



2023

Employee Benefit Guide

Plan Year	January 1 – December 31, 2023
Open Enrollment	November 7 – November 18, 2022
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Presented by:



Table of Contents

03	Open Enrollment & Benefit Highlights
04	Online Enrollment Instructions
05	MyElkhartBenefits Pocketpal Mobile App
07	Medical Benefit Overview
09	Anthem Sydney App
10	Find Care Tool
11	Anthem's Telehealth App
12	Rx Help Centers
13	Additional Rx Resources
14	Health Savings Account
15	Dental Benefits Summary & Flexible Spending Accounts
16	Everside Clinic
17	Wellness Program
18	Basic Life/AD&D, Disability & Voluntary Life
19	Hospital Indemnity, Critical Illness & EAP
20	Contact Information





Open Enrollment & Benefit Highlights

2023 Plan Year Details

The health and financial security of you and your family is important to us. Our benefit program provides a variety of plans that can enhance the lives of you and your family – both now and in the future. As an eligible employee, you will be asked to make decisions about the employee benefits described in this booklet. This guide provides information to enable you to effectively enroll in your benefits. Take time to read it carefully and use the available resources to ensure you make the decisions that are right for you and your family.

The Open Enrollment period is an opportunity for eligible employees to enroll in or make changes to your benefits for the upcoming year. This year Open Enrollment is **November 7th – November 18th**.

This is the only time during the year that you are eligible to make benefit plan changes unless you have a qualifying life event that allows you to change your benefits mid-year. Changes made during Open Enrollment will be effective January 1, 2023.

	Medical Plan	<ul style="list-style-type: none">• Anthem continues to be the Medical Plan Administrator• Employee premiums remain the same• No plan design changes
	Dental Plan	<ul style="list-style-type: none">• No plan design changes• No employee premium changes• Delta Dental remains dental carrier

Open Enrollment

This year we will be having a Passive Open Enrollment. This means that with the exception of the Health Care Reimbursement Account and the Dependent Care Reimbursement Account, your current elections will roll over for 2023. If you would like to make any changes to your current elections, or if you would like to elect the Health Care Reimbursement or Dependent Care Reimbursement Accounts, you will want to log in to PlanSource to do so.



Online Enrollment

Enroll In Your Benefits Online!

01

LOGIN

Login to PlanSource at benefits.plansource.com

Username: First initial of your first name, the first six characters of your last name and the last four (4) digits of your SSN.

Example: John Employee – SSN – 000-00-1234

Username would be `jemploy1234`

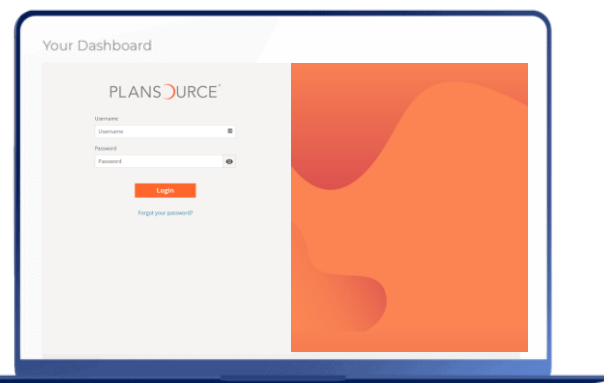
Password: Your Date of Birth formatted as YYYYMMDD.
(ex June 1, 1980 = 19800601)

For first time users or when adding a new dependent, be sure to have the following information:

Birthdate and social security numbers for yourself and each dependent including spouse

Marriage date (if applicable)

PLANSOURCE®



02

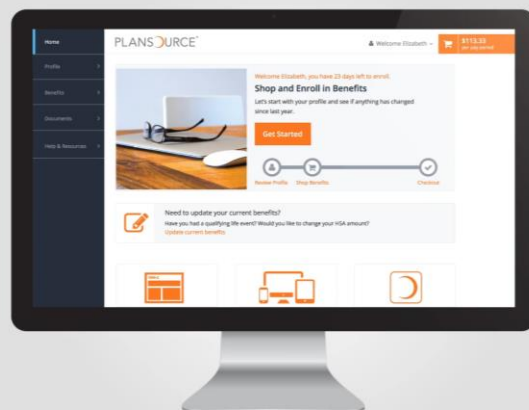
ENROLL

Complete the enrollment steps to shop for benefits. After completing each screen, click UPDATE CART.

