



THE METROPOLITAN SCHOOL DISTRICT OF

WARREN TOWNSHIP

BENEFIT GUIDE

JANUARY 1–DECEMBER 31 | 2026



WELCOME TO YOUR BENEFITS



MSD Warren Township would not be the success it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefits package to support your physical, mental, and financial wellness.

This guide highlights the options available to you as a benefits-eligible employee. Please take time to review this guide so you can make informed decisions and get the most from your benefits.

ENROLL BY NOV. 26!

OPEN ENROLLMENT IS NOV. 4–26

This is your annual opportunity to review and update your benefits. Don't miss out!

After you've reviewed your benefit options, log on to Steele.BenSelect.com/enroll to make your selections.

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COVERING YOU AND YOUR FAMILY

EMPLOYEES

These groups are eligible to participate in benefit plans on the first day of the month following their hire date.

- Full-time certified staff
- Full-time salaried support
- Administrators

These groups are eligible to participate in benefit plans on the first day of the month following 60 days.

- Support staff (12 month)
- Support staff (school year employment)

The waiting period is waived for:

- Transfers to full-time

DEPENDENTS

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

- Legally married spouse*
- Dependent children including:
 - Children up to age 26 regardless of student or marital status
 - Stepchildren up to age 26 regardless of student or marital status
 - Disabled children of any age who are (or become) physically or mentally incapable of self-support

***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.

WHEN CAN YOU ENROLL IN BENEFITS?

NEW HIRE

Enroll within your new-hire enrollment window.

Enroll on Steele.BenSelect.com/enroll

Closely review your options as a new hire

- Some benefits include enrollment opportunities that are only available when you first enroll. Don't miss out!
- Your elections are effective until the next open enrollment.

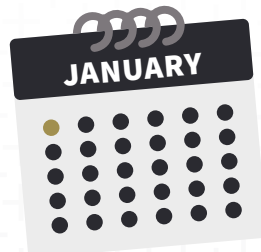
OPEN ENROLLMENT

Enroll during the annual benefits open enrollment period.

Enroll on Steele.BenSelect.com/enroll

Your annual opportunity to review & change your benefits

- Typically held in the fall
- The benefits you select become effective on Jan. 1



QUALIFYING LIFE EVENT

Enroll within 30 days of a qualifying life event.

Contact Human Resources

“Qualifying life events” allow you to make a mid-year benefit change

Examples include:

- Marriage or divorce
- Birth or adoption of child
- You and/or your dependents become eligible or lose coverage with another group health plan
- Spouse's open enrollment
- Change in work status (part-time to full-time)

ENROLLMENT INSTRUCTIONS



Enrolling in benefits is easy on our online portal. Follow these instructions to log in and make your selections.

1. GATHER YOUR INFORMATION

You'll need your dependent information to enroll eligible dependents. Gather your dependents' birth dates and Social Security Numbers before you log in. You'll also need to upload your marriage license and any children's birth certificates if applicable.

2. LOG IN TO THE ENROLLMENT PORTAL

Visit | Steele.BenSelect.com/enroll

- Enter your Social Security Number (SSN) without dashes or spaces as your Employee Number.
- Enter your six-digit PIN
 - the last four digits of your SSN
 - plus the last two digits of your birth year
- Enter your username, password, and the last four digits of your SSN.

3. START YOUR BENEFIT ENROLLMENT

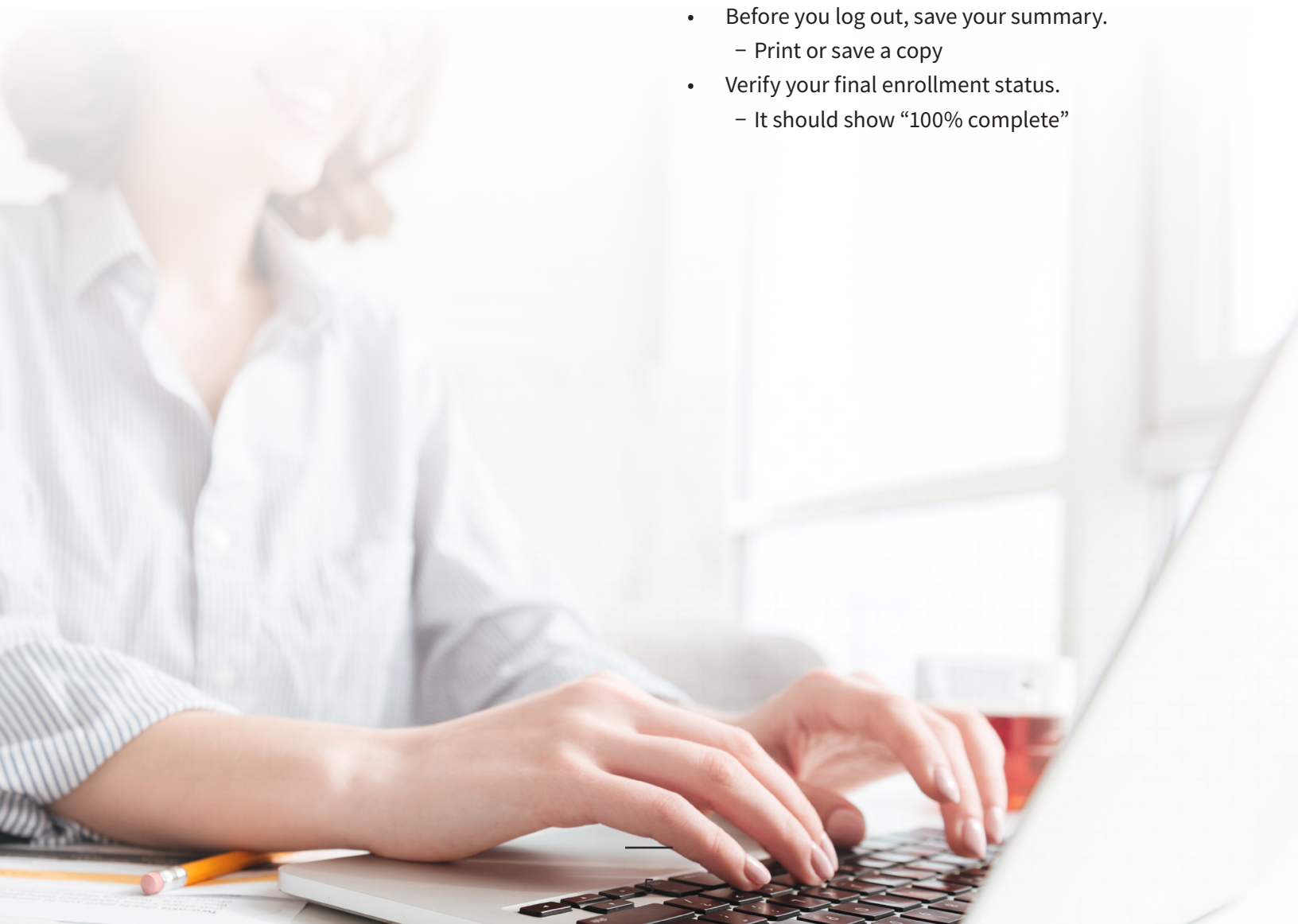
- Click the "Next" button
 - Move from one benefit screen to another to review all plans in sequential order.
- Add dependent and beneficiary information.
- Choose an election for every benefit offered.
 - Select "Enroll or Waive"

