

DAGGETT COUNTY COMMISSION MEETING AGENDA
Thursday, October 30, 2025 AT 3:00 P.M.
Daggett County Courthouse (95 North 1st West; Manila, UT 84046)
Public Access Is Available Through Electronic Means At
meet.google.com/ewi-tjqt-axg

3:00 P.M. STANDING BUSINESS FOR DAGGETT COUNTY COMMISSION

- A. Welcome And Introduction Of Those Attending Electronically By Name

DAGGETT COUNTY COMMISSION POLICY AND LEGISLATION

1. Discussion And Consideration Of 2026 Employee Health Insurance Package
Closed Session For Discussion Of Items Permitted By §52-4-205 Of State Code**


Notes: In compliance with the Americans with Disabilities Act, individuals needing special accommodations during this meeting should notify Larinda Isaacson at 95 North 1st West, Manila, Utah 84046, Telephone: 435-784-3154.

**Pursuant To § 52-4-205 of State Code Closed Session Is For The Purpose Of Discussing The Character, Professional Competence, Or Physical Or Mental Health Of An Individual; Collective Bargaining; Litigation, Purchase, Exchange, Or Lease Of Real Property.

Assurity[®]

Voluntary Benefit Options

for Daggett County



Accident Expense
Critical Illness
Hospital Indemnity



Group Accident Expense Insurance

for Daggett County

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

Key Features

- ☑ **Helps with out-of-pocket expenses** associated with covered accidents
- ☑ **No deductibles**, copays, coinsurance or networks - see any doctor
- ☑ **Guaranteed issue** - no medical exams or tests

**Know you
and your family
are protected.**

It's easy —
sign up today



Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is Off-the-Job. All treatment must be provided or prescribed by a physician and is payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care

Payable within 60 days of accident unless otherwise noted.

Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	\$50 - Dr. Office \$50 - Urgent Care \$100 - ER
Telemedicine Treatment	\$20
Ambulance Transport to or from hospital; pays one of the following	\$100 - Ground \$300 - Air
X-Rays After Initial Accident Treatment	\$100
Diagnostic Exams CT, CAT, MRI or EEG; after Initial Accident Treatment	\$50
Blood, Plasma or Platelets Processing or transfusion; after Initial Accident Treatment	\$300
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	\$25 - 4-20 hours \$50 - 20+ hours

Supportive Care

Benefits in this category are payable if the Initial Accident Treatment benefit was paid for the same injury. Benefits marked with an * are payable if the Initial Accident Treatment benefit or Telemedicine Treatment benefit was paid for the same injury.

Follow-Up Treatment* Benefit paid per visit, up to 2 visits per accident	\$75
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	\$45
Epidural Pain Management*	\$75
Prescription Medication* Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	\$7.50
Medical Supplies* Over-the-counter; once per accident; up to three per calendar year	\$7.50
Appliances* Rented or purchased, such as crutches or wheelchair	\$187.50
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	\$750 - One device \$1,500 - Multi. devices
Residence/Vehicle Modification	\$750
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	\$150 - Ground \$375 - Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$150 per day

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THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. Group Accident Expense insurance may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage.

Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Specific Injury Care

Benefits in this category are only payable if the Initial Accident Treatment benefit was paid for the same injury.

Burns Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected.	\$1,500
Child Organized Sport Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to \$1,000 maximum
Coma Not medically induced or the result of drug or alcohol use	\$30,000
Concussion Not payable if traumatic brain injury benefit is paid	\$75
Dental Emergency <i>(Initial Accident Treatment benefit not required to be paid)</i> Natural tooth treatment provided by a dentist	\$300 - Crown \$90 - Extraction
Dislocation Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	\$6,000 - Open reduction \$3,000 - Closed reduction
Ear Injury Resulting in hearing loss greater than 60 percent	\$300 once per lifetime
Eye Injury Requiring surgery or removal of foreign object	\$300
Fracture Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	\$6,000 - Open fracture \$3,000 - Closed fracture
Gunshot Wound Requiring hospitalization and surgery	\$1,500
Lacerations Pays a percentage of the benefit based on the length of laceration	\$150
Paralysis Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	\$22,500 - Paraplegia \$45,000 - Quadriplegia
Poisoning	\$75
Post Traumatic Stress Disorder	\$600
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	\$900