03

CHECKOUT

Review all your personal, dependent, and enrollment information closely, and make changes if necessary. You can print or email the enrollment form if you choose.



MyElkhartBenefits.com

Your Elkhart Community Schools Benefit Hub



You can view it from anywhere you have internet access – your computer, iPhone, iPad, Android phone or tablet. The portal not only serves as your benefit hub, but you can also learn how best to use your benefits to save you time and money.

Have you ever...

- Needed a copy of your ID card?
- Been asked by your spouse what your deductible is?
- Wanted tips on how to make the most of your benefits?
- Arrived at the dentist and realized you have no idea who your carrier is?

It provides:

- Access to robust benefit information,
- Side-by-side plan comparison tools,
- Library of HR and benefit forms,
- Educational and informational articles,
- Pinterest-style photos and links to spotlight key programs or events,
- Links to all providers, and
- So much more.

We are thrilled to offer you and your family this innovative tool.

Visit MyElkhartBenefits.com to get started today.

Have questions or need help? Contact your Insurance Secretary



Pocketpal Mobile App

In order to access MyElkhartBenefits.com

Download the
Elkhart Community Schools
Pocketpal Mobile App!

To download The Pocketpal, go to the Apple App Store or the Google Play Store, and search for "The Pocketpal" and look for this logo:

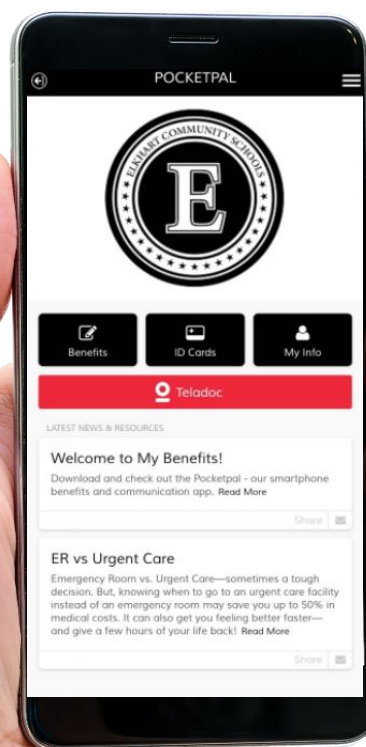


After The Pocketpal is downloaded, you will need this information:

Name and Email Address

List of the benefits you are enrolled in

Your ID Cards



To Set up Elkhart Community Schools Pocketpal mobile app, follow these steps:

Click **Create Account** and then enter Company ID: **ElkhartCS**

Click **Next**.

Read and accept the disclaimer by scrolling down and clicking the box next to **I agree to the terms and conditions**.

Click **Next**.

Select your current employment status. If you are currently employed by **Elkhart Community Schools** or you are the dependent of an employee, click **Yes**.

Then Enter your Name and Email address and click **Save**.

Identify Your Class by selecting **Full Time**, then click **Next**.

Select the benefits you would like to be able to view on The Pocketpal and click **Next**.

Load your ID cards into The Pocketpal.

Follow the directions in the app, and click **Continue Setup** when finished (or to skip this step). ID Cards can be added at any time.

When you are ready, click **Finalize Account** and read the welcome message.

Click Pocketpal **Home Screen** and you are in the app!