4. CONFIRM YOUR INFORMATION

- After you make all benefit elections, review the benefit summary screen.
 - Confirm your coverage requests.
- Once you confirm its accuracy, sign electronically by re-entering your six-digit PIN.

5. SAVE YOUR SELECTIONS

- Before you log out, save your summary.
 - Print or save a copy
- Verify your final enrollment status.
 - It should show "100% complete"



MEDICAL BENEFITS



PLAN OPTIONS	HDHP 1	HDHP 2		
	IN-NETWORK*	IN-NETWORK*		
NETWORK	Blue Access	Blue Access		
PLAN BASICS				
Deductible** Individual Family	\$3,500 \$7,000	\$5,000 \$10,000		
Coinsurance Member Pays Plan Pays	20% 80%	20% 80%		
Out-of-Pocket Maximum** Individual Family	\$5,000 \$7,500	\$6,900 \$13,800		
Eligible for Health Savings Account?	Yes! <i>Learn more on page 9.</i>	Yes! <i>Learn more on page 9.</i>		
WHAT YOU PAY WHEN YOU NEED CARE				
Preventive Care	No charge	No charge		
Doctor Visits Primary Care Specialist	20% after deductible	20% after deductible		
Emergency Care Urgent Care ER				
Inpatient & Outpatient Services				
Diagnostic Imaging (ex: MRI, CT, PET scans)	0% after deductible	0% after deductible		
Retail Pharmacy Up to 30-day supply				
YOUR COST PER DEDUCTION	Support Staff 18 deductions	Teachers 24 deductions	Support Staff 18 deductions	Teachers 24 deductions
Employee	\$84.78	\$63.59	\$61.73	\$46.30
Employee + Spouse	\$162.56	\$121.92	\$118.34	\$88.76
Employee + Child(ren)	\$139.21	\$104.41	\$101.34	\$76.01
Employee + Family	\$216.58	\$162.44	\$157.68	\$118.26

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.

****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.

REMEMBER

You have access to the Employee Healthcare Center.
Many of the services at the clinic are **FREE**. *Learn more on the next page!*

EMPLOYEE HEALTHCARE CENTER



NO-COST MEDICAL CARE

The MSD Warren Township Employee Healthcare Center is for the exclusive use of employees and dependents who are covered under a MSD Warren medical plan.

The Employee Healthcare Center offers all of the services provided in a typical primary care office, including physical evaluations and treatment for everything from the flu to chronic diseases, immunizations, and lab services at **NO COST**.

SERVICES INCLUDE

- Primary care services
- Personal health coaching
- Immunizations, lab draws, and testing
- Generic prescriptions fills and refills
- Urgent care visits

LOCATION AND HOURS

9213 East 18th Street, Indianapolis, IN 46229

Monday | 7 a.m. to 4 p.m.

Tuesday | 8:30 a.m. to 5:30 p.m.

Thursday | 8:30 a.m. to 5:30 p.m.

