



BENEFITS GUIDE

2024



THE METROPOLITAN SCHOOL DISTRICT OF
WARREN TOWNSHIP

WELCOME

to your

BENEFITS



At MSD Warren Township, we understand the important role that our benefit programs play in the lives of our employees and their families.

MSD Warren Township would not be the successful district it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefits package that is designed to insure and protect you and your family against financial hardship and loss.



THE METROPOLITAN SCHOOL DISTRICT OF
WARREN TOWNSHIP

COVERING YOU AND YOUR FAMILY

WHO IS ELIGIBLE

EMPLOYEES

Full-time certified staff, 12-month, salaried staff, and administrators are eligible to participate in benefit plans on the first day of the month following their 60 days waiting period. Full-time certified staff is eligible the first day of the month following hire date. Full-time employment is defined as working a minimum of 30 hours per week.

DEPENDENTS

Many of the plans allow you to cover your eligible dependents, which include:

- Legally married spouse*
- Legally adopted children
- Children up to age 26
- Stepchildren
- Children of any age that are totally disabled due to a physical or mental handicap

**Working Spouse Rule: If your spouse is offered health insurance through their employer, they will not be eligible for health insurance through MSD Warren Township.*



DISCOVER YOUR BENEFITS

	CARRIER / VENDOR	MSD WARREN TOWNSHIP PAYS	YOU PAY	FIND IT ON PAGE
HEALTH BENEFITS				
Medical	Anthem	✓	✓	7
Employee Healthcare Center	Community Hospital	✓		8
Virtual Care	Community Hospital	✓		8
Pharmacy Benefits	TrueScripts	✓	✓	9
Health Savings Account (HSA)	Everwise Credit Union		✓	10
Flexible Spending Account (FSA)	P&A Group		✓	12
Orthopedic Surgery Alternative	Regenexx	✓	✓	16
Orthopedic Surgeries	Hendricks Regional Health Orthopedic Center	✓		17
Dental	Delta Dental	✓	✓	18
Vision	VSP	✓	✓	19
FINANCIAL BENEFITS				
Life and AD&D Insurance	Madison National Life	✓	✓	21
Short-Term Disability	One America		✓	22
Long-Term Disability	Madison National Life	✓	✓	22
Voluntary Worksite Insurance	Aflac		✓	23
ADDITIONAL BENEFITS				
Employee Assistance Program	Community Hospital	✓		24



TIP! When viewing this guide on your internet browser, click this icon to return to the table of contents page.

ENROLLMENT INFORMATION

WHEN TO ENROLL

NEW HIRE

Benefits are effective:

Full-time support staff: 1st of the month after 60-day waiting period.

Full-time certified staff: 1st of the month after hire.

Visit steele.benselect.com/enroll

OPEN ENROLLMENT

During the annual benefits open enrollment period.

Visit steele.benselect.com/enroll

QUALIFYING LIFE EVENTS

Within 30 days of a qualifying life event.

Contact Human Resources

What should you know?

- Elections made now will remain until the next open enrollment
- You may elect to participate or waive benefits that are offered to you



Open enrollment will take place Nov. 8–30, 2023

Did you have any changes in benefits or your family?

- Marriage or Divorce
- Birth or Adoption
- You and/or your dependents gain or lose coverage by another group health plan
- Spouse's Open Enrollment
- Death of a spouse or child

HOW TO ENROLL

1 LOG IN

- Dependent information is required to enroll eligible dependents - gather DOBs and SSNs for all eligible dependents before you login.
- Navigate to the website: <https://steele.benselect.com/enroll>
- Enter your Social Security Number as your Employee Number without dashes/spaces.
- Enter your 6 digit PIN: the last 4 digits of your SSN, then the last 2 digits of your birth year.
- And you will need to upload marriage license and/or any child birth certificates as applicable.

2 ENROLL

- Click the "Next" button to move from one benefit screen to another - reviewing all plans in sequential order.
- Add dependent and beneficiary information.
- Choose an election for every benefit offered - selecting "Enroll or Waive".

3 CONFIRM

- After selecting all benefit elections - review the benefit summary screen to confirm your coverage requests.
- Once accuracy is confirmed - sign electronically by re-entering your 6 digit PIN.
- Before logging out - print or save a copy of your completed benefits summary then verify your final enrollment status shows "100% complete".

Medical

BENEFITS



MEDICAL INSURANCE



	HDHP 1	HDHP 2
	IN-NETWORK* Blue Access Network	IN-NETWORK* Blue Access Network

HOW DOES IT WORK AT THE HOSPITAL?

Deductible Individual Family	\$3,250 \$6,500**	\$5,000 \$10,000**
In-patient Surgery	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible
Out-patient Surgery	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible

WHAT IS THE MOST I WILL PAY?

Out-of-Pocket Maximum Individual Family	\$5,000 \$7,500**	\$6,900 \$13,800**
Coinsurance Member Pays Plan Pays	20% 80%	20% 80%

HOW DOES IT WORK AT THE DOCTOR'S OFFICE?

