



2024

Employee Benefit Guide

Plan Year	January 1 – December 31, 2024
Open Enrollment	November 10 – November 27, 2023
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Presented by:



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Open Enrollment & Benefit Highlights

2024 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 10th – November 27th**.

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, 2024.

	Medical Plan	<ul style="list-style-type: none">• Anthem continues to be the Medical Plan Administrator• 2 Medical Plan Offerings• New HealthSync Network Offering
	Dental Plan	<ul style="list-style-type: none">• No plan design changes• No employee premium changes• Delta Dental remains dental carrier
	Vision Plan	<ul style="list-style-type: none">• New for 2024• DeltaVision is the carrier

Open Enrollment

This year we will be having an **Active** Open Enrollment. This means that you **must** log in to PlanSource to make your 2024 Medical, Dental, Vision and Flexible Spending Account elections. Your current elections will **NOT** roll over for 2024.



Online Enrollment

Enroll In Your Benefits Online!

01

LOGIN

Log in 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 `johnemploy1234`

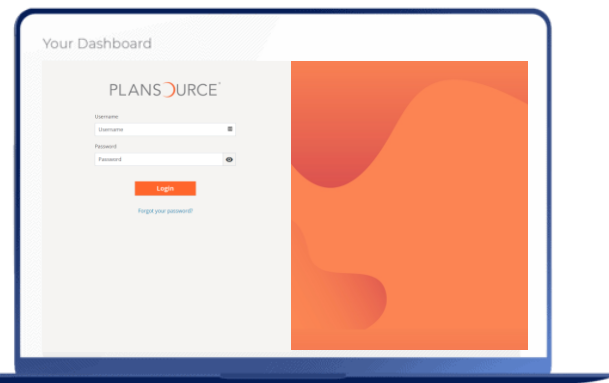
Password: Your Date of Birth formatted as YYYYMMDD.
(ex June 1, 1980 = 19800601)

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

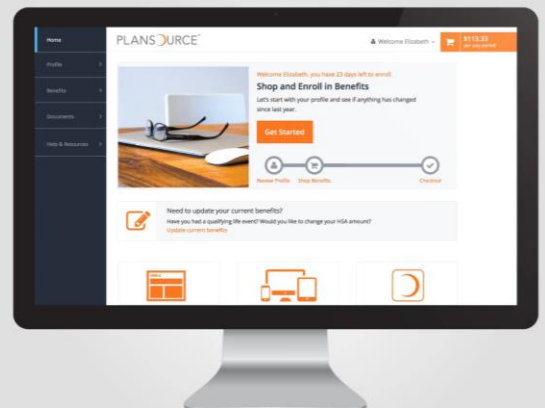
ENROLL

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...

- 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](https://www.MyElkhartBenefits.com) to get started today.

Have questions or need help? Contact your Insurance Secretary



2024 Medical Benefit Overview

Medical & Prescription Drugs Insured by Anthem

Physician Office Visit
Specialist Office Visit
Deductible
Single
Family
Coinsurance
Out-of-Pocket Maximum
Single
Family
Preventive Care
Virtual Dr. Visits - Online
Virtual Text & PCP Visits
Hospital Services
Out-Patient
In-Patient
Emergency Room Services
Urgent Care Centers
Mental & Nervous
Out-Patient
In-Patient
Substance Abuse
Out-Patient
In-Patient
Chiropractic – 20 visit Max
Prescription Drugs - Retail
Generic
Preferred
Non-Preferred
Prescription Drugs – Mail Order
Generic
Preferred
Non-Preferred
Prescription Drugs - Specialty
Generic
Brand

