

OGDEN-WEBER CHAMBER SPONSORED INSURANCE PLAN

EMPLOYER GUIDE



OGDEN★WEBER
CHAMBER OF COMMERCE

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LETTER FROM THE PRESIDENT

Dear Chamber Members,

After many years of working with partners to create a viable health insurance offering, we are excited to share with you the Ogden-Weber Chamber Sponsored Insurance Plan. This plan has been designed to provide you, our loyal members, with a comprehensive and affordable insurance solution that meets the needs of you, your business and employees.

As a business owner and Chamber member, you know the value of providing quality insurance benefits to your employees. With the Chamber plan, we've connected with top-rated insurance carriers to offer a variety of coverage options, providing you with the flexibility to choose the right plan which can be tailored to your organization's health insurance needs. Our intent is to enable you to provide a real and holistic healthcare package for your employees.

Enrolling in the plan is convenient and hassle-free. Our streamlined enrollment process provides you with one platform to sign up quickly and easily. Managing the plan is equally convenient with easy, one-source billing for all benefits.

We understand that cost is a significant factor when it comes to providing employee benefits. That's why our plan premiums are based on the size and strength of the Chamber, enabling you to tap into that bargaining power for the best rates possible while maintaining quality coverage.

Our partners who manage the plan are available to support you in navigating the insurance landscape, answering questions, and addressing any concerns you may have.

We believe that the Ogden-Weber Chamber Sponsored Insurance Plan will help your business attract and retain the best talent, providing the benefits your employees need to thrive. We're excited to serve you and your employees.

Sincerely,

Chuck Leonhardt
President & CEO
Ogden-Weber Chamber of Commerce



MEDICAL PLANS

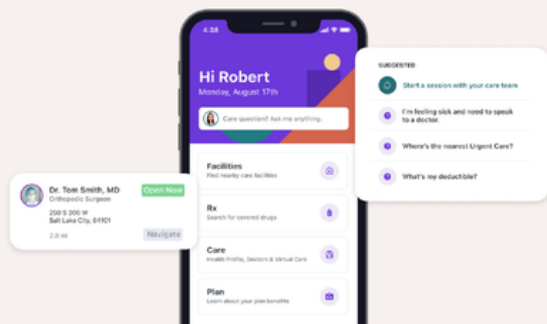
Angle

Welcome To Angle

BETTER HEALTH INSURANCE
HAS
ARRIVED!

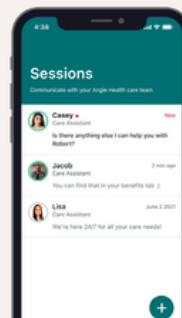
Re-imagining the health insurance experience

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



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

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



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

Our Vision & Values

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

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

Our Investors

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

MEDICAL PLANS

Angle

Angle Health Care Team



Angle Health CareTeam

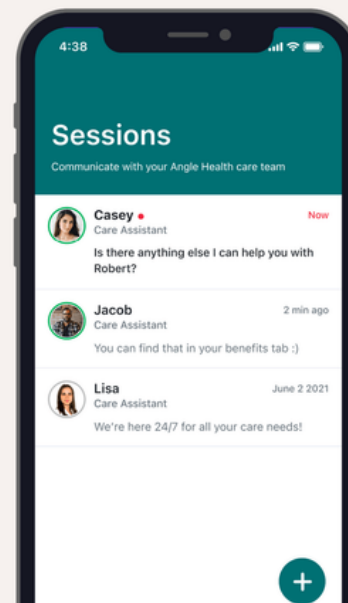
Angle does the heavy lifting so you don't have to. Members have access to resources and real-time chat with Angle's care team (a dedicated cadre of licensed nurses and healthcare professions to guide members through the entire care journey). Our care team helps you navigate the complex healthcare system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

