

Employee Benefit Guide

2024

Non-Certified Employees



Benefit Contact Information

Everside Health Center

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

Customer Service: 1-574-855-1090

Health Insurance / Anthem Blue Cross and Blue Shield

<https://www.anthem.com>

Anthem Health Customer Service: 1-833-578-4441

Anthem Precertification: 1-833-578-4441

24/7 NurseLine 1-800-337-4770

Provider Services 1-800-676-2543

New for 2024! Retail Prescription Services / TrueRx

www.truerx.com

1-800-921-4047

New for 2024! Mail Order Prescriptions / WB Rx Express

www.wbrxexpress.com

1-833-391-0126

New for 2024! High Cost and Specialty Medications / SHARx

Email: SHARx@sharxplan.com

1-314-451-3555

Dental Insurance / Guardian

<https://www.guardiananytime.com>

Customer Service: 1-800-541-7846

Vision Insurance / Vision Service Plan

<https://www.vsp.com>

Customer Service: 1-800-877-7195

Life and Disability Insurance / New York Life

<https://www.newyorklife.com>

Customer Service 1-800-362-4462*

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

EAP (Employee Assistance Program) / New Avenues

<https://www.newavenuesonline.com>

Customer Service: 1-800-731-6501

EAP (Employee Assistance Program) / New York Life

New Programs for 2024!

<https://www.guidanceresources.com>

Customer Service: 1-800-344-9752

Flexible Spending Account / American Fidelity

<https://www.americanfidelity.com>

Customer Service: 1-800-638-4268

Supplemental Benefits / American Fidelity

<https://www.americanfidelity.com>

Customer Service: 1-800-638-4268

Table of Contents

Benefit Contact Information	1
Introduction	3
Enrollment and Eligibility	4
Health Insurance Overview	6
<i>New for 2024!</i> TrueRx Pharmacy Benefits	7
<i>New for 2024!</i> WB Rx EXPRESS Mail Order Prescriptions	8
<i>New for 2024!</i> SHARx High-Cost and Specialty Prescription Assistance	9
Plan Comparisons At-A-Glance	10
General Health Plan Information	11
Core and Buy-Up Additional Plan Information	12
<i>Coming in April 2024!</i> Anthem Total Health Complete Patient Advocacy Program	12
Health Plan Summary – In-Network Benefits	13
Health Plan Summary – Out-of-Network Benefits	14
PPO FAQs	15
Health Savings Account (HSA) FAQs	16
Everwise Credit Union – Instructions on How to Open your HSA online	17
Health Insurance Plan Costs Non-Certified Employees	18
Everside Health Center	19
Wellness Program Incentives	21
Dental and Vision Insurance Benefits and Cost	22
New Avenues Employee Assistance Program (EAP)	23
New York Life EAP <i>New programs available in 2024!</i>	24
Life & Disability Insurance	27
Flexible Spending Account (FSA)	28
Other Supplemental Benefits	29
INPRS, Retirement, and COBRA	30
2024 Enrollment Instructions	31
2024 Spousal Verification Form	33

Introduction

Welcome to the South Bend Community School Corporation. We are pleased to announce employee contributions will be decreasing in 2024, while maintaining our comprehensive benefits package! 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 eleventh 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:

- Three 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.

Enrollment Implementation will be administered by Optavise. Instructions for logging in are explained on pages 31 and 32.

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 page 16 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 03, 2023**, and ending on **Thursday, November 16, 2023 at 4:00 p.m. Eastern** for coverage changes effective January 1, 2024. No paper enrollments will be accepted. You must login to the Benefits Supersite to enroll for the first time or to make changes for 2024.
 - Important note: If you do not wish to make any changes to your benefit elections, you do not need to do anything!

