ELKHART
COMMUNITY SCHOOLS

Employee Guide to 2020 Benefits

Effective Plan Year: January 1 – December 31, 2020

Open Enrollment: November 8th – November 18th

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2020 Open Enrollment

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 8th – November18th.** Please refer to your Enrollment Instructions for a step by step guide to the enrollment process

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 1,2020.

This year we will be having an Active Open Enrollment. This means you MUST complete the Open Enrollment process in order to have benefits for 2020. Your 2019 benefits will NOT roll over for 2020.

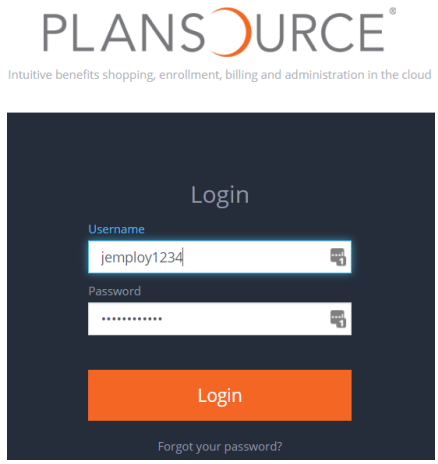
Elkhart Community Schools is moving to a new Benefit Administration System called PlanSource. Please refer to the instructions on the following pages for logging in and completing your Open Enrollment.

This benefit guide only highlights the benefits available. For a more complete description, see the Plan Certificate. If any conflict should arise between this summary and the Plan, the Plan's Certificate will govern in all cases.

Employee Enrollment Guide

BEFORE YOU BEGIN ENROLLING IN YOUR BENEFITS, YOU WILL NEED TO HAVE THE FOLLOWING INFORMATION ON HAND.

- Your social security number and social security numbers of your eligible dependents.
- Your date of birth and the dates of birth for your eligible dependents
- Beneficiary Information for your Life/AD&D and Voluntary Life Plans



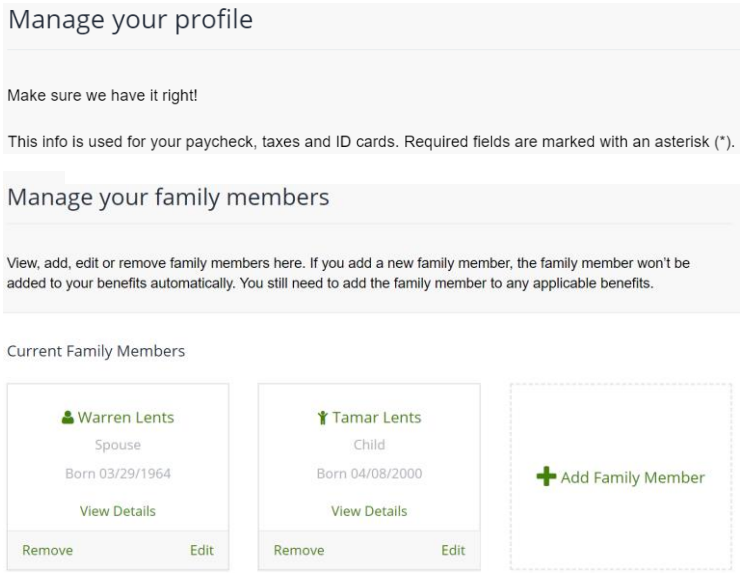
Step 1: Access and Log On

Type or paste the link into your web browser's search bar: https://benefits.plansource.com/logon

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
User name would be jemploy1234

PASSWORD: The first time you log in, your password will be your birth date in the format YYYYMMDD. **Example:** February 7, 1975 would be 19750207.