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Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

Hospital Admission Pays once per calendar year	\$1,000
Hospital Confinement Daily benefit paid up to 365 days per accident	\$200
Intensive Care Daily benefit paid up to 30 days per accident	\$400
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	\$300
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	\$200
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	\$40

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$1,000
Ruptured Disc Surgery	\$1,000
Hernia Surgery	\$500
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	\$500
Miscellaneous Outpatient Surgery Must require anesthesia; not payable if any other surgery benefit is paid	\$200
Anesthesia Administered for a payable surgery benefit	\$200

Wellness Benefit

Pays \$50 once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:

- Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
- Annual physical exam
- Routine eye exam
- Immunization

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Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Accidental Death and Dismemberment Rider

(Form R G1712C)

Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	\$10,000 - Employee \$5,000 - Spouse \$2,500 - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	\$100,000 - Employee \$50,000 - Spouse \$25,000 - Child
Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution	Pays \$1,000 per accidental death, per qualifying child
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child

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Group Accident Expense Monthly Premiums - Off-the-Job - Utah

Forms G H1708/G H1708C (HSA Compatible)

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$11.29	\$19.61	\$24.84	\$36.32

*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Accident Expense - Utah

Forms G H1708/G H1708C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated while operating a motor vehicle as determined by the laws in the jurisdiction where loss occurs or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- voluntarily participating in or attempting to commit a felony;
- voluntarily participating in a riot, insurrection or rebellion;
- driving any taxi for wage, compensation or profit;
- voluntarily engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.



Group Critical Illness Insurance

for Daggett County

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered conditions.

Key Features

- ☑ **Pays a lump sum directly to you**
- ☑ Includes a **health screening benefit which pays \$50 a year** for any number of common covered medical tests or procedures
- ☑ **Guaranteed issue** – no medical exams or tests

**Know you
and your family
are protected.**

It's easy –
sign up today



Group Critical Illness Benefits - Utah

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses, conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount as shown below for the specified covered condition.

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	\$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%
Occupational HIV	100%

Other Features

Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If an additional diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid. If a subsequent diagnosis is a cancer diagnosis, the insured person must also be in complete remission prior to the date of subsequent diagnosis.

Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

Benefit Reduction at Age 70

Any benefit amount payable under the policy or any rider will be reduced by 50% beginning in the policy year immediately following the later of the insured person's 70th birthday, or three years from the issue date.

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Group Critical Illness Benefits - Utah

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Cardiopulmonary Rider (Form R G1717C)

Pays a lump sum benefit upon diagnosis of the additional covered cardiopulmonary illnesses, conditions or procedures listed below. The amount payable is equal to the policy benefit amount times the applicable percentage shown below.

Open Heart Category (50% all procedures below)

Mitral Valve Replacement or Repair Surgical Treatment of Abdominal Aortic Aneurysm
Aortic Valve Replacement or Repair

Pulmonary Category (25% all procedures below)

Pulmonary Embolism Idiopathic Pulmonary Fibrosis

Invasive Procedure Category (10% all procedures below)

AngioJet Clot Busting Automatic Implantable Cardioverter Defibrillator
Atherectomy Pacemaker Placement
Stent Implementation Valvuloplasty
Cardiac Catheterization

Health Screening Rider (Form R G1720C)

Pays a **\$50** benefit per calendar year per insured person for specified screening services listed below.