Member Services

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

Clinical Management Services

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



Contact Us

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

TRADITIONAL MEDICAL PLANS

Angle Health <> Ogden-Weber Chamber Plan Designs



500 Traditional 1000 Traditional 1500 Traditional 2000 Traditional 2500 Traditional

Deductible					
Individual	\$500	\$1,000	\$1,500	\$2,000	\$2,500
Family	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
Out-of-pocket Max					
Individual	\$2,000	\$3,000	\$3,000	\$4,000	\$4,000
Family	\$4,000	\$6,000	\$6,000	\$8,000	\$8,000
Primary Care Provider (PCP)	\$20	\$25	\$25	\$25	\$25
Secondary Care Provider (SCP)	\$40	\$45	\$45	\$45	\$45
Urgent Care	\$40	\$50	\$50	\$50	\$50
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Inpatient/outpatient Services	20% AD	20% AD	20% AD	20% AD	20% AD
Emergency Room	\$100 AD	\$100 AD	\$125 AD	\$125 AD	\$150 AD
PT/ST/OT	\$40 AD	\$45 AD	\$45 AD	\$45 AD	\$45 AD
Chiropractic	\$40	\$45	\$45	\$45	\$45
Prescription Drug Coverage					
Tier 1	\$7	\$10	\$10	\$10	\$10
Tier 2	\$21	\$25	\$25	\$25	\$25
Tier 3	\$42	\$45	\$45	\$45	\$45
Tier 4	\$100	\$100	\$100	\$100	\$100

Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits.

HSA QUALIFIED MEDICAL PLANS

Angle Health <> Ogden-Weber Chamber Plan Designs



Ogden-Weber Chamber
PLAN DESIGN

	1500 HDHP HSA Qualified	2500 HDHP HSA Qualified	3500 HDHP HSA Qualified	6450 HDHP HSA Qualified
Deductible				
Individual	\$1,500	\$2,500	\$3,500	\$6,450
Family	\$3,000	\$5,000	\$7,000	\$12,900
Out-of-pocket Max				
Individual	\$3,000	\$4,000	\$4,500	\$6,450
Family	\$6,000	\$8,000	\$9,000	\$12,900
Primary Care Provider (PCP)	\$15 AD	\$15 AD	\$15 AD	Covered 100% AD
Secondary Care Provider (SCP)	\$25 AD	\$25 AD	\$25 AD	Covered 100% AD
Urgent Care	\$35 AD	\$35 AD	\$35 AD	Covered 100% AD
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Inpatient/outpatient Services	20% AD	20% AD	20% AD	Covered 100% AD
Emergency Room	\$75 AD	\$75 AD	\$75 AD	covered 100% AD
PT/ST/OT	\$25 AD	\$25 AD	\$25 AD	Covered 100% AD
Chiropractic	\$25 AD	\$25 AD	\$25 AD	Covered 100% AD
Prescription Drug Coverage				
Tier 1	\$7 AD	\$7 AD	\$7 AD	Covered 100% AD
Tier 2	\$21 AD	\$21 AD	\$21 AD	Covered 100% AD
Tier 3	\$42 AD	\$42 AD	\$42 AD	Covered 100% AD
Tier 4	\$100 AD	\$100 AD	\$100 AD	Covered 100% AD

Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits.

DENTAL PLANS - CHOICE PPO



Corporate (801)262-7476
 Customer Service (800)662-6861
EMIHealth.com

Plan: Choice PPO
Underwritten & Administered by: Educators Health Plans Life, Accident & Health, a Utah Company
Effective Date: 5/1/2023 through 1/1/2024
Benefit Year: Calendar
Plan Type: Contributory / Fully Insured
Proposal Date: 5/1/2023
Employer Contribution Requirement: 50%
Minimum Participation Requirement: 75% of Eligible (Minimum of 2 enrolled)
Rate Guarantee: 2 Year
Proposal Valid: Up to the proposed effective date

