2026 BENEFITS SUMMARY

SALT LAKE COUNTY
BENEFITS

Ready. Set. Enroll!

It's Open Enrollment time — your once-a-year chance to review, update, and refresh your benefits for 2026!

This handout highlights key changes and what's new this year. For full details, check out the **Benefits Fair, Enrollment Labs,** and resources on the **Benefits website.** This will provide everything you need to make confident choices for 2026!

Key Dates & Reminders

- **Enrollment closes Midnight, November 21**
- All insurance enrollments will be made in PeopleSoft (Retirement elections are managed through URS.org)
- **Required re-enrollment for FSA and Voluntary Benefits**
- 2025 elections for medical, dental, vision, life insurance, disability and HSA will rollover
- Life insurance increases require medical underwriting (Benefits will email you the link after you enroll)
- All elections take effect January 1, 2026 (unless documentation or underwriting is pending)

What's New for 2026?

Expanded Infertility Benefits

We've enhanced coverage to now include **in-vitro fertilization (IVF)** and related reproductive services — available under both SelectHealth and PEHP traditional and high-deductible plans.

New Voluntary Benefits Vendors

We're welcoming **four new voluntary benefit vendors** for 2026! Take a look at how these plans can help protect you and your family:

- **Voya** – Supplemental Accident, Critical Illness, and Hospitalization
- **Aura** – Identity & Fraud Protection: Aura
- **LegalShield** – Legal Services
- **MetLife** – Pet Insurance

Action required: If you're currently enrolled in voluntary benefits, you'll need to re-enroll — coverage will not carry over. All voluntary benefit elections will be completed in PeopleSoft.

Onsite Childcare

We're thrilled to announce La Petite Academy as our onsite childcare provider at the new County campus!

- Serving infants through Pre-K
- 10% tuition discount for County employees
- Employee discount also available at La Petite Academy locations throughout the valley
- All enrollment based on center availability

Want to see more? Join us for an Open House at the new campus facility: November 13, 4–6 pm!

Updated Savings Limits

Flexible Spending Accounts (FSA)

- Medical/Limited Purpose FSA: **Up to $3,400**
- Carryover: **Up to $680**
- Dependent Care (DCAP): **Up to $7,500 per family**

Note: *DCAP lets you use pre-tax dollars for daycare, preschool, and after-school care — saving you money! Talk with ASI or Benefits to see how this program might benefit you.*

Health Savings Account (HSA)

New IRS limits have been announced for 2026. These limits include the County's contribution of $600 (Single) or $1200 (Family):

- Self-only coverage: **$4,400**
- Family coverage: **$8,750**
- Catch-up contribution: **$1,000 for individuals 55 and older (by December 31)**

Don't forget!

- Make sure you have an active selection of $0 or more to get the County contribution.
- **Waived elections won't receive this benefit.**
- County contributions for elections made after January 1 will be pro-rated.

Life Insurance Changes

Voluntary Life increases may be made during Open Enrollment, but changes will be subject to medical underwriting.

- Benefits will email you a link to the required health questionnaire once your enrollment is submitted.
- Make sure your email is current in PeopleSoft so you don't miss it.

What You'll Need to Enroll

If you will be adding dependents for the first time, be ready to upload documentation:

- Marriage or birth certificates
- Adoption or court orders
- For Adult Designees: notarized affidavit plus three qualified supporting documents (see the affidavit for a list of approved options)

You'll also be asked to verify that each dependent's name, date of birth, Social Security number, and address is listed correctly in PeopleSoft.

How Do I Confirm My Enrollment?

When you successfully submit your enrollment in PeopleSoft, you'll see a "Congratulations" pop-up message. To further verify or print a copy of your elections:

1. Go to the Benefits Statements step in the left navigation.
2. Locate the Submitted Enrollment with the 01/01/2026 event date.
3. Check for the most recent date/time stamp — that's your active submission.
4. Under the **Statement Type** column, your entry should read **"Submitted Enrollment."** If it says **"Enrollment Preview,"** your enrollment is not complete. Please return to the Enrollment tile and click **Submit** to finalize your elections.

Note: you will not receive an email or other notice of confirmation.

2026 Biweekly Employee Premiums

PEHP & SelectHealth Medical Premiums

Employees Working 30+ Hours Per Week

High Deductible Plans

Coverage	Biweekly Premium	Annual Employee Cost	Annual County Cost
Employee only	$0	$0	$6,971.47
Employee + One or more dependents	$0	$0	$20,024.39

PPO Plans

Coverage	Biweekly Premium	Annual Employee Cost	Annual County Cost
Employee only	$74.27	$1,930.97	$ 8,796.62
Employee + One dependents	$163.13	$4,241.44	$ 19,322.12
Employee + One or more dependents	$219.77	$5,714.13	$ 26,031.04

Employees Working 20-29 Hours Per Week

High Deductible Plans

Coverage	Biweekly Premium	Annual Employee Cost	Annual County Cost
Employee only	$96.53	$ 2,509.73	$ 4,461.74
Employee + One or more dependents	$277.26	$ 7,208.78	$ 12,815.61

PPO Plans

Coverage	Biweekly Premium	Annual Employee Cost	Annual County Cost
Employee only	$148.54	$ 3,861.93	$ 6,865.66
Employee + One dependents	$326.26	$ 8,482.88	$ 15,080.68
Employee + One or more dependents	$439.55	$ 11,428.26	$ 20,316.91