Preventive Care	No Charge	No Charge
Telehealth	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible
Primary Care Physician	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible
Specialist	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible
Minor Labs and Blood Work	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible
Major Diagnostic (ex: MRI, CT, PET scan)	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible

WHAT IF I NEED EMERGENCY CARE?

Urgent Care	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible
Emergency Room	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible

HOW MUCH DOES IT COST FOR PRESCRIPTIONS?

Retail (30-day supply)	You pay 20% once you meet your deductible	You pay 20% once you meet your deductible
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YOUR MEDICAL COST

	SUPPORT STAFF 18 DEDUCTIONS		TEACHERS 24 DEDUCTIONS	
	HDHP 1	HDHP 2	HDHP 1	HDHP 2
Employee	\$84.78	\$61.73	\$63.59	\$46.30
Employee + Spouse	\$162.56	\$118.34	\$121.92	\$88.76
Employee + Child(ren)	\$139.21	\$101.34	\$104.41	\$76.01
Employee + Family	\$216.58	\$157.68	\$162.44	\$118.26

Remember! You have access to the Employee Healthcare Center. Many of the services at the clinic are FREE.

Learn more on the next page!

*Out-of-network care is also available. See plan documents for details.

**The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

EMPLOYEE HEALTHCARE CENTER

FREE HEALTHCARE IS WITHIN REACH!

The Warren Township Employee Healthcare Center is created for the exclusive use of employees and dependents of Warren Township who are covered under the Township-sponsored medical plan. The healthcare center is staffed by Board-Certified Family Practice providers who can evaluate and treat your entire family for a wide variety of ailments.

Our employee healthcare center offers all of the services provided in a typical primary care office, including physical evaluation and treatment for everything from the flu to complicated chronic diseases, DOT physical examinations, immunizations, and lab services at **NO COST**.

HOW DO I GET STARTED?

You will need to create an account before scheduling an appointment. Once you have created your account, it is as easy as logging on to schedule an appointment, make changes to your profile, etc. This link can be accessed from within the district or from your home computer.

1. Visit ecomunity.com/locations/warren-township-employee-healthcare-center
2. Log in (or register if you don't have an account)
3. Choose a day, doctor, and time convenient for you.

EMPLOYEE HEALTHCARE CENTER

HOURS

Mon., 7 a.m. - 4 p.m.

Tues., 8:30 a.m. - 5:30 p.m.

Thurs., 8:30 a.m. - 5:30 p.m.

Closed for lunch daily 12:30 - 1 p.m.

LOCATION

9213 East 18th Street

Indianapolis, IN 46229

317-532-6112

COMMUNITY VIRTUAL CARE

Community Virtual Care is essentially an online extension of our Employee Healthcare Center, therefore all employees, spouses, dependents, and retirees on Warren's health insurance plan can access it at **NO COST**.

Warren staff can schedule an appointment or access a physician at:

ecomunity.com/virtual-urgent-care

IMPORTANT: When scheduling a visit, Warren staff will need to click the service key option.



Find your service key passcode in the Employee Clinic folder here.



SAVING MONEY ON PRESCRIPTIONS



HOW CAN TRUESCRIPTS HELP?

TrueScripts manages your prescription drug benefits. PBMs reduce prescription drug costs and improve convenience and safety by negotiating more affordable rates, processing claims, and managing formularies so you know what medication is covered on your health plan.

NEW FOR 2024!

PRICEPROTECTOR+, POWERED BY GOODRX

You might have heard of—or even used—the GoodRx discount program in the past. GoodRx offers coupons to help you save on your prescriptions, but in the past it wasn't compatible with your medical insurance. Now TrueScripts makes it easier for you to get the greatest savings possible while getting credit toward your deductible and out-of-pocket maximum.

With PriceProtector+, TrueScripts will automatically apply GoodRx discount card pricing if it is lower than the cost through your medical plan. No shopping around, no forms to send in, no headaches!

Learn more about PriceProtector+. ✨

ACCESS PHARMACY RESOURCES ON YOUR TRUESCRIPTS MEMBER PORTAL

Register online at memberportal.truescripts.com to manage your pharmacy benefits.

TrueScripts member portal features:

- Recent claim history
- Network pharmacy locator
- Drug price lookup—check real-time pricing on medication!
- Live chat available Mon-Fri, 8 a.m. to 6 p.m. ET

QUESTIONS?

Call 844-257-1955



HEALTH SAVINGS ACCOUNT



By enrolling in one of our medical plans, you get access to a Health Savings Account (HSA), which can be used to pay for qualified health care expenses.

WHO IS ELIGIBLE?

Anyone who fits **all** of the following conditions is eligible for our HSA:

- ✓ **IS** enrolled in one of our medical plans.
- x **IS NOT** enrolled (and not planning to enroll) in: any other medical plan that has copays, Medicare, Tri-Care, or Medicaid.
- x **IS NOT** eligible to be claimed as a dependent on someone else's tax return.