No enrollments or changes will be permitted after 4:00 p.m. EST on Thursday, November 16th

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 then log in to the Benefits Supersite to create a log in and the choose your benefits. Enrollment instructions are on **pages 31 and 32** in this guide. **Elections must be made online 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.
- **You must log into the Benefits Supersite at www.mybensite.com/sbcsc within 30 days of your qualifying event to report your life event and upload the supporting documentation. Paper enrollment forms will no longer be accepted to report a qualifying life 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 for you and your dependents terminate at the end of the month following the date 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 for you and your dependents terminate at the end of the month following the date 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 three health insurance plan options. All plans are administered by Anthem Blue Cross and use the same Anthem Blue Access PPO network. Prescription Drugs will no longer be covered by Anthem in 2024. See the next page for information on the new prescription services we will use beginning 1/1/2024.

The **Buy-Up Plan (closed to new enrollment) and the Core Plan** are traditional PPO plans with copayments for office visits and prescription drugs (through TrueRx). 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 (through TrueRx), 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 19-20 for more information).**
- You must open your Health Savings Account at Everwise Credit Union. Both your contributions and contributions from SBCSC will be made directly to your Everwise 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



New for 2024! TrueRx Pharmacy Benefits

The South Bend Community School Corporation is excited to announce a partnership with TrueRx Pharmacy Benefit Manager (PBM) to fill members' prescriptions beginning January 1, 2024. TrueRx has a large national network of pharmacies that includes both retail and independent pharmacies. To find an In-Network pharmacy, visit www.truerx.com or download the TrueRx app by visiting truerx.com/member-portal. You can also call TrueRx at 1-866-921-4047 to speak with a representative.

Should I get a refill before January 1, 2024?

As a best practice, we recommend that members refill their prescriptions during the month of December, if possible. This will help to avoid any delays caused by transitioning PBMs. With this transition to TrueRx, there may be some disruption to any previous Prior Authorizations or to the formulary.

TrueRx Mobile App

By downloading the True Rx mobile app and creating an account, you will have access to the following resources through the app:

- Prescription ID Card
- Drug cost comparisons
- Benefits Coverage and Limitations
- Claims History
- Pharmacy locator

FOR PATIENTS

INSTANT ACCESS TO YOUR PHARMACY BENEFITS

trueRx App

Scan With Your Phone Camera to Download the Mobile App



Apple Store (iOS)



Google Play Store (Android)

It's easy to get started:

- 1 **Download** the app by searching "MyRxPlan" in your app store.
- 2 **Register** for your online account with your Card Holder ID, Group Number, Your First and Last Name, and Date of Birth.
- 3 **Click** Save and Continue.
- 4 **Finish** the Two-Step Verification Process.
- 5 You will see MyRxPlan logo change to the True Rx Health Strategists logo. Click "Got It".

Everything at your fingertips:

- View** prescription insurance card.
- Review** claim history.
- Compare** medication pricing.
- Check** medication information.
- See** coverage and limits.
- Find** a pharmacy.



MyRxPlan change to True Rx Health Strategists



New for 2024! *WB Rx EXPRESS Mail Order Prescriptions*

TrueRx has partnered with WB Rx EXPRESS to fill your Mail Order Prescriptions (90-day supply). Mail order is great way to save money on medications you take on a recurring, regular basis. Please note mail order prescriptions are not automatic; you must request a refill through WB Rx Express. **If you are almost out of your mail order maintenance medication, please renew your prescription with Anthem Carelon Rx so you have enough during the short transition time on January 1, 2024.**

Get Started With Your Current Prescriptions In Three Easy Steps:

- ① Go to wbrxexpress.com and click “Get Started”.
- ② Use the form to enter your name, address, phone number, email address, message (optional) and click the red Submit button.
- ③ WB Rx Express will contact you within two business days to verify your account and medication information.
- ④ If you prefer to speak with a representative, call WB Rx EXPRESS at 1-833-391-0126



1998 State Street, Washington, IN 47501

Phone: 833-391-0126

Fax: 855-899-3925

New for 2024! SHARx Prescription Assistance

What is SHARx Prescription Assistance?

SHARx is a pharmacy advocacy solution offered by South Bend Community Schools on behalf of each employee enrolled in our medical program.

Who is eligible?

Any employee and covered dependents enrolled in the health plan. If you are currently on a specialty medication, you will want to follow the steps below for potential cost savings.