HealthSync HDHP 1		
Tier 1 HealthSync	Tier 2 Network Benefits	Non-Network Benefits
Deductible; then \$15 Copay	Deductible; then \$40 Copay & 20% Coinsurance	50% after Deductible
Deductible; then \$30 Copay	Deductible; then \$80 Copay & 20% Coinsurance	50% after Deductible
Embedded		
\$3,000	\$5,000	\$15,000
\$3,200 Individual/\$6,000 Family	\$10,000	\$30,000
0%	20%	50%
Embedded		
\$7,000	\$7,000	\$21,000
\$14,000	\$14,000	\$42,000
100% Coverage		50% after Deductible
20% after Deductible (Preferred Online Provider)		
0% after Deductible		
0% after Deductible	Deductible; then \$250 Copay & 20% Coinsurance	50% after Deductible
0% after Deductible	Deductible; then \$500 Copay & 20% Coinsurance	50% after Deductible
Deductible; then \$250 Copay per visit and 0% Coinsurance		
Deductible; then \$75 Copay	Deductible; then \$150 Copay & 20% Coinsurance	50% after Deductible
0% after Deductible	Deductible; then \$250 Copay & 20% Coinsurance	50% after Deductible
0% after Deductible	Deductible; then \$500 Copay & 20% Coinsurance	50% after Deductible
0% after Deductible	Deductible; then \$250 Copay & 20% Coinsurance	50% after Deductible
0% after Deductible	Deductible; then \$500 Copay & 20% Coinsurance	50% after Deductible
0% after Deductible	20% after Deductible	50% after Deductible
10% after Deductible		Not Covered
10% after Deductible		
20% after Deductible		
10% after Deductible		Not Covered
10% after Deductible		
20% after Deductible		
Deductible and Coinsurance		Not Covered
Deductible and Coinsurance		



2024 Medical Benefit Overview

Medical & Prescription Drugs Insured by Anthem

Physician Office Visit	
Specialist Office Visit	
Deductible	
Single	
Family	
Coinsurance	
Out-of-Pocket Maximum	
Single	
Family	
Preventive Care	
Virtual Dr. Visits - Online	
Virtual Text & PCP Visits	
Hospital Services	
Out-Patient	
In-Patient	
Emergency Room Services	
Urgent Care Centers	
Mental & Nervous	
Out-Patient	
In-Patient	
Substance Abuse	
Out-Patient	
In-Patient	
Chiropractic – 20 visit Max	
Prescription Drugs - Retail	
Generic	
Preferred	
Non-Preferred	
Prescription Drugs – Mail Order	
Generic	
Preferred	
Non-Preferred	
Prescription Drugs - Specialty	
Generic	
Brand	

HealthSync HDHP 2		
Tier 1 (HealthSync)	Tier 2 Network Benefits	Non-Network Benefits
20% after Deductible	40% after Deductible	50% after Deductible
20% after Deductible	40% after Deductible	50% after Deductible
Embedded		
\$4,000	\$5,500	\$16,500
\$8,000	\$11,000	\$33,000
20%	40%	50%
Embedded		
\$7,000	\$7,000	\$21,000
\$14,000	\$14,000	\$42,000
100% Coverage		50% after Deductible
20% after Deductible (Preferred Online Provider)		
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20% after Deductible	Deductible; then \$250 Copay & 40% Coinsurance	50% after Deductible
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20% after Deductible	40% after Deductible	50% after Deductible
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20% after Deductible	Deductible; then \$500 Copay & 40% Coinsurance	50% after Deductible
20% after Deductible	40% after Deductible	50% after Deductible
10% after Deductible		Not Covered
10% after Deductible		
20% after Deductible		
10% after Deductible		Not Covered
10% after Deductible		
20% after Deductible		
Deductible and Coinsurance		Not Covered
Deductible and Coinsurance		



Overview of Payroll Deductions

HealthSync Plan 1 Medical/Dental Premiums

	Annual Premium	Employer Contribution	Annual Employee Cost	24 Per Pay Deduction	18 Per Pay Deduction
Single	\$8,291.29	\$6,385.00	\$1,906.29	\$79.43	\$105.91
Employee + Spouse	\$19,091.61	\$11,928.00	\$7,163.61	\$298.48	\$397.98
Employee + Child(ren)	\$14,726.75	\$8,054.00	\$6,672.75	\$278.03	\$370.71
Family	\$23,463.92	\$16,631.00	\$6,832.92	\$284.71	\$379.61
Family, Both Employed Full-Time	\$23,463.92	\$16,981.00	\$6,482.92	\$270.12	\$360.16

HealthSync Plan 2 Medical/Dental Premiums

	Annual Premium	Employer Contribution	Annual Employee Cost	24 Per Pay Deduction	18 Per Pay Deduction
Single	\$7,645.25	\$6,385.00	\$1,260.25	\$52.51	\$70.01
Employee + Spouse	\$17,591.09	\$11,928.00	\$5,663.09	\$235.96	\$314.62
Employee + Child(ren)	\$13,591.98	\$8,054.00	\$5,537.98	\$230.75	\$307.67
Family	\$21,643.30	\$16,631.00	\$5,012.30	\$208.85	\$278.46
Family, Both Employed Full-Time	\$21,643.30	\$16,981.00	\$4,662.30	\$194.26	\$259.02