2023 Medical Benefit Overview

Medical & Prescription Drugs Insured by Anthem

	HDHP 1		HDHP 2	
	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network Benefits
Physician Office Visit	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Specialist Office Visit	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Deductible	Non-Embedded		Non-Embedded	
Individual	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$4,000	\$8,000	\$6,000	\$12,000
Coinsurance	20%	50%	20%	50%
Out-of-Pocket Maximum	Non-Embedded		Non-Embedded	
Single	\$3,000	\$5,000	\$4,000	\$6,000
Family	\$6,000	\$10,000	\$7,150	\$12,000
Preventive Care	100% Coverage	50% after Deductible	100% Coverage	50% after Deductible
Hospital Services	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Out-Patient Services	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Maternity Services	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Emergency Room Services	20% after Deductible		20% after Deductible	
Urgent Care Centers	20% after Deductible		20% after Deductible	
Mental & Nervous				
In-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Out-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Substance Abuse				
In-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Out-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Retail Prescription Drugs				
Generic	10% after Deductible	50% after Deductible	10% after Deductible	50% after Deductible
Preferred	10% after Deductible	50% after Deductible	10% after Deductible	50% after Deductible
Non-Preferred	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Mail Order Prescription Drugs				
Generic	10% after Deductible	Not Covered	10% after Deductible	50% after Deductible
Preferred	10% after Deductible	Not Covered	10% after Deductible	50% after Deductible
Non-Preferred	20% after Deductible	Not Covered	20% after Deductible	50% after Deductible
Lifetime Maximum				
Medical	Unlimited		Unlimited	
Surgical Treatment of Morbid Obesity	Unlimited		Unlimited	

Medical Administration by Anthem: Anthem has negotiated discounts with a large national network of doctors and hospitals named Blue Access PPO. You will enjoy the highest level of benefits and the greatest value if you choose to receive care through the **Blue Access PPO Network** of providers. While it is not required that you utilize the network, the services you obtain outside of the network will be billed at a greater cost to you. You may log onto www.anthem.com for a listing of participating providers.



2023 Medical Benefit Overview

Medical & Prescription Drugs Insured by Anthem

	HDHP 3		HDHP 4	
	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network Benefits
Physician Office Visit	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Specialist Office Visit	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Deductible	Embedded		Embedded	
Individual	\$4,000	\$8,000	\$5,000	\$10,000
Family	\$8,000	\$16,000	\$10,000	\$20,000
Coinsurance	20%	50%	20%	50%
Out-of-Pocket Maximum	Embedded		Embedded	
Individual	\$5,000	\$16,000	\$6,500	\$20,000
Family	\$5,000 Individual \$10,000 Family	\$16,000 Individual \$32,000 Family	\$6,500 Individual \$13,000 Family	\$20,000 Individual \$40,000 Family
Preventive Care	100% Coverage	50% after Deductible	100% Coverage	50% after Deductible
Hospital Services	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Out-Patient Services	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Maternity Services	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Emergency Room Services	20% after Deductible		20% after Deductible	
Urgent Care Centers	20% after Deductible		20% after Deductible	
Mental & Nervous				
In-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Out-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Substance Abuse				
In-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Out-Patient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Retail Prescription Drugs				
Generic	10% after Deductible	50% after Deductible	10% after Deductible	50% after Deductible
Preferred	10% after Deductible	50% after Deductible	10% after Deductible	50% after Deductible
Non-Preferred	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Mail Order Prescription Drugs				
Generic	10% after Deductible	Not Covered	10% after Deductible	50% after Deductible
Preferred	10% after Deductible	Not Covered	10% after Deductible	50% after Deductible
Non-Preferred	20% after Deductible	Not Covered	20% after Deductible	50% after Deductible
Lifetime Maximum				
Medical	Unlimited		Unlimited	
Surgical Treatment of Morbid Obesity	Unlimited		Unlimited	

Medical Administration by Anthem: Anthem has negotiated discounts with a large national network of doctors and hospitals named Blue Access PPO. You will enjoy the highest level of benefits and the greatest value if you choose to receive care through the **Blue Access PPO Network** of providers. While it is not required that you utilize the network, the services you obtain outside of the network will be billed at a greater cost to you. You may log onto www.anthem.com for a listing of participating providers.





Anthem's iPhone & Android App Sydney

All Your Health Plan Information in One Place

Find Care & Check Costs – It's easy to search for doctors, dentists, hospitals, labs and other providers in your plan. You can search by name, location and type of care. You can even filter by gender or languages spoken, then check costs before you go.

Digital ID Cards - You can always have your most current ID card handy. And you can use it just like a paper one when you visit the doctor, dentist, pay for care and more.

Interactive Chat - Simply type your questions in the app and get answers quickly. Sydney can suggest resources to help you understand your benefits, improve your health, and save money.

