

Employee Benefit Guide

2023

Non-Certified Employees



Benefit Contact Information

Everside Health Center

<https://www.eversidehealth.com/client/south-bend-community-schools/>

Customer Service: 574-855-1090

Health and Rx / Anthem Blue Cross and Blue Shield and IngenioRx

<https://www.anthem.com> <https://www.ingenio-rx.com>

Anthem Health and IngenioRx Customer Service: 833-578-4441

Anthem Precertification: 833-578-4441

24/7 NurseLine 800-337-4770

Dental Insurance / Guardian

<https://www.guardiananytime.com>

Customer Service: 800-541-7846

Vision Insurance / Vision Service Plan

<https://www.vsp.com>

Customer Service: 800-877-7195

Life and Disability Insurance / New York Life

<https://www.newyorklife.com>

Customer Service 800-362-4462*

* Eligibility, coverage, and beneficiary status can only be verified through the SBCSC Benefits Office

New for 2023!

EAP (Employee Assistance Program) / New Avenues

<https://www.newavenuesonline.com>

Customer Service: 800-731-6501

(Formerly through Cigna)

EAP (Employee Assistance Program) / New York Life

<https://www.guidanceresources.com>

Customer Service: 800-344-9752

Flexible Spending Account / American Fidelity

<https://www.americanfidelity.com>

Customer Service: 800-638-4268

Supplemental Benefits / American Fidelity

<https://www.americanfidelity.com>

Customer Service: 800-638-4268

Note: This brief summary is not intended to include every benefit and limitation of the plans presented. Please refer to your certificate of coverage for important additional benefits and limitations. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between this benefits summary and the actual plan documents, the plan documents will prevail. If you have any questions regarding this summary, contact Human Resources. All information contained herein is subject to change. The employer reserves the right to change benefits and premiums at any time.



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Introduction

Welcome to the South Bend Community School Corporation. We are pleased to offer a comprehensive benefits package to you in 2023. As we work to spread our resources as wisely as possible, it is important that you know we value your work as a SBCSC employee as well as your dedication to our students. We continually adapt to ensure that we are offering benefits which support our employees, reflect the latest regulatory requirements, and are affordable.

We encourage you to take advantage of the many health and wellness opportunities provided.

Our Health Center is now in its tenth year of providing quality care to covered employees and their family members. The Center has been a very popular resource for primary care, urgent care, and for those who simply want support in leading a healthier lifestyle.

Please take time to review your options and gain a better understanding of your benefits. The plans in this booklet offer flexibility in doctor and hospital choice, large networks, and a variety of benefits intended to help you maintain a healthy life:

- Four Health Insurance Plan Options
- Dental Insurance
- Vision Insurance
- Life Insurance and Disability Insurance
- Employee Assistance Program
- Supplemental Life Insurance
- Supplemental Accident Insurance
- Supplemental Cancer Insurance
- Retirement Plans
- Flexible Spending Plan

If you have questions regarding your benefits, please contact the Benefits Department at 574-393-6075.

Sincerely,

Dr. C. Todd Cummings
Superintendent

Enrollment and Eligibility

You must meet the eligibility requirements and be employed in a job classification eligible for insurance benefits.

New for 2023! Enrollment Implementation will now be administered by Web Benefits Design, an affiliate of Optavise. Instructions for logging in are explained on pages 26 and 27.

When May I Enroll?

Current Employees - Open Enrollment for Plan Changes Effective January 1st.

If you are an eligible employee, you may make the following changes during Open Enrollment:

- Enroll yourself and/or your eligible dependents in health, dental or vision insurance.
- Drop coverage on yourself and/or dependents for health, dental or vision insurance.
- Switch health plans (see p. 13 for a list of who is NOT eligible to open a Health Savings Account)
 - Buy-Up to Core plan, HSA Plan or Essential Care plan
 - Core Plan to HSA Plan, Essential Care plan, or Vice Versa
- **Note:** Switching to the Buy-Up plan is no longer permitted
- After Open Enrollment ends, you will not be able to enroll or drop coverage unless you request a change within 30 days of a qualifying life event.
- If you are making any changes to your benefit elections, you will be able to make your selections beginning Friday, November 11, 2022 and closing on Tuesday, November 29, 2022 at 4:00 p.m. for coverage changes effective January 1, 2023. No paper enrollments will be accepted.
- Important note: If you do not wish to make any changes to your benefit elections, you do not need to do anything, unless you are covering your spouse. If you cover your spouse, you must complete the online Spousal Coverage Verification form.

No enrollments or changes will be permitted after 4:00 p.m. on Tuesday, November 29.

New Employees

As a new employee, you have the opportunity to enroll in the Core, HSA Plan, or Essential Care Plan, as well as elect dental and vision coverage. You may also enroll in other benefits explained in this guide. You must make your benefit elections within 30 days of the end of your new employee waiting period. Your waiting period is based on your employment classification, and it will be explained to you during your orientation. Review this guide and complete a Benefit Enrollment Form. Return the completed and signed Benefit Enrollment Form, along with all required documentation, to the Benefits Department no later than 30 days after the end of your new employee waiting period.

ID Cards

Anthem will mail your medical ID card to your home. Please check your mail carefully as the envelope is unmarked and can appear to be junk mail.

Guardian will mail your dental ID card to your home. Please check your mail carefully.

VSP does not provide an ID card. Your VSP provider will verify your benefits online. Claims from non-VSP providers may be filed online at www.vsp.com

Mid-Year Changes - Within 30 days of a qualifying life event

Qualifying Life Events include (but are not limited to): your spouse leaves his/her employer, divorce or death of a spouse, loss of eligibility under your parent's plan, loss of eligibility for Medicaid, CHIP or other government health plan.

- New dependents must be enrolled within 30 days of the date of marriage, birth or adoption, even if you already have family coverage.
- **NOTE:** Voluntarily dropping coverage for which you are still eligible is NOT a Qualifying Event. You must experience an involuntary loss of coverage.
- **An enrollment form must be completed and returned to the Benefits Department along with the required supporting documentation, within 30 days of the qualifying event.**
- Required supporting documentation may include a marriage license, divorce decree, birth or adoption certificate, letter or other proof of termination of spouse's employment.
- Ex-spouses and former stepchildren are no longer eligible dependents as of the date of divorce, even if the terms of the divorce require you to provide coverage. Please notify the Benefits Office within 30 days of the divorce. Your former spouse and stepchildren may be eligible to continue coverage under COBRA.

When does coverage end?

Your coverage will end after your employment terminates or once you no longer meet the eligibility requirements of each plan.

- Medical Insurance for you and your dependents terminates at the end of the month following the date your employment terminates, or at the end of your contract period.
 - For your dependent children, coverage ends at the end of the month in which they turn age 26.
- Dental Benefits end the day your employment terminates, or at the end of your contract period.
 - Your dependent children are covered to the end of the month of their 24th birthday, or their 26th birthday if a full-time student, assuming you remain covered.
- Vision Benefits end the day your employment terminates, or at the end of your contract period.
 - Your dependent children are covered to the end of the month in which they turn 24, assuming you remain covered.
- Life Insurance coverage ends the day your active employment terminates.
 - For your dependent children covered under Supplemental Life Insurance, coverage ends at the end of the month in which they turn age 26.

Health Insurance Overview



South Bend Community School Corporation offers eligible employees a choice between four health insurance plan options. All plans are administered by Anthem Blue Cross and use the same Anthem Blue Access PPO network.

The **Buy-Up Plan (closed to new enrollment)** and the **Core Plan** are traditional PPO plans with copayments for office visits and prescription drugs. Both plans include access to the Everside Health Center with no out-of-pocket cost for services and medications received at the Health Center.