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
Endodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
Periodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods			
Type 2 - Basic		None	
Type 3 - Major		None	
Type 4 - Orthodontics		None	
Deductible	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$50.00	\$50.00
Family Max	\$0.00	\$150.00	\$150.00
Deductible Applies To	N / A	Type 2 & Type 3	Type 2 & Type 3
Annual Maximum Per Person	\$2,000.00	\$1,000.00	
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum		\$1,000.00	
Network / Reimbursement Schedule	Advantage Plus	Premier	Premier
Monthly Rates			
Employee		\$30.30	
Two-Party		\$63.20	
Family		\$106.70	
Provisions / Limitations / Exclusions			
Exams (including Periodontal), Cleanings and Fluoride			2 per year
Fluoride			Up to age 16
Sealants			Up to age 16
Space Maintainers			Up to age 16
Bitewing X-Rays			Up to 4, twice per year
Periapical X-Rays			6 per year
Panoramic X-Ray			1 every 3 years
Impacted Teeth			Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)			Covered in Type 3 - Major**
Anesthesia - (For children age 7 and under, once per year)			Covered in Type 3 - Major**
Implants / Implant Abutments			Not Covered
Crowns, Pontics, Abutments, Onlays and Dentures			1 every 5 years per tooth
Fillings on the same surface			1 every 18 months
* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).			
** Anesthesia is not subject to waiting periods.			

DENTAL PLANS - ADVANTAGE CO-PAY



Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

Plan:	Advantage Co-Pay
Underwritten & Administered by:	Educators Health Plans Life, Accident & Health, a Utah Company
Effective Date:	5/1/2023 through 1/1/2024
Benefit Year:	Calendar
Plan Type:	Contributory / Fully Insured
Proposal Date:	5/1/2023
Employer Contribution Requirement:	50%
Minimum Participation Requirement:	75% of Eligible (Minimum of 2 enrolled)
Rate Guarantee:	2 Year
Proposal Valid:	Up to the proposed effective date

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Endodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
Periodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
Sealants	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
Space Maintainers	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
Specialists (** See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage
**All of the benefits outlined above are for services received from general and pediatric dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.		
Waiting periods		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		N / A
Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A
Annual Maximum Per Person		None
Orthodontic Lifetime Maximum		N / A
Network / Reimbursement Schedule	Advantage	Advantage
Monthly Rates		
Employee		\$18.20
Two-Party		\$37.70
Family		\$60.20

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Up to age 16
Sealants	Up to age 16
Space Maintainers	Up to age 16
Bitewing X-Rays	Up to 4, twice per year
Periapical X-Rays	6 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)	Covered in Type 3 - Major*
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major*
Implants / Implant Abutments	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months
All Services are subject to EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.	
* Anesthesia is not subject to waiting periods.	
Co-Pays are subject to change January 1st of each year.	

DENTAL PLANS - ADVANTAGE CO-PAY



Advantage Co-Pay (Utah)
Co-Pay & Claim Payment Sample Schedule
Effective 1/1/2023