Which medications does SHARx help with?

SHARx has access to many high cost and specialty medications. Any medication that costs at least \$350 per month is considered high-cost. If you are unsure how much your medication costs, please call **Sharx at 1-314-451-3555** and an advocate will advise you.

What is the cost?

There is no cost to you for Sharx's advocacy services and most members receive their medication at little to no out-of-pocket cost. South Bend Schools pays 100% of the cost of this service for you and your family as long as you are enrolled in the health plan. Prescriptions obtained through this service could be free for you and your family. Sometimes a co-pay or out of pocket amount will be required, but this out of pocket may be substantially less than what you are paying now.

How do I Enroll?

All you have to do is call **SHARx at 1-314-451-3555**.

What information do I need to provide?

The name of your medication, strength, dosage, frequency and number of days supply, and your doctor's name and contact information. You will also need to log into the SHARx portal to complete their HIPAA forms to allow SHARx to source your medications on your behalf.

What to expect?

Please contact **SHARx** as soon as your coverage becomes effective if you or a covered family member take a high-cost medication. Please communicate with your advocate at **SHARx** if you have any concerns regarding your medication supply status. Do not hesitate to call **SHARx** if you have any concerns.

What happens if I don't enroll in the SHARx program?

Your highcost medications will no longer be covered by Anthem CarelonRx pharmacy benefits through South Bend Community Schools medical plan. If you are in the advocacy process with **SHARx**, you may be eligible for a short supply of your urgent medications at your local pharmacy while the advocacy is in process. Certain manufacturers will require additional information to verify your income. Please respond right away to these requests for additional information to ensure there is no delay with your advocacy. Our goal is for everyone to receive the medications they need as quickly as possible at the lowest price, and this is only accomplished with your assistance.



*** Note: This program is mandatory for all specialty and high-cost medications prescribed by your doctor. Contact SHARx for instructions on how to proceed.**

Please contact SHARx if you have any questions:

Email: SHARX@sharxplan.com

Phone: 1-314-451-3555



Plan Comparisons At-A-Glance

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 Everwise Credit Union. 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 Everwise Credit Union to receive the contribution from SBCSC.

Note: If you are enrolled in the Essential Care plan, you are eligible for an HSA and can open one at the financial institution of your choice.

Plan Funding Comparison	HSA	FSA
Who funds?	Funded by SBCSC and you	Funded by you
How much money can I contribute in 2024	\$4,150 for individual coverage and \$8,300 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 \$3,050 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, 2024
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 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, 2024 through December 31st, 2024.

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. **Call NurseLine to get started at 1-800-337-4770.**

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 11** for additional information regarding use of the emergency room.*

Prescription Drugs through TrueRx (sent to pharmacy of your choice) and SHARx (high cost and specialty medications).

See **page 7** for more information on TrueRx Pharmacy Benefits. See **page 8** for more information on mail order maintenance prescriptions through WB Rx EXPRESS. See **page 9** for more information on SHARx high cost and specialty medication prescriptions.

Coming April 2024 for all plans!



Anthem “Total Health Complete” Patient Advocacy Program

South Bend Community School Corporation wanted a way for our employees and family members to navigate the complexity of the healthcare system, including behavioral and social services. Anthem’s Total Health Complete has demonstrated positive outcomes and claims savings by delivering a total employee healthcare experience to improve your outcomes. In the event of a difficult medical situation, you will be assigned a dedicated family advocate and a dedicated clinical advocate working together on your behalf.

The goal is to help you navigate within a complex and fragmented health care system by focusing on the nuances of our current multigenerational and multicultural demographics. People of different cultures and generations have different preferences for communication and engagement, and they require different approaches to healthcare. Studies show more than 50% of patients delay or avoid care, including due to the cost and the complexity of seeking care. Too often patients feel no one is available to help them. Total Health Complete offers a healthcare solution that is simple, intuitive, and personal. The result has been better outcomes at significant savings to you, your family members, and to South Bend Community Schools.