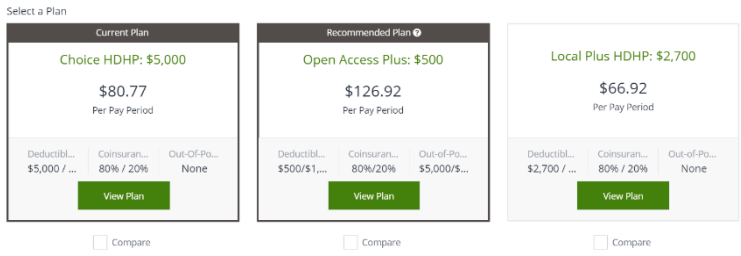
First time users will be prompted to change their password. Enter the new password and click save.



Step 2: Review Profile & Dependent Information

Fields with an asterisk are required.

- Verify Personal Information and make changes if needed.
- Click, Next: Review My Family. On this page you can add, edit or remove dependents.



Step 3: Shop for Benefits

- The first screen is the Certification and Authorization screen. Click 'I Agree' and 'Confirm'.
- Select family members to add to coverage then click 'Confirm.'
- View a Plan: If you would like to quickly view a particular benefit plan's cost per pay period, simply click 'View Plan'.
- Compare Plans: Check the compare box below the plans you want to compare and click 'Green Compare Box.'
- Enroll in a Plan: To select a medical plan, click 'View' and Update Cart. Or, click 'Decline' to waive enrollment. To select Dental and/or Vision – Confirm Plan or Decline

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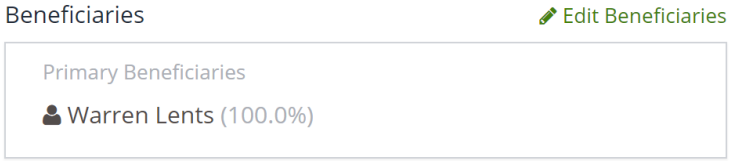
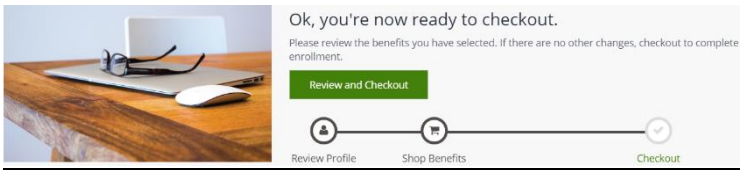


STEP 4: Add or Update Beneficiaries

If you have selected a plan that requires a beneficiary, i.e. Life, AD&D, you will be prompted to complete the fields on the Beneficiary screen. Please complete all information for both primary and secondary (if necessary) beneficiaries.

- To begin, click 'Add Beneficiary' to add a new record.
- Complete the information requested in the beneficiary record.
- Finally, designate a percentage for each primary and secondary beneficiary (if applicable).
- When you have completed this information, click 'Save' at the bottom of the screen.



STEP 5: Benefit Confirmation Statement

- After all screens have been completed, click 'Review and Checkout' at the bottom of the screen. This will take you to a summary of your benefit elections.
- You can adjust your plan selections until your enrollment period is closed. If you need to adjust your elections, click, 'Change Plan' next to the benefit you want to change.
- After all adjustments are made click, 'Checkout'.

CONGRATULATIONS! YOU HAVE COMPLETED THE ENROLLMENT PROCESS AND CONFIRMED YOUR BENEFITS

Terms You Should Know

Benefit Eligible. All eligible employees who work at least 30 hours per week and certified staff who work at least 20 hours per week are eligible to participate in the employee benefit plans. For the Medical and Dental plans, covered dependents include your legal spouse and children to the end of the year of their 26th birthday.

Proof of Dependent Eligibility. To ensure that only those who are eligible enroll in Company benefits, Elkhart Community Schools requires you to submit proof of dependent eligibility when you enroll a dependent in any ECS benefit for the first time.

High Deductible Health Plan (HDHP). A HDHP features higher annual deductibles (for 2020, a minimum of $1,400 for self and $2,800 for family coverage) than traditional health plans, such as a preferred provider organization (PPO) or health maintenance organization (HMO) plan. With the exception of preventive care, covered employees must meet the annual deductible before the plan pays benefits. HDHPs, however, generally have significantly lower premiums than PPOs, HMOs or other traditional plans.

