

DAGGETT COUNTY COMMISSION AND RDA MEETING AGENDA
Wednesday, November 12, 2025 AT 9:00 A.M.
Daggett County Courthouse (95 North 1st West; Manila, UT 84046)
Public Access Is Available Through Electronic Means At
meet.google.com/ewi-tjqt-axq

9:00 A.M. STANDING BUSINESS FOR DAGGETT COUNTY COMMISSION & RDA

- A. Welcome And Introduction Of Those Attending Electronically By Name
- B. Invocation And Pledge of Allegiance
- C. Motion To Go In And Out of Redevelopment Agency Meeting
- D. Review of Minutes
- E. Issues Updates – Discussion Only
 - a. Redevelopment Agency (RDA)
 - b. Municipal Building Authority
 - c. Affordable/Workforce Housing
 - d. EMS/EMT Sheriff's Office Updates
 - e. Airports
 - f. Clinic Updates
 - g. Roads
 - h. Code Enforcement Issues
 - i. Legislation
 - j. Tourism
 - k. Citizen Comments - 5 minutes
- F. Cash Summary Report & Accounts Receivable Report
- G. Open Invoice Register & Reimbursement Register
- H. Disbursement Listing
- I. Purchase Requests
- J. Correspondence
- K. Commission Calendar Review

DAGGETT COUNTY COMMISSION POLICY AND LEGISLATION

- 1. 9:15 AM Recess For MBA Meeting
 - 2. Discussion And Consideration Of Agreement With Outside Interactive Inc. And Daggett County
 - 3. Discussion And Consideration Of CEDAB Grant Approvals & Contracts
 - 4. Discussion And Consideration Of Forest Service Burbot Bash Application
 - 5. Discussion And Consideration Of Additional Cost Increase For 2026 Employee Health Daggett County
 - 6. Discussion And Consideration Of Purchase Of AED For The Senior Center
 - 7. Discussion And Consideration Of Propane Tank Lease For The Dutch John Treatment Plant
- Closed Session For Discussion Of Items Permitted By §52-4-205 Of State Code**

REDEVELOPMENT AGENCY (RDA) POLICY & LEGISLATION

- a) Closed Session For Discussion Of Items Permitted By § 52-4-205 of State Code**

COMMITTEE/MAINTENANCE REPORTS

- 1) Mechelle Miller – Dept. Of Public Safety – Emergency Management
- 2) Justice Court Updates.
- 3) Board And Committee Updates
- 4) U.S. Forest Service Updates

Notes: In compliance with the Americans with Disabilities Act, individuals needing special accommodations during this meeting should notify Larinda Isaacs 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.



Purchase Request Form

Account Code	Dollar Amount
23.4191.540	\$10,990

Commission Approval:

Date:



National Park Trips

Date: 10/20/2025

Phone: 720.437.0508 Email:
dkrause@nationalparktrips.com

INSERTION ORDER FORM - 2025/2026

ADVERTISER

Daggett County Tourism

ADVERTISER CONTACT

Jordynn Hewitt

ADVERTISER EMAIL & PHONE jhewitt@daggettcounty.org 435.784.3154

ADVERTISER ADDRESS 95 North 1st West, Manila, UT 84046

BILLING NOTES

PRINT & TABLET

Issue	Ad Size	Position	Value	Net Cost
2026 Yellowstone Journal	1/2 Page Advertisement	Appropriate Itinerary	\$6,495	\$6,495
2026 Yellowstone Journal	1/2 page Custom Content	Appropriate Itinerary	\$8,495	
2026 Yellowstone Journal	Replica Ad & Edit	Digital Editions	\$1,000	
2026 Colorado Parks Journal	1/2 Page Advertisement	Appropriate Itinerary	\$4,495	\$4,495
2026 Colorado Parks Journal	1/2 page Custom Content	Appropriate Itinerary	\$4,495	
2026 Colorado Parks Journal	Replica Ad & Edit	Digital Editions	\$1,000	
			SUBTOTAL	\$23,980.00
				\$10,990.00

ONLINE & SOCIAL

Website	Flight/Length	Type	Value	Net Cost
MyUtahParks.com	3/1/26 - 2/28/27	Online Content Integration	\$1,995	
YellowstonePark.com	3/1/26 - 2/28/27	Online Content Integration	\$1,995	
YellowstonePark.com	3/1/26 - 2/28/27	Integration into online itinerary	\$750	
YellowstonePark.com	3/1/26 - 2/28/27	PDF download of ad & editorial within itinerary	\$750	
MyColoradoParks.com	12/1/25 - 11/30/26	Online Content Integration	\$1,995	
MyColoradoParks.com	12/1/25 - 11/30/26	Integration into online itinerary	\$750	
MyColoradoParks.com	12/1/25 - 11/30/26	PDF download of ad & editorial within itinerary	\$750	
Yellowstone Newsletter	TBD 2026	1x Newsletter Feature	\$1,000	
National Park Newsletter	TBD 2026	1x Newsletter Feature	\$1,000	
National Park Facebook	TBD 2026	1x Facebook Post	\$1,000	
National Park Facebook	TBD 2026	1x Facebook Post	\$1,000	
			SUBTOTAL	\$12,985.00
				\$0.00