The **HSA Plan** and the **Essential Care Plan** are HSA-qualified high-deductible plans. There are **no copayments** on either the HSA Plan or the Essential Care Plan because all covered services, including office visits and prescription drugs, apply to the annual deductible and coinsurance. **This means that no benefits are paid (except for preventive care), including prescription drug costs, until the annual deductible has been met.**

Highlights of the HSA Plan include:

- If you enroll in the HSA Plan, South Bend Community School Corporation will contribute \$1,000 annually to your HSA account. If you are hired mid-year, the total annual contribution from SBCSC will be pro-rated based on your effective date. The contribution is not deposited as a lump sum, but rather prorated throughout the year and deposited two times per year.
- You must notify Human Resources when you have opened your HSA and provide Human Resources with your account number.
- Enrollment in the HSA plan allows you to receive care at Everside Health Center. **(see pages 16-17 for more information).**
- You must open your Health Savings Account at Teachers Credit Union. Both your contributions and contributions from SBCSC will be made directly to your TCU HSA.

The Essential Care Plan does NOT include access to the Everside Health Center, and employees and dependents enrolled in this plan are not permitted to receive services or medications at the Health Center.

- The Essential Care Plan does not include any contributions to a Health Savings Account.
- Spouses may not be enrolled in the Essential Care Plan. If you wish to cover your spouse, you must choose the Core Plan or the HSA Plan for yourself and your family. Children may be enrolled in the Essential Care plan, however this may not be the best plan option if covering children.

PPO Providers

Please go to www.anthem.com or download the mobile app, Sydney, to find participating providers. Although most physicians in this area participate, it is recommended that you verify with your doctor that they participate in the Anthem Blue Access PPO network every time you make an appointment. Both the website and the mobile app, Sydney, allow you to review claims, estimate costs and order ID cards. You can also review innovative tools to help you manage your health and, with Sydney, you can chat 24/7 to get quick answers to your questions. You can also call Customer Service for assistance with any of your health care questions.

Anthem Customer Service: 1-833-578-4441



Plan Comparisons At-A-Glance

Tips to help you choose which plan is right for you and your family

PPO Plans

- Higher premium contributions
- Lower deductible
- Copays for non-preventive office visits and prescription drugs
- Preventive care paid at 100% in-network
- Balance between higher monthly premiums and lower out-of-pocket costs
- If you enroll in a HealthCare Flexible Spending Account (FSA), then you cannot contribute to an HSA
- If you do **not** enroll in a HealthCare Flexible Spending Account (FSA), you may enroll in a Dependent Care FSA. The IRS will not allow you to contribute to both an HSA and a HealthCare FSA.

HSA Plans (see p. 14 for a list of who is NOT eligible to open a Health Savings Account)

- Lower premium contributions
- Higher deductible
- All non-preventive services apply to deductible and coinsurance
- Preventive care paid at 100% in-network

The following points apply to the HSA plan, not the Essential Care plan:

- You may contribute pre-tax money through payroll deductions to an HSA at Teachers Credit Union (TCU). These funds can be used to help pay out-of-pocket expenses not covered by insurance.
- South Bend Community School Corporation contributes up to \$1,000 per employee per year directly into your HSA account as long as you are enrolled in the HSA Plan. The contribution may be less than \$1,000, depending on your hire date. The contribution is not deposited as a lump sum, but rather prorated throughout the year and deposited two times per year.
- You must open an HSA through Teachers Credit Union (TCU) to receive the contribution from SBCSC.

| Plan Funding Comparison | HSA | FSA |
|---|--|---|
| Who funds? | Funded by SBCSC and you | Funded by you |
| How much money can I contribute in 2023 | \$3,850 for individual coverage and \$7,750 for family coverage (Individuals ages 55 or older may be eligible to make a catch-up contribution of \$1,000). These are total limits that include amounts contributed by both you and SBCSC | Healthcare Acct: Up to \$2,750 Dependent Care: \$5,000 (\$2,500 if married and filing separately) |
| Unused money rolls forward to next year | Yes | No, unused funds only roll forward to March 15, 2023 |
| What funds are used for | Eligible medical, dental, and vision out of pocket expenses | Eligible medical, dental, and vision out of pocket expenses |
| Portable | Yes. Unused funds are yours to keep. | No, unused money forfeited if you leave South Bend Schools, and also at the end of plan year grace period |
| Tax benefit | Pre-tax contributions Tax-free investment earnings Tax-free when spent on eligible items | Pre-tax contributions, taxes may be reduced |
| Can be invested | Yes | No |

General Health Plan Information

Additional Information for all four plans

Preventive Care such as routine physicals, routine mammograms, routine pap tests, routine PSA tests, and most immunizations are covered at 100%. Claims must be coded by your doctor as "Routine" rather than "Diagnostic".

The Annual Deductible accumulates from January 1st, 2023 through December 31st, 2023.

Most covered treatment and services, such as hospital room and board, surgery, nursing care, X-rays, MRIs, ambulance, home care, etc.:

- For in-network providers, services are paid at 80% after the annual in-network calendar year deductible has been met.
- For out-of-network providers, services are paid at 60% of reasonable and customary after the annual out-of-network calendar year deductible has been met.
- Care must be medically necessary and the treatment appropriate.

Pre-Certification and Prior Authorization - The plans require pre-certification for hospital stays as well as for many other tests and procedures. Durable medical equipment also requires pre-approval. Please refer to your Anthem ID card for plan contact information and provide your ID card to your provider. In-network PPO providers are responsible for obtaining pre-certification and/or prior authorization from Anthem. If you utilize an out-of-network provider, you are responsible for obtaining prior authorization.

Health Care Reform Note: All health insurance plans offered by SBCSC meet the minimum coverage requirement under the individual mandate provision of the Patient Protection and Affordable Care Act. Information about the health insurance marketplace coverage options is located on the SBCSC website or you can visit www.healthcare.gov for more information.

Emergency Room Visits

Non-emergency visits to the ER will be covered only if:

- ▶ You are directed to the emergency room by another medical provider
- ▶ Services were provided to a child under the age of 14
- ▶ There is not an urgent care or retail clinic within 15 miles
- ▶ Visit occurs on a Sunday or major holiday

You should always call 911 or seek care from the nearest Emergency Room for life-threatening situations. However, if you seek care for yourself or a dependent during hours when your primary care physician is unavailable, please seek other options such as the Everside Health Center, urgent care centers, retail health clinics, walk-in doctors' services and online services such as LiveHealth Online®. The LiveHealth Online® app is available on Google Play and Apple. These will provide you with cost effective and time saving medical care. Members are also encouraged to utilize Anthem's online tools like 24/7 NurseLine to help determine the most appropriate care for non-emergencies.