Benefit Plan Overview - Sydney shows you essential information at a glance, whether that's an overview of your plan, health reminders or suggestions for wellness programs. You also can find your deductible, copay and share of costs.

View Claims - With one click, you can check claims. That means you can spend more time focused on your health and less on managing your health benefits.

Check Health Records - myFHR gives you easy access to your health data, including health history and electronic medical records, all in one place. Availability is based on your plan.

Say hi to Sydney

Anthem's new app is simple,
smart — and all about you



Anthem  



Find Care Tool

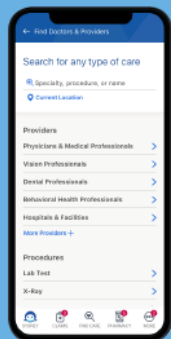
Search for providers and compare cost.

Connect with the care that's right for you.

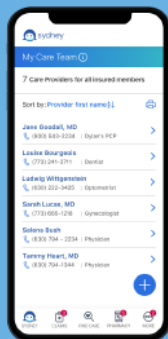
Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or [anthem.com](https://www.anthem.com).

How to use Find Care

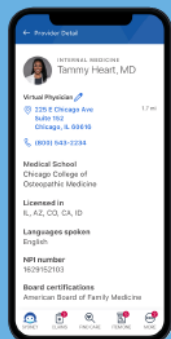
The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:



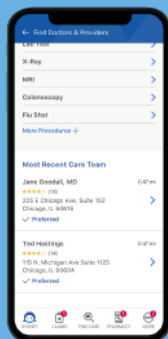
1 Search for providers and facilities in your plan's network by name, specialty, or procedure.



2 Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.



3 Review details about doctors/dentists such as their specialties, gender, educational background, and contact information.



4 Choose a doctor/dentist from the list to review their patient ratings and compare costs for services.

Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to **anthem.com**. Select **Find Care** and the Find Care tool will guide you through the steps.

We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high-quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on **anthem.com**.



Download Sydney Health today to find a provider that's right for you



Use your smartphone camera to scan this QR code.

Anthem's Telehealth App

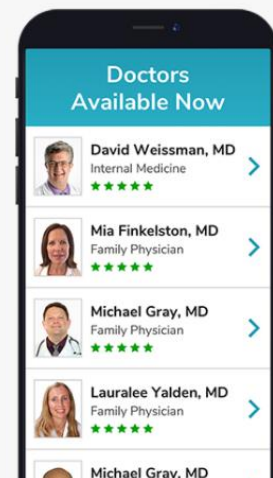
LiveHealth ONLINE

No Waiting Room, No Need to Leave Home

See a board-certified doctor 24/7 – You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed. It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.

Visit a licensed therapist in four days or less - Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call 1-888-548-3432 from 8 a.m. to 8 p.m., seven days a week.

Consult a board-certified psychiatrist within two weeks - If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment, call 1-888-548-3432 from 8 a.m. to 8 p.m., seven days a week.



Your Anthem plan includes video visits using LiveHealth Online, you just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit. **Visit livehealthonline.com or download the app and register on your phone or tablet.**

Finding a Primary Care Physician (PCP) In Your Plan

With your Anthem plan, you get access to a large network of doctors across the country — so you have more choices when selecting your PCP. Finding an in-network PCP is easier with our online tools. You can search for a doctor by name or look for one near you. Avoid getting care from doctors outside your plan because it will likely cost you more, or your plan may not cover it at all.

1. Go to anthem.com/find-doctor
2. Choose your search:
 - Search as a Member: Use your member ID card number or log in with a username and password.
 - Search as a Guest: Select a plan or network,* or search by all plans and networks, to get started.
3. Select a type of doctor and location or search within a certain distance of your location.



Rx Help Centers

This service is at no cost to you and your covered family members as long as you are participating in an Elkhart Community Schools medical plan. You have the option to use the service for your extended family as well, including your in-laws, for \$50 a month. If you or your family members' medications qualify, you can save significantly on your cost.

If you are enrolled in a medical plan and are prescribed expensive medications and/or those drugs classified as specialty, the RX Help Center (RXHC), a prescription drug advocacy service, may be a solution for helping them be affordable. In some cases, the Rx Help Center can even help those whose prescription drugs are not overly expensive. Cost savings may be available if you are spending more than \$75 for a single prescription or \$100 or more per month for all of your prescriptions. You are **not** required to use this service.