LEAD GENERATION

Website	Flight/Length	Type	Value	Net Cost
			SUBTOTAL	\$0.00
				\$0.00

	BILLING TERMS	TOTAL VALUE	TOTAL NET COST
Summary	Net 30 from start date	\$36,965	\$10,990

Outside Interactive, Inc. Standard Terms and Conditions:

This Insertion Order, together with the (i) the IAB Standard Terms and Conditions for Internet Advertising for Media Buys One Year or Less version 3.0, located at https://www.lab.com/wp-content/uploads/2015/06/IAB_4As-isanda-FINAL.pdf (IAB Terms), the Outside IAB Rider (the "Rider") located at <https://www.outsideinc.com/outside-iab-rider/>, and, where applicable, the Outside Creator Network Statement of Work ("OCN SOW"), form the agreement between Outside Interactive, Inc. ("Outside") and the Client identified in this Insertion Order (the "Agreement"). To the extent that the Rider or the OCN SOW modify the IAB Terms, the terms of the Rider or OCN SOW will apply to the extent of such conflict, where applicable. This Insertion Order will be governed by the laws of the State of Colorado without reference to choice of law principles. This Insertion Order may be executed in two or more counterparts, each of which will be deemed an original, but all of which together shall constitute one and the same instrument. Once signed, any reproduction of this Agreement made by reliable means (e.g. photocopy, fax) is considered an original. Payments will be made in accordance with the IAB Terms unless alternative payment terms are shown in this Insertion Order, including any prepayments. Outside has the right to pause the production of any or all custom materials if payment is not received.

Where the Advertiser is represented by an Agency or media buyer ("Agency"), Agency represents and warrants that it is authorized by Advertiser to bind Advertiser to the terms of this Insertion Order, the IAB terms, and the Rider.

All custom materials are non-cancellable.

Cancellation Policy

30 day notice prior to the Flight Date – Custom sponsorship & native; Native pieces, editorial sponsorship

14 day notice prior to the Flight Date – All other sponsorships, takeovers, dispatches & emails; Social posts, newsletter sponsorships, e-blasts

5 weeks prior to campaign flight for print editorial sponsorships. (Deliverables deadline: 45 days prior to run date)

5 day notice prior to the Flight Date – CPM-base line items; Display units, co-branded, product spotlight, addod value

CONTACT INFORMATION

David Krause, Director of Sales / Outside Interactive Inc, DBA National Park Trips / 1600 Pearl Street, Boulder CO 80302

Phone: 720.437.0508 Email: dkrause@nationalparktrips.com

ADVERTISER APPROVAL

ADVERTISER NAME _____

ADVERTISER SIGNATURE _____

DATE _____

OUTSIDE INTERACTIVE INC. DBA NATIONAL PARK TRIPS _____

DATE _____

Memorandum of Agreement
Daggett County Economic Development Grant

THIS Memorandum of Agreement is entered into this the _____ day of _____, 2025, by and between _____ whose address is _____, (hereinafter "Grant Recipient") and Daggett County, a political subdivision of the State of Utah, by and through its Economic Development Department, whose mailing address is 95 North 1st West, PO Box 219, Manila, Utah 84046.

WHEREAS, Daggett County's Economic Development Plan ("EDP") of 2025 includes Economic Goals and Policies, which include a strategic plan focusing on Business Development; and

WHEREAS, Daggett County feels the County has a vital interest in helping with the creation of local businesses and to encourage the success of the County's citizens and business owners; and

WHEREAS, as part of Daggett County's Economic Development Grant Program, Daggett County has access to funds to distribute to qualifying businesses, under specific conditions set forth in the Grant, this Agreement, and the Grant Recipient's Application; and

WHEREAS, the Grant Recipient is a local business which provides goods and/or services to the public in Daggett County, and/or the Grant Recipient desires to establish or create a business to provide said goods and/or services in Daggett County; and

WHEREAS, the Grant Recipient desires to receive grant funding to aid in the operation or creation of said business, in accordance with the allowances and conditions established by the grant program and the conditions set forth in this Agreement; and

WHEREAS, Daggett County desires to ensure that the Grant Recipient understands and agrees to be bound by the conditions imposed by the grant program; and

WITNESSETH: In consideration of the Covenants and Agreements of the respective parties herein contained, the parties covenant and agree as follows:

1. **Grant Amount.** Daggett County will tender to the Grant Recipient the sum of _____ (\$_____) pursuant to the terms and conditions set forth herein and the Grant Recipient's application.