CIGNA Dental Premiums

Employees Working 30+ Hours Per Week

Coverage	Biweekly Premium	Annual Employee Cost	Annual County Cost
Employee only	$5.27	$136.80	$547.20
Employee + One dependents	$6.74	$175.20	$700.80
Employee + One or more dependents	$10.15	$264.00	$1,056.00

Employees Working 20-29 Hours Per Week

Coverage	Biweekly Premium	Annual Employee Cost	Annual County Cost
Employee only	$10.53	$273.60	$410.00
Employee + One dependents	$13.48	$350.40	$525.60
Employee + One or more dependents	$20.31	$528.00	$792.00

VSP Vision Premiums

Employees Working 20+ Hours Per Week

Biweekly Premium	Employee Only	Employee + One	Employee + Family
	$3.30	$6.60	$10.62

Aura Identity & Fraud Protection

Employees Working 20+ Hours Per Week

Biweekly Premium	Employee Only	Employee and 2+ dependents
	$3.90	$6.44

LegalShield

Employees Working 20+ Hours Per Week

Biweekly Premium	Employee/Family
	$8.75

Voya Accident Coverage

Employees Working 20+ Hours Per Week

Biweekly Premium	Employee Only	Employee + Spouse	Employee + Children	Family
High Plan	$6.92	$10.38	$13.20	$16.66
Low Plan	$3.66	$5.49	$7.00	$8.84

Voya Critical Illness

Employees Working 20+ Hours Per Week

Plan	Biweekly Rate	Employee Only	Employee + Spouse	Employee + Children	Family
High	Under 25	$3.60	$7.34	$9.14	$12.88
High	25 - 29	$3.88	$8.17	$9.42	$13.71
High	30 - 34	$5.54	$11.49	$11.08	$17.03
High	35 - 39	$7.89	$16.48	$13.43	$22.02
High	40 - 44	$11.77	$25.06	$17.31	$30.60
High	45 - 49	$17.72	$37.80	$23.26	$43.34
High	50 - 54	$25.48	$55.11	$31.02	$60.65
High	55 - 59	$35.45	$78.37	$40.98	$83.91
High	60 - 64	$50.95	$114.09	$56.49	$119.63
High	65 - 69	$76.98	$172.52	$82.52	$178.06
High	70 +	$117.97	$260.31	$123.51	$265.85

Plan	Biweekly Rate	Employee Only	Employee + Spouse	Employee + Children	Family
Low	Under 25	$1.80	$3.67	$4.57	$6.44
Low	25 - 29	$1.94	$4.08	$4.71	$6.85
Low	30 - 34	$2.77	$5.75	$5.54	$8.52
Low	35 - 39	$3.95	$8.24	$6.72	$11.01
Low	40 - 44	$5.88	$12.53	$8.65	$15.30
Low	45 - 49	$8.86	$18.90	$11.63	$21.67
Low	50 - 54	$12.74	$27.55	$15.51	$30.32
Low	55 - 59	$17.72	$39.18	$20.49	$41.95
Low	60 - 64	$25.48	$57.05	$28.25	$59.82
Low	65 - 69	$38.49	$86.26	$41.26	$89.03
Low	70 +	$58.98	$130.15	$61.75	$132.92

Voya Hospital Indemnity

Employees Working 20+ Hours Per Week

Biweekly Premium	Employee Only	Employee + Spouse	Employee + Children	Family
High Plan	$6.89	$10.62	$13.92	$17.64
Low Plan	$3.49	$5.29	$6.92	$8.72

2026 Short-Term Disability Premiums

Employees Working 20+ Hours Per Week

Employee Age	Monthly Rate	How to Calculate Premium
< 35	$0.0192	a. Divide your annual earnings by 52 = weekly earnings
35 – 49	$0.0203	b. Multiply your weekly earnings by .6667 = weekly benefit
50 – 59	$0.0326	c. Multiply your weekly benefit by age-banded rate = monthly premium
60 +	$0.0484	d. Multiply your monthly premium by 12 then divide by 26 = biweekly rate

2026 Voluntary Life and AD&D Rates

Employees Working 20+ Hours Per Week

Voluntary Life – Employee/Spouse Elections from $25,000 to $500,000		Dependent Rate Elections from $5,000 - $15,000	Voluntary AD&D Elections from $25,000 to $250,000
Insured Age	Monthly Rate per $1000		
< 25	$0.05	Dependent Rate $ .096 per $1000 <u>Benefit Costs</u> $5,000 = $ .48 $10,000 = $ .96 $15,000 = $1.44 *Note: One rate applies regardless the number of dependents covered.*	Employee Only Rate: $0.02 per $1000 Family Rate: $0.03 per $1000 Family Benefits are paid based on employee's elected coverage • Spouse Only: 50% of coverage • Child Only: 20% of coverage • Spouse and Child(ren): 40% of coverage for spouse and 15% for each child
25-29	$0.06		
30-34	$0.08		
35-39	$0.09		
40-44	$0.10		
45-49	$0.15		
50-54	$0.23		
55-59	$0.43		
60-64	$0.66		
65-69	$1.27		
70+	$2.06		

This brochure provides a summary of the changes and rates for Salt Lake County's 2026 benefit plan offerings. In the event of any discrepancies between this summary and the official plan documents, the plan documents will govern.