Corporate (801)262-7475 Customer Service (800)662-5851
emihealth.com

CDT	CDT Name	Patient Co-Pay (General & Pediatric providers)	In-Network Specialists	Out-of-Network Claim Payment
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	0	20% Discount	22
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	20% Discount	19
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	0	20% Discount	22
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES <i>(Including bitewings)</i>	0	20% Discount	40
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	0	20% Discount	9
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0	20% Discount	8
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	0	20% Discount	10
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	0	20% Discount	14
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	0	20% Discount	19
D0330	PANORAMIC RADIOGRAPHIC IMAGE	0	20% Discount	41
D1110	PROPHYLAXIS - ADULT	0	20% Discount	40
D1120	PROPHYLAXIS - CHILD	0	20% Discount	27
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH <i>(*Verify age limits of the plan)</i>	0	20% Discount	9
D1351	SEALANT - PER TOOTH <i>(*Verify age limits of the plan)</i>	14	20% Discount	5
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	21	20% Discount	25
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	26	20% Discount	34
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	36	20% Discount	35
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	41	20% Discount	41
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	41	20% Discount	31
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	46	20% Discount	36
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	52	20% Discount	45
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	57	20% Discount	51
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	41	20% Discount	29
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	57	20% Discount	36
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	67	20% Discount	46
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	82	20% Discount	42
D2740	CROWN - PORCELAIN/CERAMIC	362	20% Discount	260
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	355	20% Discount	200
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	320	20% Discount	190
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	320	20% Discount	190
D2920	RE-CEMENT OR RE-BOND CROWN	34	20% Discount	0
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	106	20% Discount	0
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	107	20% Discount	0
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	26	20% Discount	0
D3220	TX PULP-REMOV PULP CORONAL DENTINOCEMENTL JUNC	63	20% Discount	0
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	211	20% Discount	87
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	272	20% Discount	97
D3330	ENDODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	362	20% Discount	111
D4341	PRDONTAL SCALING&ROOT PLANING 4MORE TEETH-QUAD	92	20% Discount	15
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	63	20% Discount	10
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount	20% Discount	0
D4910	PERIODONTAL MAINTENANCE	62	20% Discount	13
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	296	20% Discount	143
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	355	20% Discount	200
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	31	20% Discount	16
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT <i>(Elevation and/or forceps removal)</i>	46	20% Discount	21
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	77	20% Discount	25
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	124	20% Discount	31
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	153	20% Discount	25
D7810-D7899	TMD THERAPY	20% Discount	20% Discount	0
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	41	20% Discount	0
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	21	20% Discount	0

Benefits illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits, limitations and exclusions.

DENTAL PLANS - DHMO



Corporate (602) 266-1996
Customer Service (888) 422-1996

TDAdental.com

Plan: Peak Care Prepaid DHMO Plan
Underwritten & Administered by: Total Dental Administrators Utah
Effective Date: 5/1/2023 through 1/1/2024
Benefit Year: Calendar
Plan Type: Contributory / Fully Insured
Proposal Date: 5/1/2023
Employer Contribution Requirement: None
Minimum Participation Requirement: None (Minimum of 2 enrolled)
Rate Guarantee: 2 Year
Proposal Valid: Up to the proposed effective date

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100% after \$10 copay	No Coverage
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	No Coverage
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	No Coverage
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
Endodontics	See Co-Pay Schedule	No Coverage
Periodontics	See Co-Pay Schedule	No Coverage
Sealants	See Co-Pay Schedule	No Coverage
Space Maintainers	See Co-Pay Schedule	No Coverage
Specialists (** See note below)	Discount Only	No Coverage
** All in-network copayments included in the co-pay schedule apply to services performed at general dentist office. Services performed at any specialist office receive a discount only. There is no benefit at non-participating offices.		
Waiting periods		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		N / A
Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A
Annual Maximum Per Person	Unlimited	
Orthodontic Lifetime Maximum	N / A	
Network / Reimbursement Schedule	DHMO	No Coverage
Monthly Rates	No Specialty Care	With Specialty Care
Employee	\$15.13	\$17.27
Two-Party	\$30.30	\$33.41
Family	\$46.67	\$44.04
Provisions / Limitations / Exclusions		
Exams (including Periodontal), Cleanings		2 every 12 months
Fluoride		Children up to age 15
Sealants		Children up to age 15
Space Maintainers		See fee schedule
Bitewing X-Rays		2 every 12 months
Panoramic X-Ray		1 every 5 years