Closed daily from 12:30–1 p.m. for lunch

Call | 317-532-6112

GET STARTED

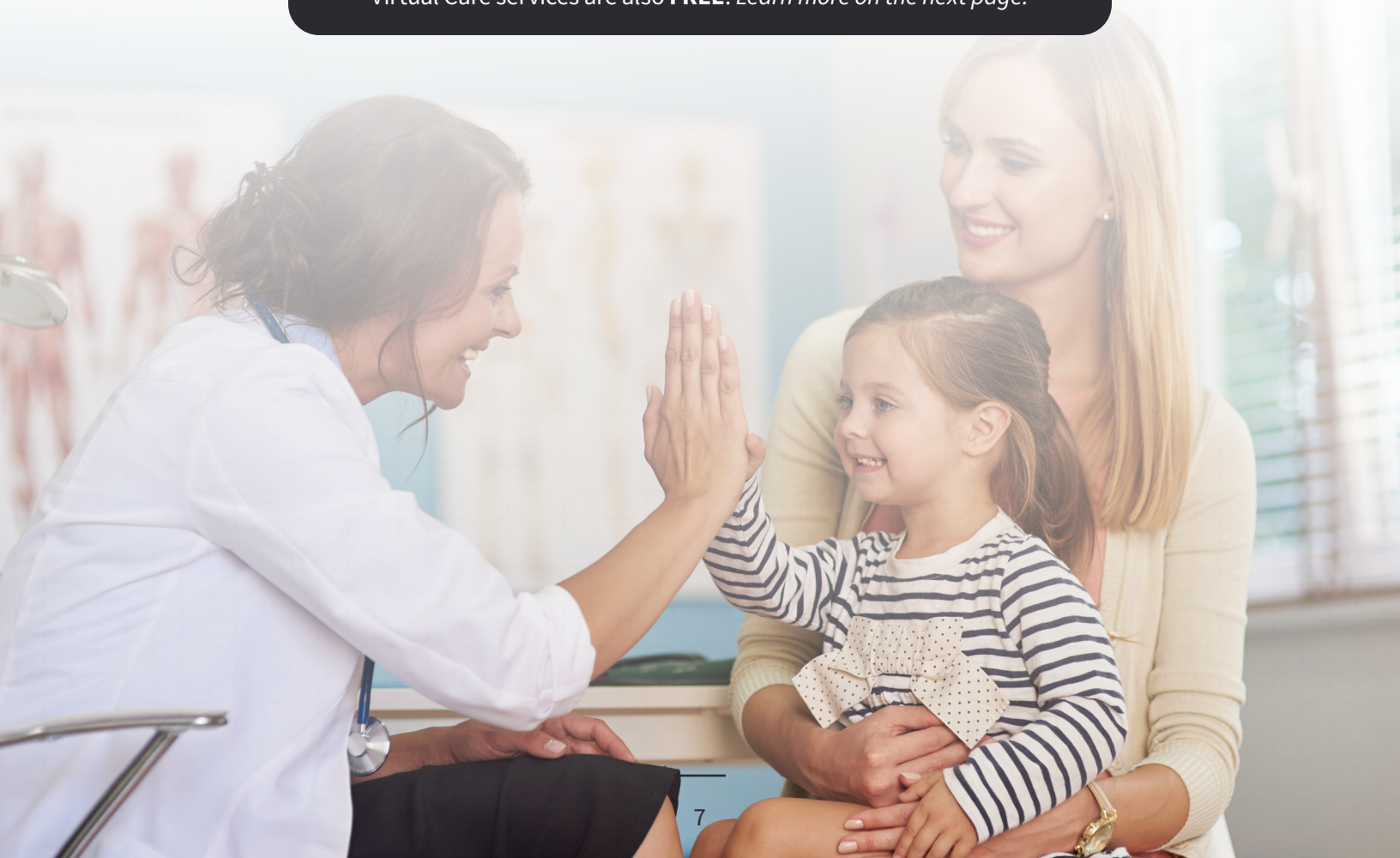
Visit | MyWebAhead.com/warren

You will need to create an account before scheduling an appointment—whether it's in person or virtual.

Once you have created your account, you can log in to schedule an appointment, make changes to your profile, and more.

COMMUNITY VIRTUAL CARE

The Employee Healthcare Center extends to Community Virtual Care. Virtual Care services are also **FREE**. *Learn more on the next page!*



COMMUNITY VIRTUAL CARE



CONVENIENT VIRTUAL SERVICES

As an online extension of our Employee Healthcare Center, all employees, spouses, and dependents enrolled in an MSD Warren medical plan can access Community Virtual Care at **NO COST**.

- Community Virtual Urgent Care allows you to see a provider online or via phone when you need it most.
- Providers can send any prescriptions directly to your pharmacy.



1. CREATE YOUR ACCOUNT

Go online and create your account.
Use this account when you need care.



2. SHARE YOUR SYMPTOMS

Share your symptoms and select
a Community Health Network
board-certified provider.



3. START OR SCHEDULE A VISIT

Start your virtual visit or schedule a
time that is convenient for you
Available daily, 7 a.m. to 11 p.m.

USE COMMUNITY VIRTUAL CARE FOR:

- | | | | |
|----------------------------|--------------------|------------------------|---|
| • Allergies | • Diarrhea | • Medication refill | • Sore throat |
| • COVID-19 test scheduling | • Ear problems | • Nausea | • Urinary problems/UTI (women 18+ only) |
| • Constipation | • Flu | • Pink eye | • Vaginitis |
| • Cough | • Headache | • Rash | • Vomiting |
| | • Labs and Imaging | • Respiratory problems | |

SET YOURSELF UP FOR VIRTUAL CARE

Learn even more about Community Virtual Care and set up your account!

Visit | eCommunity.com/Virtual-Urgent-Care
Use service key warrenedu

HEALTH SAVINGS ACCOUNT



By enrolling in an MSD Warren Township medical plan, you get access to a Health Savings Account (HSA), which can be used to pay for qualified healthcare expenses.

ELIGIBILITY

Anyone who fits **all** the following conditions may contribute to an HSA:

- ✓ **IS** enrolled in an HSA-eligible HDHP medical plan.
- x **IS NOT** enrolled in Medicare, Tri-Care, Medicaid, or a medical plan with copays.¹
- x **IS NOT** eligible to be claimed as a dependent on someone else's tax return.

¹**Medicare & your HSA:** Because enrollment in Part A is backdated by six months, you should stop your HSA contributions six months prior to enrollment to avoid penalties. Consult your tax advisor for guidance.