Biopsy for skin cancer	Flexible sigmoidoscopy
Bone marrow biopsy and aspiration	Hemocult stool analysis
Breast ultrasound	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA 19-9 (blood test for pancreatic cancer)	PSA (blood test for prostate cancer)
CA 125 (blood test for ovarian cancer)	Serum protein electrophoresis (blood test for Myeloma)
CEA (blood test for colon and cervical cancer)	Stress test (bicycle or treadmill)
Chest X-ray	Thermography
Colonoscopy	

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Group Critical Illness Monthly Premiums - Utah

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Employee or Employee & Children (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)

Child benefit is equal to 25% of employee benefit.

Attained Age	Employee Benefit Amount					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24	\$1.65	\$2.58	\$3.54	\$4.46	\$5.40	\$6.32
25-29	\$2.09	\$3.30	\$4.49	\$5.70	\$6.90	\$8.09
30-34	\$2.65	\$4.28	\$5.91	\$7.55	\$9.18	\$10.80
35-39	\$3.60	\$5.89	\$8.16	\$10.44	\$12.73	\$15.00
40-44	\$4.85	\$8.01	\$11.19	\$14.35	\$17.52	\$20.69
45-49	\$6.65	\$11.36	\$16.07	\$20.79	\$25.50	\$30.21
50-54	\$9.32	\$16.40	\$23.50	\$30.59	\$37.69	\$44.80
55-59	\$14.33	\$25.98	\$37.63	\$49.29	\$60.94	\$72.59
60-64	\$15.76	\$29.32	\$42.87	\$56.43	\$69.99	\$83.56
65-69	\$16.20	\$30.75	\$45.30	\$59.85	\$74.42	\$88.96
70+	\$35.20	\$67.75	\$100.29	\$132.83	\$165.37	\$197.91

Employee & Spouse or Family (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons)

Spouse benefit is equal to 50% of employee benefit.

Child benefit is equal to 25% of employee benefit.

Attained Age	Employee Benefit Amount					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24	\$2.67	\$4.05	\$5.40	\$6.77	\$8.13	\$9.51
25-29	\$3.33	\$5.05	\$6.79	\$8.53	\$10.26	\$12.00
30-34	\$4.24	\$6.62	\$9.00	\$11.39	\$13.76	\$16.14
35-39	\$5.79	\$9.16	\$12.52	\$15.88	\$19.23	\$22.58
40-44	\$7.83	\$12.52	\$17.21	\$21.91	\$26.59	\$31.29
45-49	\$10.71	\$17.73	\$24.75	\$31.78	\$38.80	\$45.81
50-54	\$14.93	\$25.54	\$36.14	\$46.75	\$57.36	\$67.95
55-59	\$22.72	\$40.18	\$57.65	\$75.11	\$92.57	\$110.03
60-64	\$24.68	\$45.02	\$65.35	\$85.69	\$106.01	\$126.35
65-69	\$25.13	\$46.94	\$68.78	\$90.62	\$112.43	\$134.26
70+	\$54.14	\$102.94	\$151.76	\$200.56	\$249.36	\$298.19

*Premium rates shown are for the combined group Critical Illness policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Critical Illness - Utah

Forms G H1715/G H1715C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Pre-existing conditions: Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 6 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 6 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

Waiting period: The benefits payable for Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition clause.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- voluntarily participating in or attempting to commit a felony;
- voluntarily engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

Group Hospital Indemnity Insurance

for Daggett County

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."

If you have this policy through your job, or a family member's job, contact the employer.

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Group Hospital Indemnity Insurance

for Daggett County

A hospital stay can be expensive—even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

Group Hospital Indemnity insurance pays a benefit directly to you, starting at admission, for each day of hospital confinement.

Key Features

- ✓ Pays a **lump-sum benefit** starting at admission
- ✓ Pays a **daily benefit** for each day confined in a hospital
- ✓ Includes a **wellness benefit** for a number of preventive care procedures
- ✓ **No deductibles, copays, coinsurance or networks** (see any doctor)
- ✓ **Guaranteed issue** – no medical exams or tests

**Know you
and your family
are protected.**

It's easy —
sign up today



Group Hospital Indemnity Benefits - Utah

Forms G H1730/G H1730C (HSA Compatible)

Hospital Admission

Group Hospital Indemnity pays a lump-sum benefit of **\$1,000** for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.

