

See what's
New for

2023-2024



EMPLOYEE BENEFITS SUMMARY

October 1, 2023 - September 30, 2024

IMPORTANT INFORMATION ENCLOSED

North Central Indiana School Insurance Trust



Welcome!

Eligibility

North Central Indiana School Insurance Trust (NCISIT) recognizes the importance of providing a comprehensive benefits program to all of our benefit eligible employees and their dependents. Please reach out to your schools HR/Benefits for your specific eligibility date. In addition, their dependents are eligible for coverage.

Eligible Dependents

- Legal spouse.
- Children under age 26 for Medical, Dental and Vision.
- Children who are disabled, live with you, and depend on you for support.

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NCISIT Participating Schools: Alexandria Comm School Corp, Delaware Comm School Corp, Eastern Howard School Corp, Elwood Comm School Corp Heartland Career Center, ISBA, Maconaquah School Corporation, Blue River Valley Schools, Liberty-Perry Comm School Corp, Monroe Central School Corp, Randolph Central School Corp, Madison-Grant United School, MSD of Wabash County, North Miami School Corp, Peru Comm Schools, Yorktown Comm School Corp, Western School Corporation, Randolph Eastern School Corp, Union County/College Corner Schools, Union School Corp, Western Wayne Schools, Greater Randolph Interlocal Cooperative

Enrollment Instructions

Qualified Status Changes

If you have an eligible change in status, you may make certain changes to your benefit coverage. Eligible changes in status include:

- » Changes in your legal marital status including marriage, death of your spouse, divorce, legal separation or annulment.
- » Changes in your number of dependents including birth, adoption, and placement for adoption or death of a dependent.
- » Employment status changes including the start or end of employment or a change in work hours for you, your spouse or your dependent.
- » Your dependent satisfying or no longer satisfying the eligibility requirements due to age, or other circumstances.

To assist in your Open Enrollment decisions, this Enrollment Guide contains a very high level overview of the benefits offered and the corresponding cost. Any changes you make during this time will be effective October 1, 2023.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2023 benefit elections until the following Open Enrollment period for 2024 (unless you have a qualified status change).

Medical Benefits



NCISIT offers great flexibility in managing care for you and your family. The plan is administered by Anthem. Please refer to your plan document for a full description.

MEDICAL PLAN	PPO 1 Network/Non-Network	PPO 2 Network/Non-Network	HDHP 1 Network/Non-Network	HDHP 2 Network/Non-Network
Deductible				
Individual	\$750/\$1,500	\$1,250/\$2,500	\$3,000/\$6,000	\$6,000/\$12,000
Family	\$1,500/\$3,000	\$2,500/\$5,000	\$6,000/\$12,000	\$12,000/\$24,000
Coinsurance	90%/70%	80%/50%	100%/70%	100%/70%
Out-of-Pocket Maximum				
Individual	\$1,500/\$3,000	\$4,000/\$8,000	\$3,000/\$12,000	\$6,000/\$24,000
Family	\$3,000/\$6,000	\$8,000/\$16,000	\$6,000/\$24,000	\$12,000/\$48,000
Routine Care	100%/70%	100%/50%	100%/70%	100%/70%
Office Visits	\$30 copay/70%	\$35 copay/50%	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Urgent Care	\$50 copay then 100%	\$50 copay then 100%	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Emergency Room	\$150 copay then 100%	\$150 copay then 100%	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
PRESCRIPTION DRUGS	Network Only			
RX Out-of-Pocket Maximum				
Individual	\$2,600/\$5,200	\$2,600/\$5,200	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Family	\$5,200/\$10,400	\$5,200/\$10,400		
Retail: (30 days)				
Generic	\$20 copay	\$20 copay	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Brand	\$40 copay	\$40 copay		
Non-Formulary	\$80 copay	\$80 copay		
Mail Order: (90 days)				
Generic	\$40 copay	\$40 copay	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Brand	\$80 copay	\$80 copay		
Non-Formulary	\$160 copay	\$160 copay		

Your coverage is issued by a multiple employer welfare arrangement; the multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for your multiple employer welfare arrangement

Choosing a plan - 3 good questions to ask

Is your provider in the network?

A network is a group of providers and facilities who've been contracted to deliver health care services, often at a discount. Getting care from within the network may help you save money. If there's a provider you see regularly and want to keep seeing, it's a good idea to first make sure they're in the plan's network.

To find out if your preferred providers are included:

- Go to anthem.com/find-care.
- Log in with your Anthem Member ID # or search as a guest. Choose the Blue Access PPO network option and add your location to view providers in the network.

What are your health needs?

Thinking about the care you or your family may need in the plan year ahead can help you decide the level of coverage you may need. For example, you may want a plan that offers more coverage if you:

- Have major health care needs
- See doctors or specialists often
- Are anticipating a change, like a growing family or upcoming surgery

If you see the doctor occasionally for things like an annual checkup or minor illnesses, a health plan that offers less coverage may work well for you.

How do you like to manage your costs?

Some people manage costs by keeping their monthly premium payments low. Others prefer paying higher monthly premiums because it tends to lower other costs, like copays or deductibles. Another good idea is to compare health plan deductible, coinsurance and out-of-pocket limit amounts. Knowing the differences can help you keep your costs in check - and know what to expect, too.

Common health care terms - good info to know

Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

Deductible

The amount you pay before your plan starts sharing cost for covered services

Out-of-pocket limit

The most you could pay for covered services in a plan year.

Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.

Sydney Health makes healthcare easier

Access personalized health and wellness information when you need it

With the Sydney Health mobile app, you can access your medical, pharmacy, dental, vision, life, and disability benefits details in one place. Our simple experience makes it easy to find what you need — with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Find Care

Search for doctors, hospitals, and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location

My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

You can now conveniently connect with care from the comfort of home. Assess your symptoms quickly with the Symptom Checker, and visit a doctor over text or video chat to receive care through Sydney Health.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are trademarks of CareMarket, Inc. Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia: Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): Right Choice® Managed Care, Inc. (RMC), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RMC and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RMC and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 116947MUMENABS VPOD Rev. 11/20



Grow your family with help from WINFertility

Count on the fertility support
and family building program
every step of the way

If you're struggling to have a baby,
you're not alone. WINFertility's
fertility support and family building
program can help you turn your
dream into reality with resources and
support — all as part of your plan
benefits.