Deductible. The amount you pay for covered health care expenses before your insurance starts to pay. For example, with a $2,000 plan year deductible, you pay the first $2,000 covered services.

Coinsurance. The percentage of costs of a covered health care service you pay (for example 20%), after you have paid your plan year deductible.

Out-of-Pocket Maximum. The most you have to pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100% of the costs of covered benefits.

Network Benefits (In-Network). In-network providers agree to accept the UMR approved amount for their services. You will see these savings listed as the "discounted amount" on your Explanation of Benefits statements.

Non-Network Benefits (Out-of-Network). Doctors or hospitals who are not in the network do ***not*** accept UMR's approved amount. You will be responsible for paying the difference between the provider's full charge and your plan's approved amount. This is called balance billing.

Preventive Care. Preventive care is the care you receive to prevent illnesses or diseases. Providing these services at no cost is based on the idea that getting preventive care, such as screenings and immunizations, can help you and your family stay healthy. Services will be paid at 100% when you use a participating provider.

Qualified Life Event. Employees may add/remove/make benefit changes during the Open Enrollment period which is held annually. However, it is recognized that circumstances may occur that may cause a need for changes to your health benefits. Employees have ***30 days*** from the date of a ***qualified life event*** to make changes/updates. Examples of life events include: birth or adoption of a child; marriage or divorce; death; loss of coverage; and employment status change.

Employees can log into PlanSource to request change(s). In addition, you will need to provide documentation to the insurance secretary that reflects the need for change(s) before benefits can be approved.

Plan Compliance Notifications. Federal Required Notices including but not limited to the HIPAA Privacy and Security, Certificate of Creditable Coverage for Medicare and Market "Exchange" Notices. Health Care Reform Notices are available online or via paper, free of charge, upon request. Please contact the Insurance Secretary with questions.

Medical & Rx Drug Benefits insured by: UMR

4 Medical Plan Options Effective 01/01/2020	HDHP 1			HDHP 2		
	Premium Network	*Non-Premium Network*	*Non-Network Benefits*	*Premium Network*	*Non-Premium Network*	*Non-Network Benefits*
	Your costs are summarized below			*Your costs are summarized below*		
Physician Office Visit	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Specialist Office Visit	20% after Ded	30% after Ded	50% after Ded	20% after Ded	30% after Ded	50% after Ded
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%	30%	50%	20%	30%	50%
Out-of-Pocket Maximum	Non-Embedded			Non-Embedded		
Individual	$3,000		$5,000	$4,000		$6,000
Family	$6,000		$10,000	$7,150		$12,000
Preventive Care Services include but are not limited to: Routine Exams, Routine and Non-Routine Mammograms, Pelvic Exams, Pap testing, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams	100% Covered		50% after Ded	100% Covered		50% after Ded
Hospital Services	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Out-Patient Services	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Maternity Services	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Emergency Room Services	20% after Ded			20% after Ded		
Urgent Care Centers	20% after Ded			20% after Ded		
Mental & Nervous						
InPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
OutPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Substance Abuse						
InPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
OutPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Retail Prescription Drugs						
Generic	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Preferred	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Non-Preferred	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Mail Order Prescription Drugs						
Generic	20% after Ded		Not Covered	20% after Ded		Not Covered
Preferred	20% after Ded		Not Covered	20% after Ded		Not Covered
Lifetime Maximum						
Medical	Unlimited			Unlimited		
Surgical Treatment of Morbid Obesity	Unlimited			Unlimited		

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Medical & Rx Drug Benefits insured by: UMR