HSA CONTRIBUTIONS

You can contribute up to the IRS annual maximum, which is based on your age and enrollment in the HSA medical plan.

2026 IRS limits	UNDER AGE 55	AGE 55+
Individual	\$4,400	\$5,400
Family (at least one dependent)	\$8,750	\$9,750

OPEN YOUR HSA

Visit | EverwiseCU.com/HSA

Use promo code MSDWarrenTownship

Contact Ann Hall, Service Center Manager, if you have any questions about your HSA.

Email | AHall@EverwiseCU.com

Call | 317-869-1111 ext. 8437

LEARN MORE ABOUT YOUR HSA

Learn about eligible expenses, tax advantages, and how to use your HSA to its full potential.

Browse Videos | Engage.TheMJCos.com/bootcamp/hsa

Explore Articles | HSAStore.com/learning-center

3 REASONS TO LOVE YOUR HSA

1. TRIPLE TAX SAVINGS.*

- Tax deductions when you contribute to your account
- Tax-free withdrawals to pay for qualified medical expenses
- Tax-free earnings

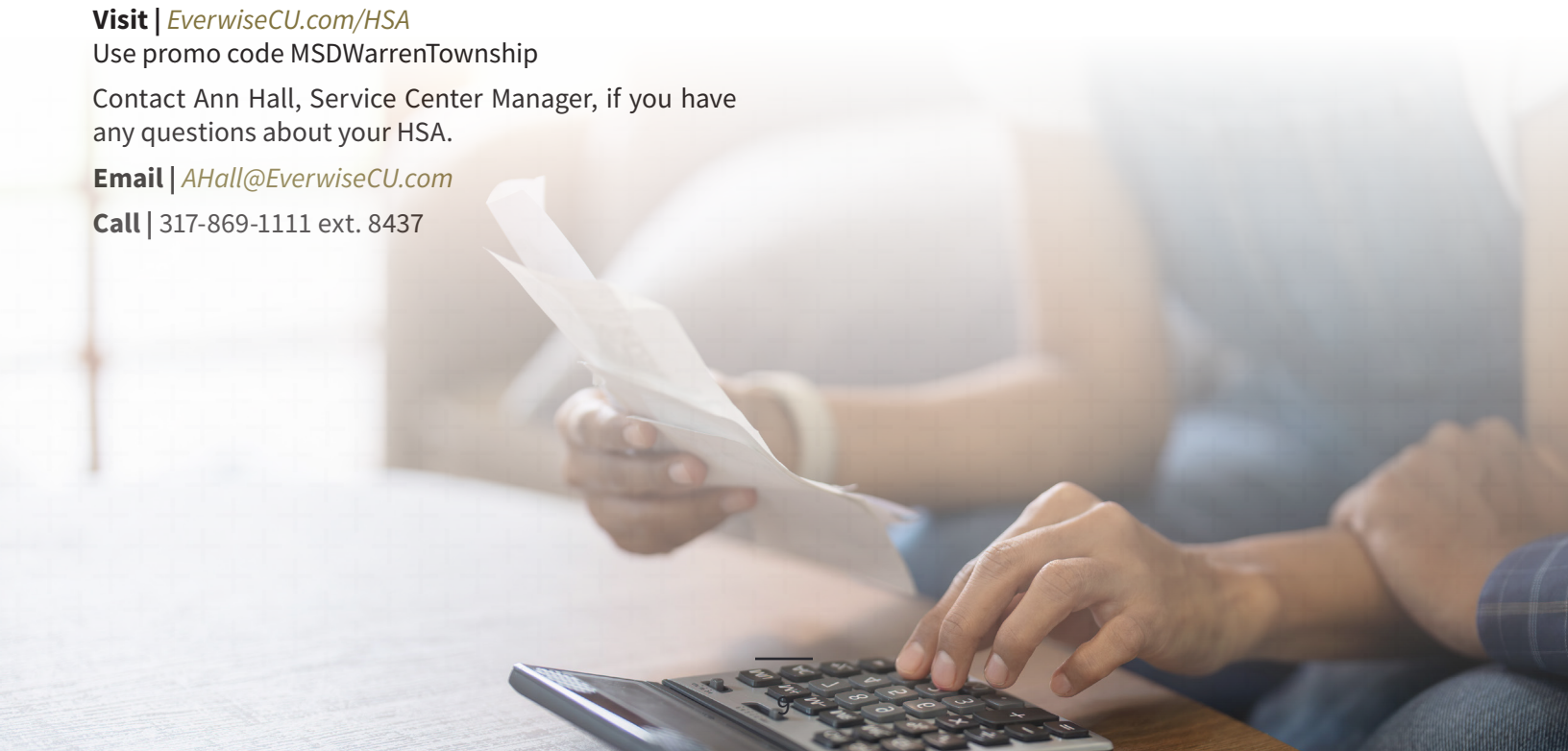
2. IT'S FLEXIBLE.

You can use the money in your HSA for eligible health expenses or save it and let it grow. Your HSA savings roll over year after year, so it's there when you need it.

3. USE IT FOR RETIREMENT

When you reach a certain balance, you can invest your HSA. And you can use it as retirement income at age 65 without penalty (normal income tax still applies).

**Please note that state taxes still apply in some states.*



PRESCRIPTION SAVINGS

TrueScripts provides personalized support to help you manage and reduce your prescription drug costs.

AMAZING CARE

Contact TrueScripts when you have questions or need help navigating your pharmacy benefits. If you are paying a lot for your medications, they can often find ways for you to save!