Download the WINFertility Companion app

Take your family-building benefits
on the go with the WINFertility
Companion app. You can use it to:

- Talk to a WINFertility nurse care manager by phone, email, or chat anytime.
- Privately track your period and predict your most fertile days, then share cycle
- information with your partner or doctor.
- Set reminders for important events, like doctor appointments and the start of ovulation.

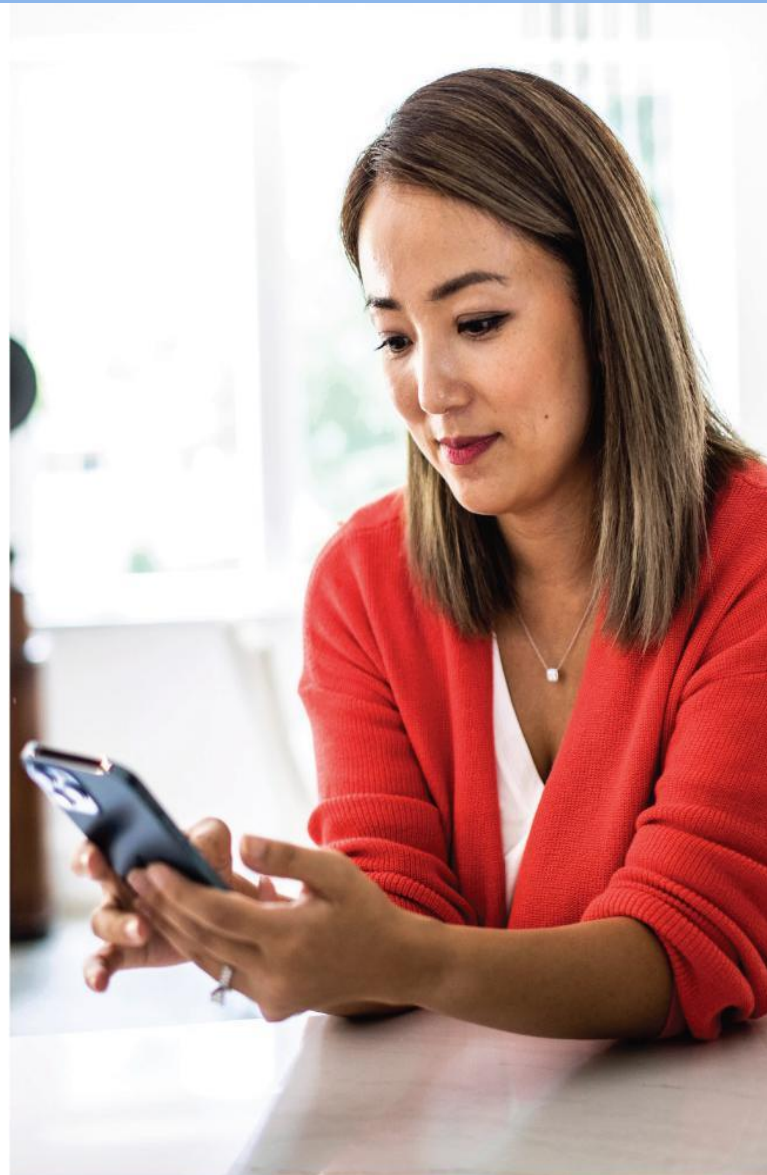


How the program helps

When you enroll in WINFertility, you will receive the following

:

- Information about infertility causes, testing, and different treatment and medication options.
- A personalized care plan with treatment recommendations.
- 24/7 access to specially trained nurse care managers who can answer your questions, help you find doctors, and talk through your concerns.
- Referrals to high-quality reproductive endocrinologists near you.
- Preapprovals for fertility-related prescription medication, as well as help managing and taking those medications.
- Preapprovals for outpatient and in-office fertility services.
- Guidance through the fertility preservation process, including help finding egg-freezing facilities in your plan's network.
- Education about the adoption and surrogacy process, claims processing, and referrals to one of WIN's surrogacy agency



Sign up today

To enroll in the program:

- 1) Log in at [anthem.com](https://www.anthem.com) and choose the Care tab at the top of the page.
- 2) Select **Discounts** from the options.
- 3) Choose the **WINFertility** special offer. (If it doesn't appear, select **Load More Offers**.) The WINFertility page will list a toll-free number you can call to enroll.

You can also call Member Services at the number on your ID card if you have any questions

Connecting you to world-class care

Receive a complimentary second opinion from Cleveland Clinic specialists

If you are someone with a complex medical condition, you may want to learn as much as possible about your diagnosis and treatment options. Through an exclusive offering for Anthem members, you can now receive a virtual Complimentary Clinical Review from top-ranked specialists at Cleveland Clinic. This second opinion is available to you at no extra cost.

Frequently asked questions

Why is this program available?

For members to have access to leading experts in specialties such as heart, cancer, gynecology, and urology. That's why Anthem partnered with the Cleveland Clinic to provide this Complimentary Clinical Review.

Why Cleveland Clinic?

Cleveland Clinic ranks No. 1 in the nation in cardiology and heart surgery for the 27th year in a row, according to the U.S. News & World Report's 2021-2022 review. Cleveland Clinic also ranks No. 2 among U.S. hospitals overall, with more than 3,900 employed physicians to diagnose and treat your condition. The staff is committed to providing the best care for serious and complex medical conditions.

Who is the ideal candidate for a Complimentary Clinical Review?

You are an ideal candidate if you have been diagnosed with a complex condition and would like a second opinion. You will learn about typical treatment plans that may be right for you and find out if Cleveland Clinic can assist with your care.

What happens when I schedule a review?

A specialty referral team will answer questions you may have and ask for basic information about your condition. Next, Cleveland Clinic will ensure that the right doctor will review your information and share a typical treatment plan based on your medical condition. The doctor may also talk to you about more advanced treatment options at Cleveland Clinic.