4 Medical Plan Options Effective 01/01/2020	HDHP 3			HDHP 4		
	Premium Network	*Non-Premium Network*	*Non-Network Benefits*	*Premium Network*	*Non-Premium Network*	*Non-Network Benefits*
	Your costs are summarized below			*Your costs are summarized below*		
Physician Office Visit	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Specialist Office Visit	20% after Ded	30% after Ded	50% after Ded	20% after Ded	30% after Ded	50% after Ded
Deductible	Embedded			Embedded		
Individual	$4,000		$8,000	$5,000		$10,000
Family	$8,000		$16,000	$10,000		$20,000
Coinsurance	20%	30%	50%	20%	30%	50%
Out-of-Pocket Maximum	Embedded			Embedded		
Individual	$5,000		$16,000	$6,500		$20,000
Family	$10,000		$32,000	$13,000		$40,000
Preventive Care Services include but are not limited to: Routine Exams, Routine and Non-Routine Mammograms, Pelvic Exams, Pap testing, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams	100% Covered		50% after Ded	100% Covered		50% after Ded
Hospital Services	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Out-Patient Services	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Maternity Services	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Emergency Room Services	20% after Ded			20% after Ded		
Urgent Care Centers	20% after Ded			20% after Ded		
Mental & Nervous						
InPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
OutPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Substance Abuse						
InPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
OutPatient	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Retail Prescription Drugs						
Generic	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Preferred	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Non-Preferred	20% after Ded		50% after Ded	20% after Ded		50% after Ded
Mail Order Prescription Drugs						
Generic	20% after Ded		Not Covered	20% after Ded		Not Covered
Preferred	20% after Ded		Not Covered	20% after Ded		Not Covered
Lifetime Maximum						
Medical	Unlimited			Unlimited		
Surgical Treatment of Morbid Obesity	Unlimited			Unlimited		

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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

UMR Member Portal Resources (https://member.umr.com)

View Your Benefits

Find information about the name of your health plan, the benefit plan year dates, and which of your family members are covered. You can also see your specific benefit details such as deductibles, out-of-pocket limits, coinsurance, etc.

Request ID Cards

Request an ID Card for yourself and/or covered dependents via email, mail or fax or simply print one from the website.

Find a Doctor

Find UMR network doctors, hospitals and facilities in your area and learn more about providers such as specialty, quality snapshot, location and contact information.

Manage Pharmacy Benefits

You can locate pharmacies, search your drug list, price medications, switch to home delivery and see drug alerts.

Check Claim Status and Details

Check the status to see if your claim has been filed with Anthem and what the status is. You can also view the details such as billed charges, Anthem discounts, paid amounts and your member responsibility.

Health Cost Estimator

Cost & Care Finder helps you compare costs for common health care services. Estimates are based on what your plan covers, so you get a true picture of what you'd pay.

TeleDoc

TeleDoc now handles Virtual Health visits. Virtual Health visits can be used for a wide range of non-emergency medical conditions. Continue to see your Primary Care physican for chronic or complex medical conditions that require a diagnostic exam.
Learn more at www.teledoc.com.

Additional Rx Resources

OneRx

OneRX is a free mobile app that combines coupons and insurance discounts to figure out just how little you have to spend on a prescription drug. The app figures out how much you should save based on your insurance by taking the information from your insurance card (submitted either by picture or by being put in manually). It then combines how much your insurance will cover with coupons and allows you to compare prices at pharmacies near you. You simply type in the drug name and confirm Rx details. Then compare prices and choose a pharmacy nearby. At the pharmacy you can then redeem your offer.

NeedyMeds

NeedyMeds is a non-profit information resource dedicated to helping people locate assistance programs to help them afford their medications and other healthcare costs.

NeedyMeds is not a program, so you can't sign up. They are an information source where programs are listed that may provide individuals with assistance. You apply directly to those programs. Go to www.needymeds.org for more information.

GoodRx

GoodRx can save you up to 80% on your prescriptions.
You can download their free mobile app or go to their website at www.goodrx.com to:

- Search and compare prices
- Save your prescriptions to track prices, receive savings alerts and refill reminders
- Get free coupons redeemable at the pharmacy

Although the costs you pay for your prescriptions will not automatically run through your health plan, you will be able to file a claim to get it applied to your deductible and out-of-pocket maximum.