PRICEPROTECTOR+

TrueScripts ensures you 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!

TRUESCRIPTS MEMBER PORTAL

Register online to manage your pharmacy benefits.

Visit | MemberPortal.TrueScripts.com

PORTAL FEATURES:

- Recent claim history
- Network pharmacy locator
- Drug price lookup—check real-time pricing!
- Live chat available!
- **Hours** | Monday–Friday, 8 a.m. to 6 p.m. ET

QUESTIONS?

Call | 844-257-1955



FREE PRESCRIPTIONS



With RxProtect, you get many prescription drugs for free—no copays, no progress toward your deductible needed!

HOW IT WORKS

1. You will need a current prescription.
2. Call your prescribing physician and ask for the script to be faxed to RxProtect.
 - **Fax** | 917-909-5923
 - **ATTN:** RxProtect
 - 9520 Ormsby Station Rd, Louisville, KY 40223
3. RxProtect will ship your medication right to you!
4. Allow two to three weeks to receive your first prescription filled with RxProtect.

AVAILABLE MEDICATIONS

ACTEMRA	MOUNJARO* (PA required, 12.5 and 15mg out of stock)	TRULICITY*
AIMOVIG		UBRELVY
APTIOM		VICTOZA
AVONEX	MYFEMBREE	VIIBRYD
BREO ELLIPTA	NURTEC	VRAYLAR
CIMZIA	ORENCIA	VYZULTA
COMBIPATCH*	OTEZLA	XARELTO
COSENTYX	OZEMPIC (PA required)	XELJANZ XR
CREON*	PREMARIN	XIFAXAN
CRESTOR	QULIPTA	ZORYVE
DIMETHYL	RETIN-A MICRO	<i>*based on availability</i>
ELIQUIS	REXULTI	
ENBREL	RINVOQ	
ENTRESTO	RYBELSUS	
FARXIGA	SKYRIZI	
FIASP	SOTYKTU	
GLYXAMBI	STELARA	
HUMIRA	SYNJARDY	
JANUMET XR	TALTZ	
JANUVIA	TRELEGY	
JARDIANCE	TREMFYA	
KESIMPTA	TRESIBA	
LATUDA	TRINTELLIX	
LINZESS		

ENROLL AND LEARN MORE

Learn more about RxProtect and enroll online.

Visit | Rx-Protect.com/msdwt

NEED ASSISTANCE?

CONTACT RXPROTECT

MSD Warren has a dedicated RxProtect nurse, and you have direct access to a pharmacist as needed.

Call | 833-279-7877

Email | Nola.Hughes@Rx-Protect.com



PREVENTIVE CARE



Your medical plan covers in-network preventive care services at no cost to you! Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

✔ WHAT IS PREVENTIVE CARE?

Preventive care includes a range of services to help keep you healthy. While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick in the first place.

✗ WHAT IS NOT PREVENTIVE CARE?

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services are not preventive.

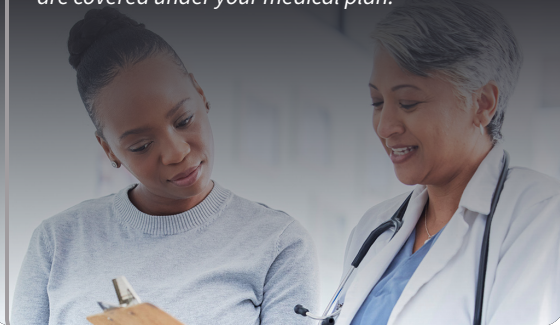
Your medical plan still provides coverage for these services, but they are not covered at 100%.

Note: Your medical plan may charge a fee if you receive services from an out-of-network provider or if preventive service is not the primary purpose of your visit.

SEE PREVENTIVE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | Anthem.com/preventive-care

Call Anthem to confirm which preventive services are covered under your medical plan.



HEALTHCARE ON THE GO

YOUR SYDNEY HEALTHCARE APP

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.

- Access your digital ID card
- Find care and check costs
- View your benefits coverage
- Check claims and deductible expenses
- Get answers even faster with the chat bot

DOWNLOAD THE APP

Visit | SydneyHealth.com for a link to download the app.



TIPS TO SAVE MONEY

✓ **SAVE THE EMERGENCY ROOM FOR TRUE EMERGENCIES**

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, check for an urgent care location or use virtual care instead.

✓ **USE IN-NETWORK PROVIDERS**

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

✓ **GET YOUR ANNUAL CHECKUP**

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.

✓ **ASK FOR GENERICS**

Ask your doctor or pharmacist to give you generic prescriptions instead of brand name. Generic drugs are cheaper and are just as effective.

✓ **SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES**

It can pay to shop around. Drug comparison tools like [GoodRx.com](https://www.goodrx.com) and [SingleCare.com](https://www.singlecare.com) can help you find the lowest cost for medication near you.

Good news! TrueScripts automatically applies GoodRx discounts to your generic prescriptions. The amounts you pay will be automatically credited to your deductible and out-of-pocket maximum where appropriate. See page 10 to learn more.



ORTHOPEDIC SURGERY ALTERNATIVE



Regenexx uses your body's 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 ligaments.

HOW IT WORKS



TALK TO A PATIENT LIAISON

Patient liaisons will guide you through finding your nearest clinic and scheduling an evaluation.



SCHEDULE AN EVALUATION

After a thorough evaluation by a Regenexx physician, you'll receive a candidacy rating and treatment plan.



THE PROCEDURE EXPERIENCE

A Regenexx physician will perform the procedure. These are injection-based, outpatient procedures.

WHAT DOES REGENEXX TREAT?