DENTAL PLANS - DHMO



Peak Care Prepaid DHMO Plan Co-Pay Sample Schedule

Corporate (602) 266-1995 Customer Service (888) 422-1995
TDA dental.com

CDT	CDT Name	In-Network Patient Co-Pay
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	5
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	25
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	5
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES <i>(Including bitewings)</i>	5
D0220	INTRAORAL - PERIAPICAL-FIRST RADIOGRAPHIC IMAGE	0
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	0
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	0
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	0
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	0
D0330	PANORAMIC RADIOGRAPHIC IMAGE	5
D1110	PROPHYLAXIS - ADULT	5
D1120	PROPHYLAXIS - CHILD	5
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH <i>(*Verify age limits of the plan)</i>	0
D1351	SEALANT - PER TOOTH <i>(*Verify age limits of the plan)</i>	14
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	30
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	40
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	50
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	60
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	43
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	52
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	65
D2335	RESIN-BASED COMPOSITE 4+ SURFACES INCISAL ANGLE (ANTERIOR)	72
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	55
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	75
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	92
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	108
D2740	CROWN - PORCELAIN/CERAMIC	325 + Lab
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	325 + Lab
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	325 + Lab
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	325 + Lab
D2920	RE-CEMENT OR RE-BOND CROWN	20
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	78
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	80
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	20
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	45
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	225
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	295
D3330	ENDODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	395
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	90
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	60
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	35
D4910	PERIODONTAL MAINTENANCE	58
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	275 + Lab
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	300 + Lab
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	35
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT <i>(Elevation and/or forceps removal)</i>	45
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	85
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	125
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	135
D8010-D8999	ORTHODONTIC SERVICES	Up to 25% Discount
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	35
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	25

Benefits illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits, limitations and exclusions.

LIFE, ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY



Powerfully SimpleSM employee benefits

The Ogden-Weber Chamber of Commerce has partnered with Equitable to provide you with flexible nonmedical benefits. Offering benefits can help attract and retain employees and protect them from out-of-pocket medical expenses.

The product offering through Equitable allows you to provide a core package for your employees that includes each of these valuable benefits. In addition to this employer choice, each employee can choose to enhance most of the benefits offered and add their eligible dependents.



Life

Helps offset financial burdens after the loss of a loved one. AD&D rider options available. Includes travel assistance program.



Accident

Covers many types of accidents and pays a cash benefit when employees are injured. Includes wellness benefit.



Critical Illness

Employees receive a lump-sum cash payment if diagnosed with a covered illness.



Hospital Indemnity

Hospital Indemnity pays a cash benefit to you if you or your dependents are confined to a hospital or experience any other covered indemnified events.

Help attract, retain and protect your employees

Utah's most common small employer medical plans have out-of-pocket maximums ranging from \$7,000-\$9,000 for individuals and \$15,000-\$18,000 for families.¹



Utah is ranked as the 2nd least affordable state for hospital stays.²

Hospital charges count for nearly 1/3 of all medical costs in the United States.⁶



Voluntary Life

Today, few have the coverage they need. Only 52% of consumers report owning life insurance.³

52% of consumers



Accident

35 million

Americans visit the emergency room for injury-related visits each year.⁴



Critical Illness

67% bankruptcies

Medical issues are tied to 67% of bankruptcies, with 59% the direct result of medical bills.⁵



Hospital Indemnity

Hospital charges count for nearly 1/3 of all medical costs in the United States.⁶



LIFE, ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY

Financial strength ratings

Rating agency	Current rating	Meaning of category	Date reviewed
A.M. Best Co.	A	Excellent	1/22
Moody's	A1	Good	7/22
Standard & Poor's	A+	Strong	6/22

Ratings are for Equitable Financial Life Insurance Company. Date reviewed indicates the last public statement by the rating agency. Ratings are subject to change; visit equitable.com/about-us/financial-strength-ratings (last updated on July 31, 2022) for more details, including information on rating scales and individual rating sources. The ratings reflected have no bearing on the performance of the variable investment options.

160 years of experience⁸



As a U.S. company with roots going back to 1859, Equitable offers the strength and stability that comes with generations of experience as an insurance pioneer.

To that heritage, we add the innovation and expertise of an employee benefits business that's been purpose-built to meet the evolving needs of the modern workforce. Together, we strive to learn and improve while always keeping sight of what matters most to the brokers, employers, employees and providers we serve.