2. **Acknowledgment.** Grant Recipient acknowledges that they have read and understand all of the requirements imposed by the Daggett Grant Program and Grant Recipient further agrees to comply at all times with said requirements, as well as the conditions set forth in this Agreement and in Grant Recipient's Application.

3. Proposed Budget. The Grant Recipient acknowledges that no alterations to their proposed budget and expenses will be allowed after the funds are awarded. If Grant Recipient anticipates any changes from the original submission for the proposed grant, the Grant Recipient must contact the Daggett County Community Economic Opportunity Advisory Board.

4. Changes to Budget. If the Grant Recipient's proposed budget needs changes, they must contact the Community Economic Opportunity Advisory Board to meet and review changes to the original budget. Grant Recipient will be notified within ten days as to the Boards decision.

5. Grant Recipient's Contributions. Grant Recipient agrees that it will contribute cash funds in the amount of _____ (_____)% of the total grant amount.

6. Reporting Requirements. Grant Recipient agrees to submit receipts and any other financial documentation to the County necessary to comply with all Federal, State and County requirements to receive the grant.

7. Breach. In the event that the Grant Recipient fails to comply with any of the terms and conditions set forth in this Agreement or the Grant Recipient's Application or any misuse of the grant funds, including the use of funds or resources in contravention of this Agreement or Grant Recipient's Application, Grant Recipient will be required to refund to Daggett County the full amount of the grant awarded hereunder.

8. Updates. Grant Recipient will be required to present an update every six months during the term of the grant and/or at the completion of the project. At a minimum, this update shall include the status and progress of the project, the details of the project, expenditures and any other information requested by Daggett County. Failure to submit the required documentation will result in a breach of this Agreement, and Grant Recipient may be required to refund any grant amounts paid hereunder, as determined by Daggett County Economic Opportunity Advisory Board.

9. Authority. Each person executing this Agreement hereby warrants that they have full and legal authority to execute this Agreement for and on behalf of the respective parties, and no further approval or consent of another person is necessary in connection therewith. Furthermore, each person executing this Agreement covenants and represents that the execution of this Agreement is not in contravention of and will not result in a breach of any other agreement, contract, instrument, order, judgment, or decree to which such person is a party.

10. Indemnification. With respect to any judicial, administrative, or arbitration action, suit, claim, investigation, or proceeding("Proceeding") against Daggett County, Daggett

County Officers, employees, agents, consultants, advisors, and other representatives, and each of their heirs, executors, successors, and assignees (Daggett County indemnitees") that arises out of this Agreement or the acts or omissions of the Grant Recipient(s) (each, a "Claim"), Grant Recipient shall, for the duration of this Agreement and for a period of six years after the termination of this Agreement, Indemnify those Daggett County indemnitees against any amount awarded in, or paid in settlement of any Proceeding, including interest ("Loss") and any out-of-pocket expenses incurred in defending a Proceeding or in related investigation or negotiation, including court filing fees, court costs, arbitration fees, witness fees, and attorneys' and other professionals' fees (Loss and Litigation Expense means "Indemnifiable Losses") arising out of that Proceeding, except to the extent that Daggett County negligently or intentionally caused those Indemnifiable Losses.

11. Governing Law: Exclusive Jurisdiction, Utah law governs any Proceeding brought by one party against the other party arising out of this Agreement. If either party brings any Proceedings against the other party arising out of this contract, that party may bring that Proceeding only in a State court located in Daggett County, Utah, (for claims that may only be resolved through the Federal courts, only in a Federal court located in Salt Lake City, Utah) and each party hereby submits to the exclusive jurisdiction of such courts for purposes of any such proceeding.

12. Reimbursable Grant. This grant funding will be reimbursed to Grant Recipient(s) upon receiving acceptable documentation of expenditures. Reimbursements will be made through the Daggett County Auditor's office and may take up to 60 business days.

13. Appeals. Any adverse decisions by the Board of Economic Development may be appealed to the Daggett County Commissioners within ten days of receipt of a written decision from the Daggett County Community Economic Opportunity Advisory Board.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands effective the day and year first above written.