Regenexx procedures treat a broad range of chronic and acute orthopedic injuries, including:

Spine | Ruptured or torn disc, disc extrusion

Hand/Wrist/Elbow | Arthritis, tennis elbow, carpal tunnel

Knee | Meniscus tear, ACL/PCL sprain or tear

Shoulder | Rotator cuff tears, labral tear

Hip | Osteonecrosis, bursitis

Ankle/Foot | Instability, bunions

CANDIDATES FOR REGENEXX

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.

SCHEDULING AN EVALUATION

Patient liaisons can chat about your joint condition and know MSD Warren's benefits to help guide you. Phone evaluations are available if you have recent imaging and do not live close to a clinic location.

THE PROCEDURE EXPERIENCE

Procedures are injection based and will be outpatient. On procedure day, blood and/or stem cells are:

1. Collected in the morning
2. Processed in the Regenexx clinic's on-site lab
3. Re-injected in the afternoon

RECOVERY TIME

Most patients describe only moderate discomfort, and patients are encouraged to re-engage in activity within a week following the procedure.

FIND A PHYSICIAN

Regenexx has physicians at 99 locations nationwide, including a physician in Carmel.

ABOUT REGENEXX PHYSICIANS

Each Regenexx physician receives hundreds of hours of hands-on training in proprietary procedures to make sure every patient receives the highest quality of care.

LEARN MORE

Call or chat with a patient liaison to ask questions, discuss your joint condition, or schedule an evaluation!

Visit | RegenexxBenefits.com/warren-k12-in

Call | 866-941-4452

ORTHOPEDIC SURGERY BENEFIT



Our medical plan provides a unique benefit through Hendricks Regional Health 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, Hendricks' concierge could arrange and provide a one-night hotel stay when their surgeon determines it is necessary.

FREQUENTLY ASKED QUESTIONS

WHAT STEPS DO I NEED TO TAKE TO START THE SURGERY PROCESS?

1. See a healthcare provider to have your joint or muscle pain evaluated. This can be through your primary care provider's office or the Employee Healthcare Center.
2. If your provider recommends you for surgery, call the scheduling line and give your name, birth date, employer name and other clinical information to schedule a virtual or in-person visit with a Hendricks Regional Health orthopedics provider.

Call | 317-386-5630

DO I HAVE TO VISIT HENDRICKS BEFORE SURGERY? CAN I VISIT 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 your medical history.

WHAT IF I HAVE ALREADY RECEIVED TESTING FROM ANOTHER PROVIDER?

If you've recently had medical tests or evaluations to assist in determining a diagnosis, 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 SURGERY COST ME?

The surgery itself has no out-of-pocket cost (the most expensive part), but check with your employer for more 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 RECEIVE 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.



EMPLOYEE ASSISTANCE PROGRAM

HERE TO HELP YOU

Community Health Network's Employee Assistance Program (EAP) can help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

ELIGIBILITY

All full-time employees and their households can use the EAP at no cost.

Your use of the EAP is completely confidential. MSD Warren Township will not be notified if you use the EAP.

HOW IT WORKS

You have 24/7 telephone access to licensed mental health therapists who can also provide referrals to supportive resources if needed.

In addition to phone consultations, the Community Health EAP has many convenient locations for in-person appointments.

FOR 24/7 ASSISTANCE

Call | 317-621-7742

Visit | [MyWebAhead.com/warren](https://mywebahead.com/warren)

AN EAP CAN ADDRESS:



SUBSTANCE ABUSE & ADDICTION



LEGAL ASSISTANCE



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



EMOTIONAL WELL-BEING



WORK & CAREER



DENTAL BENEFITS



PLAN OPTION	DELTA DENTAL PPO/PREMIER PLAN		
	PPO	PREMIER	OUT-OF-NETWORK*
PLAN BASICS			
Calendar-Year Deductible Individual Family	\$25 \$50	\$25 \$50	\$25 \$50
Maximum Benefit for Basic & Major Services Per Person Per Year	\$1,000	\$1,000	\$1,000
Maximum Orthodontia Benefit Per Child Per Lifetime	\$1,000	\$1,000	\$1,000
WHAT YOU PAY FOR SERVICES			
Preventive Services (cleanings, exams, x-rays)	No charge <i>deductible waived</i>	No charge <i>deductible waived</i>	No charge <i>deductible waived</i>
Basic Services (fillings, extractions, root canals)	10% after deductible	20% after deductible	20% after deductible
Major Services (crowns, bridgework)	40% after deductible	50% after deductible	50% after deductible
Orthodontia (for children up to age 23)	You pay 50%	You pay 50%	You pay 50%
YOUR COST PER DEDUCTION			
	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



***Be aware of balance billing if you use an out-of-network dentist.** If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. Save money by staying in-network! See Benefit Glossary on page 26 for more details.

YOUR DENTAL NETWORKS

Your dental plan offers three levels of dental providers: **Delta Dental PPO, Delta Dental Premier and Out-of-Network.** For the greatest benefits and discounts, choose a dentist in the PPO network.



Save the most with a PPO dentist.

The PPO network is Delta Dental's lowest-cost network.



If you can't find a PPO dentist, a Premier dentist is next best.

The Premier network is Delta Dental's largest network.



You'll pay the most if you visit an out of network dentist.

Out-of-Network dentists have not contracted with Delta Dental for lower rates, so you pay more. Plus, you're subject to "balance billing."