You can call NurseLine to get started at 1-800-337-4770

In-Network Health Plan Summary

(Please refer to the Certificate of Coverage for full details.)



| In-Network Benefits: | Buy-Up PPO Plan* New enrollments not allowed | Core PPO Plan | HSA Plan** | Essential Care Plan |
|---|---|---|---|---|
| HSA Employer Contribution | None | None | \$1,000 | None |
| Services provided at the <i>Everside Health Center</i> | No Out-of-Pocket Cost | No Out-of-Pocket Cost | No Out-of-Pocket Cost | Not Included/No Access |
| Benefits for Other In-Network Covered Services <u>NOT</u> Provided at the Everside Health Center: | | | | |
| Annual Calendar Year Deductible | \$750 / Person \$1,500 / Family | \$1,500 / Person \$3,000 / Family | \$3,000 / Person \$6,000 / Family | \$4,000 / Person \$8,000 / Family |
| PPO Network | Anthem Blue Access | Anthem Blue Access | Anthem Blue Access | Anthem Blue Access |
| After Deductible, the Plan pays Coinsurance of | 80% | 80% | 80% | 80% |
| Annual Out-of-Pocket Maximum (includes deductible, coinsurance, and copayments except drug copayments) | \$2,500 / Person \$5,000 / Family | \$4,000 / Person \$8,000 / Family | \$4,000 / Person \$8,000 / Family | \$6,450 / Person \$12,900 / Family |
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited |
| HSA Qualified Plan (HSA info on pages 13-14) | No | No | Yes | Yes |
| Preventive Care | Plan pays 100%, Deductible does not apply | Plan pays 100%, Deductible does not apply | Plan pays 100%, Deductible does not apply | Plan pays 100%, Deductible does not apply |
| Primary Care Office Visit | \$30 copay, then paid at 100% | \$30 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Specialty Office Visit | \$60 copay, then paid at 100% | \$60 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Urgent Care Center | \$40 copay, then paid at 100% | \$50 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Emergency Room Facility | \$250 copay, then paid at 100% | \$250 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Surgery, Hospital Svcs, Room & Board, X-rays, MRIs, etc | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Chiropractic Care Office Visit | \$60 copay (Max 20 visits/Cal Year) | \$60 copay (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) |
| Prescription Drugs at a Retail Pharmacy – Up to a 30-day supply | | | | |
| Tier 1 – Most Generics | \$10 copay | \$10 copay | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Tier 2 – Preferred Brands | \$30 copay | \$30 copay | | |
| Tier 3 – Non-Preferred | \$60 copay | \$60 copay | | |
| Tier 4 – Specialty (Mail Order) | 25% up to \$250/fill | 25% up to \$250/fill | | |
| Prescription Drugs through the Mail-Order Pharmacy – Up to a 90-day supply | | | | |
| Tier 1 – Most Generics | \$20 copay | \$20 copay | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Tier 2 – Preferred Brands | \$60 copay | \$60 copay | | |
| Tier 3 – Non-Preferred | \$120 copay | \$120 copay | | |
| Tier 4 – Specialty (30 Day Max) | 25% up to 250/fill | 25% up to 250/fill | | |

^{*} New Enrollment in the Buy-Up Plan is no longer permitted. This is a grandfathered plan.

^{**} See p. 14 for a list of who is NOT eligible to open a Health Savings Account. SBCSC will not provide HSA contributions if you are not eligible.

Out-of-Network Health Plan Summary



(Please refer to the Certificate of Coverage for full details.)

| Out-of-Network Benefits: | Buy-Up PPO Plan [*] New enrollments not allowed | Core PPO Plan | HSA Plan ^{**} | Essential Care Plan |
|---|---|--|--|--|
| HSA Employer Contribution | None | None | \$1,000 | None |
| Services provided at the Everside Health Center | No Out-of-Pocket Cost | No Out-of-Pocket Cost | No Out-of-Pocket Cost | Not Included/No Access |
| Benefits for Other In-Network Covered Services <u>NOT</u> Provided at the Everside Health Center: | | | | |
| Annual Calendar Year Deductible | \$1,500 / Person \$3,000 / Family | \$3,000 / Person \$6,000 / Family | \$6,000 / Person \$12,000 / Family | \$8,000 / Person \$16,000 / Aggregate Fam. |
| PPO Network | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| After Deductible, the Plan pays Coinsurance of | 60% | 60% | 60% | 60% |
| Annual Out-of-Pocket Maximum (includes deductible, coinsurance, and copayments except drug copayments) | \$5,000 / Person \$10,000 / Family | \$8,000 / Person \$16,000 / Family | \$8,000 / Person \$16,000 / Family | \$12,900 / Person \$25,800 / Family |
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited |
| HSA Qualified Plan (HSA info on pages 13-14) | No | No | Yes | Yes |
| Preventive Care | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Primary Care Office Visit | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Specialist Office Visit | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Urgent Care Center | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Emergency Room Facility | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Surgery, Hospital Svcs, Room & Board, X-rays, MRIs, etc | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Chiropractic Care Office Visit | \$60 copay (Max 20 visits/Cal Year) | \$60 copay (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) |
| Prescription Drugs at a Retail Pharmacy – Up to a 30-day supply | | | | |
| Tier 1 – Most Generics | 50% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Tier 2 – Preferred Brands | 50% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Tier 3 – Non-Preferred | 50% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |
| Tier 4 – Specialty (Mail Order) | Not Covered | Not Covered | Not Covered | Not Covered |
| Prescription Drugs through the Mail-Order Pharmacy – Up to a 90-day supply | | | | |
| Tier 1 – Most Generics | Not Covered | Not Covered | Not Covered | Not Covered |
| Tier 2 – Preferred Brands | | | | |
| Tier 3 – Non-Preferred | | | | |
| Tier 4 – Specialty (30 Day Max) | | | | |

^{*} New Enrollment in the Buy-Up Plan is no longer permitted. This is a grandfathered plan.

^{**} See p. 14 for a list of who is NOT eligible to open a Health Savings Account. SBCSC will not provide HSA contributions if you are not eligible.

Additional Information for the Core and Buy-Up Plans Only

In-Network PPO Office Visits are covered at 100% after the applicable copay for a primary care provider, or the applicable copay for a specialist. *Additional services or treatments you receive may be subject to the annual deductible and coinsurance.*

- A primary care provider is a family doctor, OB/GYN or pediatrician.
- A specialist is any other type of provider such as a cardiologist, pulmonologist, chiropractor, etc.

In-Network PPO Urgent Care Centers – Such as MedPoint, are covered at 100% after the applicable copay. *Additional services or treatments you receive may be subject to the annual deductible and coinsurance.*

Emergency Room Facility Visits are covered at 100% after a \$250 copay. The copay is waived if admitted to the hospital. *Additional services or treatments you receive may be subject to the annual deductible and coinsurance. See page 8 for additional information regarding use of the emergency room.*

Prescription Drugs

Prescription drug information is on the back of your Anthem medical ID card. Most pharmacies, including all major chain pharmacies, are included in your pharmacy network. **Please note:**

- The prescription plan provides up to a 30-day supply for a copay.
- Tier 1 are mostly generic medications and are subject to a \$10 copay.
- Tier 2 are preferred medications and are subject to a \$30 copay.
- Tier 3 are non-preferred medications and are subject to a \$60 copay.
- Tier 4 are specialty medications and are subject to a copayment of 25% of the cost of the medication up to a maximum copay of \$250/fill. Specialty drugs must be preauthorized and obtained from the IngenioRx Specialty Mail Order Pharmacy to be covered.
- You may look up your medication to find out in which tier it belongs at www.anthem.com.
- The mail-order pharmacy program provides up to a 90-day supply for a \$20, \$60, \$120, or 25% copay.