Grant Recipient:

DATE: _____

DATE: _____

Matt Tippets, Commission Chair
Daggett County

Auth ID: _____
Contact ID: _____
Expiration Date: _____

FS-2700-3c (10/09)
OMB No. 0596-0082

USDA, Forest Service

FOREST SERVICE USE TYPE 149

**SPECIAL-USE APPLICATION & PERMIT FOR
RECREATION EVENTS**

(Ref.: 36 CFR 251)

DATE RECEIVED	ISSUE DATE	EXPIRATION DATE
REG. / FOR. / DIST.	AUTH. ID.	STATE / COUNTY
040101	_____	Utah/Daggett

Authority: Federal Lands Recreation Enhancement
Act, 16 U.S.C. 6802(h)

PART I - APPLICATION

1. APPLICANT INFORMATION:

Name of Group: Daggett County
Name of Contact: Jordynn Hewitt
Address: PO Box 219 Manila, UT 84046
Phone: (435) 778-0014

Applicant's Agent: Matt Tippets
Agent's Address: PO Box 219 Manila UT 84046

Agent's Phone: (435) 784-3154
Fax Number: 435-784-3335
E-mail Address: tourism@daggettcounty.org

Corporate Tax ID or SSN: _____

IF AN OPERATING PLAN IS REQUIRED, SIGN APPLICATION AND STOP HERE. OTHERWISE, COMPLETE ITEMS 2 THROUGH 7.

2. DESCRIPTION OF PROPOSED ACTIVITY: ice fishing derby on lake flaming gorge (burbot and lake trout)

**3. LOCATION & DESCRIPTION OF NATIONAL FOREST SYSTEM LANDS & FACILITIES APPLICANT WOULD LIKE TO USE
(INCLUDE MAP):** Ashley National Forest, Flaming Gorge NRA, Flaming Gorge Reservoir both Utah and Wyoming

4. ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS FOR PROPOSED ACTIVITY:

Participants: 500+

Spectators: 100

5. STARTING & ENDING DATE & TIME OF PROPOSED ACTIVITY:

Start: <u>01/23/26</u>	<u>12:00 PM</u>	End: <u>01/25/26</u>	<u>7:00 PM</u>
Date	Time	Date	Time

6. ESTIMATED REVENUE COLLECTED FOR EVENT:

Amount: \$30,000 (all given back in prizes) Type of Fees: Entry Fees
(Include event charges, vendor fees, discounts, sponsorship related fees, gratuities)

7. NAME OF PERSON(S) WHO WILL SIGN A SPECIAL-USE AUTHORIZATION ON BEHALF OF THE EVENT:

I hereby acknowledge that this is an application only, and that the use and occupancy of National Forest System lands is not authorized until an authorization is signed and issued by an authorized officer.

Printed Name: Matt Tippets Signature: _____ Date: _____

Printed Name: Jordynn Hewitt Signature: _____ Date: _____

18 U.S.C. § 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction. Anyone who knowingly or willfully makes or uses any false writing shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

**EXHIBIT A
OPERATING PLAN**

This optional format is designed to identify all aspects of a recreation event held on National Forest System lands and will help in developing an Operating Plan for an event. Depending on the size of your event, some items may not apply. Attach additional pages, if necessary to complete the information.

This operating plan is hereby incorporated as part of the authorization in accordance with clauses 5 and 16 of the Special-Use Application and Permit for Recreation Events (FS-2700-3c), if the proposal is accepted and the application is approved.

1. On site agent: Jordynn Hewitt Day phone: 435-778-0014
Evening phone:
Fax or e-mail: tourism@daggettcounty.org

2. Dates: January 23-25, 2026

3. Description of event:
Annual fishing derby held on Lake Flaming Gorge to reduce the numbers of Burbot and pup lake trout.
This event is to help rid the Flaming Gorge Fishery of the invasive Burbot and help the gamefish of the Gorge.
This is a non-profit event designed to only keep back enough money to be able to hold the event each year.

4. Location (attach map): Flaming Gorge Reservoir (both Utah and Wyoming)

5. Number of acres needed:

6. Planned number of participants: 500-100 Maximum number: no limit

7. Number of spectators anticipated: 100 Maximum number: 600+

8. Duration of event (include pre/post event set-up days):
3 days total - January 23rd, 2026, 12:00 pm fishing will begin and go until 7:00 am on January 25th, 2026.

9. Overnight areas needed: Yes No If yes, describe: Most Burbot fish are caught in the evenings through the ice - fishermen will be on the lake during evening hours.

10. After hour activities for multiple-day events (music, food, etc.): none

11. Notification of adjacent permit holders or landowners: Yes No
List of contacts: Buckboard Marina

12. List other permits required and coordination or cooperating agreements (attach copies):

Utah Division of Wildlife Resources (Jordon Detlor, Main contact) and Wyoming Game and Fish (John Walrath, main contact) are fully cooperating with this contest and will be tagging Burbot as well as manning weigh stations

FACILITIES

13. Facilities provided (i.e. tents, canopies, stage, booths, benches, chairs, showers):
None needed on USFS property.
14. Provisions for drinking water (quantity, locations, bottled vs. truck):
Drinking water is available at the 3 marinas and restrooms as well as in the retail areas of the Marina
15. Signing (i.e. route marking, parking, trails, event schedules):
Signing will be placed at non-USFS locations.
16. Sanitation Plan (i.e. number of toilets, garbage cans, recycle bins):
Each fisherman is responsible for his/her own sanitation during the event. There are pit toilets located all along FG Reservoir that are open during the winter months.
17. Accommodations for disabled visitors (i.e. parking, access):
ADA parking is available on the Boat ramp if needed though most fishermen provide their own accommodations while ice fishing.
18. Describe power supply requirements: N/A
19. Describe public address system requirements: none