ANNUAL CONTRIBUTIONS

ANNUAL CONTRIBUTION LIMITS

2024 (Individual Family)	\$4,150 \$8,300	Individuals age 55 and older are eligible to make catch-up contributions of an additional \$1,000 annually.
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HSA FACTS

YOU HAVE CONTROL

- You can use the funds on medical, dental and vision expenses for you and your family.
- There is no “use it or lose it” rule.

YOU SAVE ON TAXES

- All money deposited is tax free.
- Withdrawals for eligible expenses are exempt from federal income tax.
- You can earn interest tax free.

EXAMPLES OF ELIGIBLE EXPENSES

- Office Visit Copays, Prescription Copays, Orthodontia, Acupuncture, Hearing Aids and Batteries, Infertility Treatment and Feminine Hygiene Products

Learn more on the next page.

LEARN MORE!

Why you might choose an HSA:

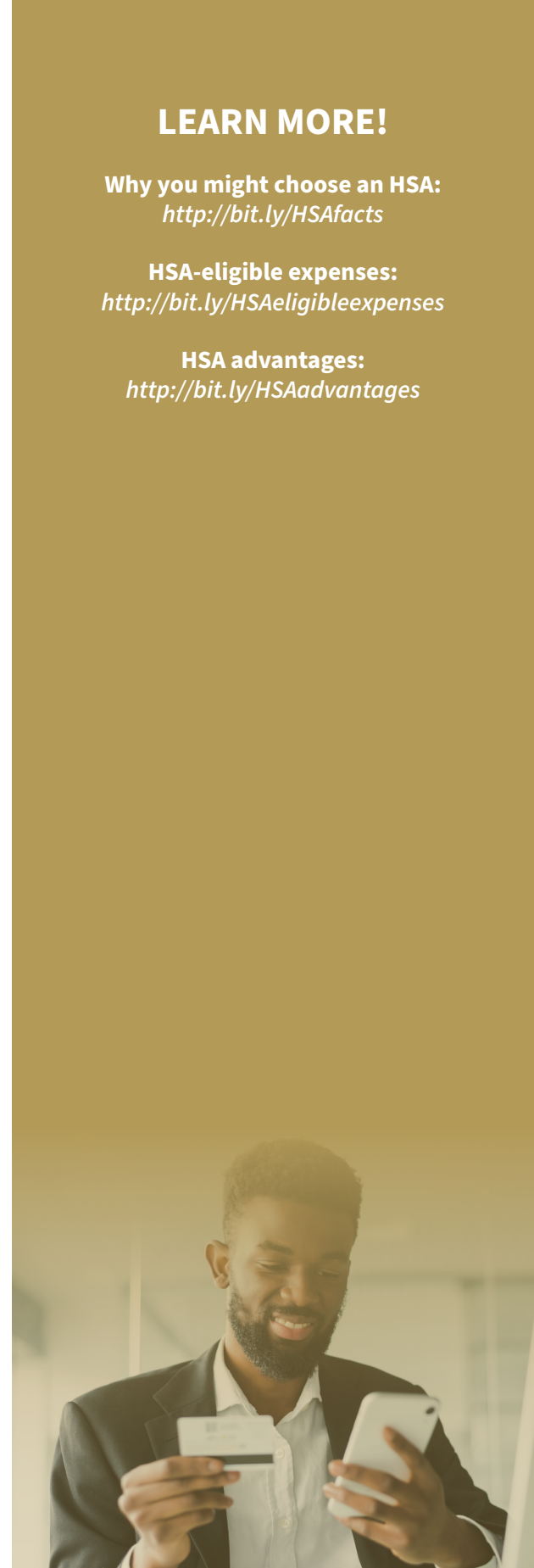
<http://bit.ly/HSAfacts>

HSA-eligible expenses:

<http://bit.ly/HSAeligibleexpenses>

HSA advantages:

<http://bit.ly/HSAadvantages>





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: **MSDWarrenTownship**

Contact me if you have any questions:

Ann Hall, Service Center Manager

ahall@everwisecu.com 317-869-1111 Ext. 8437

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by P&A Group

MSD Warren Township offers three types of Flexible Spending Accounts (FSA): A Healthcare FSA, Dependent Care FSA and Limited Purpose FSA. Each account enables you to pay for eligible expenses with pre-tax dollars thereby lowering your taxable income. You decide how much money to set aside on an annual basis and your contribution amount will be divided equally over each applicable pay period.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ELIGIBILITY	2024 CONTRIBUTION LIMITS
Healthcare FSA	<ul style="list-style-type: none"> Medical and dental deductions, copays, and coinsurance Prescription drugs copay Eye exams, glasses, contacts, Lasik Hearing exams Orthodontic expenses And more! 	You are NOT eligible to participate in the Healthcare FSA if you are contributing to a Health Savings Account.	The IRS annual maximum not released until late 2023. 2023's maximum is \$3,050*
Dependent Care FSA	<ul style="list-style-type: none"> Daycare facility fees (excluding transportation, lunches and educational services) Before-school and after-school care Local day camp 	<p>If you have dependent children under the age of 13 or dependents of any age who are unable to care for themselves, you can enroll in this plan and choose the amount you want to put aside for daycare.</p> <p>An eligible care provider: cannot be a dependent child who is claimed as a dependent and is under the age of 19, must meet the requirements of your state, and must claim the money as income when determining their taxes at the end of the year.</p>	A maximum of \$5,000 annually (\$2,500 if married and filing separate tax returns)
Limited Purpose FSA	<ul style="list-style-type: none"> Dental and Orthodontia Expenses Vision Care 	You can ONLY participate in the Limited Purpose FSA if you have a Health Savings Account.	A maximum of \$2,850 annually*

*HEALTHCARE AND LIMITED PURPOSE CARRY OVER RULE

Due to IRS regulations, you may only carry over up to the IRS annual maximum to the next plan year. (IRS maximum not released until late 2023 (the 2023 amount is \$610). The maximum may increase from year-to-year as provided under IRS Notice 2020-33 and Section 125(i) of the Internal Revenue Code. This amount can be used the following Plan year to pay for eligible expenses.

HOW TO

save more

MONEY



- ✓ **Only visit the Emergency Room in the case of a true emergency.**
Check your area for an Urgent Care location or Convenience Care Clinic.
- ✓ **Get care for FREE at the Employee Healthcare Center.**
Our employee healthcare center offers all of the services provided in a typical primary care office, including physical evaluation and treatment for everything from the flu to complicated chronic diseases, DOT physical examinations, immunizations, and lab services at **NO COST**. *Learn more on page 8 of this guide!*
- ✓ **Use In-Network Providers.**
Your medical costs increase greatly when you visit a provider who is not in the network. Always confirm your provider is in the Anthem Blue Access network, especially when being referred to another provider or facility for services.
- ✓ **Get your physical.**
Be sure you and your dependents receive routine annual physical exams and immunizations. Adults and children should have preventive health screenings recommended for their age for early detection of health conditions. All of these preventive services are covered at 100% on each of our plans, and most of these screenings can be done at our Employee Healthcare Center for free.
- ✓ **Use Generic prescriptions, if available.**
Ask your doctor for a generic or request the generic equivalent when having your prescription filled. Check with your local retail pharmacy (Walmart, Sam's Club, Target, Costco, etc.) to see if your generic medication is on their \$4 or \$10 Generic Prescription List. If your generic medication is on their list, you can save money and also reduce plan costs. Remember, some generic medications are available at the employee clinic!
- ✓ **Save money on prescriptions with TrueScripts.**
It can pay to be a savvy shopper. Look up your prescription on your TrueScripts member portal to find the lowest cost pharmacy. Good news! TrueScripts now automatically applies GoodRx discounted pricing to your generic prescriptions. The amounts you pay will be automatically credited to your deductible and out-of-pocket maximum where appropriate.

IMPORTANCE OF PREVENTIVE CARE

WHY DO YOU NEED PREVENTIVE CARE?

Your health coverage covers specific preventive care services at no out-of-pocket cost when completed by an in-network provider. Even when you're feeling fine, a serious condition with no symptoms may put your health at risk.

Taking advantage of available services at the right time can help you stay healthier by:

- Identifying minor issues now before they develop into a major issue later
- Preventing certain illnesses and conditions
- Proactively detecting health problems at early stages, when treatments may be more successful

WHAT IS PREVENTIVE CARE?

Services are considered preventive when you don't have any symptoms or diagnosed health issues connected with the preventive service. These services are often provided as part of your wellness exam.

You and your doctor will determine what services are right for you based on your:

Age | Gender | Personal health history | Current health

WHAT IS NOT PREVENTIVE CARE?

If you have been diagnosed by a doctor with a health issue, the additional screenings and tests following this diagnosis are no longer considered preventive.

Your health coverage still provides coverage for these services, but they are not covered under your preventive benefit.

**SEE WHAT TESTS AND SCREENINGS ARE RECOMMENDED
FOR YOUR AGE!**

Go to [anthem.com/preventive-care/](https://www.anthem.com/preventive-care/)

Note: You should call the insurance company to confirm which preventive services are covered under your medical plan.

THE SYDNEY APP

Provided by Anthem

With Sydney, you can find everything you need to know about your Anthem benefits personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.



WITH JUST ONE CLICK, YOU CAN:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with the chatbot
- View and use digital ID cards

THE SYDNEY APP FEATURES...