Count on Equitable

160+

years in the business

3

million clients

\$908b

assets under management

Source: Equitable Holdings 2021 Annual Report, December 2021.

1 files.selecthealth.cloud/api/public/content/a4da4eaa6c2146cf8293d653e76f8934?v=a9e910f0.

2 valuepenguin.com/hospital-bill-costs-study#1n.

3 limra.com/siteassets/newsroom/fact-tank/fact-sheets/facts-of-life-2021-format-vfinal.pdf.

4 National Hospital Ambulatory Medical Care Survey: 2016 Emergency Department Summary Tables, # 1, 4, 11, 14, 24, 25. cdc.gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf.

5 nasdaq.com/article/medical-bankruptcy-is-killing-the-american-middle-classcm1099561.

6 brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system.

7 The 160-year history and assets under management shown, as well as references to strength and stability, apply solely and exclusively to Equitable Financial Life Insurance Company. All guarantees are based on the claims-paying ability of the issuer.

Powerfully SimpleSM is a service mark of Equitable Financial Life Insurance Company.

Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ; and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and are backed solely by their claims-paying obligations. Some products are not available in all states.

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EQUITABLE

VISION PLAN



OPTICARE PLAN:

FBA 10-10-120C+

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Eyeglass exam	\$10 Co-pay	\$10 Co-pay	\$45 Allowance
Contact exam	\$10 Co-pay	\$10 Co-pay	\$45 Allowance
Routine Dilation	100% Covered	Retail	Included above
Contact Fitting	100% Covered	Retail	Included above
Standard Plastic Lenses			
Single Vision	\$10 Co-pay	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$10 Co-pay	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$10 Co-pay	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Lens Options			
Progressive (Standard plastic no-line)	\$10 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate	\$20 Co-pay	\$40 Co-pay	
Anti-Reflective	\$40 Co-pay	\$45 Co-pay	
High Index	\$80 Co-pay	25% Discount	
Coatings			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options	Up to 25% Discount	Up to 25% Discount	
Edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	\$120 Allowance	\$110 Allowance	\$100 Allowance
Additional Eyewear			
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
Contact benefits is in lieu of lens and frame benefit.	\$120 Allowance	\$110 Allowance	\$100 Allowance
Medically Necessary Contacts	100% Covered	\$250 Allowance	\$210 Allowance
Additional contact purchases:			
Conventional	Up to 20% off	Retail	
Disposables	Up to 10% off	Retail	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	\$400 Off per eye	Not Covered	Not Covered

VISION PLAN



PLAN HIGHLIGHTS

- Benefits in our broad network meet or beat the current offering in frame allowances and have lower lens co-pays.
- Our offering covers contact lens fitting fees and does not reduce the contact lens allowance.
- No material co-pay/deductibles have to be paid before the benefit is issued.
- We offer 50% on all additional eyeglass purchases compared to 40%
- Non-listed or specialty lens add-ons are 25% off versus 20% on other plans.
- We offer coverage for BluDefense Digital Lens for the 65%+ Americans suffering from digital eye strain and computer vision syndrome. (More info available upon request) .
- All benefits are annual in frequency (12/12/12/12), other plans offer 24 month frame benefit.
- Refractive Surgery Benefit offers Custom iLASIK (All Laser), PRK, Visian ICL Implantable Collamer Lens and RLE Refractive Lens Exchange at 20% off retail versus 15%. Over 15,000 Opticare members have had Refractive surgery since 1999.
- Our network is a combination of regional chains, national chains and independent optometry practices and includes better out-of-network reimbursement levels. In the rare case that a particular provider is not credentialed with us, our direct-to-patient reimbursement fees surpass all other plans and is often a better benefit than the competitor's in-network benefit.
- Opticare Vision has negotiated additional plan enhancements in the Standard Optical network such as \$0 co-pay exam services and increased frame and contact lens allowances. Benefits will always be the best in the Standard Optical network, however we guarantee that benefits in the broad and out of network columns will always meet or exceed any competitive offering.
- Our "best rate guarantee" insures you are getting the best possible rates for your client, so in a rare chance that you receive a competing proposal that has better rates please let us know right away so that we can address it.
- All members of this group will have access to our new MyOpticare app available for free in the Apple and Android app stores.
- Groups will have access to the employer portal with an easy-to-use dashboard for plan info, census data, change/edits and much more via our website.