VENDORS

20. Will food or beverages be provided? Yes No X If no, go to 27.
21. Included in price? Yes No
22. Agreements with vendors or caterers: Yes No
23. Number of vendor or caterers:
24. Location of food or beverage (identify on map):
25. Alcohol for sale? Yes No X Vendor obtained state and local permits? Yes No
26. Insurance coverage for alcohol: Yes No
Attach a copy of the liability portion & and all endorsements and exclusions
27. Other products for sale (i.e. t-shirts, hats, ice, souvenirs): N/A
28. Other equipment for rental (i.e. snowmobiles, skis, boards, jet-skis, rafts, kayaks): N/A
29. List additional third party agreements: N/A

PARKING AND VEHICLES

When planning for parking, be aware that one lane must always be open for emergency vehicles.

30. Amount of parking needed (i.e. number of spaces, acres, include disabled parking):
All Marina general parking lots have adequate parking for the derby contestants.

31. Locations (identify on map):
All areas of Flaming Gorge

32. Parking attendants and locations used (i.e. parking direction, lot full posting, information):
N/A

33. Parking lot security (i.e. overnight parking, remote lots):
N/A

34. Traffic controls (i.e. one way, signing):
Daggett County Sheriff will be present to help with traffic controls/parking.

35. Shuttle service (type, when and where used):
N/A

36. Will any road closures be needed? (where and how long):

SAFETY/COMMUNICATIONS/MEDICAL

37. Attach Medical Plan and include the following:

Access for emergency vehicles (i.e. ambulance, helicopter landing zones) -Parking Lots at each marina or where designated by Emergency Responders.

Number and location of first aid stations -On demand through Daggett County EMT's and Gold Cross from Green River, WY

Names and qualifications of any medical staffing

List of emergency phone numbers and local hospitals/clinics- 911

38. Describe communications type and number of equipment used:

Daggett County will have cell phone contact with both Utah DWR, the USFS LEO, Daggett County Sheriff, Sweetwater County Sheriff and Wyoming Game and Fish, as well as a text message/email system for participants to warn of unsafe conditions. We will also send email alerts out so fishermen who have smart phones will have email access to updates. Alerts will also be sent out through our Burbot Bash Facebook Page.

39. Specify safety closures for high risk areas and protection of spectators (i.e. barriers, closures, restricted areas): N/A

ADVERTISING

All advertisements must include acknowledgment that the event is located on the National Forest.

40. Description of event advertising (i.e. flyers, radio, TV, magazines, internet):

Flyers, Social Media Apps, Internet, and Radio advertising will be used to advertise the event.

41. Target audiences (i.e. local regional, national, limited membership):

Past participants of the derby are given first priority to enter and the event will be open on a first come first serve basis at all levels - local, regional, national.

42. Planned filming (i.e. land, air, water):

Using Adam Eakle from KSL outdoors and county employee Jordynn Hewitt.

43. What is the reason for filming (i.e. advertising, promotion):

To show the damage the Burbot are causing the fishery, to educate fishermen how to catch the Burbot and to promote the Burbot Bash as a means to do this.

44. Type of advertising proposed for the event (i.e. banners, signs, posters, commercial vehicles):

Banners and posters will be displayed at area businesses, the event site, and throughout local and regional areas to advertise the event. Social Media, radio and television ads will also be used to attract potential entrants.

CLEANUP

45. Time frame to remove all facilities and garbage after the event (including removal of signs, advertising flagging, route markers): 12 hrs

46. Garbage collection site location (landfill or transfer station):

Landfill - Manila, UT and coordination with DDI, Inc for double dumping of cans.

47. Mitigation plan to rehabilitate resource damage (i.e. closures, revegetation): N/A

48. Time frame to complete mitigation: N/A

FEES

Land use rental fees are 5% of adjusted gross receipts for one time events and 3% of adjusted gross receipts for multiple events under one permit. Adjusted gross receipts is the gross revenue less the cost to the holder of the prizes awarded. Only those prizes which are paid for by the holder or come from the entry fee costs can be deducted. Donated prizes can not be deducted.