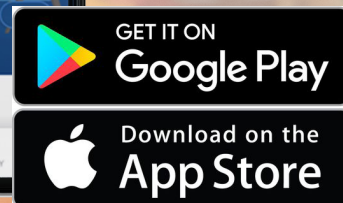
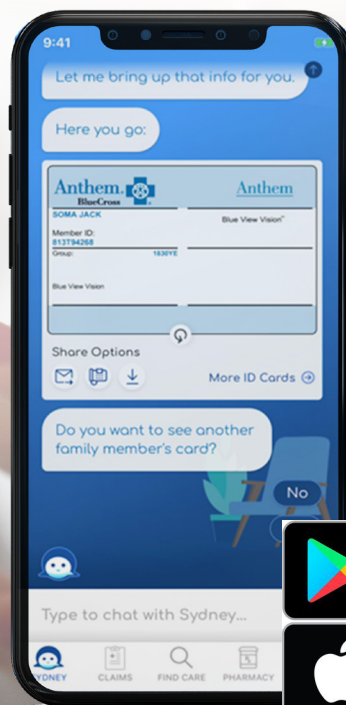
MY HEALTH DASHBOARD

With My Health Dashboard on the Sydney Health mobile app, it's all about you. My Health Dashboard is tailored to your individual health journey every step of the way!

MY HEALTH RECORDS

Keeping track of your individual and your family's health information is easier with the My Health Records feature on the Sydney Health app and anthem.com. Now you can see the full picture of your family's health all in one secure place!

Scan the QR code with your smartphone or tablet to learn how to download the Sydney Health app. We recommend all Anthem members download this free resource!



SURGERY ALTERNATIVE FOR ORTHOPEDIC PAIN

PROVIDED BY REGENEXX

HOW DOES REGENEXX WORK?

Regenexx uses your body's natural healing agents to replace the need for up to 70% of elective orthopedic surgeries by using your stem cells and blood platelets to repair and regrow damaged bone, cartilage, muscle, tendon, and ligament tissues.

Regenexx procedures treat a broad range of chronic and acute orthopedic injuries. Whether you suffer from the lingering aches and pains often associated with aging or a tear or sprain due to activity, Regenexx may be able to help return you to full function without invasive surgery.



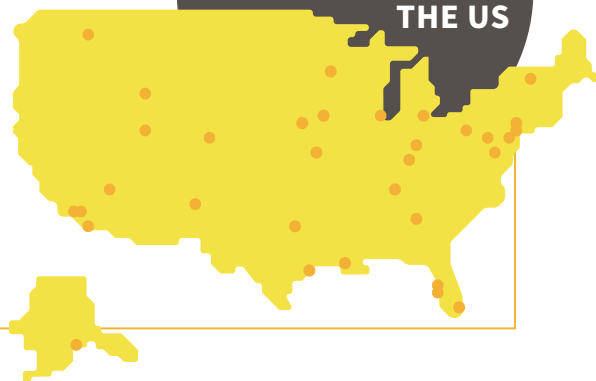
CONDITIONS TREATED BY REGENEXX

- **Spine** | Ruptured or torn disc, disc extrusion, etc.
- **Hand / Wrist / Elbow** | Arthritis, tennis elbow, carpal tunnel, etc.
- **Knee** | Meniscus tear, ACL/PCL sprain or tear, etc.
- **Shoulder** | Rotator cuff tears, labral tear, etc.
- **Hip** | Osteonecrosis, bursitis, etc.
- **Ankle / Foot** | Instability, bunions, etc.

Regenexx National Network

Regenexx has the only national network of Interventional Orthopedics clinics. Each Regenexx physician receives hundreds of hours of hands-on training in our proprietary procedures to make sure that every patient receives the highest quality of care.

60+ CLINIC
LOCATIONS ACROSS
THE US



Call | 866-434-1572

Visit | regenexxbenefits.com/warren-k12-in

SURGERY BENEFIT



Our health plan provides a unique benefit through Hendricks Regional Health (Hendricks) Orthopedic Center of Excellence. Members receive exceptional, personalized care with little or no out-of-pocket costs and a seamless experience. Plus, when employees travel to Hendricks for their procedure, a one-night hotel stay may be provided and arranged by our Concierge when determined necessary by their surgeon. Read the FAQs for additional information about this benefit.

FREQUENTLY ASKED QUESTIONS

What steps do I need to take to start the surgery process?

Step 1: See a healthcare provider to have your joint or muscle pain evaluated. This can be through your primary care office or your employer Wellness Clinic.

Step 2: If your provider recommends you for surgery, you will call the scheduling line at (317) 386-5630 and give your name, date of birth, employer name and other clinical information to schedule a virtual or in-person visit with a Hendricks Regional Health orthopedics provider.

Will I have to visit Hendricks Regional Health before the surgery, or can this be done virtually?

Some patients may have the option to be seen virtually for their pre-surgical appointment. This depends on the type of surgery needed and the patient's medical history.

If I have already received testing from another health system or another provider, will you need to redo all the lab, imaging services and evaluations?