For more information call Anthem at 1-833-578-4441

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 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 NOT Provided at the Everside Health Center:				
Annual Calendar Year Deductible	\$750 / Person \$1,500 / Family	\$1,500 / Person \$3,000 / Family	\$3,200 / 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 page 16)	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)
New for 2024! Retail Prescription Drugs through TrueRx (see page 7 for more details).				
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		
New for 2024! Mail Order Prescription Drugs (90-Day Supply) filled by WB Rx EXPRESS (see page 8 for more details)				
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		

Note: Specialty and High-Cost Medications will now be fulfilled by SHARx prescription service, which is part of the TrueRx family. See page 9 for more details.

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

** See page 16 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.

*** The per person deductible has increased to \$3,200 for 2024 due to IRS regulations regarding the HSA minimum deductible.

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 page 16)	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)
New for 2024! Prescription Drugs Not Available Out-of-Network.				
Effective January 1, 2024, all prescriptions are filled by TrueRx (retail), WB Rx EXPRESS (mail order 90-day supply) or SHARx (high cost/specialty). See pages 7-9 for more details.				

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

** See p. 16 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.

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/\$3,200 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 Everwise 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 Everwise Credit Union 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 Everwise 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?

Everwise 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.

See page 17 (next page) for instructions on how to open your HSA online at Everwise.



everwise[™]
CREDIT UNION

Health Savings Accounts

Combined with a High Deductible Health Plan, HSAs are a tax-friendly way to handle medical expenses and save for retirement.

Our HSA options have you covered today and into the future:

HSA Checking

Start with an HSA Checking to build your balance and pay for medical expenses.

HSA Certificates

As your account balance grows, invest in a 12, 36 or 60 month certificate to earn higher dividends.

Open your HSA online at everwisecu.com/HSA

USE PROMO CODE: **SBCSC**

Contact me if you have any questions:

Carla Fabio-King, Service Center Manager

cking@everwisecu.com 574-232-8012 x5845

Federally Insured by NCUA. This information is not designed, meant, nor does it constitute the rendering of legal or tax advice. All Everwise Credit Union deposit accounts are subject to membership requirements. See Products and Services Details for more information.

Health Insurance Costs for Non-Certified Employees

NOTE: SBCSC will still require the Spousal Coverage Verification form to be printed and completed during your open enrollment or new hire waiting period and within 30 days of a change in your spouse’s employment status. The Spousal Coverage verification is included on the last page of this guide and with your enrollment form. Upon completion, email the completed form to services@optavise.com or fax to Optavise at 1-407-650-3473 within 30 days of a change in your spouse’s enrollment or by November 30th, 2023 after open enrollment.

Health Insurance Plan Costs for Non-Certified Staff

2024 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	\$141.91	\$112.35	\$86.89	\$68.79	\$77.74	\$61.55	\$74.80	\$59.22
Employee & Spouse ¹	\$303.97	\$240.64	\$182.46	\$144.45	\$160.09	\$126.74	Not Offered	Not Offered
Employee & Child(ren)	\$231.61	\$183.36	\$139.03	\$110.07	\$125.60	\$99.44	\$269.76	\$213.56
Employee & Full Family	\$407.82	\$322.86	\$251.96	\$199.47	\$213.90	\$169.34	Not Offered	Not Offered
Add'l Spousal Surcharge ¹	\$425.46	\$336.83	\$437.42	\$346.29	\$426.39	\$337.56	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 is included on the last page of this benefit guide. You must print and complete the form and email it to services@optavise.com or fax it to Optavise at 1-407-650-3473 within 30 days of a change in your spouse’s employment status or by November 30, 2023 during open enrollment or after open enrollment closes. Employees who cover a spouse will be required to affirm an affidavit indicating the employment status of their spouse. Failure to complete the Spousal Coverage Verification form on the during every annual enrollment period will automatically result in the additional surcharge. The Spousal Verification Form is included on the last page of this guide.

