

\$6,500 HDHP		
Benefit Summary	In-Network Costs	Out-of-Network Costs
General Provisions		
Individual Deductible	\$6,500	\$12,000
Family Deductible	\$13,000 (max \$6,500 per person)	\$24,000 (max \$12,000 per person)
Max out-of-pocket Individual	\$8,000	\$16,000
Max out-of-pocket Family	\$16,000 (max \$8,000 per person)	\$32,000 (max \$16,000 per person)
Professional Services		
Primary Care Physician	20% AD	50% AD
Specialists Physician	20% AD	50% AD
Preventative Care	Covered 100%	Not Covered
Lab / X-ray	20% AD	50% AD
MRI / CT / PET	20% AD	50% AD
Maternity	20% AD	50% AD
In/Out Patient Services		
Hospitalization	20% AD	50% AD
Emergency Room	20% AD	Same as In-Network
Urgent Care	20% AD	50% AD
Mental Health Services		
Office Visits	20% AD	50% AD
In-Patient Care	20% AD	50% AD
Other Services		
Chiropractic (limit 20/year)	20% AD	50% AD
Prescription Drugs		
Generic	\$10 AD	
Formulary Brand Name	25% AD	
Non-Formulary Brand Name	50% AD	
Specialty	25% (\$150 max) AD	

AD is After Deductible

\$5,000 TRADITIONAL PLAN		
Benefit Summary	In-Network Costs	Out-of-Network Costs
General Provisions		
Individual Deductible	\$5,000	\$10,000
Family Deductible	\$10,000 (max \$5,000 per person)	\$20,000 (max \$10,000 per person)
Max out-of-pocket Individual	\$6,000	\$13,000
Max out-of-pocket Family	\$12,000 (max \$6,000 per person)	\$26,000 (max \$13,000 per person)
Professional Services		
Primary Care Physician	Tier 1: \$10 Tier 2: \$35	30% AD
Specialists Physician	Tier 1: \$20 Tier 2: \$50	30% AD
Preventative Care	Covered 100%	Not Covered
Lab / X-ray	Covered 100%	30% AD
MRI / CT / PET	Covered 100% AD	30% AD
Maternity	Covered 100% AD	30% AD
In/Out Patient Services		
Hospitalization	Covered 100% AD	30% AD
Emergency Room	\$400 copay	Same as In-Network
Urgent Care	\$75 copay	30% AD
Mental Health Services		
Office Visits	Tier 1: \$10 Tier 2: \$35	30% AD
In-Patient Care	Covered 100% AD	30% AD
Other Services		
Chiropractic (limit 20/year)	\$35 copay	30% AD
Prescription Drugs		
Generic	\$15	
Formulary Brand Name	\$40	
Non-Formulary Brand Name	50%	
Specialty	25% (\$250 preferred max)	