If you've had medical tests or evaluations to assist in determining a diagnosis recent enough, and we can get your records, you may not have to be re-tested or re-evaluated. If we don't have enough information, we may request follow up testing and evaluations as necessary to determine if surgery is your best option.

How much will the surgery cost me?

The surgery itself has no out-of-pocket cost (the most expensive part), but check with your employer for details. You may incur charges for pre-surgical evaluation and post-operative therapy. Costs may be partially offset by shared savings ranging from \$500 to \$1,500 which you will receive from your employer after the surgery.

How do I get the shared savings check?

If you have surgery at the Hendricks Regional Health Orthopedic Center of Excellence, your employer will issue you a shared savings check ranging from \$500 to \$1,500 after surgery.

DENTAL INSURANCE



DENTAL PLAN			
BENEFITS			
Calendar Year Deductible* (Individual Family)	\$25 \$50 <i>Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.</i>		
Maximum Benefit (Per Person)	\$1,000		
HOW DOES THE PLAN WORK?	DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	NON-PARTICIPATING DENTIST
Diagnostic and Preventive Services <i>Cleaning and X-rays</i>	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services <i>Fillings, Extractions, Endodontics and Periodontics</i>	Plan pays 90%	Plan pays 80%	Plan pays 80%
Major Services <i>Crowns and Bridgework</i>	Plan pays 60%	Plan pays 50%	Plan pays 50%
ORTHODONTICS <i>Up to age 23</i>			
	Plan pays 50%	Plan pays 50%	Plan pays 50%
Lifetime Benefit Maximum (Per Person)	\$1,000		




YOUR DENTAL COST		
	SUPPORT STAFF 18 DEDUCTIONS	TEACHERS 24 DEDUCTIONS
Employee	\$1.00	\$1.00
Employee + Spouse	\$12.29	\$9.22
Employee + Child(ren)	\$12.29	\$9.22
Employee + Family	\$12.29	\$9.22

GET TO KNOW YOUR DENTAL NETWORKS

Your dental plan offers three levels of dental providers:

- Delta Dental PPO
- Delta Dental Premier
- Out-of-network

For the greatest benefits and discounts, choose a dentist in the PPO network.

<div style="background-color: #8B733D; color: white; padding: 5px; margin-bottom: 10px;">PPO</div>  <p>You'll save the most if you visit a PPO dentist.</p> <p><i>The PPO network is Delta Dental's lowest-cost network. It includes dentists who have agreed to the largest reduction in their fees.</i></p>	<div style="background-color: #8B733D; color: white; padding: 5px; margin-bottom: 10px;">PREMIER</div>  <p>If you can't find a PPO dentist, a Premier dentist is the next best option.</p> <p><i>The Premier network is Delta Dental's largest network. It offers discounted fees, but you'd pay less at a PPO dentist.</i></p>	<div style="background-color: #8B733D; color: white; padding: 5px; margin-bottom: 10px;">OUT-OF-NETWORK</div>  <p>You'll pay the most if you visit an out-of-network dentist.</p> <p><i>Out-of-Network dentists have not contracted with Delta Dental for a negotiated rate, so you don't get any discounts.</i></p> <p><i>Plus, if you use an out-of-network dentist, and they charge more than what Delta Dental allows, the dentist can send you the bill for the additional amount (this is called "balance billing").</i></p>
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VISION INSURANCE



	VSP VISION PLAN	
	IN-NETWORK	OUT-OF-NETWORK
NETWORK		
Network	VSP Choice	
BENEFITS		
Maximum Benefit <i>(every 2 years)</i>	\$1,000	
Eye Exam <i>(once every plan year, beginning Jan. 1)</i>	\$10 copay	Reimbursed up to \$45
Eyeglass Lenses <i>(once every plan year, beginning Jan. 1)</i> Single Bifocal Trifocal Lenticular	\$15 copay	Reimbursed up to \$30 \$50 \$65 \$100
Frames <i>(once every other plan year, beginning Jan. 1)</i>	Up to \$150 allowance + 20% off amount over allowance	Reimbursed up to \$70
Elective Contacts <i>(once every 12 months)</i> <i>In lieu of Eyeglasses</i>	\$130 allowance <i>Elective contact lens fitting and evaluation services are covered in full after a maximum \$60 copay</i>	Reimbursed up to \$105
Medically Necessary Contacts	Covered after copay	Reimbursed up to \$210

	YOUR VISION COST	
	SUPPORT STAFF 18 DEDUCTIONS	TEACHERS 24 DEDUCTIONS
Employee	\$1.00	\$1.00
Employee + Spouse	\$8.41	\$3.10
Employee + Child(ren)	\$8.41	\$3.10
Employee + Family	\$8.41	\$3.10



Financial

BENEFITS



GROUP LIFE AND AD&D

It's important that our employees have some level of financial protection. That's why we provide eligible employees with Basic Life and AD&D coverage through Madison National Life at a minimal cost to you.