Telehealth and Mobile Eye Care

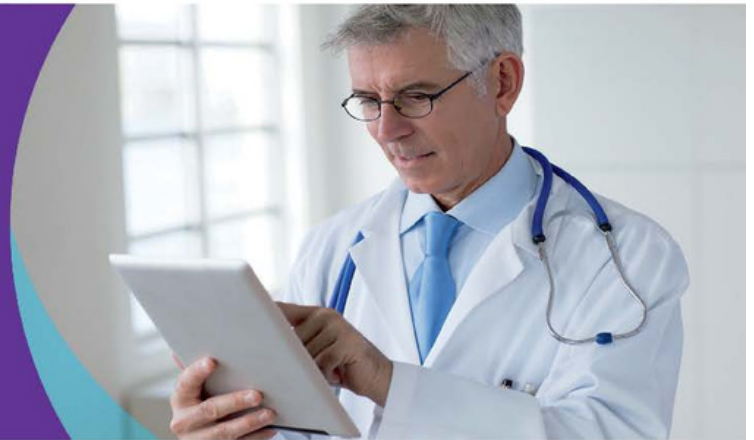
Opticare Vision has special offerings for teleoptometry services and mobile/on-site examinations. Contact us directly to see if your group qualifies for on-site services.

*Contributory rates require at least 50% of the single premium to be funded by the employer.

TELEHEALTH PLAN



So many reasons
to use Teladoc®



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

It's an affordable option for quality medical care.

<p>1</p> <p>Talk to a doctor anytime, anywhere you happen to be</p>	<p>2</p> <p>Receive quality care via phone, video or mobile app</p>	<p>3</p> <p>Prompt treatment, talk to a doctor in minutes</p>
<p>4</p> <p>A network of doctors that can treat every member of the family</p>	<p>5</p> <p>Prescriptions sent to pharmacy of choice if medically necessary</p>	<p>6</p> <p>Teladoc is less expensive than the ER or urgent care</p>

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

Talk to a doctor anytime for **free!**

Teladoc.com

1-800-TELADOC (835-2362)



IDENTITY PROTECTION



	Protection	Protection Plus
Features	For Individual or Family	For Individual or Family
Identity Theft Protection		
Personal Information and ID Monitoring	•	•
Online Account and Breach Monitoring	•	•
SSN Authentication Alerts	•	•
Criminal, Court and Public Records Monitoring	•	•
Home Title and Address Monitoring	•	•
Social Media Monitoring	With Family Plan	•
Financial Fraud Protection		
Credit Monitoring & Alerts	1 Bureau	3 Bureaus
Investment and Loan Acct Monitoring & Alerts	•	•
Monthly Credit Score	•	•
Monthly Score Tracker	•	•
High Risk Transaction Alerts	•	•
3B Credit Report		•
Experian Credit Lock		•
Financial Transaction Monitoring		•
Privacy and Device Protection		
Data Broker List Removal	•	•
WiFi Security/VPN	1 Device per adult member	Up to 10 Devices per adult member
AntiVirus	1 Device per adult member	Up to 10 Devices per adult member
Password Manager	•	•
Safe Browsing		•
Email masking		•
Services and Support		
All-in-one Mobile Application (iOS & Android)	•	•
24/7/365 US-based Customer Support	•	•
White Glove Fraud Resolution Services	•	•
Identity Theft Insurance for Eligible Losses*	Up to \$1M* per adult member	Up to \$1M* per adult member
Lost Wallet Protection	•	•
Personalized Feature Activation Workflows	•	•