RXHC does not guarantee it can reduce your prescription costs. An initial study will find out. If savings are available, RXHC can significantly lower your prescription drug costs. The concierge service is not an overnight solution as it may take from 14 to 30 days to implement.

Examples include but are not limited to:

- Xaralto
- Vivanse
- Lyrica
- Cymbalta
- Crestor
- Nexium
- Spiriva
- Invokana
- Humira
- Concerta
- Singulair
- Lisinopril
- Enbrel
- Suboxene
- Celebrex
- Cialis
- Advair Discus
- Advair
- Albuterol
- Dilantin
- Levothyroxine
- Prozac
- Restasis
- Effient
- Eliquis
- Flovent
- HFA
- Welchol
- Abilify
- Atorvastatin
- Janumet
- Latuda
- Lipitor
- Plaavix
- Seroquel
- Victoza
- Viagra



Additional Rx Resources

Did you know prescription drug costs vary from pharmacy to pharmacy? Your insurance carrier provides discounts for prescriptions when you use your ID card at the time of the fill, however, vendors exist that may provide greater or additional discounts. Review the tools below to shop and compare the next time you need to fill a medication.

A yellow circle containing the text "GoodRx" in a bold, black, sans-serif font.

GoodRx

GoodRX

www.goodrx.com

Good RX has both a website and a mobile app that can be used to compare prices. Just go to the website and type in your drug name. Good RX will give you the cash price available at multiple pharmacies. Just print off the coupon and present to your pharmacist. You do not need to register and you don't need an ID card.

Rx Tools

One RX

Available on Google Play & App Store

One RX works similar to other cost comparison tools but it will ask to scan your insurance ID card so that it can compare the discounts that your insurance company offers vs buying directly through the retail pharmacy. It also alerts you to manufacturer coupons that might be available. You do need to register on the app in order to use.



Needy Meds

www.needymeds.org

Needy Meds is an online information resource of programs that provides assistance to those who are unable to afford their medications. Programs are available through drug manufacturers for those who qualify. Visit their website or call **800-503-6897**.





Health Savings Account

For a Qualified Consumer Driven Health Plan

A Health Savings Account (HSA) is a consumer-oriented, tax-advantaged savings account that is always combined with a Consumer Driven Health Plan (CDHP). It is an interest-accruing account, similar to an Individual Retirement Account (IRA), which provides financial control over how you spend your health care dollars and can be used to pay for your out-of-pocket medical expenses. HSA earnings grow tax-deferred and qualified withdrawals are tax-free without "use it or lose it" provisions found with a Flexible Spending Account (FSA). Money not used in your Health Savings Account can be rolled over to the following year. HSA funds can be used for all qualified medical expenses, including medical services, as well as eyeglasses, dental procedures, prescription drug coverage and over-the-counter medications provided you submit a prescription from your provider. See IRS Publication 969 for more information and a listing of Qualified Eligible Expenses at www.irs.gov.

To qualify for an HSA, you must meet the following requirements, as defined by the IRS:

- You must be covered under a Consumer Driven Health Plan
- You have no other health coverage except what is permitted by the IRS
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return.

How Should You Manage Your HSA?

- Contributions can be made with pre-tax money through payroll deductions, or contributions can be made post-tax and then deducted from your income when you file your income tax return.
- Funds should be limited to qualified medical expenses;
- Keep receipts documenting medical expenses;

When to Stop Contributing to Your HSA?

- When you are no longer enrolled in a qualified health plan;
- When you become eligible for Medicare and you plan to enroll, you must stop your HSA.



IRS 2023 Maximum Contributions

	2023 IRS Max Contributions	IRS Post Age 55 "Catch-up"
Employee	\$3,850	\$1,000
Family	\$7,750	\$1,000

If You Will Be Turning 65

Active employees turning 65 have the option to accept or decline enrollment in Medicare, including Medicare Part A.