VISION BENEFITS



PLAN BASICS	VSP VISION PLAN	
	IN-NETWORK*	
NETWORK	VSP Choice	
Eye Exam (once every plan year)	\$10 copay	
Eyeglass Lenses (once every plan year) <i>Single Bifocal Trifocal Lenticular</i>	\$15 copay	
Frames (once every other plan year)	\$150 allowance + 20% discount on remaining amount	
Elective Contact Lenses —instead of glasses (once every plan year)	\$130 allowance <i>Elective contact lens fitting and evaluation services are covered in full after a maximum \$60 copay</i>	
Medically Necessary Contact Lenses — instead of glasses (once every plan year)	Covered in full after copay	
YOUR COST PER DEDUCTION	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

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.



DISCOUNTS & SAVINGS

Just for being a VSP member, you are eligible for extra discounts and savings when you visit in-network providers!

LEARN MORE

Visit | [VSP.com](https://www.vsp.com)

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay for eligible healthcare and dependent care expenses with tax-free dollars. By participating in an FSA, you can reduce your taxable income and enjoy 20–30% savings on expenses you are already paying! Learn more and find resources for managing your account.

Visit | PAdmin.com

HOW IT WORKS



1. ESTIMATE

Estimate your expenses and decide how much you want to contribute. Estimate carefully!



2. CONTRIBUTE EACH PAY

Your contributions are deducted each paycheck before taxes are applied and set aside in your FSA.



3. SPEND YOUR FUNDS!

During the year, use your FSA debit card to pay for eligible expenses or reimburse yourself from your account.

ACCOUNT	USE FOR	ANNUAL CONTRIBUTION LIMITS
HEALTHCARE FSA <i>(not available for HSA participants)</i>	Medical, dental and vision expenses for yourself, your spouse and your dependent children See what's eligible FSASStore.com/fsa-eligibility-list	\$3,400 • All funds available to you at the beginning of the plan year • Allows you to roll over up to \$680 of unused money into the following plan year
LIMITED PURPOSE FSA	Similar to the Healthcare FSA, but in order to comply with HSA eligibility rules, it is limited to dental and vision expenses.	
DEPENDENT CARE FSA	Dependent care expenses for a dependent parent or a child under age 13 that allow you to go to work. <i>(Examples: Daycare, day camp, after-school programs)</i>	\$7,500 <i>\$3,750 if married and filing separate tax returns</i> • Funds available as you contribute • No rollover allowed

Estimate Carefully! FSAs are “use it or lose it” accounts. That means any unused money at the end of the year is forfeited, so only contribute what you know you will spend in the year. The one exception to the “use it or lose it” rule is the rollover, which allows you to roll over \$680 on Healthcare FSAs and Limited Purpose FSAs.

BASIC LIFE AND AD&D INSURANCE



To help provide financial security for your family in the event of death or dismemberment, we provide basic term life and accidental death & dismemberment (AD&D) coverage **for only \$1 per year**.

	TEACHERS	SUPPORT STAFF
Life and AD&D Coverage*	\$75,000	\$30,000

**The AD&D benefit is paid in addition to the life benefit if your death is due to an accident. A partial AD&D benefit may be paid in some instances such as loss of sight or paralysis. See plan summary for details.*

SUPPLEMENTAL LIFE AND AD&D INSURANCE

Supplemental life and AD&D insurance provides a layer of financial security for your family. You can give your loved ones greater peace of mind by purchasing voluntary coverage at competitive group rates.

	EMPLOYEE BENEFIT	SPOUSE BENEFIT	CHILD BENEFIT
Benefit Amount	\$10,000 increments up to the lesser of \$200,000 or 5× your annual salary	Teachers: \$25,000 Support Staff: \$10,000	Teachers: \$5,000 Support Staff: \$2,000
Guarantee Issue	Under age 60: \$200,000 60 and over: \$100,000	Teachers: \$25,000 Support Staff: \$10,000	Teachers: \$5,000 Support Staff: \$2,000

Note: Your cost for voluntary life and AD&D varies by age and coverage amount (Spousal rates are based on the age of the employee). You must elect employee coverage in order to purchase coverage for your family. For this policy, children must be age 14 days to 19 years (or 24 years if child is a full-time student). You can see your cost when you enroll online.

BENEFICIARY INFORMATION

Your Life and AD&D benefits are paid to the beneficiary on file, so **make sure you keep your beneficiary information up to date!**

Contact Human Resources if you need to change your beneficiary information.

GUARANTEE ISSUE

A “guarantee issue” amount is the dollar amount of coverage you can be approved for without completing a health questionnaire—also commonly referred to as Evidence of Insurability (EOI). **Guarantee issue amounts only apply during the 31 days following your initial enrollment when hired.**

If you wish to enroll in the Supplemental Life and AD&D plan or increase your coverage after your initial eligibility period, you will be required to complete the EOI health questionnaire.

SHORT-TERM DISABILITY INSURANCE

Disability benefits replace part of your income if you can't work due to non-work-related injury or sickness.

MSD Warren Township offers two short-term disability coverage options and long-term disability coverage at minimal cost to you.

Short-term and long-term disability benefits work together to make sure you don't have a gap in coverage.

When short-term disability coverage is exhausted, long-term disability coverage takes effect if you are still unable to return to work.

	OPTION 1	OPTION 2
Benefit amount	Based on election and annual salary	Based on election and annual salary
Maximum benefit amount	Up to \$6,500 <i>not to exceed 60% of monthly earnings</i>	Up to \$6,500 <i>not to exceed 60% of monthly earnings</i>
When are benefits payable for an accident or injury?	Immediately	Immediately
When are benefits payable for an illness or pregnancy?	After 7 days	After 14 days
Maximum benefit duration	13 weeks	13 weeks

Pre-existing condition exclusion (3/12): If you have been diagnosed or treated for a condition **3** months prior to your benefit effective date, that condition will not be covered until you have been enrolled on the plan for **12** months.