Below is a sample Anthem ID card showing important phone numbers and prescription information:

| | |
|--------------------|--------|
| | |
| <hr/> | |
| Group No: | W11422 |
| Plan: | 131 |
| Rx Bin: | 020099 |
| Rx PCN: | WG |
| RxGRP: | WL2A |
| Coverage(s): | |
| Pharmacy - Medical | |
| <hr/> | |
| BLUE ACCESS | |
| | |

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|--|---|
| | |
| <hr/> | |
| PROVIDERS: Please file medical claims with the local Blue Cross and/or Blue Shield Plan in state where services are provided. When Medicare is primary (including Med. Sup. Policies), file first with Medicare in the state where services were provided. | anthem.com Member Services Travel Coverage Provider Services Pre-Authorization Help for Pharmacists Pharmacy Member Services 24/7 NurseLine |
| NOTICE: Precertification or preauthorization does NOT guarantee coverage for or the payment of the service or procedure reviewed. Possession of this card does not guarantee eligibility for benefits. | 1-800-810-2583 1-833-578-4441 1-833-578-4441 1-833-296-5039 1-833-267-2133 1-800-337-4770 |
| CLAIMS & INQUIRIES: PO BOX 105187 ATLANTA, GA 30348-5187 | livehealthonline.com |
| <small>Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.</small> | |
| <hr/> | |
| Issued Date: 09/09/20 | |

PPO FAQs

What is a PPO?

PPO stands for “Preferred Provider Organization” and the health care providers that participate in the PPO have agreed to accept a discounted fee for their services.

How does a PPO work?

The medical provider has agreed to submit their claims directly to your health insurance administrator, Anthem Blue Cross. Anthem Blue Cross then processes the claim and applies the agreed upon discount. The discounted fee is referred to as the “eligible charge.” The eligible charge is then processed by Anthem in accordance with your plan’s rules and the deductible, coinsurance, or copayments are applied.

In most circumstances, the medical provider is generally required to “write-off” the amount of the discount, and thus neither you, nor your insurance plan, are required to pay this portion of the original charge.

What is a deductible?

The amount you owe before your health insurance begins to pay, for example, \$1,500 per person/\$3,000 per family. The deductible accumulates over a one-year period and resets to \$0 each January 1.

What is coinsurance?

A percentage (for example 20%) of the eligible charge for which you are responsible after the annual plan deductible has been met. Your insurance plan pays the balance of the charge. For example, if your coinsurance share is 20%, the insurance plan pays 80%.

What is a copayment or “copay”?

A flat dollar amount that you pay each time you receive certain types of medical services such as office visits and prescription drugs. For example, if your copay is \$30, you simply pay \$30 for each office visit and the insurance plan pays the rest of the eligible charge.

Why is there a higher copayment for specialists?

Specialists typically charge substantially more than a primary care doctor, and the copay reflects this.

What is the out-of-pocket maximum?

This is the most you pay during the year before your insurance plan begins to pay 100%. The deductible, your coinsurance share, and office visit copays all apply to the out-of-pocket maximum.

Do copays apply to the deductible or out-of-pocket maximum?

Copays do not apply to the deductible, but office visit copays do apply to the out-of-pocket maximum.

What happens if I use a non-PPO medical provider?

Doctors, hospitals, and other medical providers that are not in the PPO network are free to charge any amount they wish for their services. They have not agreed to accept a discount, or any other maximum limit, on their charges. The insurance administrator determines the reasonable and customary allowed amount. Additionally, your deductible and out-of-pocket maximum is typically higher if you choose to use a non-PPO provider.

HSA FAQs

What is an HSA?

It is your personal tax-exempt account used to pay for eligible out-of-pocket medical expenses which accumulate towards your deductible and coinsurance. Examples are prescription drugs, office visits, lab tests, urgent care, and emergency room visits. You may also use your HSA funds to pay for dental and vision out-of-pocket expenses. Qualified expenses are those as defined by IRC Section 213(d). Visit <https://www.irs.gov/pub/irs-pdf/p502.pdf> for a list of allowed expenses. Amounts distributed from your HSA for any other reason are subject to income tax and an additional 20% penalty tax.

You are **NOT** eligible for an HSA if you are:

- Covered under another medical plan that is not an HDHP.
- Entitled to (either eligible for or enrolled in) Medicare or Medicaid benefits.
- Eligible to be claimed on another person's tax return.
- Participating in a Flexible Spending Health Care Account.

Am I eligible to establish an HSA?

You may open a Health Savings Account only if you participate in the HSA plan option, which is a qualifying high deductible health plan. A qualifying HDHP is one that does not reimburse covered medical expenses until the annual deductible is met.

Who holds my HSA funds?

The HSA is an individual bank account owned by you. The South Bend Community School Corporation has chosen Teachers Credit Union as our preferred financial institution to administer all HSA accounts for our employees. As an employee of SBCSC there is no charge to open your HSA account. After you open a Health Savings Account at TCU, pre-tax payroll deductions as well as SBCSC contributions will be made into the account. The contribution made by SBCSC is not deposited as a lump sum, but rather prorated throughout the year and deposited two times per year.

How and when do I make contributions to my HSA?

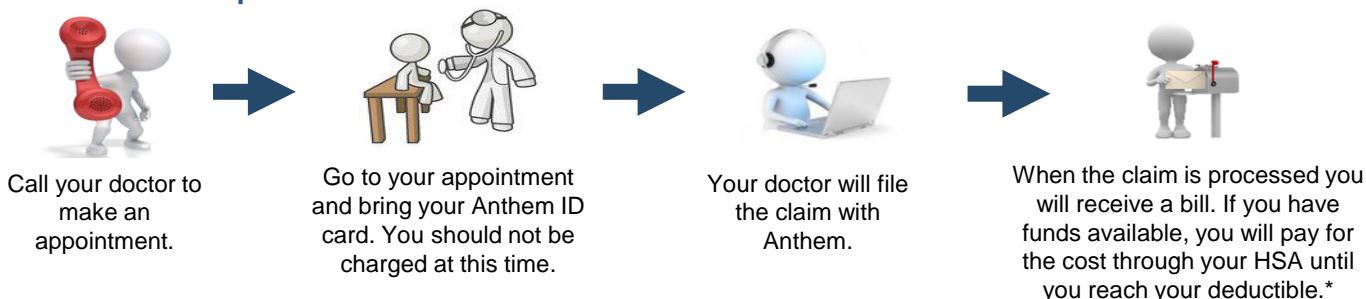
You are encouraged to have contributions direct deposited from your paycheck on a pre-tax basis. You may also make contributions directly into your HSA on an after-tax basis. If so, you will receive a Form 1099 from Teachers Credit Union each year which will show your annual HSA contribution. You then report your HSA contributions to the IRS by completing Form 8889 with your annual federal income tax return.

How do I access my HSA funds?

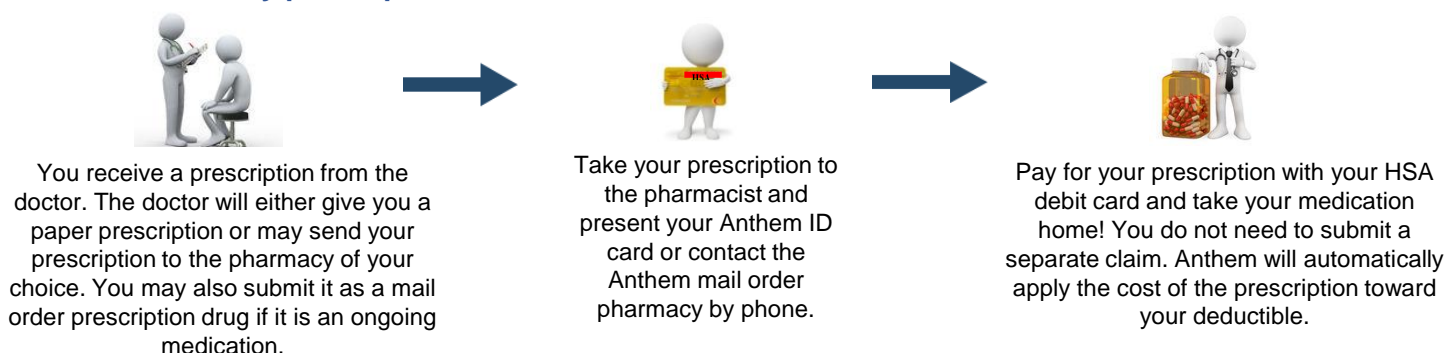
Teachers Credit Union will provide you with a debit card and check book (if requested). Remember, in the event of an IRS audit, you are responsible for providing your receipts for services and other items purchased with money from your HSA.