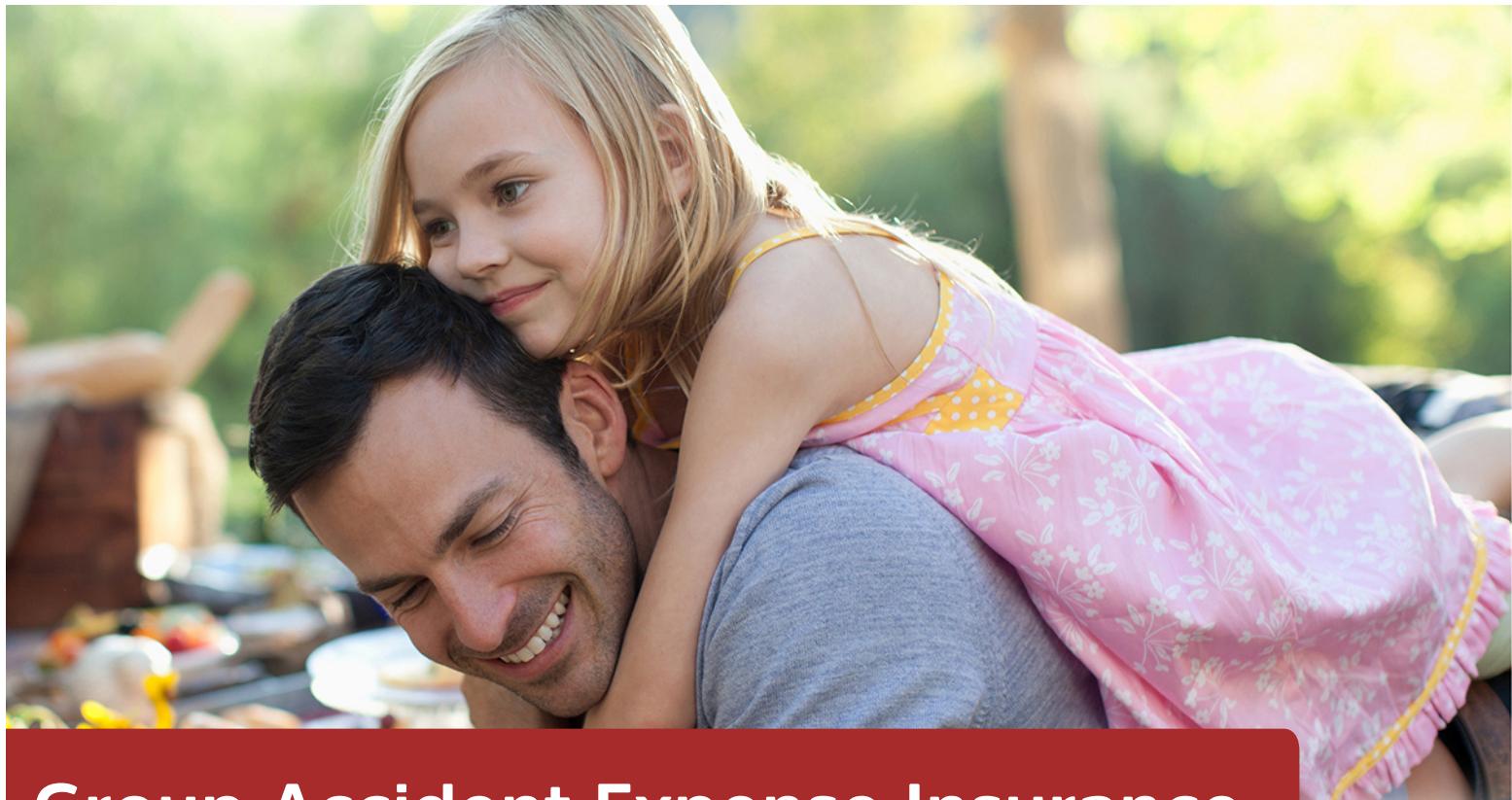
Assurity®

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 a 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

Ambulance

Transport to or from hospital; pays one of the following

\$20
\$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*

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

259590

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

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

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

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

259590

*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.