How long is the wait for a clinical review after I request one?

Cleveland Clinic will work with you to obtain the appropriate information and medical records. You will receive feedback within five business days, by phone or email.

How much does it cost?

The review through Cleveland Clinic is currently offered at no cost to Anthem members. Charges will apply if you choose to schedule follow-up visits.

How do I know if my benefits cover follow-up care?

After your Complimentary Clinical Review, you can choose to schedule an appointment with a Cleveland Clinic specialist. Your Anthem benefits will apply for both virtual and in-person visits. For more information on what services are covered, please contact the Anthem Member Services team at the number provided on your ID card.



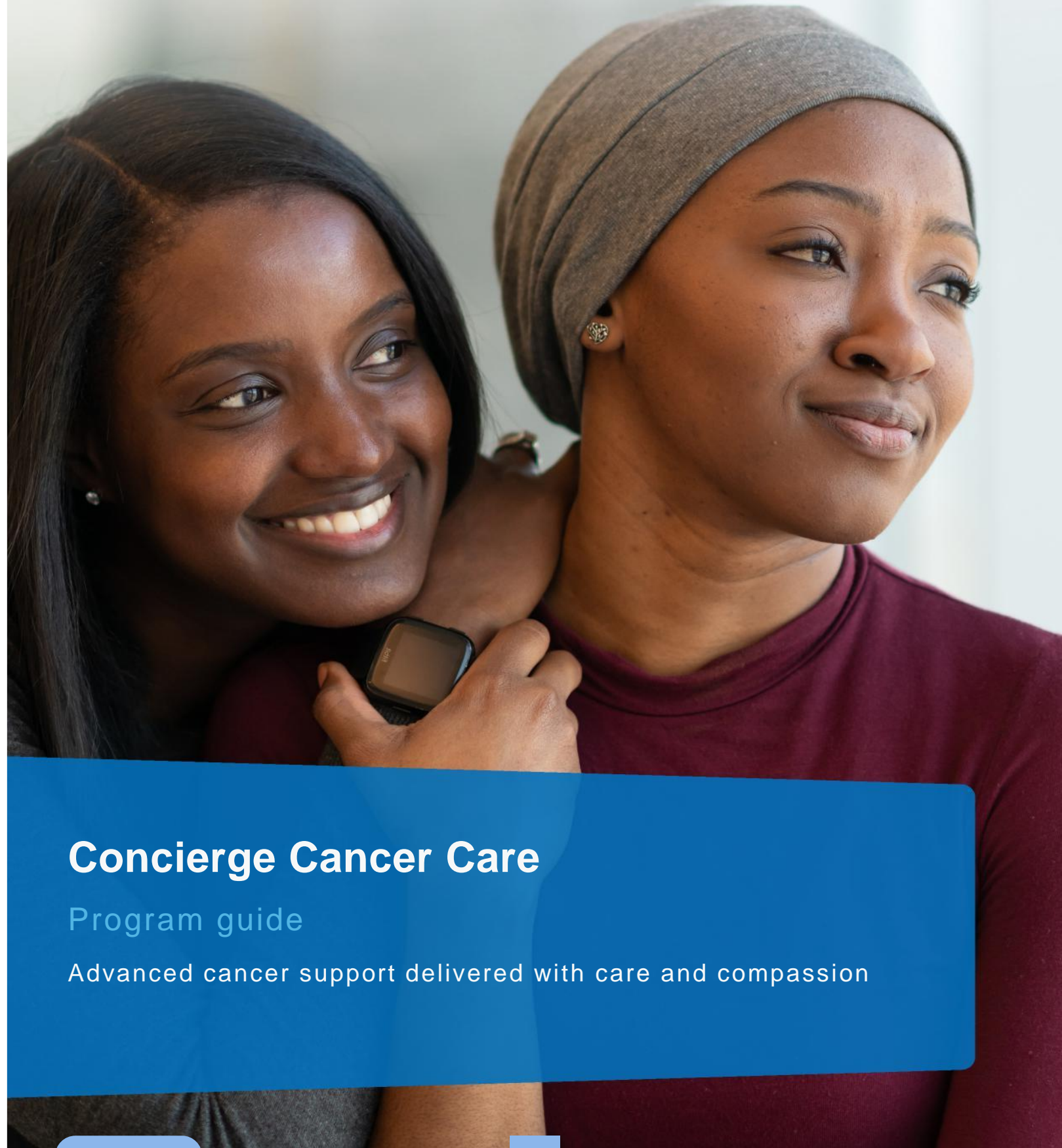
Complimentary Clinical Review	Scheduled visit
Available at no extra cost.	Billable visit. Copay will apply.
Receive education about typical treatment options based on your medical information.	Receive a diagnosis for your condition and a treatment plan.
Receive advice and information about alternate or advanced treatment options available at Cleveland Clinic.	Schedule follow-up visits or tests.
Feedback from Cleveland Clinic specialty referral team is provided by phone or email.	Feedback is provided in-person or virtually.



Call or email to request your virtual clinical review at no extra cost.

833-355-0454

anthemreferral@ccf.org



Concierge Cancer Care

Program guide

Advanced cancer support delivered with care and compassion

Anthem Concierge Cancer Care

You may not know how to react when an employee tells you they have cancer. They may be nervous to share their diagnosis, overwhelmed by treatment options, or worried about the impact on those around them. It's important to understand that cancer affects more than just the person with the disease. A cancer diagnosis impacts spouses, partners, children, communities, and employers, too.

The good news is that treatments continue to evolve, and survival rates are steadily improving. In hopes of continuing this positive trend, Anthem has created a special program for your employees dealing with cancer. Unlike other cancer programs, we focus on caring for the individual — not just treating the disease.

This brochure will help you understand each segment of Anthem's offering and provide helpful ways to support employees and their families during a difficult time.



Anthem's Concierge Cancer Care Program Overview

Employees with cancer need extra support. They may also be struggling to understand which treatment plans are best for them.

That's where our program comes in. Our high-touch concierge program is tailored to each employee's specific situation and condition. We also have relationships with the leading U.S. cancer facilities to offer exceptional care.