Additionally, here is a link to the Spousal Verification Form:

https://issuu.com/docs/fce65b3067b8649cdfcf9466442fad5?fr=xKAE9_zU1NQ

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	Services <u>Not</u> Provided at the Everside Health Center
<ul style="list-style-type: none"> • Treatment for acute illnesses, such as: Ear infections Strep Throat Respiratory infections Flu/Colds/Viruses Skin rashes Infections • Minor Injuries • Most Sports & Camp Physicals 	<ul style="list-style-type: none"> • Childhood Immunizations • Well Child Care/Check-ups under age 13 • School Physicals under age 13

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:

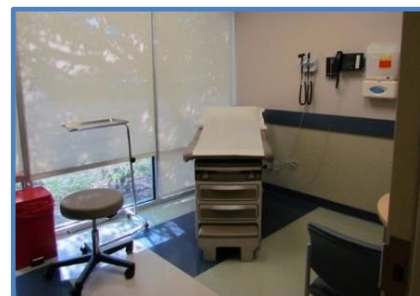
The Health Center provides lab tests at no cost to you. You can bring in an order from another doctor for lab tests, and the results will be sent to that doctor. There is no cost to you for blood tests done at the Health Center, even if they were not ordered by a physician at the Health Center.

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

- You may choose any dentist, but if your dentist is Out of Network, you may be balance billed for the charges above the in-network allowance.
- New for 2024! The in-network annual dental maximum benefit will increase from \$2,000 to \$2,500. The Out of Network maximum benefit will remain \$1,000.**
- 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 1-800-541-7846 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	\$2,500	\$1,000



VISION PLAN BENEFITS

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.

2024 Cost 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	\$ 4.05	\$3.21	\$1.51	\$1.20
Family	\$10.63	\$8.42	\$3.18	\$2.52

New Avenues Employee Assistance Program (EAP)

South Bend Community School Corporation is pleased to confirm New Avenues Employee Assistance Program 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 website 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.

New York Life Assistance Programs and Contact Information 2024!

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. New York Life 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 maximize benefits for our members.

Our suite of value-add resources includes:

Employee Assistance Program 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 discuss your needs. **The Employee Assistance Program provides a maximum of three in-person or virtual sessions per member, per issue, per year.**

Guidance Resources® When you need information quickly to help handle life's challenges, you can visit [guidanceresources.com](https://www.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 Coaching 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.**

Family Source® Managing the everyday concerns of home, work and family can be difficult. To help resolve these concerns, you have access to family care service specialists who provide customized educational materials and referrals for childcare, adoption, elder care, education and pet care

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

Phone: (800) 344-9752 **Website:** [guidanceresources.com](https://www.guidanceresources.com)

New York Life Assistance Programs and Contact Information 2024!

Financial, Legal & Estate Support



We know financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides our Financial, Legal & Estate Support program to help you navigate these issues, at no additional cost - leaving you with fewer worries.

Our suite of value-add resources includes:

FinancialConnect®

Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect® you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS™ (CFP®) and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.

In addition, on [guidanceresources.com](https://www.guidanceresources.com), you will have access to financial information on a wide range of topics including debt management, family budgeting, estate planning and tax planning as well as interactive tools and financial calculators.

LegalConnect®

If you are facing a difficult legal challenge and don't know where to start, LegalConnect® can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft.

If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 per-cent reduction in fees thereafter. Lastly, information on low cost and no legal options are available along with referrals to consumer advocacy groups and governmental organizations if needed.

EstateGuidance®

This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively. EstateGuidance® walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

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

Phone: (800) 344-9752 **Website:** [guidanceresources.com](https://www.guidanceresources.com)

New York Life Assistance Programs and Contact Information 2024!

Additional protection when you travel



GROUP BENEFIT SOLUTIONS

New York Life Group Benefit Solutions (NYL GBS) Secure Travel offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365.