Hospital Indemnity Care Rider:

(Form No. R G1736C)

Pays daily benefits based on confinement due to a covered sickness or an injury sustained in a covered accident, in an amount based on the type of confinement and for the maximum number of days shown below:

- Hospital Confinement - **\$100** per day up to 30 days
- Intensive Care Unit Confinement - **\$200** per day of confinement, up to 10 days

Note: Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours. Only one type of confinement benefit is payable for a given day. If confinement continues in an Intensive Care Unit, Sub-Acute Intensive Care Unit or Rehabilitation Unit beyond the maximum benefit period shown, the Hospital Confinement benefit will be payable until that benefit period is also exhausted.

Preventive Care Rider:

(Form R G1740C)

Pays a **\$50** daily benefit up to the maximum of twice per insured person or four times per family in a calendar year for the following preventive care services:

- blood screening for triglycerides, cholesterol, HDL or LDL
 - fasting blood glucose test
 - annual physical exam
 - routine eye exam
 - immunizations
-

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Group Hospital Indemnity Monthly Premiums - Utah*

Forms G H1730/G H1730C (HSA Compatible)

Coverage Tiers

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$19.27	\$38.96	\$37.31	\$54.25

*Premium rates shown are for the combined group Hospital Indemnity policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Hospital Indemnity - Utah

Forms G H1730/G H1730C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Pre-existing conditions: Assurity will not pay benefits concerning a pre-existing condition until after coverage has been in force for 6 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 6 months before the issue date, the insured person received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescribed medication.

Special Endorsement

The pre-existing condition clause and 10-month pregnancy exclusion will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition and 10-month pregnancy exclusion.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- having elective procedures that are not medically necessary (including but not limited to organ donation and elective sterilization);
- receiving services provided outside the United States;
- voluntarily inhaling gas;
- having cosmetic care, except when the hospital confinement is due to medically necessary reconstructive surgery;
- being confined primarily for rest care or convalescent care;
- having a covered sickness or injury covered under worker's compensation, an employer's liability law or similar law;
- being born, unless the loss is the result of a covered sickness or injury;
- being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the issue date;
- receiving routine newborn nursing or well baby care;
- operating, learning to operate, or serving as a crew member of any aircraft;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a mental and nervous disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having dental treatment except as the result of an injury;
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

We are never more than one call away.



Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST



Email
claimsinfo@assurity.com



Claims
800-869-0355, Ext. 4484



Assurity
P.O. Box 82533
Lincoln, NE 68501-2533



Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060



Connect Online
assurity.com
linkedin.com/company/assurity-life

Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.



Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.

2026 Renewal and Marketing Analysis

Daggett County

Presented By:

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Tuesday, October 7, 2025



Gallagher

Insurance | Risk Management | Consulting

Gallagher Benefit Services, Inc.

IMPORTANT: This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of Gallagher. This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

2026 Renewal and Marketing Analysis

Daggett County

Table of Contents

- 1 Renewal Summary
 - 2 Financial Summary
 - 3 Medical Renewal
 - 4 Dental Renewal
 - 5 Vision Renewal
 - 6 Disclosures
- Appendix

Daggett County
Renewal Summary | 2026 Plan Year

Coverage	Carrier	Renewal Date	Rate Action
Medical	PEHP (Public Employer's Health Plan) (TPA)	1/1/2026	4.90%
Dental	Dental Select	1/1/2026	10.65%
Vision	Ameritas	1/1/2026	0.00%