Health Savings Account

A Health Savings Account (HSA) is a tax-advantaged checking account that is always combined with a High Deductible Health Plan (HDHP).

- An HSA provides a tax-free way to save for current and future medical expenses
- HSA contributions are pre-tax or tax-deductible up to the annual HSA limits
- All HSA earnings and interest are tax free
- Qualified withdrawals are tax free
- Money not used in your Health Savings Account can be rolled over year after year
- Funds can be invested
- HSA funds roll over from year to year

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

- You must be covered under a qualified Consumer Driven Health Plan (All 4 ECS HDHPs are qualified)
- You cannot be covered under traditional health insurance including a PPO plan, Medicare, TRICARE, or a Spouse's General-Purpose FSA plan
- You cannot be claimed as a dependent on someone else's tax return

How Your Health Savings Account (HSA) can be funded?

- Contributions can be made with pre-tax money through payroll deductions which can be stopped, started, and/or changed during the calendar year
- Contributions can be made post-tax (tax benefits would be realized when filing your tax return).
- Contributions can be made by the employee, the employer or any other person on behalf of the employee
- Contributions can be made in a single lump sum outside of payroll or multiple contributions

How You Can Use Your Health Savings Account (HSA) funds?

- Your HSA funds can be used for you, your spouse and your dependent children if you claim them on your tax return
- HSA funds can be used for all qualified medical, dental, vision and prescription expenses. Over-the-counter medications are qualified expenses if you have a prescription from your provider. Qualified expenses can be found at www.irs.gov. Publication 502

What Are the 2020 IRS Maximum Contributions?

2020 IRS Maximum Contributions	
Employee	**$3,550**
Family	**$7,100**
Catch Up: Age 55+	**$1,000**

*The sum of all contributions cannot exceed the IRS maximum.

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 enroll 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.

Clinic

Elkhart Community Schools has a comprehensive wellness program that focuses on the physical and emotional health of our employees. We want our employees to lead balanced lives and commit to developing lifelong habits of wellness. The Clinic is available to all employees and retirees who are enrolled the Elkhart Community Schools Medical Plans. It is located at 2424 California Road, Elkhart, IN 46514.

CONTACT US

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

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.

INCENTIVE-BASED WELLNESS ACTIVITIES

You will have an opportunity to earn HSA contributions for completing certain wellness activities. The following activities can be completed by you and will result in funds being deposited to your HSA Account:

Incentive Activities	Possible Reward
Complete a Comprehensive Physical, Including: • Blood Test • Health Profile questionnaire • 30-60 minute visit with your provider(s) for medical evaluation and health coaching	$100
Achieve your individually tailored health goals	Up to $425
See a specialist referred by an Activate provider and keep the appointment	$200
Total Annual Incentive Amount Possible	**Up to $725**

Critical Illness

Administered by: Cigna

New for 2020 is the Voluntary Critical Illness Insurance. Employees can elect a $10,000 or $20,000 benefit for themselves, $5,000 or $10,000 for their spouses and $2,500 or $5,000 for children.

A Critical Illness policy provides a lump sum cash benefit upon the diagnosis of a critical illness. Examples of critical illness that would pay a cash benefit are.

- Invasive cancer
- Carcinoma in situ (25%)
- Heart attack
- Stroke
- Coronary artery disease (25%)
- ALS (Lou Gehrig's disease)
- Benign brain tumor
- Blindness
- Renal (kidney) failure
- Major organ failure
- Advanced Alzheimer's disease (25%)
- Parkinson's disease (25%)
- Multiple sclerosis

Additional Critical Illness Benefits:

- Multiple benefits* – Provides benefits when diagnosed with a different covered condition.
  - A 180 day separation period applies.*
- Recurrence benefit** – Provides additional benefits for subsequent or same covered conditions for which a member has received a previous payment (a 12-month separation period applies).
- Health Screening Benefit – Benefit of $50 per covered person, per calendar year, for a health screening or diagnostic test.
  - Eligible tests include (but are not limited to) mammography and certain blood tests.
- Pre-Existing Conditions – 12 months prior to effective date, pre-ex for 12 months
- Auto claim – If you have an eligible Life, AD&D or Disability claim, Cigna will automatically submit your Critical Illness claim for you, so you don't have to.
- Portable - You can take your coverage with you if you retire or leave your company prior to age 100.