Understanding a Health Savings Account (HSA)

What are the steps in an HSA?



How do I use my prescription benefits with an HSA?



What if I don't have enough money in my HSA account to pay for all of my medical expenses during the year which are applied toward my deductible and coinsurance out-of-pocket?

The good thing about an HSA is that it is flexible and allows you to add additional money (up to the maximum below) if your medical claims are more than you had anticipated. You can either request a change in the amount of your pre-tax payroll deduction during the year, or you can deposit after-tax money and generally take a deduction when you file your taxes. Talk to your tax advisor about this option.

How much can I contribute to an HSA?

The annual HSA contribution limits for 2023 are: \$3,850 for individual coverage and \$7,750 for family coverage. Individuals ages 55 or older may be eligible to make a catch-up contribution of \$1,000. These limits include money you receive from SBCSC.

What if I enroll in an HSA in the middle of the year?

Your HSA contributions are generally determined on a monthly basis. However, if you enroll in an HSA mid-year, you are allowed to make a full year's contribution, provided you are eligible on December 1 of that year and you remain eligible for HSA contributions for at least the 12-month period following that year.

Who is eligible to use my HSA funds?

You can use your HSA funds to reimburse Qualified Medical Expenses incurred by you, your spouse, and your tax dependents, as long as the expenses are incurred after the date that your HSA is established.

What happens to my HSA funds if I leave the South Bend Community School Corporation?

You take your HSA account and funds with you because it's your personal bank account. Remaining HSA funds may continue to be spent on qualified out-of-pocket medical, dental, and vision expenses.

**See p. 14 for a list of who is NOT eligible to open a Health Savings Account. SBCSC
Will not provide HSA contributions if you are not eligible.**

Health Insurance Plan Costs for Non-Certified Staff

NOTE: SBCSC will still require the Spousal Coverage Verification form to be completed during your open enrollment or new hire waiting period and within 30 days of a change in your spouse's employment status. is now part of your online enrollment process through Web Benefits Design.

| 2023 Payroll Deductions | Buy-Up Plan (New enrollments not allowed) | | Core Plan | | HSA Plan | | Essential Care HSA Plan | |
|--------------------------------------|--|--|---|--|---|--|---|--|
| | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions |
| Employee Only | \$146.98 | \$116.36 | \$90.00 | \$71.25 | \$80.51 | \$63.74 | \$77.47 | \$61.33 |
| Employee & Spouse ¹ | \$314.83 | \$249.24 | \$188.98 | \$149.61 | \$165.81 | \$131.27 | Not Offered | Not Offered |
| Employee & Child(ren) | \$239.89 | \$189.91 | \$144.00 | \$114.00 | \$130.09 | \$102.99 | \$279.40 | \$221.19 |
| Employee & Full Family | \$422.39 | \$334.39 | \$260.97 | \$206.60 | \$221.54 | \$175.39 | Not Offered | Not Offered |
| Add'l Spousal Surcharge ¹ | \$440.67 | \$348.86 | \$453.05 | \$358.67 | \$441.63 | \$349.62 | Not Applicable | Not Applicable |

Payroll deductions are subject to change based on changes in the number of pay periods from which deductions are withheld.

¹Surcharge for spouses:

Employees who choose to cover their spouse will pay the additional spousal surcharge amount shown above in addition to the standard payroll deduction amount shown above, if the spouse is or was eligible to enroll in the health plan offered by the spouse's employer. **The spousal verification form will be part of your online enrollment process through Web Benefits Design.**

Employees who cover a spouse will be required to affirm an online affidavit indicating the employment status of their spouse. Failure to complete the online Spousal Coverage Verification form during every annual enrollment period will automatically result in the additional surcharge.

Important Note Regarding Late Premium Payments:

If your paycheck is not enough to cover your health insurance premium, you must pay the difference. If your outstanding premium is more than 60-days past due, your health insurance will be cancelled retroactive to the last date through which coverage was fully paid.

Everside Health Center



The **Everside Health Center** is a primary and urgent care center dedicated to South Bend Community School Corporation's employees, spouses and children covered under the Core Plan, HSA Plan and those grandfathered on the Buy-Up plan. It provides easy access to high quality care with no out of pocket cost. Services at the Health Center include:

- Complete adult primary care services
- Urgent care
- Treatment for minor injuries
- Comprehensive physicals
- Labs
- Flu shots
- Common generic medications for acute and ongoing needs

If you need to cancel or reschedule an appointment, the Center requires 48-hours advance notice.

Please make an appointment before visiting the Health Center, even for an urgent need. The goal of the Center is to respect your time with little waiting when you arrive at your scheduled time. If you have an urgent need, the Center can normally schedule your appointment for the same day or the next morning.

The Center is not a walk-in clinic and is unable to see patients without an appointment.

The Health Center is open by appointment

during the following hours:

| | |
|-----------|--------------------|
| Monday | 6:00 AM to 7:00 PM |
| Tuesday | 9:00 AM to 7:00 PM |
| Wednesday | 6:00 AM to 7:00 PM |
| Thursday | 9:00 AM to 7:00 PM |
| Friday | 6:00 AM to 4:00 PM |

For news and additional information:

<https://www.eversidehealth.com/client/south-bend-community-schools/>

Call 911 if the situation is life-threatening.

To make an appointment call: 1-574-855-1090

The Everside Health Center is located just southeast of the main Post Office in South Bend:

**611 Lincoln Way East
South Bend, IN 46601**

Nurse Line – If you have an urgent need after hours, please call the after-hours nurse line at 1-877-447-1244. A nurse will help direct you to the most appropriate provider.

Care for Children:

Children under age 3 are best served by a pediatrician, and therefore are unable to be seen at the Health Center. Children who have reached their 3rd birthday may be seen at the Everside Health Center for illnesses and minor injuries.

For several reasons, the Everside Health Center does not stock or administer childhood immunizations. For routine well-child visits and immunizations, children are best served by a pediatrician who can follow your child's development and see that the correct immunizations are given at the appropriate times.

We encourage you to maintain your child's relationship with their pediatrician, or primary care physician that administers childhood immunizations, until they are at least 13 years old. Because most physicals required by schools include certification of immunizations, the Everside Health Center is unable to provide school physicals for children under age 13.

Well-baby/Well-child exams and immunizations are generally covered at 100% under your Anthem health insurance plan, when using a PPO provider. The visit must be coded on the bill as "preventive" by your doctor's office.

Services Provided at the Everside Health Center for Children ages 3 and up

- Treatment for acute illnesses, such as:
 - Ear infections
 - Respiratory infections
 - Skin rashes
 - Strep Throat
 - Flu/Colds/Viruses
 - Infections
- Minor Injuries
- Most Sports & Camp Physicals

Services Not Provided at the Everside Health Center

- Childhood Immunizations
- Well Child Care/Check-ups under age 13
- School Physicals under age 13

Everside Health Center



Things to know about the Health Center:

- The goal of the Health Center is to help you and your family members live longer, healthier, and more productive lives.
- It is staffed with a primary care physician, a physician assistant, a nurse practitioner, and several medical assistants.
- The level of staffing at the Health Center allows for longer visits and more personal attention than other medical practices typically offer.