- Employees who accept enrollment in any part of Medicare are no longer eligible to make or receive contributions to an HSA.
- If you elect Medicare at age 65, your maximum HSA contribution for the year you elect will be prorated by the number of months you were not enrolled in Medicare.
- Employees who decline enrollment may continue to make and receive contributions to an HSA.
- Qualified distributions remain tax free regardless of your eligibility to contribute.
- Non-qualified distributions are taxable but no longer carry a 20% penalty after age 65.
- Medicare Part(s) A, B, D and Medicare HMO premiums may be paid or reimbursed with tax-free HSA dollars. You cannot use your HSA to pay for Medigap premiums.



Dental Benefit Summary & FSA



Delta Dental

Annual Deductible Individual Family	 \$25 \$50
Annual Plan Maximum	\$1,250
Orthodontia Lifetime Maximum	\$1,200
Plan Coinsurance Levels Preventive Services Basic Services Major Services Orthodontia	 80% 80% 80% 60%
Provider Directory: www.deltadentalin.com	

Delta Dental offers three levels of benefit coverage: PPO Dentist, Premier Dentist and Non-Participating Dentist. Review summary of benefits for more details.

PPO Coverage - Offers significant discounts; no balance billing; acceptance of processing policies; and 108,000 dentist locations

Premier Coverage - Negotiated fees; no balance billing; acceptance of processing policies; and 186,000 dentist locations

Non-Participating Coverage - Balance billing and does not offer discounts

Flexible Spending Accounts (FSAs)



Health Care Reimbursement Account

Health Care Reimbursement Accounts (FSAs) allow you to pay for eligible dental, vision and/or dependent care expenses on a pre-tax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced, and you get to keep a greater portion of your paycheck. Eligible expenses must be incurred between January 1 – December 31, 2023. It is important to keep all receipts as you will be asked to substantiate your claims.

Employees who are NOT enrolled in the ECS Health Plans as well as employees who are NOT eligible to contribute to Health Savings Accounts (HSAs) are eligible to participate in the Health Care Reimbursement Account. You are able to contribute up to \$3,050 per year.

Dependent Care Reimbursement Account

Dependent care reimbursement accounts allow you to pay for eligible dependent care expenses on a pretax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced, and you get to keep a greater portion of your paycheck. Eligible expenses must be incurred from Jan. 1 to Dec. 31, 2023.

All eligible employees may participate and contribute up to \$5,000 to a dependent care FSA. These funds can be used to pay for dependent care services, such as preschool, summer day camp, before- or after-school programs, and child or elder day care.





Everside Clinic

Our goal is to expand our wellness offering in ways that will help meet your personal needs and improve the health of our employees and their families.

10 Important Things to Know

1. The clinic provides a broad scope of primary care services, comprehensive annual physicals, and health coaching at low or no cost to the participant.
2. The Clinic offers select labs at low or no cost and high-quality generic drugs at low or no cost when prescribed by a clinic provider.
3. The clinic is managed by an independent outside entity, Everside Health, providing professional guidance and ensuring confidentiality.
4. We pay each participant and covered spouse incentive dollars for completing an annual physical and achieving individually tailored goals and action plans.
5. Scheduling for annual physicals can be done anytime.
6. The clinic is staffed by an experienced licensed, board-certified primary care physician, and leverages leading-edge technology.
7. The clinic is available by appointment during office hours.
8. The clinic is open to provide convenient access to the health care you need. Please call ahead to schedule appointments.
9. The law requires that all patient information be completely confidential.
10. The program is designed to help each person be healthier and spend less money on health care.

Health Services

Most services are covered at low or no cost. Services include:

- Clinic visits – annual physicals, musculoskeletal visits, sick visits, and wellness coaching.
- Chronic disease management – support from clinical staff to better manage conditions such as diabetes, high cholesterol, asthma and others.
- Health risk assessments – helps identify targeted concerns and preventive health goals.
- Referrals and care navigation – support in the coordination of specialty referrals when needed, as well as the management of follow-up care.
- On-site pharmacy services – features a formulary of the most commonly utilized medications. There are approximately 50 generic drugs available at low or no cost.
- Lab draws – conveniently available on-site with rapid results turnaround.