Daggett County
Financial Summary

TOTAL PREMIUM				
	Current	Initial Renewal		
Coverage	Premium	Premium	% Difference	\$ Difference
Medical	\$440,766.72	\$462,364.32	4.90%	\$21,597.60
Dental	\$26,087.16	\$28,864.32	10.65%	\$2,777.16
Vision	\$1,355.40	\$1,355.40	0.00%	\$0.00
Total	\$468,209.28	\$492,584.04	5.21%	\$24,374.76

Daggett County
 Medical | Fully-Insured Renewal | Effective 01/01/2026

		CURRENT		RENEWAL		
Carrier Name		PEHP (Public Employer's Health Plan) (TPA)		PEHP (Public Employer's Health Plan) (TPA)		
Plan Name		Advantage & Summit LGRP Traditional Option 2	Advantage & Summit LGRP STAR HSA Option 4	Advantage & Summit LGRP Traditional Option 2	Advantage & Summit LGRP STAR HSA Option 4	
Plan Type		PPO	PPO	PPO	PPO	
PLAN DESIGN*						
In-Network Benefits						
Deductible Type		Embedded	Aggregate	Embedded	Aggregate	
Plan Year (PY) Deductible (Individual/Family)		\$500 / \$1,000	\$2,500 / \$5,000	\$500 / \$1,000	\$2,500 / \$5,000	
Out-of-Pocket Max Type		Embedded	Aggregate	Embedded	Aggregate	
PY Out-of-Pocket Max (Individual/Family)		\$4,000 / \$8,000	\$2,500 / \$5,000	\$4,000 / \$8,000	\$2,500 / \$5,000	
Coinsurance (member pays after deductible)		20%	0%	20%	0%	
Preventive Care		Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Primary Care Visit		\$20	Covered 100% After Ded	\$20	Covered 100% After Ded	
Specialist Visit		\$30	Covered 100% After Ded	\$30	Covered 100% After Ded	
Urgent Care		\$40	Covered 100% After Ded	\$40	Covered 100% After Ded	
Emergency Room		\$150 After Ded	Covered 100% After Ded	\$150 After Ded	Covered 100% After Ded	
Inpatient Hospital		20% After Ded	Covered 100% After Ded	20% After Ded	Covered 100% After Ded	
Outpatient Surgery		20% After Ded	Covered 100% After Ded	20% After Ded	Covered 100% After Ded	
Chiropractic (visit limits may apply)		Covered (20 visits per year)	Covered 100% After Ded (20 visits per year)	Covered (20 visits per year)	Covered 100% After Ded (20 visits per year)	
Phys/Occ/Speech Therapy (visit limits may apply)		Inpatient: 20% After Ded; Outpatient: \$30 (20 visits per year)	Covered 100% After Ded (20 visits per year)	Inpatient: 20% After Ded; Outpatient: \$30 (20 visits per year)	Covered 100% After Ded (20 visits per year)	
Diagnostic Test (X-ray, blood work)		Minor: \$350 / Test + Covered 100%; Major: \$350 / Test + 20% After Ded	Covered 100% After Ded	Minor: \$350 / Test + Covered 100%; Major: \$350 / Test + 20% After Ded	Covered 100% After Ded	
Imaging (CT/PET scan, MRI)		\$350 / Test + Covered 100%; \$350 / Test + 20% After Ded	Covered 100% After Ded	\$350 / Test + Covered 100%; \$350 / Test + 20% After Ded	Covered 100% After Ded	
Prescription Drug Benefit						
Deductible (Individual / Family)		After Ded	After Ded	After Ded	After Ded	
Retail						
Tier I / Tier II / Tier III		\$15 / \$30 / \$65	\$0	\$15 / \$30 / \$65	\$0	
Specialty		20% / 30%	\$0	20% / 30%	\$0	
Out-of-Network Benefits						
Deductible Type		Embedded	Aggregate	Embedded	Aggregate	
PY Deductible (Individual/Family)		\$500 / \$1,000	\$2,500 / \$5,000	\$500 / \$1,000	\$2,500 / \$5,000	
Out-of-Pocket Max Type		Embedded	Aggregate	Embedded	Aggregate	
PY Out-of-Pocket Max (Individual/Family)		\$4,000 / \$8,000	\$2,500 / \$5,000	\$4,000 / \$8,000	\$2,500 / \$5,000	
Coinsurance (member pays after deductible)		40%	20%	40%	20%	
COST ANALYSIS						
PEPM Rates	Plan 1	Plan 2	Advantage & Summit LGRP Traditional Option 2	Advantage & Summit LGRP STAR HSA Option 4	Advantage & Summit LGRP Traditional Option 2	Advantage & Summit LGRP STAR HSA Option 4
Single	1	5	\$927.26	\$777.84	\$972.70	\$815.94
Double	0	9	\$1,919.42	\$1,610.10	\$2,013.46	\$1,689.00
Family	0	8	\$2,596.32	\$2,177.90	\$2,723.52	\$2,284.62
Total Enrollment	1	22				
Estimated Monthly Premium			\$927.26	\$35,803.30	\$972.70	\$37,557.66
Estimated Annual Premium			\$11,127.12	\$429,639.60	\$11,672.40	\$450,691.92
Dollar Difference					\$545.28	\$21,052.32
Percent Change					4.90%	4.90%
Total Combined Annual Cost						
			CURRENT		RENEWAL	
Estimated Annual Premium			\$440,766.72		\$462,364.32	
Dollar Difference					\$21,597.60	
Percent Change					4.90%	
PLAN PROVISIONS						
Rate Guarantee			Current		12 Months	