Through data analysis, we identify employees who may benefit from our Concierge Cancer Care program, also known as C3. We'll proactively reach out to let them know about the program. Participation is always voluntary, and we take extra care to guard your protected health information (PHI). There is no extra charge for employees to participate — they would only pay their standard copays for care.

How the program works

After an employee is identified as a fit for the program, we contact them through:

- Telephonic outreach from health educators and our Virtual Second Opinion (VSO) team.
- Welcome Kits mailed to their home address, including an informational program flyer.
- Email outreach from the VSO team.

Outside of standard medical copays, there is no charge for an employee to participate.

If an employee chooses to enroll, we focus on four important areas:

- 1) Treatment plan support through Virtual Second Opinion.
- 2) 24/7 remote monitoring using real-time data.
- 3) Advanced treatments through our Centers of Excellence (COE).
- 4) Concierge travel service through Healthbase

1 Treatment plan support through Virtual Second Opinion

A virtual second opinion helps make sure that employees are on the right treatment path. Cancer survival rates rely heavily on the accuracy of an initial diagnosis, appropriate medications, and access to advanced therapies or clinical trials.

Through our relationship with ConsumerMedical, we give employees access to an oncologist who can conduct a thorough review of an employee's diagnosis and care plan.

During this process, employees will have access to:

- A registered nurse certified in oncology who can answer questions and address concerns.
- Behavioral health resources including counseling services, helpful websites, and informational materials.

2 24/7 remote monitoring using real-time data

Tracking health symptoms is important for people dealing with cancer. A fever or mouth sore, for example, could indicate an infection during chemotherapy.

To help manage concerns in real-time, we provide 24/7 physician guidance through TytoCare. After completing the VSO process, employees are eligible to receive a TytoCare device, which is mailed to their home. The hand-held monitor, attachments, and exam camera are used to check symptoms.

Using the TytoCare app, employees can connect with a physician anytime, day or night:

- The **stethoscope** tracks heart rate and monitors lung sounds.
- The **thermometer** checks for fever.
- The **otoscope** examines ears.
- The **tongue depressor** assists with a throat or mouth exam



To receive and use a TytoCare monitor, employees must complete the following steps:

- 1) Elect to receive a device after completing the VSO process.
- 2) Confirm a mailing address with TytoCare.
- 3) Set up the device using the included instructions.
- 4) Access LiveHealth Online using the program service key concierge.¹

3

We are the only concierge cancer program in partnership with Centers of Excellence (COE) across the country. The COE designation is awarded to select hospitals offering world-class care and advanced expertise in their areas of focus.

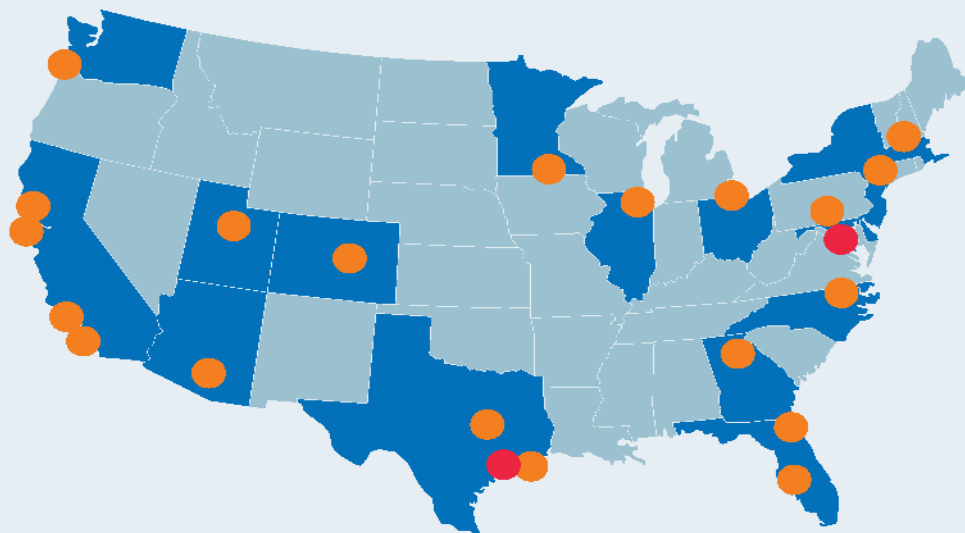
Our COE partnerships give employees special access to clinical trials, cutting-edge technologies, and innovative treatment techniques. Each hospital we partner with is also accredited by the National Cancer Institute (NCI).²

How an employee receives care through a COE:

- After completing the VSO process, your employee's treatment plan will be matched to any new treatments or clinical trials at a Center of Excellence.
- If there is a match to a COE, it is presented to your employee as a treatment option.
- Employees are responsible for standard copays under their plan benefits for care received at a COE.

Our C3 program team will make sure your employee stays informed and aware of their options. For many, knowing advanced treatments are available can help them feel empowered and validate their medical decisions.

Anthem Concierge Cancer Care



U.S. News

COEs rated by
U.S. News & World Report⁴

University of Texas MD Anderson Cancer Center
Memorial Sloan Kettering Cancer Center
Mayo Clinic
Dana-Farber Cancer Institute
Cleveland Clinic
Johns Hopkins Hospital
Northwestern University Cancer Center
Cedars-Sinai Medical Center
UCSF Medical Center
City of Hope Comprehensive Cancer Center

UT Southwestern Cancer Center
H. Lee Moffitt Cancer Center
Seattle Cancer Care Alliance
Huntsman Cancer Institute at the University of Utah
Duke Cancer Institute
UC Davis Comprehensive Cancer Center
Emory Winship Cancer Institute
University of Colorado Cancer Center



NIH NATIONAL
CANCER
INSTITUTE

Additional COEs designated by
the National Cancer Institute

Baylor Comprehensive Cancer Center (TX) University of Maryland
Cancer Center (MD)

4

Our medical travel partner, Healthbase, removes the burden of arranging travel to and from our Centers of Excellence (COE).⁵

Our C3 concierge travel service will:

- Handle Healthbase enrollment and assist with other necessary forms.
- Book and pay for travel arrangements upfront.
- Provide guidance on expense reimbursement, as needed.