LONG-TERM DISABILITY INSURANCE

Disability benefits replace part of your income if you're unable to work due to a non-work-related injury or sickness.

MSD Warren Township offers short-term and long-term disability coverage at a minimal cost to you. These benefits work together to make sure you don't have a gap in coverage. When short-term disability coverage is exhausted, long-term disability coverage takes effect if you are still unable to return to work.

LONG-TERM COVERAGE DETAILS

Benefit amount

66²/₃% of your salary

Maximum benefit amount

\$11,112 per month

When are benefits payable?

After 90 days of disability due to an accident or illness and exhausting paid leave

Maximum benefit duration

Until you recover or up to your Social Security Normal Retirement Age (SSNRA)

There are no pre-existing condition exclusions on this policy!

THE IMPORTANCE OF DISABILITY INSURANCE

Missing work due to illness, injury, or pregnancy is more of a possibility than most people realize.

If you couldn't work and earn an income, how would you pay your bills? Disability insurance can help!



**1 in 4 people will experience
a disability in their working years.***

*Council for Disability Awareness. Working years defined as age 20 through retirement age.



VOLUNTARY WORKSITE INSURANCE



PROTECT YOUR PAYCHECK

You can supplement your benefits with these additional coverages through Aflac. These benefits offer additional protection from surprise expenses. **The benefits are paid directly to you, so you can use the money to pay medical bills or however else you need it.** See your enrollment materials for cost information.

ACCIDENT INSURANCE

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover other related expenses as well, like lost income, child care, deductibles and copays.

CRITICAL ILLNESS INSURANCE

Critical illness insurance provides a cash benefit when you or a covered family member is diagnosed with a covered condition.

Examples of covered conditions include:

Heart Attack | Cancer | Major Organ Transplant
Kidney Failure | Stroke | Bone Marrow Transplant

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance helps you pay your bills due to a hospitalization. You 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 you based on the amount of coverage listed for the service (not based on the actual cost of treatment).

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

EMPLOYEE, SPOUSE AND CHILDREN	
Benefit Amount Range	\$5,000–\$30,000
Guaranteed Issue	\$30,000

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

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

BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical & Pharmacy	Anthem	833-578-4441	<i>Anthem.com</i>
Employee Healthcare Center	Community Health	317-532-6112	<i>MyWebAhead.com/warren</i>
Community Virtual Care	Community Health	—	<i>eCommunity.com/Virtual-Urgent-Care</i> <i>Use service key warrenedu</i>
Prescription Savings	TrueScripts	844-257-1955	<i>MemberPortal.TrueScripts.com</i>
Orthopedic Surgery Alternative	Regenexx	866-941-4452	<i>RegenexxBenefits.com/warren-k12-in</i>
Orthopedic Surgery Benefit	Hendricks Regional Health Orthopedic Center of Excellence	317-386-5621	<i>Hendricks.com/coe</i>
Dental	Delta Dental	800-524-0149	<i>DeltaDentalIN.com</i>
Vision	VSP	800-877-7195	<i>VSP.com</i>
Health Savings Account	Everwise Credit Union	Ann Hall 317-869-1111 ext. 8437	<i>EverwiseCU.com/HSA</i>
Flexible Spending Accounts	P&A Group	716-852-2611	<i>PAdmin.com</i>
Life and AD&D Insurance	Madison National Life	800-356-9601	<i>MadisonLife.com</i>
Short-Term Disability	OneAmerica	855-517-6365	<i>OneAmerica.com</i>
Long-Term Disability	Madison National Life	800-356-9601	<i>MadisonLife.com</i>
Voluntary Worksite Insurance	Aflac	800-992-3522	<i>Aflac.com</i>
Employee Assistance Program	Community Health	317-621-7742	<i>MyWebAhead.com/warren</i>
HR Benefits Administrator Kathy Cobb	MSD Warren Township	317-869-4374	<i>KCobb@Warren.K12.IN.US</i>

SEARCH FOR AN IN-NETWORK PROVIDER

SAVE MONEY BY STAYING IN NETWORK

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan’s network. Always confirm your provider is in your network, especially when being referred to another provider for services.

	MEDICAL	DENTAL	VISION
Carrier	Anthem	Delta Dental	VSP
Network	Blue Access	PPO/Premier	VSP Choice
Website	<i>Anthem.com/find-care</i>	<i>DeltaDental.com</i>	<i>VSP.com/eye-doctor</i>



BENEFIT GLOSSARY

BALANCE BILLING

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply toward your out-of-pocket maximum.

COINSURANCE

The percentage of the cost you pay for covered services after you meet your deductible.

COPAYMENTS (ALSO CALLED COPAYS)

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

DEDUCTIBLE

The amount you are required to pay each 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. The deductible resets on Jan. 1 each year.

EXPLANATION OF BENEFITS (EOB)

A packet, usually mailed to you, that explains 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)

An HSA is a special, tax-advantaged, interest-bearing savings account you can use for qualified healthcare expenses such as your deductible, copayments, and other out-of-pocket expenses.

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).

An HDHP can be combined with a HSA, allowing you to pay for certain medical expenses with money free from federal taxes.

NETWORK

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

OUT-OF-POCKET MAXIMUM (OOPM)

The most you pay in a year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the calendar year.

PLAN YEAR

The plan year refers to Jan. 1 through Dec. 31.

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES

Healthcare charges determined by your health insurance provider and 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.

NOTES

[illegible]



The information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

Guide prepared by The MJ Companies.