*NOTE: benefit deviations from current and renewal are identified in bold font

Notes

Daggett County
Dental | Fully-Insured Renewal | Effective 01/01/2026

		CURRENT		RENEWAL	
Carrier Name		Dental Select		Dental Select	
Plan Name		Platinum PPO		Platinum PPO	
PLAN DESIGN*					
Network		INN	OON	INN	OON
Calendar Year (CY) Deductible (Individual / Family)		\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum		\$1,500	\$1,500	\$1,500	\$1,500
Coinsurance** (member pays after deductible)					
Preventive Services		0%	0%	0%	0%
Deductible Waived?		Yes	Yes	Yes	Yes
Basic		20%	20%	20%	20%
Major		50%	50%	50%	50%
Periodontics		Major Services	Major Services	Major Services	Major Services
Endodontics		Major Services	Major Services	Major Services	Major Services
Orthodontics		50%	50%	50%	50%
Maximum Age		Under Age 19	Under Age 19	Under Age 19	Under Age 19
Lifetime Max		\$1,500	\$1,500	\$1,500	\$1,500
COST ANALYSIS					
PEPM Rates	Enrollment	Platinum PPO		Platinum PPO	
Employee (EE) Only	7	\$34.09		\$37.72	
EE + 1 Dep	7	\$77.78		\$86.06	
EE + 2 Deps	11	\$126.44		\$139.90	
Total Enrollment		25			
Estimated Monthly Premium		\$2,173.93		\$2,405.36	
Estimated Annual Premium		\$26,087.16		\$28,864.32	
Dollar Difference				\$2,777.16	
Percent Change				10.65%	
PLAN PROVISIONS					
Rate Guarantee		Current		12 Months	