Monthly Vision Premiums

Employee Only	\$5.82
Employee + Spouse	\$11.63
Employee + Child(ren)	\$12.46
Family	\$19.90

18 Pay Deduction Dates for 22 Pay Teachers and Classified School Year Staff

1. 12/8/23	8. 4/12/24	15. 10/11/24
2. 12/22/23	9. 4/26/24	16. 10/25/24
3. 1/5/24	10. 5/10/24	17. 11/8/24
4. 2/2/24	11. 5/24/24	18. 11/22/24
5. 2/16/24	12. 6/7/24	
6. 3/1/24	13. 9/13/24	
7. 3/29/24	14. 9/27/24	



What Is HealthSync?

HealthSync is a network of high-performing practices offering value-based care. That means you get a physician who's truly invested in your health; one who builds a strong relationship with their patients. And better relationships often mean better health. It also means:



Individualized care

Access to advanced personalized care plans and behavioral health resources. Providers who have been selected based on their outcomes, continuity of care.



Affordable care

Discounts for services with all participating in-network doctors and hospitals.



BlueCard

Seamless out-of-state and away from home access via Blue Care (HealthSync).

Why HealthSync?

- Anthem and your employer's goal is for you and your covered family members to have strong relationships with top-performing doctors and to experience better health outcomes.
- With HealthSync, expect to get more personalized care and pay less for your care when you use a HealthSync provider. You'll benefit from:

 **Lower deductibles**

 **Lower co-insurance**

- HealthSync providers have been successful in increasing the quality and affordability of care they deliver.
- For you, this means a better health care experience and greater emphasis on overall well-being.

What is the value of HealthSync plans?

- HealthSync uses providers with a proven record of delivering high quality, cost-effective care.
- HealthSync offers higher value at a lower cost.



What care providers are in the HealthSync Network?

The HealthSync network includes more than 10,000 healthcare providers and 45 top hospitals throughout Indiana.

St. Vincent (Ascension)	Memorial Hospital of Logansport	The Orthopedic Hospital
Good Samaritan Hospital	Memorial Hospital of South Bend	St. Joseph Hospital (Fort Wayne)
Gibson General hospital	Kosciusko Community Hospital	Elkhart General Hospital
Franciscan Health	Dupont Hospital	Bluffton Regional Medical Center
Ortho Indy	Lutheran Hospital of Indiana	

What are the 3 network levels?

Your health plan has three tiers of coverage –HealthSync, In-Network and Out-of-Network. The least expensive costs are achieved when you stay in the HealthSync network - Tier 1. You may still access care from providers in the Anthem PPO network (Tier 2), just as before, and those expenses will be considered in-network. Providers in Tier 3 will be considered out-of-network.

Tier 1

HealthSync

These providers have agreed to become even stronger partners, including providing enhanced service levels to patients, meeting best practice quality standards and charging the most cost-effective fees for their services. A great deal of work and research has gone into creating this network level to further benefit patients, providers and the health plans. HealthSync providers will work hard to see patients the same day when needed (or as soon as possible if not urgent), help coordinate your care with other providers you may have to bring a more consolidated care approach and help you find your way through the healthcare system.

Tier 2

In-network, but not HealthSync

These providers continue to be partners in the plans, even though they are not contracted within the HealthSync network. You may still access care from providers in the Anthem network, just as before, and those expenses will be considered in-network.

Tier 3

Out-of-network

These providers do not have contracted arrangements through Anthem, meaning there are no set limits for what they can charge, leaving you with more to pay out-of-pocket for services.

What will my claims look like?

CLAIM #1

You went to Ascension St. Vincent and saw a Tier 1 provider. Therefore, you received the highest level of benefits.

Reference your Tier 1 benefits on your benefits summary guide.

CLAIM #2

You went to Deaconess Hospital and saw a Tier 2 provider. You stayed in-network, but your level of benefits were not as high as seeing a Tier 1 provider.

Reference your Tier 2 benefits on your benefits summary guide.

CLAIM #3

If you went to a provider outside of the Anthem Network, you will not see a health savings benefit.

Reference your Out-of-network (Tier 3) benefits summary guide.