COVERAGE AMOUNT	Teachers: \$75,000 Support Staff: \$30,000
COST	Benefit provided for \$1/year

VOLUNTARY LIFE AND AD&D

We provide all eligible employees the option of purchasing Voluntary Life and AD&D insurance through Madison National Life. These benefits provide valuable peace of mind and give you the option of covering your dependents. If you elect coverage for yourself, you are eligible to elect coverage for your spouse or dependent children as well. You cannot elect Voluntary Life and AD&D for your spouse and dependent children unless you elect coverage for yourself.

EMPLOYEE BENEFIT	\$10,000 increments up to the lesser of \$200,000 or 5 times annual salary Guarantee Issue: \$200,000 under age 60; \$100,000 age 60 and over	<h3>THINGS TO KNOW</h3> <ol style="list-style-type: none"> 1. A “guarantee issue” amount is the dollar amount of coverage you can be approved for without completing a health questionnaire. Guarantee issue amounts only apply during the 31 days following your initial eligibility period when hired. 2. If you wish to enroll in the Voluntary Life and AD&D plan or increase your coverage after your initial eligibility period, you will be required to complete the Evidence of Insurability Form, which contains questions about your health. 3. Rates are based on your age and the amount of coverage you elect. Spouse rates are also based off of the employee age. 4. You must designate a beneficiary for Life and AD&D. You have the right to change the beneficiary at any time by written or electronic notice. You can change your beneficiary by contacting Human Resources.
SPOUSE BENEFIT	Teachers: \$25,000 Support Staff: \$10,000	
CHILD BENEFIT 14 days to age 19 or 24 if a full-time student.	Teachers: \$5,000 Support Staff: \$2,000 Guarantee Issue: Teachers: \$5,000 Support Staff: \$2,000	

HOW MUCH LIFE INSURANCE DO I NEED?

When it comes to protecting the financial security of you and your family, nothing is more important than planning ahead. Even if you already have a life insurance policy in addition to the company-provided policy, it's important to ask yourself:

“Do I have the protection I need to cover all of my financial responsibilities?”

A few categories to consider:



Daily Living Expenses



Mortgages / Loans



College Tuition

DISABILITY INSURANCE

We offer Short-Term Disability (STD) and Long-Term Disability (LTD) benefits to eligible employees at a minimal cost to you. In the event you become disabled from a non-work related injury or sickness, disability income benefits provide a source of income while you are unable to work.

GOOD TO KNOW! These benefits work together to make sure you don't have a gap in coverage. When STD coverage is exhausted, LTD coverage takes effect if you are still unable to return to work.

SHORT-TERM DISABILITY (STD)

STD provides income protection for disabilities that occur due to injury or sickness and last for a short period of time.

Benefit Amount	Based on election and annual salary
When are Benefits Payable?	Option 1: 1st day of accident and 8th day of illness Option 2: 1st day of accident and 15th day of illness
Maximum Benefit	\$400 to \$6,500 per month (based on election and annual salary)
Maximum Benefit Duration	13 Weeks

LONG-TERM DISABILITY (LTD)

LTD provides income protection against a long-term injury or sickness that extends beyond the period covered by the short-term disability plan. A pre-existing condition limitation applies.

Benefit Amount	66 2/3% Monthly Earnings
When are Benefits Payable?	After 90 days of disability and exhausting your paid leave
Maximum Benefit	\$11,112 per month
Maximum Benefit Duration	Up to Social Security Normal Retirement Age (SSNRA)



DID YOU KNOW?



VOLUNTARY WORKSITE INSURANCE



ACCIDENT **

Accident insurance helps you meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Lump sum benefits are paid directly to you based on the amount of coverage listed in the schedule of benefits.

If you insure yourself, you can also insure your spouse and dependents. The accident plan is guaranteed issue, so no health questions are required.

Examples of your benefits include:

Coma	\$10,000
Ankle Dislocation (Open Reduction Closed Reduction)	\$2,400 \$1,200
Concussion	\$500
Leg Fracture (Open Reduction Closed Reduction)	\$4,800 \$2,400

CRITICAL ILLNESS**

Critical Illness insurance helps you offset the financial effects of a catastrophic illness with a flat lump sum benefit if an insured is diagnosed with a covered critical illness.

The Critical Illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy. Examples of illnesses include: Heart Attack | Cancer | Major Organ Transplant | Kidney Failure | Stroke | Bone Marrow Transplant

	EMPLOYEE, SPOUSE & CHILDREN*
Benefit Amount Range	\$5,000 - \$30,000
Guaranteed Issue	\$30,000

*Child(ren) benefit will be 50% of employee benefit.