When employees travel to a program partner COE, major medical expenses are covered, but there are a few exceptions.

Covered expenses

- Economy-class travel and accommodations for the employee and one travel companion, up to your company's selected limit — for example, \$10,000/lifetime.
- Special accommodations such as wheelchairs and oxygen tanks.

Employee responsibility

- Personal expenses such as meals, internet access, telephone bills, entertainment, valet parking, or laundry services.
- Travel upgrades, including air ambulance travel.



Anthem Concierge Cancer Care

IRS guidelines

The IRS considers some travel expenses covered by this program to be taxable income. When taxable expenses arise, Healthbase will file a 1099 with the IRS and send a copy to your employee.⁶

Nontaxable

- Patient and companion transportation, including one checked bag, car service, and gas.
- Lodging (outside a medical facility) up to \$50/night, or if traveling with a companion, up to \$100/night.⁷

Taxable

- Lodging (outside a medical facility) costs over \$50/night, or if traveling with a companion, over \$100/night.⁷



Welcome kits

Employees who have been identified for the program will receive a care package from us in the mail containing a thoughtful support item and flyer about the program.

If someone other than your employee opens the package, there is no mention of the word “cancer” to protect their PHI. Employees may keep the package even if they decline to participate in the program.

Note: All care package items are subject to change during the course of the client contract.

Helpful websites and information

We want every employee to know they can lean on us during their cancer journey. Our Anthem nurses and oncology team have years of experience working with cancer patients, creating meaningful connections and lasting relationships.

As their employer, it's important for you to have additional resources on-hand to support employees, too.

- **Stronger Together:** We created the Stronger Together website in partnership with select national institutes and universities. This site includes a special section of cancer resources, including help for caregivers, workplace transition advice, and information on treatment options at communityresources.anthem.com

- **Mental health resources:** You'll want to make employees aware of any behavioral health programs you offer, like an Employee Assistance Program (EAP). Access to informational sites, community resources, or counseling services may help offset emotional health concerns.
- **Anthem.com:** The Concierge Cancer Care program is linked through our Anthem platforms and the SydneySM Health app. When an employee accesses their account, the program displays as an available option.

A cancer diagnosis is scary for anyone. Your understanding and encouragement as an employer can help employees feel confident in your concern for their well-being.

Appointments subject to availability. Prescription availability is defined by physician judgment and state regulations. Appointments subject to the availability of a therapist. Online counseling is not appropriate for all kinds of problems. If your employees are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call the National Suicide Prevention Lifeline, 800-273-TALK (800-273-8255) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

2 Examples of COE partnerships around the country: NE, SE, Central, and West, 2019–2020. Most COEs have discount arrangements with hotels on or near the COE campus.

3 Check your Summary of Benefits to make sure COE locations are in your plan's network.

4 U.S. News & World Report, Best Hospitals for Cancer, 2021–2022: <https://health.usnews.com/best-hospitals/rankings/cancer>

5 Our concierge travel service is only available when the treatment has been preapproved by Anthem and a program partner Center of Excellence is used.

6 It is recommended for employees to review expenses with a tax professional.

7 If the patient and the companion share a hotel room, everything will be categorized under the patient for tax purposes.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Pharmacy Benefits



RxBenefits is your Pharmacy Benefit Optimizer (PBO).

We partner with the country's largest Pharmacy Benefit Managers (PBMs) to bring greater discounts, enhanced access, and improved Member Services Welcome Team to our clients and their employees.

Your pharmacy benefits coverage will be with Express Scripts.

How Can We Help?

You have access to our **Member Services**, available Monday through Friday, 7:00 a.m. – 8:00 p.m. Central. Our knowledgeable representatives can assist you with questions such as:

Is my drug covered?
What will it cost?

Is my pharmacy
in the network?

Can you help
transition my
mail order
scripts?

Are there lower cost
alternatives?

Can you assist me with
benefits questions?

NOTE: Your benefits are still being provided by Express Scripts, but **RxBenefits** administers the services for a more personal and manageable approach.

Effective 10/01/23, your pharmacy coverage will continue with Express Scripts, administered by **RxBenefits**

As part of your pharmacy benefits plan, you will receive:

- Friendly, high-touch service from RxBenefits' professional Member Services Team
- Commitment to issue resolution
- Access to [Express-Scripts.com](https://www.express-scripts.com) to review medication tiers, drug pricing, local pharmacies, plan details and ways to maximize benefits. New members will need to create an account.

There are more than 68,000 pharmacies in the Express Scripts network, including most national chains and many independent stores



*For questions or concerns,
members can contact RxBenefits'
Member Services Team*

800.334.8134
Monday through Friday
7:00 a.m. – 8:00 p.m. Central

CustomerCare@RxBenefits.com

Pharmacy Benefits

PPO 1 & PPO 2		
Maximum Out of Pocket (MOOP): \$2,600/\$5,200 individual \$5,200/\$10,400 family		
Tier	Retail	Mail Order
Generic	\$20	\$40
Preferred Brand	\$40	\$80
Non-Formulary	\$80	\$160
<p>NOTE:</p> <p>Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.</p> <p>Drugs that fall under the Affordable Care Act are covered at 100% *Deductible waived for preventive drugs, however, copays will apply</p>		

HDHP 1 & HDHP 2		
Maximum Out of Pocket (MOOP): Subject to the medical deductible & coinsurance		
Tier	Retail	Mail Order
Generic	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Preferred Brand	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Non-Formulary	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
<p>NOTE:</p> <p>Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.</p> <p>Drugs that fall under the Affordable Care Act are covered at 100% *Deductible waived for preventive drugs, however, copays will apply</p>		



Specialty Medications

Specialty medications are covered when purchased through Express Scripts' Specialty Pharmacy, known as Accredo

accredo®

Accredo can be contacted at 1.800.922.8279

Members can also contact the RxBenefits Member Services team for assistance.

