the employee (and sometimes the covered family member) must generally be "Actively at Work." Meaning an employee is performing their regular job duties for a full workday, either at the employer's usual workplace, a designated site, or while traveling for work. If not, coverage is delayed until they return.
- **"Confined" Condition:** For Spouse and Dependent Children coverage, the individual generally cannot be "Confined" (e.g., hospitalized) for coverage to start or increase (newborns are an exception for dependent children). Coverage is delayed until they are no longer confined.
- **"Evidence of Insurability":** This is often required if you decline coverage and later want it, or if you enroll late for spouse or dependent child coverage. Sun Life must approve this in writing.
- **Family Status Changes:** These events (like marriage, birth, adoption) can impact eligibility and enrollment timelines, often allowing enrollment outside of standard periods or a Special Enrollment Period
- **Waiver of Premium:** The Waiver of Premium allows your insurance coverage to continue without you paying premiums if you become totally disabled.
- **Late Entrant:** means you enroll more than 31 days after you first become eligible to enroll.
- **Elimination Period:** means a waiting period before benefits or payments can begin.

Contact Information

Coverage	Carrier	Phone #	Website
Medical – claims, appeals, and eligibility	PEHP	801-366-7555 800-765-7347	www.pehp.org
Dental	Ameritas	800-487-5553	www.explore.ameritas.com/weber/
Vision	VSP EyeMed	800-877-7195 866-289-0614	
Health Savings Accounts (HSAs)	Health Equity	866-346-5800	www.healthequity.com
Flexible Spending Accounts (FSAs)	FLEX$	801-366-7503	www.pehp.org
Life/AD&D (basic and voluntary) – claims, appeals, and eligibility	Sunlife	800-247-6875	www.sunlife.com/us
Long-Term Disability – claims, appeals, and eligibility	Sunlife	800-247-6875	www.sunlife.com/us
Legal Plans	MetLife Legal	800-821-6400	www.metlife.com/mybenefits
Education Savings Program	my529	800-418-2551	www.My529.org
Student Loan Debt Relief	TIAA	833-604-1226	https://www.tiaa.org/public/tcm/weber/student
Home & Auto	Liberty Mutual Insurance	844-451-1953	www.libertymutual.com/weberedu
Home & Auto	Goldenwest Insurance	844-WSU-CATS	www.gwcu.org/WSUinsurance

Benefits Website

Our benefits website **www.weber.edu/benefits/** can be accessed anytime for additional information on our benefit programs.

For plan recommendations scan the QR code or go to: https://britehr.app/weberstate2026

Questions?

For any additional questions, contact: benefits@weber.edu

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