Clinic Contact Information

Phone (574) 262-5800

Fax (574) 262-5803

Clinic Hours

Monday	8 am – 6 pm
Tuesday	7 am – 4 pm
Wednesday	7 am – 4 pm
Thursday	8 am – 6 pm
Friday	7 am – 11 am

Privacy

Your personal health information will be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Elkhart Community Schools will not receive any personal health information about individuals; rather, the information received will be in aggregate form for the employee population as a whole, and that information that will be used in designing programs tailored to positively impact the health of employees.





Wellness

Our goal is to expand our wellness offering in ways that will help meet your personal needs and improve the health of our employees and their families.

01

Complete your comprehensive wellness visit 11/1/2022 – 12/31/2023:

The comprehensive wellness visit at your Everside Health Center will provide a tailored lifestyle plan to help you achieve your personal health goals. There is NO cost for this visit. It Includes:

- Detailed biometric review
- Health profile assessment & review
- Development of a personalized lifestyle plan
- Behavioral health assessments
- Healthy lifestyle coaching
- Encouragement & motivation
- Continual support and guidance

02

Review your results using the chart below.

The goal of the wellness program is to have all categories in the healthy range.

Count the number of moderate or high-risk results to determine the number of follow-up coaching visits needed.

	High Risk	Moderate Risk	Healthy Range	Results	Risk Levels
Systolic Blood Pressure	140 or greater	120-139	119 or less		
Diastolic Blood Pressure	90 or greater	80-89	79 or less		
BMI	30 or greater	25-29.0	24.9 or less		
Nicotine	Current user	n/a	Non-nicotine user		
Fasting Blood Glucose or A1c	126 or greater/6.5 or greater	100-125/6.7-6.4	99 or less/5.6 or less		

By completing your comprehensive wellness visit, you will earn **\$250** deposited into your HSA account. You are also eligible to earn up to an additional **\$400** by completing the follow-up healthy lifestyle coaching visits based on your biometric results. All coaching visits must be completed before your next annual exam. Employees and spouses on the health plan are eligible to earn the wellness reward which will be paid out monthly. All coaching visits must be completed by December 31, 2023.

Clinic Contact Information

Phone (574) 262-5800
Fax (574) 262-5803

Clinic Hours

Monday 8 am – 6 pm
Tuesday 7 am – 4 pm
Wednesday 7 am – 4 pm
Thursday 8 am – 6 pm
Friday 7 am – 11 am

Lifestyle Coaching Visits

0-1 Risks: Attend one follow-up healthy lifestyle coaching visit

2-3 Risks: Attend two follow-up healthy lifestyle coaching visits

4 or more Risks: Attend four or more follow-up healthy lifestyle coaching visits

Privacy

Your personal health information will be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Elkhart Community Schools will not receive any personal health information about individuals; rather, the information received will be in aggregate form for the employee population as a whole, and that information that will be used in designing programs tailored to positively impact the health of employees.



Basic Life/AD&D, Disability, & Voluntary Life



Basic Life Insurance

A life insurance policy is a contract with an insurance company. In exchange for premium payments, the insurance company provides a lump-sum payment, known as a death benefit, to beneficiaries upon the insured's death.

Basic Life Insurance

Benefit Amount depends on Employee Class
The cost of this benefit is shared by ECS and employees with employees paying 10% and ECS paying 90%
If you did not elect this benefit during your new hire enrollment period, you can elect later, but you will have to provide evidence of insurability (EOI).

Basic Accidental Death & Dismemberment Insurance

The rider covers the unintentional death or dismemberment of the insured. Dismemberment includes the loss, or the loss of use, of body parts or functions (e.g., limbs, speech, eyesight, or hearing).

Benefit Amount equals Basic Life Amount

Benefit Amount equals Basic Life Amount
The cost of this benefit is included in the Basic Life cost
You are automatically enrolled in this benefit if you are enrolled in the Basic Life benefit

Short-Term Disability Benefits

Disability benefits protect your income during a period in which you are unable to work because of an illness or accident not related to your job.

Short-Term Disability

Max. Weekly Benefit	\$1,000
Weekly Benefit	60% of earnings
Employees pay 100% of this premium through payroll deduction	

Long-Term Disability Benefits

Disability benefits protect your income during a period in which you are unable to work because of an illness or accident not related to your job.