The Express Scripts App



For Members on the Go

- Register your account from your mobile device
- Transfer eligible maintenance medications to Express Scripts Pharmacy
- Select and schedule prescription refills and enroll eligible prescriptions in auto refills
- Check Express Scripts Pharmacy order shipping information
- Locate a nearby pharmacy using GPS
- Access DrugDigest database for information, uses, possible side effects, etc.
- Set a reminder for medication doses

Visit Express-Scripts.com/mobile
to download the Express Rx mobile app for FREE today!



Frequently Asked Questions

Q: Are my drugs covered?

A: You can access a copy of the most current Preferred Drug List at www.Express-Scripts.com or by contacting RxBenefits Member Services Team at **800.334.8134**. Formularies change, so your medications may not be in the same tier level as last year, so please review the preferred drug list since it may provide lower cost alternatives for your medications. Also, discussing generics with your physician could save you money.

Q: If my coverage is with Express Scripts, why do I need to call RxBenefits?

A: Your benefits are being provided by Express Scripts, but RxBenefits administers the services for a more personal, manageable approach. You should contact RxBenefits for any pharmacy-related questions.

Q: What happens if my questions require contact with Express Scripts?

A: RxBenefits' Member Services Team reps have access to the Express Scripts systems. If RxBenefits needs to contact Express Scripts to resolve an issue, they will stay on the line, explain the issue, and continue to monitor your problem until it is resolved.



For questions or concerns, members can contact RxBenefits' Member Services Team

800.334.8134

*Monday through Friday
7:00 a.m. – 8:00 p.m. Central*

CustomerCare@RxBenefits.com

The Cost of Your Health Care

DEPENDS ON WHERE YOU PARK YOUR CAR

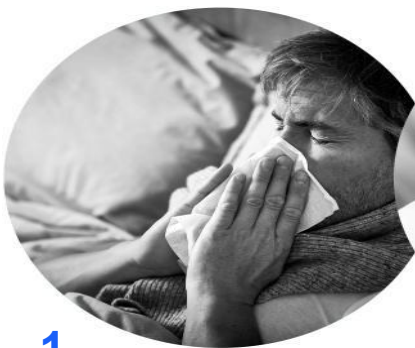


You can shop for routine medical care with ease!

Find the best place to have your procedure

- Convenient
- High quality
- Affordable
- Always the members choice

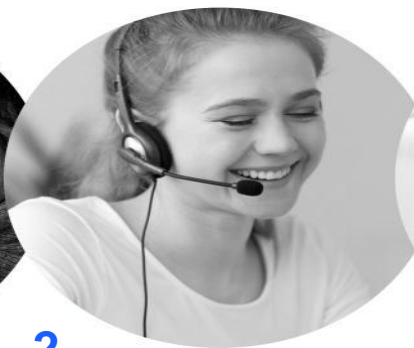
Save money and earn cash rewards!



1

“I need a service”

Jim’s doctor recommends a medical service or procedure



2

“I need help selecting”

Jim called a concierge for a high- quality, lower cost site. She scheduled his appointment.



3

“I got the service”

His appointment was confirmed and he had the procedure.



4

“Hey, thanks for the cash!”

After claim was paid, Jim received an incentive check in the mail.

Meet Your SmartShopper Personal Assistant!

- Provides personalized “white glove” support
- Helps employees understand all their options
- Schedules the procedure in advance at the location of their choice
- Works with their provider’s office on their behalf
- Helps them save money out-of-pocket and earn rewards

Call 866-285-7078

M-Th 8:00am – 8:00pm | Fri
8:00am – 6:00pm (EST)



SAVE MONEY WITH SMARTSHOPPER

Earn a reward check every time you and your family choose an eligible lower-cost, high-value doctor or facility for the health services listed below. Keep this list for reference of procedure categories that could earn you reward dollars through SmartShopper.

To learn more, call 1-866-285-7078 or visit SmartShopper.com to log in and use SmartShopper.

Save on these health care services	Reward Amount (lowest-cost)	Reward Amount (2nd lowest-cost)	Reward Amount (3rd lowest-cost)
ACL Repair by Arthroscopy	\$250	\$100	\$50
Back Surgery - Laminectomy	\$500	\$250	N/A
Bladder Repair For Incontinence (Sling)	\$250	\$100	\$50
Bladder Scope with Stent	\$150	\$75	\$50
Bone and Joint Scan of Whole Body	\$50	\$25	N/A
Bone Density study of Spine or Pelvis	\$50	\$25	N/A
Breast Biopsy Percutaneous w/Imaging	\$250	\$100	\$50
Breast Lumpectomy	\$150	\$75	\$50
Bronchoscopy	\$200	\$100	\$50
Bunionectomy	\$250	\$100	\$50
Carpal Tunnel	\$150	\$75	\$50
Cataract Removal	\$150	\$75	\$50
Chest X-Ray	\$50	\$25	N/A
Colonoscopy	\$200	\$100	\$50
CT Angiography with and without Contrast	\$150	\$75	\$50
CT Scan with and without Contrast	\$150	\$75	\$50
Gall Bladder Removal	\$250	\$100	\$50
Hammertoe Correction	\$150	\$75	\$50
Hernia Inguinal Repair (Age 5+, Non-Laparoscopic)	\$250	\$100	\$50
Hip Replacement	\$500	\$250	N/A
Hysterectomy	\$500	\$250	N/A
Hysteroscopy with Removal of Lesion(s) or Uterine Lining (e.g. Endometrial)	\$250	\$100	\$50
Knee Arthroscopy with Cartilage Repair	\$250	\$100	\$50
Knee Replacement	\$500	\$250	N/A
Labs	\$25	N/A	N/A
Laminectomy - Inpatient	\$500	\$250	N/A
Lithotripsy - Fragmenting of Kidney Stones	\$250	\$100	\$50
Mammogram	\$50	\$25	N/A
MRI with and without Contrast	\$150	\$75	\$50



SAVE MONEY WITH SMARTSHOPPER

To learn more, call 1-866-285-7078 or visit SmartShopper.com to log in and use SmartShopper.