*NOTE: benefit deviations from current and renewal are identified in bold font

**Exclusions/limitations may apply

Notes

Daggett County
Vision | Renewal | Effective 01/01/2026

		CURRENT		RENEWAL	
Carrier Name		Ameritas		Ameritas	
Plan Name		Plan 1 Focus		Plan 1 Focus	
PLAN DESIGN*					
Network		INN	OON	INN	OON
Exam (including eyewear exam)					
Frequency		12 Months	12 Months	12 Months	12 Months
Benefit		Covered in full After \$10 Copay	Up to \$45	Covered in full After \$10 Copay	Up to \$45
Lenses					
Materials Copay		Covered in full After \$10 Copay		Covered in full After \$10 Copay	
Frequency		12 Months	12 Months	12 Months	12 Months
Single		Covered in full After \$10 Copay	Up to \$30	Covered in full After \$10 Copay	Up to \$30
Bifocal		Covered in full After \$10 Copay	Up to \$50	Covered in full After \$10 Copay	Up to \$50
Trifocal		Covered in full After \$10 Copay	Up to \$65	Covered in full After \$10 Copay	Up to \$65
Lenticular		Covered in full After \$10 Copay	Up to \$100	Covered in full After \$10 Copay	Up to \$100
Frames					
Frequency		12 Months	12 Months	12 Months	12 Months
Allowance		\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70
Contact Lenses					
Frequency		12 Months	12 Months	12 Months	12 Months
Allowance		\$150 Allowance	Up to \$120	\$150 Allowance	Up to \$120
Medically Necessary		Covered in full	Up to \$210	Covered in full	Up to \$210
Separate Fitting Allowance		\$60 Allowance		\$60 Allowance	
Lasik		15% off or 5% off a promotional offer		15% off or 5% off a promotional offer	
COST ANALYSIS					
PEPM Rates		CURRENT		RENEWAL	
Employee (EE) Only	Enrollment				
	1	\$7.91		\$7.91	
EE + 1 Dep	2	\$14.58		\$14.58	
EE + 2 or More	4	\$18.97		\$18.97	
Total Enrollment	7				
Estimated Monthly Premium		\$112.95		\$112.95	
Estimated Annual Premium		\$1,355.40		\$1,355.40	
Dollar Difference				\$0.00	
Percent Change				0.00%	
PLAN PROVISIONS					
Rate Guarantee		Current		12 Months	

**NOTE: benefit deviations from current and renewal are identified in bold font*
Notes

Daggett County
Fully-Insured Marketing Activity Summary | Effective 01/01/2026
Health Lines of Coverage: Including Medical, Dental, and Vision and EAPs

Line of Coverage	Carrier Name	Response	Rate Guarantee	Commission
Medical	PEHP (Public Employer's Health)	Current Carrier - Shown in Proposal	12 Months	\$48 PEPM
Dental	Dental Select	Current Carrier - Shown in Proposal	12 Months	10%
Vision	Ameritas	Current Carrier - Shown in Proposal	12 Months	10%

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

A.M. Best Rating
Required Standards for Gallagher Benefit Services

Group 1 A - to A++	Recommended
Group 2 B + to B ++ and/or financial rating under "VI", or any of Best's "NR" group. This would apply to Best's "A- or higher" rated companies with a financial size under "VI".	Acceptable with signed client acknowledgement letter
Financial Strength Ratings	
Secure	Vulnerable
A++, A+ (Superior)	B, B - (Fair)
A, A -, A U (Excellent)	C++, C+ (Marginal)
B++, B+ (Very Good)	C, C - (Weak)

Supplemental Compensation

Gallagher may receive supplemental compensation from insurance carriers and vendors, normally calculated at the end of each calendar year, that are contingent on a number of factors including the overall number of employer plans represented, plan retention rates, and overall premium growth. Historically, supplemental compensation has ranged, on average, between 0-3% based on specific carrier programs. These plans have no effect on premiums. Further, Gallagher may receive non-cash compensation from plan vendors or service providers that are not in connection with any particular client. If you have any questions regarding direct or indirect compensation received by Gallagher, please contact your dedicated Gallagher advisor or refer to the Gallagher Global Standards of Business Conduct (<https://www.ajg.com/us/about-us/global-standards>).

Daggett County

1/1/2026**Legal**

The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

Renewal/ Financial

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future healthcare costs including utilization patterns, catastrophic claims, changes in plan design, healthcare trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Coverage

This analysis is an outline of the coverages proposed by the carrier(s) based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for the actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.