Labs:

The Health Center provides lab tests at no cost to you. You can bring in an order from another doctor for lab tests, and the results will be sent to that doctor. There is no cost to you for blood tests done at the Health Center, even if they were not ordered by a physician at the Health Center.

Medications:

The Health Center stocks and dispenses many common generic drugs. There is no cost to you for medications dispensed by the Health Center. The Center can dispense up to a 90-day supply at a time. Due to medication dispensing laws, the Center is unable to fill prescriptions written by an outside doctor. If you would like to know more about obtaining medications at the Health Center, please call the Health Center.

You can find a list of drugs available at:

<https://www.eversidehealth.com/client/south-bend-community-schools/>



Health Coaching:

The Health Center is here to help you reach your health and wellness goals. The Center allows for longer visits and more personal attention than typical medical practices. Health coaching is offered to you at no cost in order to help you make healthy lifestyle choices around what is most important to you in order to optimize success to live a longer, healthier life!

Confidential:

Complete confidentiality is required by law and is extremely important to us. Your medical information will not be shared with anyone at SBCSC. The privacy requirements are the same as if you were visiting any other doctor's office. Information can be shared with other physicians, based on your direction and authorization.



Health and Wellness Incentives



Comprehensive Physicals and Health Goals

Employees and spouses who are covered under any of the SBCSC health insurance plans except the Essential Care Plan have the opportunity to earn up to a \$300 premium credit each by completing a comprehensive physical and biometric screening with a health care practitioner at the Everside Health Center who will work with you to tailor your individual health goals. The reward may be earned once every 12-months.

- Once you have completed the requirements for the wellness incentive, your reward will be paid as a health insurance premium credit on a future paycheck, thereby reducing your payroll deduction and increasing your take-home pay.
- All requirements for the reward must be completed at the SBCSC Everside Health Center.
- You will receive the entire premium credit earned, even if your medical deduction is less than the full amount of the credit earned.

Follow these steps to earn your wellness reward:

- 1) Call the Center and schedule an appointment at any time during the year.
- 2) Complete a biometric screening and health profile.
- 3) Complete your annual physical exam at the Health Center.

If you have any questions about the process, please call the Center at 1-574-855-1090 and they will be happy to explain the process and make your appointment.

How will your reward be reported to the Payroll Department? Periodically, the Everside Health Center sends a report to the SBCSC Payroll Department that includes a list of names and the dollar amount earned. No health information, test results, or health goals will be shared with SBCSC. Please allow 45 days for the reward to appear on your regular paycheck as a premium credit after completing your physical.

<https://www.eversidehealth.com/client/south-bend-community-schools/>

1-574-855-1090

Dental and Vision Insurance and Cost

DENTAL PLAN BENEFITS AND IMPORTANT INFORMATION



- You may choose any dentist.
- To receive the best benefits and discounts, use a participating dental provider in the Guardian PPO dental network. Go to www.guardiananytime.com for providers. Please confirm with your dentist that they actually participate in the Guardian PPO network, rather than simply “accepting” Guardian and filing the claim for you.

Predetermination of Benefits – It is recommended that your dentist request a predetermination of benefits from Guardian whenever the cost is expected to exceed \$300. This will allow you to find out how much you will be responsible for, and how much the dental plan will pay before treatment begins. **Contact Guardian at 800-541-7846 with any questions.**

| Dental Benefits Through Guardian | In-Network | Out-of-Network |
|---|---------------------|---------------------|
| Annual Deductible – Per Individual Per Family (3x Individual Deductible) | \$50 \$150 | \$100 \$300 |
| Preventive Services – routine exams, x-rays, teeth cleaning (prophylaxis), sealants, fluoride treatment and space maintainers for children | 100% | 100% |
| Basic Services – includes fillings, root canal therapy, periodontal surgery and periodontal maintenance procedures, extractions and most oral surgeries; emergency relief of pain and repair of crowns, bridgework and dentures. | 90% | 90% |
| Major Services – crowns, bridges and dentures, to replace natural teeth extracted or lost while covered (Implants Not Included) | 60% | 60% |
| Orthodontia – Children to Age 19 Lifetime Maximum Benefit is \$1,000 | 50% - No Deductible | 50% - No Deductible |
| Annual Maximum Benefit Per Person | \$2,000 | \$1,000 |

VISION PLAN BENEFITS AND IMPORTANT INFORMATION



To receive the best benefits and discounts, you should go to a vision provider who is contracted with VSP. Visit www.vsp.com to find a provider or to make sure your current provider is “in-network”. VSP has an extensive list of contracted providers and the website is very user-friendly. Confirm that your provider participates in the VSP network rather than simply accepting VSP.

Contact VSP at 800-877-7195 with any questions.

| Vision Benefits through VSP | In-Network | Out-of-Network |
|--|----------------------|------------------------------------|
| Exam – (1 Every Calendar Year) | \$10 Copay | Reimbursed up to \$50 |
| Lenses – (1 Set Every Calendar Year) Single, Bifocal or Trifocal* | Included with Exam** | Reimbursed up to \$50, \$75, \$100 |
| Frames – (1 Set Every Calendar Year) | \$150 Allowance | Reimbursed up to \$70 |
| Contacts – (In Lieu of Glasses) | \$120 Allowance | \$105 Allowance |
| * Discounts available for lens enhancements. ** If you get any materials without an exam, you will also have a \$10 copay. | | |

| Per Pay Period | DENTAL PLAN COST | | VISION PLAN COST | |
|----------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
| | Bi-Weekly Employee 10/11-Month | Bi-Weekly Employee 12-Month | Bi-Weekly Employee 10/11-Month | Bi-Weekly Employee 12-Month |
| Single | \$ 4.03 | \$3.19 | \$1.51 | \$1.20 |
| Family | \$10.57 | \$8.37 | \$3.18 | \$2.52 |

New for 2023!

New Avenues Employee Assistance Program (EAP)

South Bend Community School Corporation is pleased to announce the addition of an employee assistance program (EAP) for our full time employees and their family members. Effective January 1, 2023, the New Avenues Employee Assistance Program (EAP) will be available to all our full time employees and immediate family members in their households. It is not necessary to participate in our health plan to take advantage of EAP services. Covered immediate dependent children who are living away from home are also covered.

We recognize the serious effects of stress, personal problems, family issues, financial and other concerns on the lives and productivity of our employees. We further recognize that these are frequently problems that can be resolved with short term professional help. Through the New Avenues EAP, you and your immediate family members may take advantage of **confidential** counseling services.

To assist our employees and their immediate family members, South Bend Community School Corporation is offering **5 face-to-face visits per family member per contract year.**
There is no cost to employees.

New Avenues provides the following services:

- A wide choice of counselors conveniently located in offices near your home and workplace.
- EAP visits are completely confidential. They never share any information with SBCSC.
- Referral assistance with specialized **financial counselors** for help with budgeting, credit card, or debt management problems.
- Online Work-Life Program: New Avenues also offers a wealth of information online through their web site at www.NewAvenuesOnline.com Through eSession CONNECT link on the website, there are many resources including:
 - Articles on family life, health and wellness
 - free and confidential health assessments
 - access Web MD™
 - download simple legal templates
 - make decisions with financial calculators
 - save household money through coupons on the consumer savings center – all at no cost to you
 - Check out the Work-Life Resource Center, password: **COMPLETEEAP**
- Employees will also have access to Structured Telephonic Counseling (STC), where they may speak directly with a counselor no matter where they are, 24/7. Call 1-855-492-3625 to access this feature.