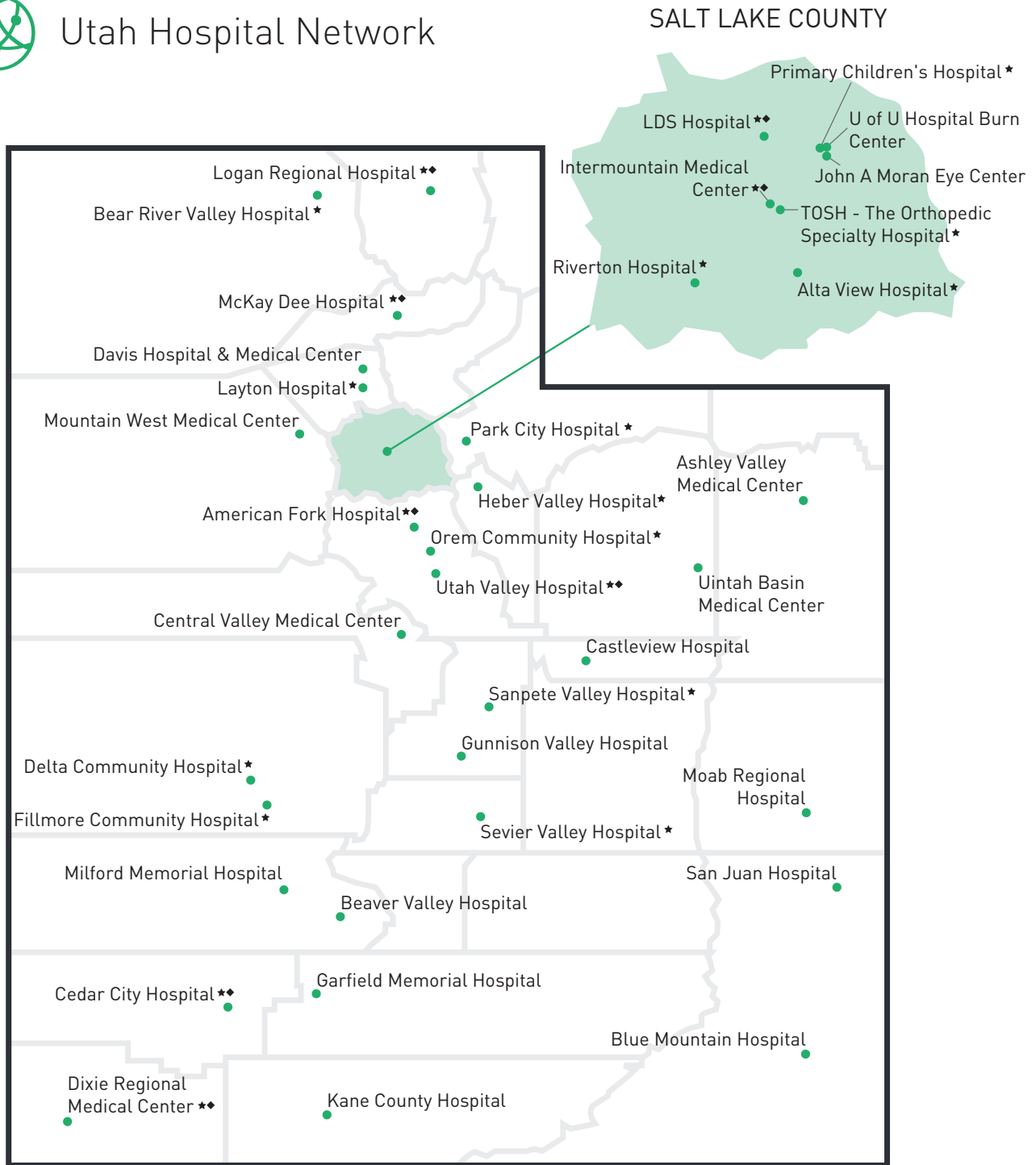
AD is After Deductible

\$3,000 TRADITIONAL PLAN		
Benefit Summary	In-Network Costs	Out-of-Network Costs
General Provisions		
Individual Deductible	\$3,000	\$6,000
Family Deductible	\$6,000 (max \$3,000 per person)	\$12,000
Max out-of-pocket Individual	\$7,500	\$15,000
Max out-of-pocket Family	\$15,000 (\$7,500 per person)	\$30,000
Professional Services		
Primary Care Physician	Tier 1:\$10 Tier 2:\$30	50% AD
Specialists Physician	Tier 1:\$20 Tier 2:\$60	50% AD
Preventative Care	Covered 100%	Not Covered
Lab / X-ray	20% AD	50% AD
MRI / CT / PET	20% AD	50% AD
Maternity	20% AD	50% AD
In/Out Patient Services		
Hospitalization	20% AD	50% AD
Emergency Room	\$300 copay	Same as In-Network
Urgent Care	\$75 copay	50% AD
Mental Health Services		
Office Visits	Tier 1:\$10 Tier 2:\$30	50% AD
In-Patient Care	20% AD	50% AD
Other Services		
Chiropractic (limit 20/year)	\$30 copay	50% AD
Prescription Drugs		
Generic	\$10	
Formulary Brand Name	\$35	
Non-Formulary Brand Name	50%	
Specialty	25% (\$250 preferred max)	

AD is After Deductible



Utah Hospital Network



V1.0718

*Intermountain Healthcare Owned Hospital
 ♦Huntsman Intermountain Cancer Center located at this facility

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1. Click on "Provider Search" on the upper right-hand side of the home page
2. Select "Medical"
3. Select your plan: Care Plus
4. Choose the state in which you want to search
5. If you choose a state other than Utah, you will be asked to select a logo:
 - Click on the Aetna Logo for Aetna PPO
 - Enter your location
 - Pick PPO, Choice Fund PPO under Select a Plan

You can also check your provider's status by calling customer service at 800.662.5851.



WHY SHOULD I CHOOSE AN HSA?

A health savings account (HSA) is a tax-free savings account that belongs to you. With an HSA, you get to take some of the money that would have gone to pay for more expensive premiums and save it.

- You don't lose it if you don't spend it.
- You don't have to pay taxes on withdrawals for eligible medical, dental, or vision expenses.
- The HSA, including all the money you and your employer contribute, is yours to use. You take the account with you when you change jobs, retire or leave your qualified health plan.
- You can cover expenses that your health plan might not include. (For example, if your health plan limits the number of chiropractic treatments you can have during the year, you can pay for additional treatments with your HSA).

WHO IS ELIGIBLE FOR AN HSA?

To be eligible to open an HSA, you must meet the following requirements:

- Be enrolled in an HSA eligible medical plan.
- Not be enrolled in a non-HSA eligible plan (such as a spouse's medical plan with co-pays)
- Not be enrolled in Medicare or Tricare.
- Not be claimed as a dependent on someone else's tax return.
- Have no other insurance except what is permitted by the IRS (see IRS Publication 969)

HOW MUCH CAN I ADD TO MY HSA?

- Employees aged 55 and over can make an additional "catch-up" contribution of \$1,000 per year.
- You can change your contributions through the year. Contact your Benefits Administrator to change your contributions.

Max 2026 HSA Contributions	
Individual	\$4,400
Family	\$8,750

ELIGIBLE EXPENSES

A complete list of HSA eligible expenses is available in IRS Publication 502 which can be found here <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

Eligible expenses may include:

- Acupuncture
- Alcoholism treatment
- Ambulance
- Birth Control
- Blood-pressure monitoring devices
- Breast pumps
- Cancer screenings
- Chiropractors
- Cholesterol test kits
- Co-insurance amounts
- Co-payments
- CPAP machine
- Crutches
- Deductibles
- Dental procedures
- Diabetic supplies
- Durable medical equipment
- Glasses, contact lenses, materials, and equipment
- Hearing aids and batteries
- Hospital services
- Humidifier
- Immunizations
- Incontinence supplies
- Infertility treatment
- Lice treatment
- Occupational therapy
- Orthodontia
- Orthopedic shoe inserts
- Physical therapy
- Reading and safety glasses
- Smoking-cessation programs
- Speech therapy
- Support braces
- Surgery
- Telemedicine
- Vision correction procedures
- Vision exams
- Walkers
- Wheelchairs and accessories
- and more



CONTACT INFORMATION

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DIRECTORY



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