Do members need to get a referral from their PCP to see a specialist?

HealthSync plans are open access, meaning that referrals are not required.

What if I have more questions?

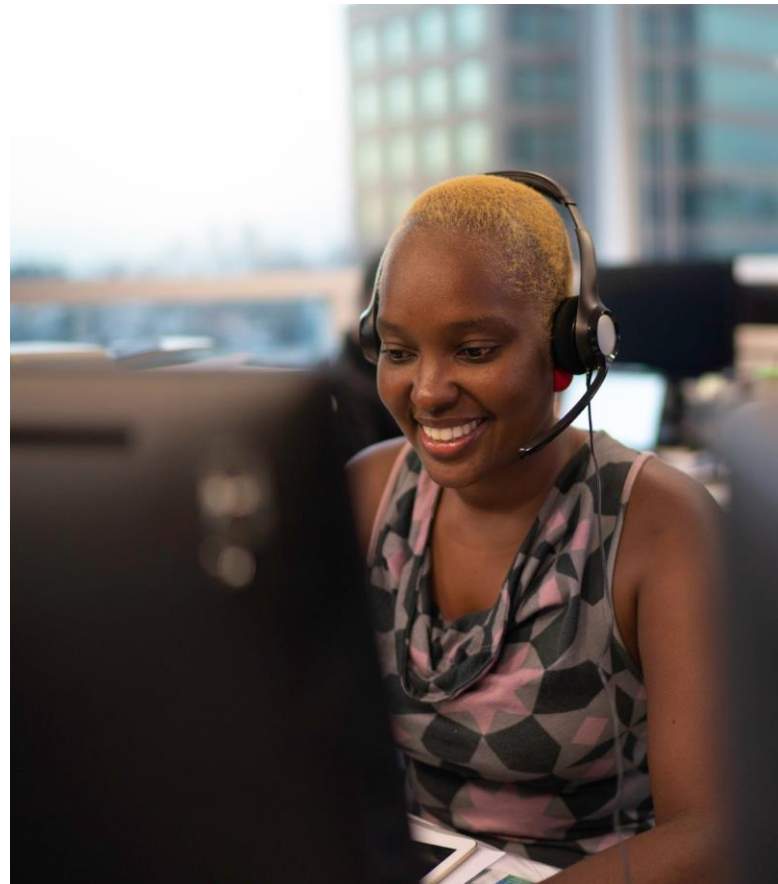
Contact the Anthem Health Guides. Anthem Health Guides simplify the healthcare experience, so you better understand your health situation and are able to find the right care at the right time – for the right cost.

Anthem Health Guides provide seamless clinical and provider integration, giving you a true continuum of care with access to support resources, a team of health professionals and physician connectivity.

When you need personalized healthcare support, Anthem Health Guides are a logical starting point.

Health Guides use smart engagement technology to provide personalized guidance. They are able to analyze data from Anthem's benefits and claims database to help you:

- Access the care that's right for you
- Spot medical gaps in care, such as routine exams and screenings
- Help you save money on prescription drugs
- Compare costs, find in-network doctors and more



HealthSync

Choosing your HealthSync doctor — the first step toward better care

Finding an in-network, value-driven HealthSync doctor couldn't be easier. And via personalized matching technology, you'll be paired with a HealthSync doctor who suits your unique needs.

- 1 Go to [anthem.com/HealthSyncProviderFinder](https://www.anthem.com/HealthSyncProviderFinder).
- 2 Search for a doctor by entering your city, state, ZIP code, and distance preferences.
- 3 Browse the list of HealthSync doctors and choose the one you'd like.
- 4 To select a new HealthSync doctor, call the phone number on the back of your ID card.

Out-of-Network (OON) Coverage

For cost-effective health care, we strongly encourage HealthSync members to stay in the HealthSync network. You may utilize all other Anthem PPO doctors at a higher cost share.

Choose a doctor in the HealthSync network today.

Follow the steps above to get started.




Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



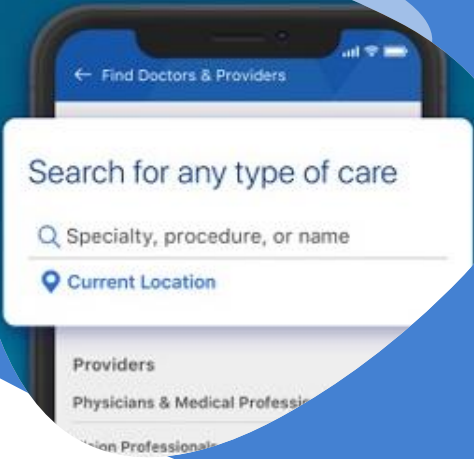
HealthSync High Performance Network

View a full list of HealthSync Providers at anthem.com/HealthSyncProviderFinder



 Cooperative Care Location





Find Care Tool

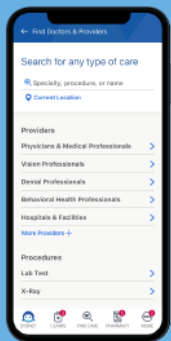
Search for providers and compare cost.

Connect with the care that's right for you.

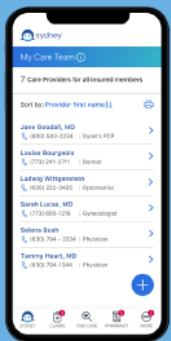
Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or anthem.com.

How to use Find Care

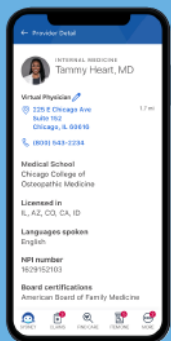
The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:



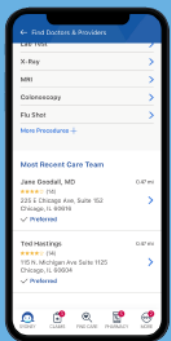
1 Search for providers and facilities in your plan's network by name, specialty, or procedure.



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.



Rx Help Centers

This service is available at no cost to you and your covered family members. 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



Pharmacy Cost Comparison Tools

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.



GoodRx

GoodRx

www.goodrx.com

GoodRx has both a website and a mobile app that can be used to compare prices. Go to the website and type in your drug name. GoodRx will display the cost available at multiple pharmacies. Show the coupon to your pharmacist. You do not need to register, and you don't need an ID card.



RX Help Centers

www.RXHelpCenters.com

RX Help Centers provides assistance in finding resources for high-cost brand name medications by advocating directly with drug manufacturers. Visit their website or call **866-478-9593**.

Rx Tools

When to Use Coupons

In this video, our in-house Pharmacist walks you through why medications are less expensive through these services. He also compares if it might be better to save using coupons, or if you'll save more in the long run chipping away at your deductible to meet your out-of-pocket max earlier in the year.

Watch online at lhdbenefits.com/rx-education/



Mark Cuban's CostPlus Drug Company

costplusdrugs.com

The goal of the Mark Cuban Cost Plus Drug Company is to dramatically reduce the cost of drugs like Albendazole, but we also think that it is just as important to introduce transparency to the pricing of drugs so patients know they are getting a fair price. Watch the video to the left to understand when it's right for you to use this service.





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 2024 Maximum Contributions

	2024 IRS Max Contributions	IRS Post Age 55 “Catch-up”
Employee	\$4,150	\$1,000
Family	\$8,300	\$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.





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: **ELKHARTSCHOOLSHSA**

Contact me if you have any questions:

Derrick Stevens Asst. Branch Manager

dstevens@everwisecu.com

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



Dental & Vision Benefit Summaries



Delta Dental

Annual Deductible	
Individual	\$25
Family	\$50
Annual Plan Maximum	
	\$1,250
Orthodontia Lifetime Maximum	
	\$1,200
Preventive/ Diagnostic Care	
Includes: routine oral exams, cleanings, fluoride treatment (through 18), sealants, x-rays	Plan pays 80%
Basic Dental Services	
Includes: fillings, consultations, space maintainers, brush biopsy, endodontics, periodontics	Plan pays 80%
Major Dental Services	
Includes: oral surgery, dentures, bridges, implants	Plan pays 80%
Orthodontia for Children up to age 19	
	Plan pays 60%

Provider Directory: www.deltadentalin.com

Delta Dental benefits listed above are shown In-Network. See full plan details for description and Out-of-Network Coverage details.