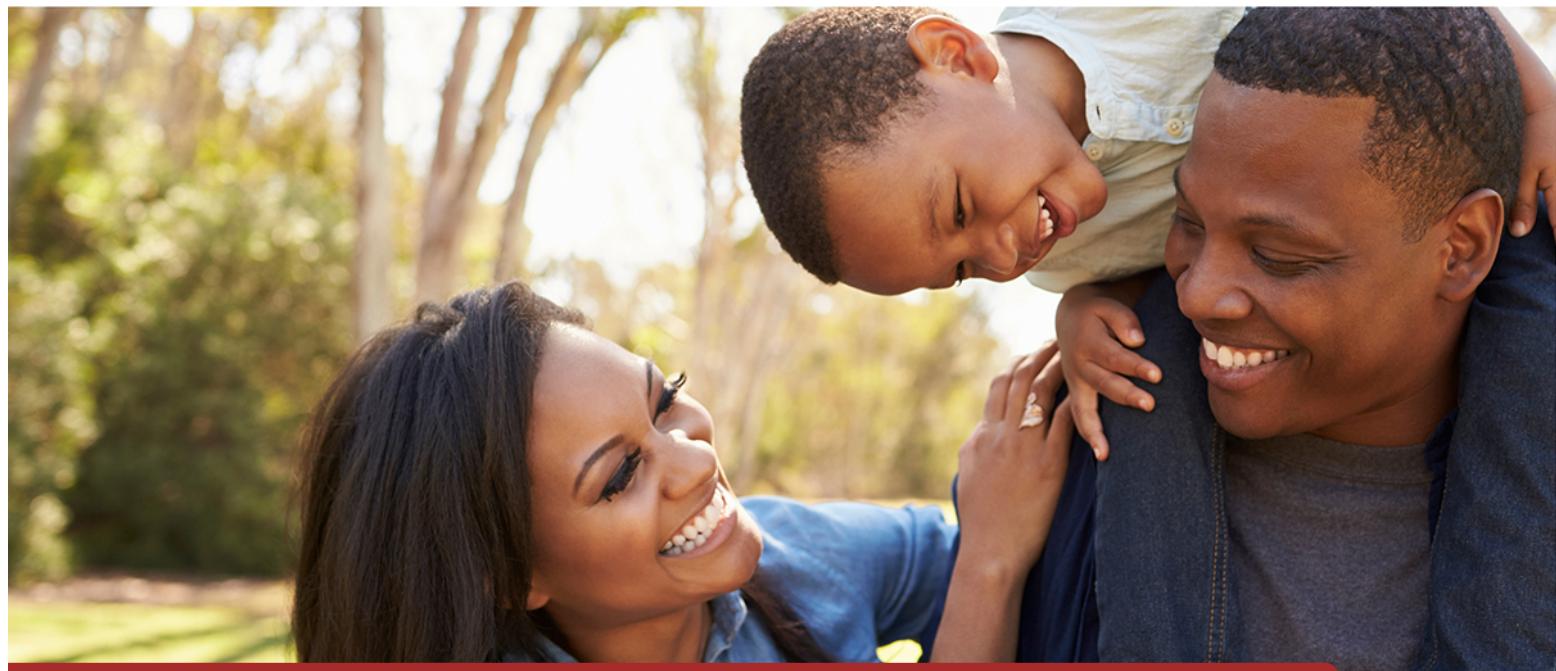
Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes 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/calender 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.

259590

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. Group Critical Illness insurance is not a comprehensive major medical plan or Medicare supplement policy and may not be appropriate for Medicaid recipients. The policy/certificate 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 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	

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

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 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) under "Insurance Departments."

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

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. Group Hospital Indemnity insurance is not a substitute for major medical insurance, and may not be appropriate for Medicaid recipients. It is not comprehensive major medical insurance and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). The policy/certificate 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 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

259590

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. Group Hospital Indemnity insurance is not a substitute for major medical insurance, and may not be appropriate for Medicaid recipients. It is not comprehensive major medical insurance and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA). The policy/certificate 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 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

259590

*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



Claims
800-869-0355, Ext. 4484



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



Email
claimsinfo@assurity.com



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



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:

Julie Valdez
+1 801 559 2940
Julie.Valdez@ajg.com

Tuesday, October 7, 2025



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

Carrier Name		CURRENT		RENEWAL	
Plan Name		PEHP (Public Employer's Health Plan) (TPA)	Advantage & Summit LGRP Traditional Option 2	PEHP (Public Employer's Health Plan) (TPA)	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
Single	1	5	\$927.26	\$777.84	\$972.70
Double	0	9	\$1,919.42	\$1,610.10	\$2,013.46
Family	0	8	\$2,596.32	\$2,177.90	\$2,723.52
Total Enrollment	1	22			
Estimated Monthly Premium			\$927.26	\$35,803.30	\$972.70
Estimated Annual Premium			\$11,127.12	\$429,639.60	\$11,672.40
Dollar Difference					\$545.28
Percent Change					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



Gallagher

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	
	7	\$77.78		\$86.06	
	11	\$126.44		\$139.90	
	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



Gallagher

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	
Benefit		Covered in full After \$10 Copay		Covered in full After \$10 Copay	
Lenses					
Materials Copay		Covered in full After \$10 Copay		Covered in full After \$10 Copay	
Frequency		12 Months		12 Months	
Single		Covered in full After \$10 Copay		Covered in full After \$10 Copay	
Bifocal		Covered in full After \$10 Copay		Covered in full After \$10 Copay	
Trifocal		Covered in full After \$10 Copay		Covered in full After \$10 Copay	
Lenticular		Covered in full After \$10 Copay		Covered in full After \$10 Copay	
Frames					
Frequency		12 Months		12 Months	
Allowance		\$150 Allowance		\$150 Allowance	
Contact Lenses					
Frequency		12 Months		12 Months	
Allowance		\$150 Allowance		\$150 Allowance	
Medically Necessary		Covered in full		Covered in full	
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	Enrollment	CURRENT		RENEWAL	
Employee (EE) Only	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.