The New Avenues Employee Assistance Program (EAP) is available to help with a wide range of concerns, such as stress, anxiety, relationship concerns and drug and alcohol use.



Starting the process is easy! **Just call 1-800-731-6501 or visit www.NewAvenuesOnline.com**

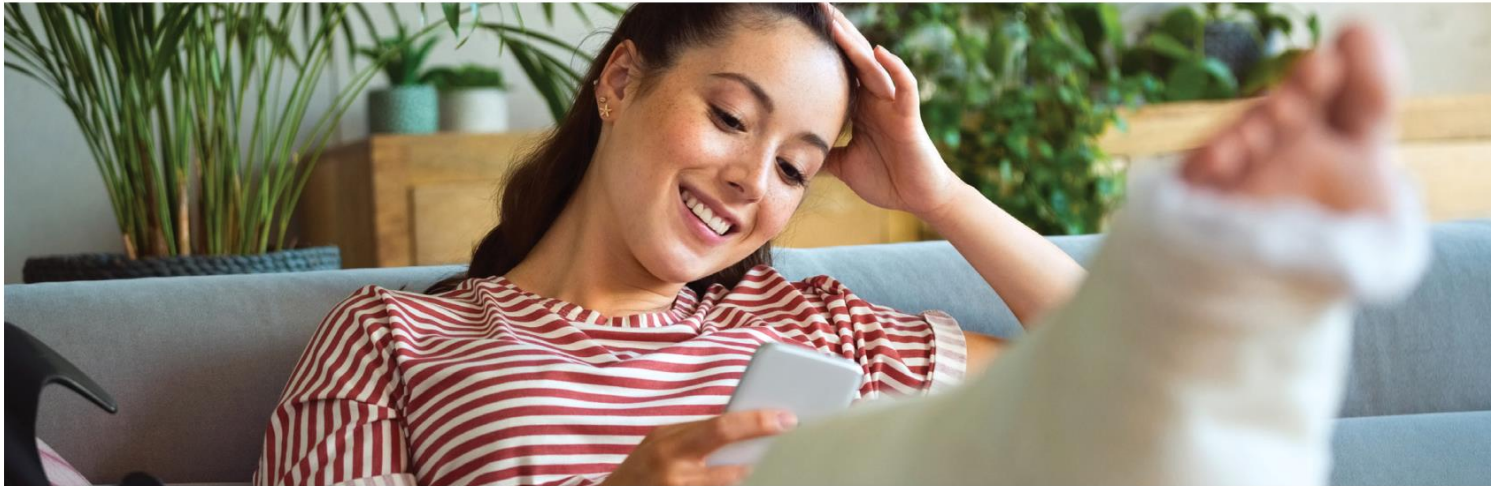
EAP services are completely confidential and free to you as an employee.

Whatever life throws at you throw it our way.

Employee Assistance & Wellness Support.



Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance & Wellness Support program¹. It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For PeopleSM.



Our suite of value-add resources includes:

› Life Assistance Program¹

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Life Assistance Program provides a maximum of three sessions, per issue, per year.

› GuidanceResources^{®1}

When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

› Well-being Coaching¹

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

[See additional information on next page ›](#)

Employee Assistance & Wellness Support (Continued)



› FamilySource®¹

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Contact Info:

**Employee Assistance and
Wellness Support 24/7**



Phone: (800) 344-9752



Website: guidanceresources.com
Web ID: NYLGBS

Life and Disability Insurance



Basic Life and Accidental Death & Dismemberment (AD&D)

South Bend Community School Corporation offers Term Life Insurance and Accidental Death & Dismemberment (double indemnity for accidental death) to you when newly eligible for benefits. The amount is based on your employee classification. Please contact the Benefits Department if you are unsure of your benefit level.

Supplemental Life and AD&D

You may also elect Supplemental Term Life and Accidental Death & Dismemberment for yourself and your dependents. This option is available only for employees who are newly eligible for benefits. If you waive coverage when you are newly eligible, you will not be able to elect Supplemental Life in the future. You can choose benefit increments of \$50,000 for yourself up to a maximum of \$200,000. If you are enrolling, you may also elect \$25,000 or \$50,000 for your spouse and \$10,000 for each dependent child. The premium is based on your age and will increase as you move into the next 5-year age band. The only life events that allow a change to your Supplemental Life insurance enrollment status are marriage and birth/adoption. If you are currently enrolled in this benefit, you may add your new dependent within 30 days of the marriage or birth/adoption. You may drop this coverage at any time. Please contact the Benefits Department for more information.

Long Term Disability Insurance

To protect you and your family in the event of a long-term disability, South Bend Community School Corporation offers Long Term Disability Insurance if you are enrolled in Basic Life Insurance. If disabled more than 6 months, the plan will pay you two-thirds of your pre-disability salary up to a maximum benefit of \$6,000 per month. The plan will continue to pay, as long as you are disabled, until you reach age 65.

Flexible Spending Account (FSA)



In addition to your benefit premium contributions being deducted pre-tax, you also have the option during the American Fidelity Open Enrollment to have additional money deducted pre-tax and deposited into a flexible spending account for eligible out-of-pocket medical, dental and vision expenses. You may also set up a dependent care account into which you can make pre-tax deductions which can be used to pay for childcare expenses. American Fidelity will visit each school building in the fall.

For more information on any of these policies, please contact American Fidelity at 1-800-638-4268.

Healthcare Flexible Spending Account

Please note, the IRS does not allow you to contribute to both an HSA and an FSA Health Care Account.

This account reimburses you for qualified health, dental, and vision care expenses not covered by insurance. You may set aside up to \$2,750 per year. Your elected contribution is then divided by your number of paychecks and that amount is deducted tax-free each pay period.

Next, the deducted contributions are then placed into your FSA(s). Not only do you not pay taxes on this money, but it's deducted from your paycheck before you can spend it on anything else, thereby helping you budget for known expenses that you will have throughout the year. You also do not pay income taxes on the money when it is spent.

Current Employees: Your current Flex plan election will not carry over into 2023! You must re-enroll during the American Fidelity open enrollment in order to participate in 2023.

Dependent Care Reimbursement Account

This account reimburses you for day care expenses for eligible children and adults. Through regular payroll deductions, you may set aside part of your income to pay for these expenses on a pre-tax basis. To qualify, your dependents must be:

- ▶ A child under the age of 13
- ▶ A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include adult and child day care centers, preschool and before/after school care. The annual maximum contribution is \$5,000 (\$2,500 if married and filing separately).

Examples of Eligible Medical Expenses:

- ▶ Any charges not covered by your Medical Plan, including (but not limited to) Deductibles, Copayments and Prescriptions
- ▶ Chiropractic or other therapy charges over the plan maximum benefit
- ▶ Weight-loss programs
- ▶ Dental or vision care copays or charges over the maximum benefits
- ▶ Hearing aids and batteries
- ▶ Laser eye surgery
- ▶ Over-the-counter medications with a written prescription from your doctor

Important Note:

Be conservative when determining your Elected Contribution. The IRS requires that you forfeit any unused money in your FSA at the end of the year. You cannot receive any money as cash nor can you carry it over to the next plan year. This is commonly known as the "Use it or Lose It" rule.

Other Supplemental Benefits



Disability Income Insurance

The advantage of this plan is that benefits become available on a short-term basis, which would help you during the 6-month period before you would be able to start receiving benefits on your Long Term Disability plan provided to you by South Bend Community School Corporation. Benefits are paid directly to you in the event you are unable to work due to an illness or accident.