HOSPITAL INDEMNITY**

Hospital Indemnity insurance helps provide financial protection for individuals by paying a benefit due to a hospitalization. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

Examples of your benefits include:

Hospital Admission	\$1,000 (1 day/plan year)
Hospital Confinement	\$150 (up to 364 days/plan year)
ICU Confinement	\$150 (up to 364 days/plan year)
ICU Admission	\$1,000 (1 day/plan year)
Emergency Room	\$100 (up to 4 days/plan year)
Lodging	\$150 (up to 30 days/plan year)
Transportation	\$200 (up to 30 days/plan year)

YOUR MONTHLY HOSPITAL INDEMNITY COST

Employee	\$14.59
Employee + Spouse	\$41.86
Employee + Child(ren)	\$33.96
Employee + Family	\$65.71

**Please refer to the summaries for full plan details.

EMPLOYEE ASSISTANCE PROGRAM

Life is full of challenges and sometimes balancing it is difficult. MSD Warren Township is proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families.

The Employee Assistance Program (EAP) is provided at **NO COST** to you through Community Health Network. You and your eligible dependents have access to 24/7 phone consultation with a licensed mental health professional and referrals to supportive resources.

In addition to phone consultations, the EAP has numerous locations and can direct you to the office most convenient for you for in-person appointments. Appointments are available from the early morning through the evening hours.

AN EAP CAN ADDRESS THE FOLLOWING ISSUES:



WORK & CAREER



LEGAL ASSISTANCE



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



SUBSTANCE ABUSE & ADDICTION



EMOTIONAL WELL-BEING

FOR CONFIDENTIAL 24/7 ASSISTANCE:

Call 317-621-7742



IMPORTANT

BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE / EMAIL
Medical	Anthem	833-578-4441	umr.com
Employee Healthcare Center	Community Hospital	317-532-6112	ecomunity.com/locations/warren-township-employee-healthcare-center 9213 East 18th Street, Indianapolis
Pharmacy Benefits	TrueScripts	844-257-1955	truescripts.com
Health Savings Account	Everwise Credit Union	317-869-1111 Ext. 8437	everwisecu.com/HSA
Virtual Care	Community Virtual Care	866-703-1259	eCommunity.com/Virtual-Urgent-Care
Orthopedic Surgery Alternative	Regenexx	866-434-1572	regenexxbenefits.com/warren-k12-in
Hendricks Regional Health Orthopedic Center		(317) 386-563	http://www.hendricks.org/coe
Dental	Delta Dental	800-524-0149	deltadentalin.com
Vision	VSP	800-877-7195	vsp.com
Basic Life and AD&D Voluntary Life and AD&D	Madison National Life	800-356-9601	madisonlife.com
Short-Term Disability Long-Term Disability	One America Madison National Life	855-517-6365 800-356-9601	oneamerica.com madisonlife.com
Voluntary Worksite Insurance	Aflac	800-992-3522	aflac.com
Employee Assistance Program	Community Hospital	317-621-7742	magellanascend.com
Benefits Administrator Kathy Cobb	MSD Warren Township	317-869-4374	kcobb@warren.k12.in.us

WHAT DOES THAT WORD EVEN MEAN?

TERM	DEFINITION
Annual Deductible (Jan 1 through Dec 31)	The amount you are required to pay per calendar year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. This deductible starts over every January 1st.
Annual Out-of-Pocket Maximum (Jan 1 through Dec 31)	The most you pay in a calendar year for covered services that are subject to coinsurance/copays. The deductible is included in this amount. If you reach the annual out-of-pocket maximum, the plan pays 100% of covered in-network eligible expenses for the remainder of the plan year. Office visits and prescription copays are included in the annual out-of-pocket maximum for our medical plans. This maximum starts over every January 1st.
Balance Billing	When you are billed for the difference between the provider’s actual charge and the amount reimbursed under the medical or dental plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply towards out-of-pocket maximum.
Coinsurance	The percentage you pay for covered expenses.
Copayments or Copays	The flat dollar amount you pay for certain in-network services.
Explanation of Benefits (EOB)	Provides information about how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.
Health Savings Account (HSA)	A special, tax-advantaged, interest-bearing account to help plan and pay for qualified health care expenses (including plan deductible) while covered by a qualified high deductible health plan.
High Deductible Health Plan (HDHP)	A plan with a higher deductible than a traditional insurance plan. You pay more health care costs yourself before the insurance company starts to pay its share (your deductible). A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.
In-Network	A group of doctors, hospitals and other healthcare providers that contract with a plan vendor to provide quality healthcare services at favorable rates.
Preferred Provider Organization (PPO)	A healthcare arrangement designed to provide healthcare services at a discounted cost for members to use designated providers (the network), but which also provides coverage (at a lower level) for services received from providers that are not part of the network.
Pre-Existing Condition	3/12 for LTD: The policy will not cover any disabilities during the first 12 months after the effective date that is caused or contributed by any sickness or injury for which treatment was received during the 3 months prior to the effective date of coverage.
Usual, Customary, and Reasonable (UCR) Charges	Healthcare charges that are determined by your health plan vendor and are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges do not apply. You are responsible for amounts over UCR for out-of-network care.



THE METROPOLITAN SCHOOL DISTRICT OF
WARREN TOWNSHIP

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.