* Exclusions or limitations may apply. Please see your Benefit Summary for details.

** The Simple File process is based on a one-time assessment of the initial claim documentation for the primary claim. Any subsequent events would not be identified, and the customer will need to submit a claim for any voluntary benefits.

Monthly Rates

Employee Critical Illness		
EE Attained Age	$10,000	$20,000
0-24	$3.20	$6.40
25-29	$3.74	$7.48
30-34	$5.06	$10.12
35-39	$7.32	$14.64
40-44	$9.44	$18.88
45-49	$13.22	$26.44
50-54	$17.78	$35.56
55-59	$23.46	$46.92
60-64	$29.13	$58.26
65-69	$35.04	$70.08
70-74	$49.56	$99.12
75-79	$63.20	$126.40
80-84	$71.46	$142.92
85+	$122.65	$245.30

Spouse Critical Illness		
EE Attained Age	$10,000	$20,000
0-24	$2.07	$4.14
25-29	$2.24	$4.48
30-34	$2.78	$5.56
35-39	$3.74	$7.47
40-44	$4.78	$9.56
45-49	$7.05	$14.09
50-54	$10.39	$20.78
55-59	$14.87	$29.74
60-64	$18.80	$37.60
65-69	$22.59	$45.18
70-74	$30.15	$60.29
75-79	$39.94	$79.88
80-84	$52.43	$104.86
85+	$56.51	$113.02

Child Critical Illness		
Age	$2,500	$5,000
0-26	$1.42	$2.84

Hospital Indemnity

Administered by: Cigna

Also new for 2020 is the Hospital Indemnity Insurance. 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.[1,2]

You can use the money however you'd like.[2] For example, it can help you pay for expenses related to:

- Medical bills not covered by your health plan
- Child care
- Travel
- Other out-of-pocket expenses

There are no copays, deductibles, coinsurance or network requirements.

Additional Hospital Indemnity Benefits:

- **Benefit schedule is per occurrence**
- Elections can be made for Employee, EE+SP, EE+CH or Family coverage
- **Covered hospitalization includes items such as:**
  - Hospital Admission
  - Hospital Intensive Care Unit Stay
  - Hospital Stay
  - Hospital Observation
- **Wellness and Health Screening Benefit** – Benefit of $50 per covered person, per calendar year, for a health screening or diagnostic test.
  - Eligible tests include (but are not limited to) mammography, general health exams and certain blood tests.
- **Pre-Existing Conditions** – 6 months prior to effective date, pre-ex for 12 months

1. The term "hospital" does NOT include a clinic, facility or unit of a hospital for: (1) Rehabilitation, convalescent, custodial, educational, hospice or skilled nursing care; (2) the aged, drug addicts or alcoholics; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.
2. Benefits may be paid directly to the hospital on assignment

* These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations.

Hospital Indemnity	
Monthly Rates	
Employee	$19.70
Employee+Spouse	$36.94
Employee+Child(ren)	$34.28
Family	$51.22

Dental Benefits

Administered By: DELTA DENTAL

Did you know that your dentist can often tell whether you are at risk for chronic health conditions? It's true! Regular dental checkups can do more than keep your smile attractive. They can also tell dentists about your overall health including whether or not you may be at risk for chronic diseases.

The plan is designed to provide you and your dependent family members with preventive, basic, and major dental care. Delta Dental has two levels of participating providers – PPO or Premier. You may visit either type of participating provider.