	Protection		Protection Plus		Executive Plan
	Individual	Family	Individual	Family	Family
Employer Contribution	\$3.00	\$5.00	\$6.00	\$9.00	Available upon request
Employee Buy Ups					
Protection Plan Family	\$9.45				
Protection Plus Plan Individual	\$6.95	\$4.95			
Protection Plus Plan Family	\$13.55	\$11.55	\$10.55		

Employees may choose to buy-up to a higher plan tier on Aura's platform

ANCILLARY BENEFITS

BASE PLAN COMPARISON

	Carrier	Monthly Employee Cost
GOLD BASE PLAN		
Voluntary Life		
• \$15,000 - Rates based on Employee Age and Group SIC	Equitable	\$1.35
GAP (Hospital Indemnity/Critical Illness/Accident)	Equitable	\$17.33
• \$200/\$5,000/\$1,000		
Dental	EMI/TDA	\$8.00
• DHMO Plan - showing employer cost only		
Vision	Opticare	\$2.95
• Plan 10/10/120		
	TOTAL	\$29.63
	Per employee/day	\$0.99
PLATINUM PLAN		
Voluntary Life		
• \$25,000 - Rates based on Employee Age and Group SIC	Equitable	\$2.25
GAP (Hospital Indemnity/Critical Illness/Accident)	Equitable	\$28.64
• \$200+/\$5,000/\$1,500		
Dental	EMI/TDA	\$11.00
• Advantage Co-Pay Plan - showing employer cost only		
Vision	Opticare	\$2.95
• Plan 10/10/120		
	TOTAL	\$44.84
	Per employee/day	\$1.49
DIAMOND PLAN		
Voluntary Life		
• \$50,000 - Rates based on Employee Age and Group SIC	Equitable	\$4.50
GAP (Hospital Indemnity/Critical Illness/Accident)	Equitable	\$35.19
• \$200+/\$10,000/\$1,500		
Dental	EMI/TDA	\$31.50
• Choice Indemnity - showing employer cost only		
Vision	Opticare	\$2.95
• Plan 10/10/120		
	TOTAL	\$74.14
	Per employee/day	\$2.47

ANCILLARY BENEFITS

OPTIONAL COVERAGES

	Carrier	Monthly Employee Cost
OPTIONAL COVERAGES		
Additional Voluntary life	Equitable	Varies
<ul style="list-style-type: none"> • Age banded - Based on Employee Age and Group SIC 		
Telemedicine	Teladoc	\$7.00
<ul style="list-style-type: none"> • \$0 Co-pay 		
Identity Theft	Identity Guard	\$3.00 / \$6.00
<ul style="list-style-type: none"> • Protection / Protection Plus Plan 		



FREQUENTLY ASKED QUESTIONS

What are the eligibility requirements to participate in the Ogden-Weber Chamber Sponsored Insurance Plan?

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

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

The employer organization must purchase the base Gold plan for all full-time employees working more than 30 hours each week. Additional benefits from the Platinum and Diamond plan can be added at the employer organization's discretion.

Is the Sponsored Insurance Plan guaranteed for all members of the Chamber?

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

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

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

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

Since employer organizations must be members of the Ogden-Weber Chamber, benefits will terminate at the end of the month following the date of loss of membership.

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

On the sponsored medical plan, it is required that the employer organizations pay 50% of the employee only premium. On the dental, vision, and other benefit packages, employer organizations are required to pay 100% of the base package.

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

No. These packages can be purchased separately.

FREQUENTLY ASKED QUESTIONS

Are 1099 employees eligible for the employer sponsor benefits?

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

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

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

What is meant by a single monthly billing for employers as part of this sponsored plan?

A billing consolidator service will be provided for each participating employer. This service will include reconciling bills, checking enrollment and an ACH premium draft to the various carriers.



OGDEN★WEBER
CHAMBER OF COMMERCE