Life Insurance

The life insurance benefits provided to you through South Bend Community School Corporation are term benefits, which means you only get your Basic Life and AD&D while you are employed (unless you convert your coverage when you retire); and if you have elected Supplemental Term Life Insurance, your benefit reduces to 50% at age 70. American Fidelity offers permanent, whole life insurance options, as well as additional term insurance if you are interested in applying for more insurance than is available through New York Life's voluntary term life group policy.

Accident Only Insurance

Individual and Family plans are available with the Accident Only insurance policy. Benefit payments are made directly to you and there are several options available. As long as you pay your premiums, the policy is guaranteed renewable – you cannot be cancelled for any reason.

Hospital Indemnity Insurance

You choose the amount to be paid to you for an untimely admission to the hospital for you or a family member. Benefits include payment for Intensive Care, Rehabilitation and Ambulance Services.

Cancer Insurance

The Cancer insurance policy covers expenses such as Lost Income, Utilities, Spouse's Lost Income, Meals and Lodging, Transportation Costs, Special Dietary Needs, Housekeeping Expenses and House/Mortgage Payments if you or a covered family member is diagnosed with cancer after the policy becomes effective. The money can be used however you need, allowing you to protect yourself from financial hardship.

**For more information on any of these policies,
please contact American Fidelity at 800-638-4268.**

NOTE: You can ONLY enroll in these plans during the American Fidelity open enrollment.

INPRS, Retirement, and COBRA

Public Employee's Retirement Fund (INPRS)

South Bend Community School Corporation participates in the State of Indiana's retirement program known as the Public Employee's Retirement Fund "INPRS" which covers most employees.

Current employees are required to participate upon employment. South Bend Community School Corporation contributes three percent (3%) of your gross pay.

If you have any name/address changes or any questions, please contact INPRS Customer Service directly at (844) GO-INPRS or 844-464-6777.

Retirement

Certified employees are required to notify Human Resources no later than April 1 of the year in which they will retire. All other eligible employees are required to notify Human Resources not less than 90 days before they retire. Please refer to your union agreement for specific retirement notification procedures.

Upon retirement notification, you will receive a letter from Human Resources advising the benefits termination information.

For any questions regarding your retirement fund, contact INPRS Customer Service directly at (844) GO-INPRS or 844-464-6777.

COBRA

Approximately two weeks after you leave the South Bend Community School Corporation, you will receive a letter from our COBRA third party administrator regarding your COBRA options and rates.

COBRA is a federal law that allows you to continue your health, dental and vision insurance by paying the full premium rates plus 2%. Please feel free to contact the Human Resources Department in advance for COBRA rates.

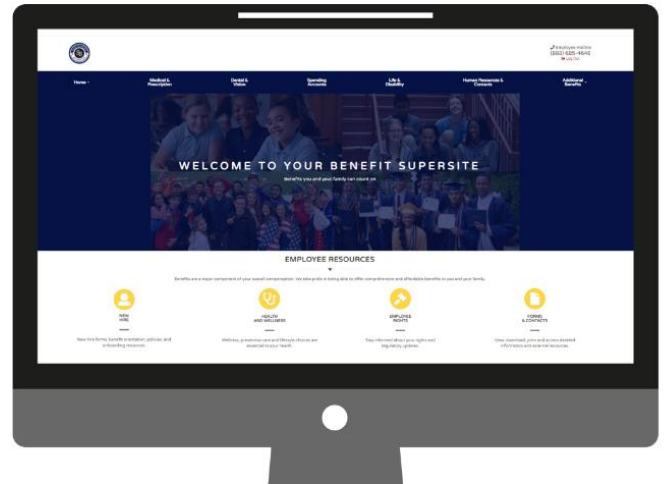
You may also wish to explore other health insurance coverage options through the Marketplace Exchange at www.healthcare.gov.

OPEN ENROLLMENT 2023 INSTRUCTIONS



Welcome to Your
Employee Benefits Supersite!
www.mybensite.com/sbcsc
Employee Benefits Hotline
(888) 685-4646

*Open Enrollment 2023 begins Friday,
November 11, 2022 and closes on
Tuesday, November 29, 2022 at 4:00 p.m.*



Step 1: Know Your Benefit Options

We believe that employees are our greatest resource. We offer a competitive benefit package for you and your family, and the support system to help you make great decisions.

Review your Benefits Supersite and know your options:

- Benefit summaries
- Side-by-side comparisons
- Insurance carrier information
- Member service information
- Provider search directories
- Forms and plan documents

Step 2: Benefit Shopping

Click **Enroll Now** to shop and elect benefits:

- Step-by-step enrollment guidance
- Cost per paycheck is displayed for each benefit elected
- Add and manage covered dependents
- Update beneficiaries
- Review and submit final elections
- Print your Benefit Confirmation Statement (BCS) for your records

New Member Login (see next page for current member log in)

Create Account: Verify employee last name, date of birth and last 4 digits of Social Security Number.

Email: An email address is required. If you do not have one, click on the Gmail or Yahoo links to establish a free email account. Your email becomes your username.

Password: Create and confirm your password to complete registration.

New Members Create Your Benefit Account

| | | |
|---|---|----------------------|
| Last Name | | |
| Date of Birth | | Last four (4) of SSN |
| Email | | |
| Create Password | * | Confirm Password |
| <input type="checkbox"/> I have read and accept the Employee Usage Agreement and Website Use Terms and Conditions . | | |

Employee Registration

OPEN ENROLLMENT 2023 INSTRUCTIONS



Existing Member Login

In the Employee Login section, enter your email address and password, then check the box to agree to website terms and conditions.

A screenshot of the Employee Login page. It features a title "Employee Login" with the subtitle "Access Your Employee Benefits". Below this are two input fields: the first contains the email "diaz@gmail.com" and the second contains a masked password "*****". To the right of the password field is a lock icon. Below the fields is a checkbox with the text "I have read and accept the Employee Usage Agreement and Website Use Terms and Conditions." At the bottom, there is a large black button with a white arrow and the text "Employee Login", and a link "Forgot Password" below it.

OPEN ENROLLMENT 2023 WILL BE ADMINISTERED BY WEB BENEFITS DESIGN, AN OPTAVISE AFFILIATE. YOU MUST ENROLL ONLINE AT www.mybensite.com/sbcsc.

All medical enrollment **changes** you wish to make during Open Enrollment will be made via the WBD online Employee Access portal www.mybensite.com/sbcsc.

If you are not making any benefit election changes, your current elections will carry over into 2023, and you do not need to access the portal. If you cover your spouse, you must complete the spousal coverage verification form included in the online enrollment process.

Open enrollment will begin Friday, November 11, 2022 and close on Tuesday, November 29, 2022 at 4:00 p.m. Please follow the instructions below to add or drop coverage for yourself or a dependent, or to change from one plan to another plan (The Buy-Up plan is closed for new elections).

Employee Benefits Supersite!
www.mybensite.com/sbcsc
Employee Benefits Hotline
(888) 685-4646

WHEN CAN I ENROLL?

New Hires

You must enroll during your new hire eligibility window.

- Benefits are effective 1st of the month after you complete sixty (60) days of service from your date of hire.
- You have 30 days following your benefit start date to complete your enrollment.

If you fail to enroll on time, you must experience a qualifying event, or wait until your annual open enrollment.

Qualifying Events

If you experience a "Qualifying Event," such as marriage, birth, adoption, loss of other coverage, etc., you must request the appropriate changes online in the benefits portal and supply the required documentation within 30 days of the event.

If you are unable to meet this requirement, you may need to wait until open enrollment to make changes.

Open Enrollment

You may enroll and make changes online during the annual open enrollment window. Once open enrollment has closed, you may not make any changes to your benefit elections unless you experience a qualifying event.