Pre-trip planning

- Immunization requirements
- Visa and passport requirements
- Embassy/consular referrals
- Foreign exchange rates
- Travel advisories and weather conditions
- Cultural information

Travel Assistance

- 24-hour multilingual assistance and referral to interpretation and translation services
- Referrals to physicians, dentists, medical facilities and legal assistance providers
- Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**
- Assistance with lost or stolen items, including luggage and prescription replacement services**
- Emergency cash advances, up to \$1,500**
- Advancement of bail**

Emergency assistance*

- Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***
- Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency
- Cover round-trip transportation as well as accommodations, up to \$150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days
- Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial
- Emergency message relay, toll-free
- Assistance with making emergency travel arrangements**

NYL GBS Secure Travel

From the United States and Canada, call (888) 226-4567

From other locations, call collect (202) 331-7635

Fax: (202) 331-1528

Email: ops@us.generaliglobalassistance.com

Emergency services must be coordinated through Generali Global Assistance. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: _____

Policy # _____ Group#57

To learn more, call 1-888-226-4567

* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America. All other NYL GBS Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

*** Initial transport by ambulance following a covered medical emergency is excluded.

Survivor Assurance Program

Timely Services when you need them the most:

At New York Life Group Benefit Solutions (NYL GBS), we know losing a loved one is difficult. And we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. That's why, as part of the NYL GBS Survivor Assurance program, we offer services to support beneficiaries when they need it most, including:

A NYL GBS Survivor Assurance account in your name.

You can access these funds easily by writing a check from the book of drafts being sent to you. Your Certificate of Confirmation explains everything you need to know to access your money.

Contact:

If you have questions about your NYL GBS Survivor Assurance account call us at (800) 570-3778 weekdays between 8:00 am and 7:00 pm (EST).

Employee Assistance & Wellness Support.

Emotional support for you and your family members at no additional cost. Access available 24 hours a day, seven days a week. Includes work/life assistance, coaching, online articles, resources, and videos.

Financial, Legal, Estate Support.

Professional support for all types of pressing financial, legal, or estate issues; includes law consultations, tax consultations, credit and tax questions, and much more. Assistance includes identity theft and fraud resolution services, online tools for state-specific wills as well as other important legal documents.

Life and Disability Insurance



GROUP BENEFIT
SOLUTIONS

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. **Note: Please keep your designated beneficiary information up to date with Human Resources. If you remarry or choose to list your child(ren) or a friend or relative as beneficiary, it must be updated and signed on a New York Life beneficiary form.**

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 \$5,000 or \$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 \$3,050 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 2024! You must re-enroll during the American Fidelity open enrollment in order to participate in 2024.

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
- ▶ Prescribed over-the-counter medications
- ▶ If you are not sure if an expense is tax deductible, contact American Fidelity at 1-800-638-4268. You may also look for eligible expenses on the IRS Publication 502 home page: <https://www.irs.gov/pub/irs-pdf/p502.pdf>
- ▶ Please note the link is for 2022 Medical and Dental Expenses. For the latest information relating to Pub. 502 including updates enacted after it was published, go to <https://www.irs.gov/pub502>

Important Notes:

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. **If you terminate employment and you have a balance in your Flexible Spending Account, you can elect FSA COBRA coverage to have access to your unused funds. Please contact American Fidelity for more information at 800-638-4268.**

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 no fewer 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.

Welcome to Your
Employee Benefits Supersite!

www.mybensite.com/sbcsc

Benefits hotline: 1-888-685-4646



***Open Enrollment 2024 begins
Friday, November 3, 2023, and
closes on Thursday, November 16,
2023 at 4:00 p.m. EST.***

Step 1: Know Your Benefits

We believe that employees are our greatest resource. We offer a competitive benefit package to 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 Services Information
- Provider Search Directories
- Forms and plan document__

Step 2: Benefits 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

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

Email: An email address is required. Your email becomes your user name.

If you do not have an email, the supersite portal has Gmail or Yahoo links to establish a free email account.

Password: Create and confirm your password to complete registration.

New Members
Create Your Benefit Account

Last Name

Date of Birth **Last 4 digits of SSN**
_____ _____

Email

Create Password **Confirm Password**
_____ * _____ *

I have read and I accept the Employee Usage Agreement and Website Use Terms and Conditions.

Employee Registration

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.

Employee Log In
Access Your Employee Benefits

diaz@gmail.com

I have read and I accept the Employee Usage Agreement and Website Use Terms and Conditions.