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



DeltaVision

	In-Network	Out-of-Network
Routine Eye Exam - (once every 12 months)		
	\$10 Copay	\$45 allowance
Materials (lenses and/or frame)		
	\$25 Copay	
Frames - (once every 24 months)		
	\$130 allowance	\$70 allowance
Standard Plastic Lenses - (once every 12 months)		
Single vision	Covered in full after Copay	\$30 allowance
Bifocal lenses	Covered in full after Copay	\$50 allowance
Trifocal lenses	Covered in full after Copay	\$65 allowance
Contact Lenses - (once every 12 months in lieu of glasses)		
Elective	\$130 allowance	\$105 allowance
Non-Elective	Covered in full	\$210 allowance

Provider Directory: www.vsp.com/eye-doctor





DeltaVision

Your Vision Benefits

Welcome to DeltaVision®

Delta Dental is committed to the whole health of our members—including eye health. That's why we've partnered with VSP® Vision Care to offer members best-in-class vision care. Learn more and find providers at deltadentalin.com/Groups/Plans/DeltaVision.

Access Your Benefits Online

Stay informed about your dental and vision benefits in one, convenient location at www.memberportal.com.

Use our secure online tool, Member Portal, to access both your dental and vision benefits information, including eligibility information, benefits and plan coverage details, find a provider, claims information, and more.

1. Visit www.memberportal.com.
2. Log in with your Member Portal credentials or click the *Sign up!* link to register. You will need the primary subscriber's Social Security number or member ID number. Complete all required fields and follow the on-screen instructions to finish creating your account.
3. Member Portal features single sign-on functionality, allowing members to access their vision benefits information without creating a separate account with VSP. Click the *DeltaVision Login* button to access your vision benefits information.

How to Find a VSP Network Doctor

Search under the VSP Choice network for any DeltaVision plan:

Online - Log in to Member Portal or visit www.vsp.com/eye-doctor to view results by city, state, ZIP code, provider's name or specialty.

Member services - Call VSP's member services team toll-free at 800-877-7195 to find a participating VSP provider.

Mobile app - Download VSP's mobile app for Apple or Android devices. To download, visit the App Store (Apple) or Google Play (Android) and search for "VSP."

Contact provider - Members should call their provider's office and ask if they participate in the VSP Choice network.





DeltaVision

Frequently Asked Questions

Which retail chains are included?

Costco, Sam's Club Optical, Walmart Vision, Pearle Vision, Visionworks and more.

Retail chains may not show as a participating provider until the member is registered within the VSP member portal.

What percentage of network providers are accepting new patients?

All VSP network doctors must accept new VSP patients.

Does material Copay apply to single vision, bifocal, trifocal and lenticular lenses?

Yes. The material copy is for lenses and/or frames.

Do our plans have any member cost differentials for disposable vs. conventional contacts?

No.

If a new DeltaVision group is coming from a prior VSP plan do their benefits reset?

Yes, even if the member recently sought treatment through their prior VSP plan, as of the effective date of the DeltaVision plan all benefits will be available.

Does VSP offer an online retail service?

Yes, through their [Eyeconic.com](https://www.eyeconic.com) website members have access to the following:

- In-network VSP benefits on glasses, contact lenses, and/or prescription sunglasses
- Larger frame selection than physical office/retail locations

- Try frames on virtually
 - Results in less than 5% return rate
- Add on lens enhancement options available with transparency pricing
- There is no extra cost, free shipping and free returns
- The average turnaround (with standard shipping) is two business days for contacts and sunglasses, five to seven days for Rx glasses
- Go to any VSP provider office to have adjustments made to frames

If a member signs on to Member Portal, will they also be able to view DeltaVision information (benefits, EOBs, etc..)?

- When a member signs into Member Portal they will be able to see their enrollment in DeltaVision, however, they will not be able to see claim or benefit specific information.
- To access claim specific or more detailed information, they will need to log in to their VSP member account which can be done by visiting www.vsp.com or through a single sign on (SSO) through Member Portal.

Does Delta Dental or VSP adjudicate the vision claims?

All claims are adjudicated by VSP.





DeltaVision

Frequently Asked Questions

Do members need an ID card?

An ID card, or Member Vision Card isn't required for members to receive services or care. Members simply call a VSP network provider to schedule an appointment and tell them that they're a VSP member. The network provider and VSP handle the rest. If a member wishes to have an ID card, they can create an account and log in at www.vsp.com to print one.

How do members obtain a list of VSP network providers?

- They should visit www.vsp.com or contact VSP at 800-877-7195. Clients registered for the Manage Your Plan section at www.vsp.com can download customized VSP network provider lists as PDF or Excel files.
- Members and dependents have instant access through www.vsp.com to check coverage and eligibility, find a VSP network provider and learn more about eye care wellness.