Save on these health care services	Reward Amount (lowest-cost)	Reward Amount (2nd lowest-cost)	Reward Amount (3rd lowest-cost)
Nasal/Sinus - Corrective Surgery - Septoplasty	\$250	\$100	\$50
Nasal/Sinus - Endoscopy - Sinus Surgery	\$250	\$100	\$50
PET Scan Image with CT	\$150	\$75	\$50
Physical Therapy*	\$150*	N/A	N/A
Removal of Ovaries and/or Fallopian Tubes (Laparoscopic)	\$250	\$100	\$50
Removal of Plaque Build-Up in the Major Neck (Carotid) Arteries	\$150	\$75	\$50
Removal of Prostate Gland and Surrounding Tissue	\$150	\$75	\$50
Repair of Umbilical Hernia (Age 5+)	\$250	\$100	\$50
Revision of Total Hip or Total Knee Replacement	\$500	\$250	N/A
Shoulder Arthroscopy with Rotator Cuff Repair	\$250	\$100	\$50
Spinal Fusion	\$500	\$250	N/A
Tonsillectomy and Adenoidectomy	\$250	\$100	\$50
Total Thyroid Removal	\$250	\$100	\$50
Tubal Block or Tubal Ligation (Laparoscopic)	\$250	\$100	\$50
Tympanostomy and Myringotomy	\$250	\$100	\$50
Ultrasound	\$50	\$25	N/A
Upper GI Endoscopy	\$200	\$100	\$50
Urethra and Bladder Scope	\$150	\$75	\$50

THE PERSONAL ASSISTANT TEAM IS AVAILABLE MONDAY THROUGH THURSDAY FROM 8 A.M. TO 8 P.M. AND FRIDAY FROM 8 A.M. TO 6 P.M. ET.

*\$150 cash reward per full course of treatment at the same PT facility

The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

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.

Health & Wellness Centers

What are the QuadMed Health and Wellness Centers?

QuadMed Health and Wellness Centers are full-service health centers that provide employees, spouses and dependents with exclusive access to convenient, high-quality, affordable health care.

QuadMed is a nationwide leader in employer-sponsored, onsite healthcare with nearly 30 years of experience in providing superior care for employees at or near their workplace.



Where are the QuadMed Health and Wellness Centers?

Employees and their dependents can visit any of the following locations across Indiana:

- **Alexandria**
112 S. Harrison St. Alexandria, IN 46001
- **Cambridge City -Golay Center**
1005 E. Main St. Cambridge City, IN 47327
- **East Muncie**
2900 E. McGalliard Road Muncie, IN 47303
- **Liberty**
400 E. State Road 44 Liberty, IN 47353
- **Peru**
19 Park Drive Peru, IN 46970
- **Winchester**
123 W. Franklin St., Suite 301 Winchester, IN 47394
- **Yorktown**
2005 S. Tiger Drive Suite 2 Yorktown, IN 47396

Who can use the the QuadMed Health and Wellness Centers?

The health centers are open to all North Central employees, spouses and dependents on the employer health plan.

How can I schedule an appointment?

You can schedule an appointment by calling (888)417-1001.

Do I have to schedule an appointment?

The goal of the center is to provide every patient with a positive experience. One of the keys to achieving this goal is making sure there is little to no wait time for anyone, by maintaining scheduled appointment times.

We prefer you make an appointment ahead of time, however we know that illness is never predictable. We will always attempt to honor your urgent needs when possible.

How long will my appointment take?

Appointment times vary depending on symptoms. We have appointments available in 15-, 30-, 45- and 60-minute time frames to accommodate your needs.

What are the advantages of using the QuadMed Health & Wellness Centers?

There are many advantages, including full primary care services at multiple health center locations and same-day appointments for last-minute health.

If I use the QuadMed Health & Wellness Centers, does that mean I will need to stop seeing my current Primary Care Provider (PCP)?

The provider you visit is completely your choice. You have options:

- You can make the center your primary source of health care and make the QuadMed provider your PCP; or
- You can continue to see your current PCP and use the center whenever it is convenient for you

Is there a fee for QuadMed Health & Wellness Centers?

No. QuadMed Health & Wellness Centers offer the same primary and acute care services you'd find at large health care clinics in the community, though appointments are no cost and exclusively for you and your dependents.

What is the difference between a sick/acute care visit and a preventive visit?

An acute care visit provides immediate attention for symptoms such as a sore throat, fever or cough. A preventive visit is meant to avoid a future illness by methods such as an annual physical.

Do I have to use the QuadMed Health & Wellness Centers?

No. Use of the center is completely voluntary and confidential.

What types of labs can I have drawn?

The center offers a range of basic lab services, including urinalysis, strep throat screening, pregnancy testing, and cholesterol, glucose, potassium and thyroid checks. You can also bring in orders from outside providers and have that lab work done at the center.

Health & Wellness Centers

Will I be able to get prescriptions at the QuadMed Health & Wellness Centers?

Selected medications will be available in the center. Your QuadMed provider can also prescribe medications to be filled at your local pharmacy.

How does QuadMed handle specialist referrals?

When additional expertise is needed for your care, your QuadMed health care provider will work with you and your health plan to determine the best specialist referral. Your QuadMed provider will make a referral to the specialist. Then, after you see the specialist for your care, your QuadMed provider and the specialist will work together to enhance your care.

What if I have an emergency?

Please follow standard emergency procedures and contact 911 as appropriate.

Health information is personal. How do I know my information will remain confidential?

Confidentiality is vital in a health care setting, and health care providers are held to strict patient confidentiality rules. All patient medical information will be maintained in the strictest confidence and is not accessible to your employer. Your health information is also protected by the federal law restricting release of medical information.

Who can I contact for more information?

To learn more about the QuadMed Health & Wellness Centers call (888) 417-1001 or visit www.quadmedical.com.

What types of services are offered?