Notice of Unknown Drinking Water Service Line Material

This notice is sent to you by: **Town of Manila UT05003**, on 11-3-2025.

Este informe contiene información muy importante sobre su agua potable. Tradúzcalo o hable con alguien que lo entienda bien.

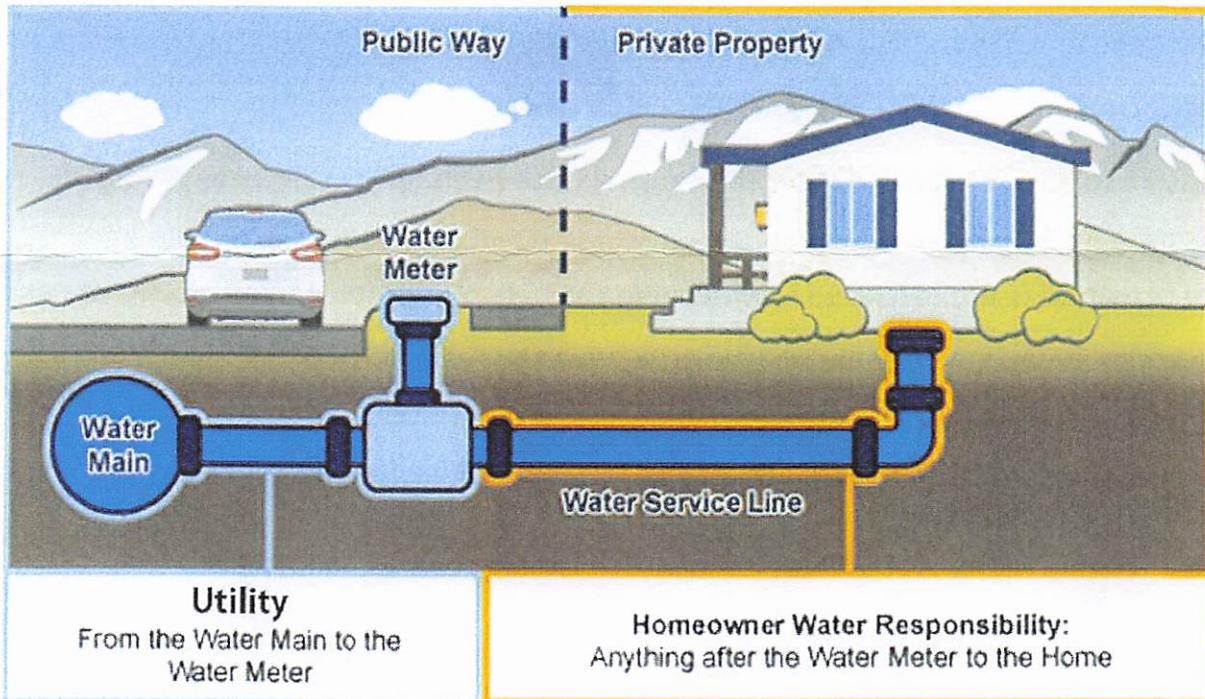
This notice is to inform you that the water service line to the address above has been identified as unknown material. This means that it could be made of lead.

The service line material is unknown on one or both (utility/property owner) sides of the service line. Read on to find actions you can take and answers to common questions.

What is a service line?

A service line is an underground pipe that carries water from the water main, commonly in the street, into your home or building.

The water system is typically responsible for the section of the service line from the main to the property line, with the property owner responsible for the service line from the property line on.



How can I reduce my exposure to lead in drinking water?

Lead can get in your drinking water as it passes through the plumbing in your house or when it sits in lead pipes for a while. If the material of your pipes is unknown and may be lead, you can reduce your exposure to lead in your drinking water by taking the following steps:

- **Let the water run** for 3-5 minutes before using it for drinking or cooking if the water has not been turned on in over six hours (other ways to flush your line may include taking a shower, running the dishwasher, or doing laundry). Boiling water does NOT remove lead.
- **Clean the screens and aerators** in faucets frequently to remove captured lead particles.
- **Use cold water** for drinking, making food, and making baby formula. Hot water releases more lead from pipes than cold water.
- **Test your water periodically.** Contact your utility and ask if they have any lead sampling programs for their customers.
- **Identify and replace plumbing fixtures containing lead:** Faucets and fittings sold before 2014 are more likely to contain lead.
- **Find other ways to get or treat your water, like using bottled water or water filters.** You can find certified filters that remove lead by searching online for “certified lead filters”
- **Use only certified “lead-free” piping and materials** for plumbing when building or remodeling.

For more information or if you disagree with the service line material categorization, please contact us.