Employee Login



OPEN ENROLLMENT 2024 WILL BE ADMINISTERED BY OPTAVSE. 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 Optavise online Employee Access portal:

www.mybensite.com/sbcsc

If you are not making any benefit election changes, your current elections will carry over into 2024, and you do NOT need to access the portal. If you cover your spouse, you must print and complete the spousal coverage verification form.

Upon completion, email the completed form to services@optavise.com or fax to Optavise at 1-407-650-3473 by November 30th, 2023.

Open enrollment will begin Friday, November 3, 2023, and will close on Thursday, November 16, 2023 at 4:00 p.m. EST. Please follow the instructions 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). Call the Employee Benefits Hotline below if you have any questions or concerns.

Employee Benefits Supersite!

www.mybensite.com/sbcsc

Employee Benefits Hotline

1-888-685-4646

When Can I Enroll

New Hires – Non-Certified Employees

You must enroll during your new hire eligibility window.

- Benefits are effective the 1st of the month following 60 days after your date of hire.
- You have from 10 days before your date of hire through 30 days past your benefit start date to complete your enrollment.

If you fail to enroll on time, you must experience a qualifying event or wait until the next 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 with 30 days of the event.

If you are unable to meet this requirement, you must 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.



**South Bend Community School Corporation
2024 Spousal Health Coverage Verification**



Effective January 1, 2024, to contain costs, South Bend Community School Corporation will continue to require a surcharge for employees who choose to cover spouses who are or become eligible for coverage through other employers. The surcharge will equal the entire cost of the monthly spousal health coverage. In addition to the 2024 announcement letter, the spousal surcharge premiums (based on the number of employee pay periods) are included in the employee benefit guide. **Upon completion, email the completed form to services@optavise.com or fax to Optavise at 1-407-650-3473 by November 30th, 2023.**

Employees electing to enroll their eligible spouse must complete this questionnaire. **Note: This does not apply if both you and your spouse are eligible employees of South Bend Community School Corporation.** It also does not apply to dental, vision, supplemental life insurance, or other supplemental benefits.

Employee, please check one of the following:

- My spouse is not employed at this time. If my spouse’s employment status changes in the future, I will notify Human Resources within 30 days of the event to discuss my options. **Failure to notify is deemed to be an intentional misrepresentation which may result in penalties, including past premium contribution collections. Failure to notify may also jeopardize eligibility, possibly resulting in retroactive termination of coverage.**
- My spouse is employed, but is not, and has not been, eligible for health insurance at this time through his/her employer. **Spouse’s employer must complete section below confirming spouse’s health plan eligibility status.**
- My spouse **has** coverage available through his/her employer. I understand that I will pay the cost of spousal coverage to cover my spouse.
- My spouse works for SBCSC: _____

Spouse’s Name (print legibly)
Spouse Employee ID

I understand that failure to accurately complete this form and submit by November 30th, 2023 will result in the spousal cost being assessed to me. Also, failure to notify SBCSC by processing a qualifying event in the Employee Benefits Supersite within 30 days of a change in my spouse’s eligibility for coverage through another plan may result in penalties, including, but not limited to, retroactive termination of coverage.

Employee Signature / ID number	Date
Employee’s Name Printed	Spouse’s Name Printed

To be completed by Employee only if you checked option 2 above.

Employee Name: _____ Spouse Name: _____
 Name of Spouse’s Employer: _____ Phone Number: _____

To be completed by Spouse’s Employer:

Please note that, as of January 1, 2024, South Bend Community School Corporation no longer contributes toward spousal coverage if the spouse was or is eligible to enroll in a health plan offered by the current employer.

Please check the reason that the employee named above is not eligible for your health insurance plan:

- We do not offer a health insurance plan to employees.
- This employee was recently hired and is in our waiting period or measurement period for benefits. The earliest date that he/she may be eligible for coverage is _____ assuming the employee meets our eligibility requirements.
- This employee does not currently work enough hours to be eligible for health insurance.
- Other (explain) _____

Signed (Spouse’s Employer’s Representative)	Date
---	------