If you receive services from a nonparticipating dentist, you might have higher out of pocket costs. You will be responsible for making sure that the dentist completes a claim form and submits it to Delta Dental. Delta Dental will pay you, and you will be responsible for paying the provider. You can log onto deltadentalin.com for current provider information.

Delta Dental				
Annual Deductible		**PPO Dentist**	**Premier Dentist**	**Nonparticipating**
Individual	$25			
Family	$50			
Annual Plan Maximum	$1250			
Diagnostic and Preventive – No Deductible				
Diagnostic and Preventive Services – includes exams, cleanings, fluoride and space maintainers		80%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain		80%	80%	80%
Sealants – to prevent decay of permanent teeth		80%	80%	80%
Brush Biopsy – to detect oral cancer		80%	80%	80%
Radiographs – X-rays		80%	80%	80%
Basic Services – After Deductible				
Minor Restorative Services – fillings and crown repair		80%	80%	80%
Endodontic Services – includes root canals		80%	80%	80%
Periodontic Services – to treat gum disease		80%	80%	80%
Oral Surgery Services – extractions and dental surgery		80%	80%	80%
Major Restorative Services - crowns		80%	80%	80%
Other Basic Services – miscellaneous services		80%	80%	80%
Relines and Repairs – to bridges implants, and dentures		80%	80%	80%
TMD Treatment – treatment of the disorder of the Temporomandibular joint, including related films		80%	80%	80%
Major Services – After Deductible				
Prosthodontic Services – includes bridges, implants and dentures		80%	80%	80%
Orthodontic Services				
Orthodontic Services – includes braces		60%	60%	60%
Orthodontic Age Limit		Dependent Children up to age 19	Dependent Children up to age 19	Dependent Children up to age 19

This benefit guide only highlights the benefits available. For a more complete description, see the Plan Certificate. If any conflict should arise between this summary and the Plan, the Plan's Certificate will govern in all cases.

Flexible Spending Accounts

Administered By:

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, 2020 – December 31, 2020. 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 $2,600 per year.

Dependent Care Flexible Spending Account

Dependent care flexible spending 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, 2020.

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. If you are enrolled on the first day of the calendar year.

Life and Disability Benefits

Basic Life and AD&D Coverage

We help our eligible employees maintain financial security by providing a group life and accidental death and dismemberment (AD&D) benefit. 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 it later, but you will have to provide evidence of insurability.

Voluntary Life

You have the option to purchase Voluntary Life Insurance for you, your spouse and your eligible children.

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
Guarantee Issue	$50,000
Child Benefit	
Birth to 6 months	$500
6 months to 26 years	Units of $1,000 to $10,000
Guarantee Issue	$10,000

Disability Coverage

Short-Term Disability insurance is available to all employees working a minimum of 30 hours per week and certified staff working a minimum of 20 hours per week. The weekly benefit is 60% of earnings, not to exceed a $1,000 weekly maximum. Employees pay 100% of the Short-Term Disability premiums.

Long-Term Disability insurance is available to all employees working a minimum of 30 hours per week and certified staff working a minimum of 20 hours per week. The monthly benefit is up to 66.67% of your monthly covered earnings not to exceed $7,500 per month.

If you apply for disability insurance more than 31 days after you become eligible, you will be asked to submit Evidence of Insurability

Contacts

Topic	Contact	Phone Number	Website / Email
Insurance Secretary	Julie Crane	574-262-5527	jcrane@elkhart.k12.in.us
Medical Coverage	UMR	866-868-8307	www.umr.com
Teledoc	UMR	800-835-2362	www.teledoc.com or download app from Android or iPhone
Prescription Drug Coverage	CVS – Caremark	888-202-1654	www.caremark.com
Dental Coverage	Delta Dental	800-524-0149	www.deltadentalin.com
Health Savings Account (HSA)	Teachers Credit Union	574-206-0010 ext. 5702	www.tcunet.com bstauffer@tcunet.com