How do members collect reimbursement after visiting an out-of-network provider?

1. Most out-of-network providers will submit a request for reimbursement on behalf of VSP members. This means members won't need to pay their entire bill upfront and will only be responsible for paying applicable Copays and any balance above their out-of-network schedule.

How do members collect reimbursement after visiting an out-of-network provider?

2. Members can pay the provider directly and submit a claim to VSP for reimbursement, using the following procedure:
 - A. Visit the Benefits & Claims section of www.vsp.com to begin a claim.
 - B. The member should fill out the claim form completely and submit an itemized receipt or statement that includes:
 - Doctor name or office name
 - Name of patient
 - Date of service
 - Each service received and the amount paid
 - C. Submit claims online at www.vsp.com or mail to:

VSP
PO Box 385018
Birmingham, AL 35238-5018

Please note that claims for reimbursement must be filed within 12 months of the date of service. Members will be reimbursed according to the out-of-network reimbursement schedule



Flexible Spending Account Options

FSA Administered by 

Healthcare Flexible Spending Account (FSA)

What is it? It's an employer-sponsored benefit that allows those who don't have an HSA to set aside money on a pre-tax basis through payroll deduction to help offset unreimbursed medical, dental or vision expenses (\$3,200 in 2024).

Who can use it? Funds can be used by the FSA owner's spouse and a person claimed as a dependent on FSA owner's taxes (with certain qualifications).

What can the funds be used on? Examples of eligible expenses FSA dollars can generally be used for include:

- Medical Copays, deductibles, prescriptions
- Dental services such as crowns, bridges, dentures, implants, oral surgery
- Vision services such as prescription eyeglasses, eye exams, prescription sunglasses, Lasik surgery
- Contact lenses and related supplies
- Hearing exams and hearing aids
- Infertility treatments, in vitro fertilization
- Mental health counseling (not marital)
- Birth control, tubal ligation, vasectomy
- CPAP machines and accessories
- Breast pumps and lactation supplies
- Diabetic supplies
- Sanitary napkins, pads, liners, tampons
- Walkers, wheelchairs, crutches
- Incontinent supplies
- Many other over-the-counter (OTC) and medical supplies

For more information on eligible OTC supplies go to <https://fsastore.com/fsa-eligibility-list>.

To file a claim, go to www.hrpro.com.

Dependent Care Flexible Spending Account

What is it? It's an employer-sponsored benefit plan that allows employees to put aside funds for certain dependent care expenses on a pre-tax basis up to a specified limit (\$5,000 in 2024 or \$2,500 if you are married and file separate tax returns).

What dependent care expenses are eligible for reimbursement? It must be an "employment-related expense" that allows the taxpayer to work.

Who is a qualifying individual? A taxpayer's dependent who is under age 13 or the taxpayer's dependent or spouse who is physically or mentally incapable of self-care and who has the same principal place of abode as the taxpayer for more than half the taxable year.

May I pay for eligible services in advance? No, services can only be paid for as they occur and as funds exist in the account.

What are some examples of expenses eligible for reimbursement?

- Nursery school, preschool or similar program below the level of kindergarten
- Before and after-school care of a child in kindergarten or a higher grade
- Day camp expenses

Ineligible expenses include:

- Overnight camp costs
- Expenses for kindergarten or higher grade levels
- Payments to either the taxpayer's spouse or to a parent of a taxpayer's child who is not the taxpayer's spouse

For more information on how to file a claim, go to www.hrpro.com.





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 11/1/2023 – 12/31/2024:

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.

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 of, 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%
 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).

Voluntary Insurance

Employees pay 100% of the premiums for Voluntary Benefits.

EMPLOYEE BENEFIT	Benefit Increments	\$10,000
	Benefit Maximum	Lesser of 5x 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+Childr(en)	\$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 Gruver**
(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 DeltaVision Member Services**
(800) 877-7195
- 09 DeltaVision Website**
www.memberportal.com
- 10 Health Savings Account**
www.everwisecu.com
- 11 Everside Clinic**
(574) 262-5800
- 12 New Avenues EAP**
(800) 731-6501 or (574) 232-2131
- 13 HrPro Customer Service**
(800) 989-8776
- 14 HrPro Website**
www.hrpro.com