Long-Term Disability

Elimination Period	180 Days
Monthly Income Benefit	66.67% of monthly covered earnings
Max. Monthly Benefit	\$7,500

The cost of this benefit is shared by ECS and employees with employees paying 10% and ECS paying 90%

Voluntary Insurance

Employees pay 100% of the premiums for Voluntary Benefits.

EMPLOYEE BENEFIT	Benefit Increments	\$10,000
	Benefit Maximum	Lesser of 5x's Salary or \$500,000
	Guarantee Issue	\$100,000
SPOUSE BENEFIT	Benefit Increments	\$5,000
	Benefit Maximum	Lesser of \$250,000 or 50% of Employee's amount
	Guarantee Issue	\$50,000
CHILD(REN) BENEFIT	Birth to 6 months	\$500
	6 months to 26 years	Units of \$1,000 to \$10,000
	Guarantee Issue	\$10,000



Hospital Indemnity, Critical Illness & EAP

Voluntary Hospital Indemnity Coverage

This insurance pays benefits for a covered hospital stay resulting from a covered injury or illness. Coverage continues after the first hospital stay so you have additional protection for future hospital stays.

Monthly Rates

Employee	\$19.70
Employee+Spouse	\$36.94
Employee+Children	\$34.28
Family	\$51.22



Voluntary Critical Illness Coverage

This insurance pays fixed cash benefits directly to you upon diagnosis of a covered critical illness after the coverage effective date. These benefits can help pay for out-of-pocket medical and non-medical expenses your medical insurance doesn't cover. Examples of covered illnesses are heart attack and/or stroke, Alzheimer's, ALS, cancer, certain childhood conditions and others.

Employee	Spouse	Children
\$10,000 or \$20,000	\$5,000 or \$10,000	\$2,500 or \$5,000
Rates Vary by Employee Age		

Employee Assistance Program

Life can provide challenges. Usually people can work them out, but sometimes the problems are too much to be handled alone. They begin to affect personal happiness, family relationships and good health. Often, they spill over into work and affect job performance. Without proper help, these issues can become worse and result in tardiness, absenteeism, accidents, medical expenses and even loss of job. Bowen Center helps thousands of people each year to cope and find solutions for life's problems.

Elkhart Community Schools offers all employees and the family members living in their households and Employee Assistance Program with New Avenues, Inc. New Avenues offers confidential counseling through a network of licensed clinicians located close to your home or workplace. These trained employees are ready to help you deal with family or work/life issues that may be causing your life to feel out of balance.

What types of problems can New Avenues counselors help with?

- Stress
- Personal concerns
- Marriage/Family/Relationship problems
- Anxiety
- Substance Abuse
- Grief
- Workplace Issues

How many counseling sessions do I have?

There are 4 face-to-face EAP sessions per employee family member per contract year (August 1st through July 31st).

How do I access my face-to-face EAP sessions?

Just call New Avenues at: 800-731-6501 or 574-232-2131. Select option #2. Services are strictly confidential and there is not out-of-pocket cost to you or your family members.

Structured Telephonic Counseling & iCONNECTYOU APP for your mobile devices

In addition to face-to-face counseling, New Avenues offers telephonic counseling (855-492-3625) as well as an array online support services available 24/7.



Contact Information

Important Contact Information:

Please utilize the website resources for provider information, pharmacy information, and general claims information.

The Customer Service phone numbers can assist you with benefits and specific claims questions.



Additional education pieces and resources are available. Talk to your HR team for more information.

01 Insurance Secretary – Julie Crane

(574) 262-5527

02 Anthem Website

www.anthem.com

03 Anthem Customer Service

(833) 639-1637

04 CVS – Caremark Rx Coverage Website

www.caremark.com

05 CVS – Caremark Customer Service

(888) 202-1654

06 Delta Dental Website

www.deltadentalin.com

07 Delta Dental Customer Service

(800) 524-0149

08 Health Savings Account

www.tcunet.com

09 Everside Clinic

(574) 262-5800

10 New Avenues EAP

(800) 731-6501 or (574) 232-2131

11 HrPro Customer Service

(800) 989-8776

12 HrPro Website

www.hrpro.com