QuadMed Health & Wellness Centers offer a wide range of primary care, acute care and preventive care services for patients of all ages. Visit the centers for any of the following:

- Abdominal pain
- Allergic reaction
- Allergies and allergy shots
- Annual physical exams and well-woman exams (including pap smears)
- Anxiety/stress
- Asthma/breathing difficulty
- Athlete's foot
- Blood pressure check
- Body aches/pains
- Cholesterol management
- Cough/upper respiratory infection
- Diabetes screening
- Diabetes management
- Diarrhea
- EAP referrals
- Ear infection, pain and ear wax removal
- Eye infections (including pink eye)
- Flu or cold symptoms
- Foot pain
- Glucose checks
- Headaches/migraines
- Hypertension management
- Lab draws
- Minor procedures including skin tag, cyst, mole and wart removal, suturing and suture removal
- Muscle strains/sprains
- Pregnancy testing
- Screenings including strep throat, influenza, urinary tract infection, bladder infection and prostate
- Shortness of breath
- Sinus infection
- Skin conditions including eczema, scabies, ringworm, rashes, hives and shingles
- Stomach pain including nausea, vomiting, indigestion and constipation
- Thyroid checks
- Weight management

Call (888) 417-1001 to schedule an appointment




QuadMed Health & Wellness Centers

QuadMed Health & Wellness Centers offer the same primary and acute care services you’d find at large health care clinics in the community, though appointments are no cost and exclusively for you and your family.

SERVICES

- Physicals such as preventive, school, sports and well-child exams
- Tdap and flu vaccinations
- Lab testing including orders from outside providers
- Minor procedures such as removals of skin tags, moles and warts
- Comprehensive well-woman exams
- Treatment for illnesses and injuries such as sore throats, ear/eye infections, headaches, minor burns, coughs, cuts and bruises
- DOT physicals
- Weight and blood pressure checks
- Care for chronic conditions such as diabetes, high blood pressure, asthma and thyroid problems

HEALTH & WELLNESS CENTER LOCATIONS AND HOURS

Location	Address	Hours
Alexandria	112 S. Harrison St. Alexandria, IN 46001	 Scan here to view hours for all health center locations.
Cambridge City	Golay Center, 1005 E. Main St. Cambridge City, IN 47327	
East Muncie	2900 E. McGalliard Road Muncie, IN 47303	
Liberty	400 E. State Road 44 Liberty, IN 47353	
Peru	19 Park Drive Peru, IN 46970	
Winchester	123 W. Franklin St., Suite 301 Winchester, IN 47394	
Yorktown	2005 S. Tiger Drive Suite 2 Yorktown, IN 47396	

ELIGIBLE PATIENTS

The health centers are open to all North Central employees, spouses and dependents on the employer health plan.

TO SCHEDULE AN APPOINTMENT

Visit myquadmed.com/indiana or call (888) 417-1001



Life and AD&D

Basic Life and Accident AD&D

Life insurance is an important part of your financial well-being, especially if others depend on you for support. Your school provides Basic Life and AD&D coverage on all benefit eligible employees, at no cost to you through National Insurance Services. The Basic Life benefit is 1x your annual salary up to a maximum of \$150,000. In addition, you have Accidental Death and Dismemberment, which pays your beneficiary an additional benefit equal to your life coverage if your death is the result of an accident.

An employee that declines coverage when first eligible and wishes to apply at a later date will be required to provide evidence of good health for any benefit amount. National Insurance Services administers the Voluntary Life Insurance Plan.

Voluntary Dependent Basic Life

In addition to Basic Life Insurance, employees may also purchase Voluntary Dependent Basic Life Insurance for their spouse and/or their dependent children. All premiums are paid through payroll deductions on an after-tax basis. Additionally, an employee who enrolls in Voluntary Dependent Basic Life Insurance, when they first become eligible, may enroll without providing evidence of good health as long as they select an amount that does not exceed the Guaranteed Issue amount indicated in your summary.

Long-Term Disability (LTD)

Your school believes that long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time. LTD coverage will replace a percentage of your base salary, to a monthly maximum, if you are disabled for more than a certain number of days and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation.

An employee that declines coverage when first eligible and wishes to apply at a later date will be required to provide evidence of good health for any benefit amount. National Insurance Services administers the Voluntary Life Insurance Plan.

Update Your Life Insurance Beneficiary Information!

If you've recently tied the knot, welcomed a baby, adopted a child, undergone a divorce or suffered a death in the family, it's probably time to update your beneficiary. Imagine how your spouse may feel if your Life Insurance benefits were unintentionally left to someone else... your ex-spouse happily receives a large sum of cash while your family helplessly watches. These situations can and do happen. Update your Life Insurance beneficiary today!

For more questions about Life and AD&D please contact your HR representative



Employee Assistance Program (EAP)

Just when you think you have it figured out, along comes a challenge. Whether those challenges are big or small, your Life Assistance & Work/Life Support Program is available to help you and your family find a solution and restore your peace of mind.

Call Us Any Time, Any Day

We're just a phone call away whenever you need us - at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools. This is a completely confidential program.

Eldercare Assistance

Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filling your retirement days with meaningful activities.

Financial Assistance

Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.

Achieve Work/Life Balance

Get extra support for handling life's demands. Call for a referral to a service in your community or advice on topics.

Legal Consultation

Counselors may refer you to a telephone and/or one in-person consultation with an attorney.

Childcare Assistance

Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.

Memorial Planning Assistance

Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Claimant Assist Services

Are Available:

866.472.2734

Telemedicine and Virtual Mental Health Solution



Confidential diagnosis and treatment are provided conveniently via **phone and video**.



Get connected to a doctor or counselor in **MINUTES!** Available at any time, **24/7**.



Easy to use mobile app!
Get help at home, work, or when traveling.



When appropriate, a doctor may prescribe a **medication**.



Doctors and counselors licensed in **50 states**. Use FSH from home, work, or when traveling.



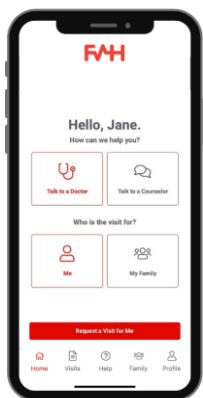
No cost to you or your covered dependents!



Not sure if it can be treated?

- Err on the side of care!
- Request a visit to ask medical questions to a certified doctor.
- Doctors can advise on next steps for your medical concern.

3 Ways to Request a Visit

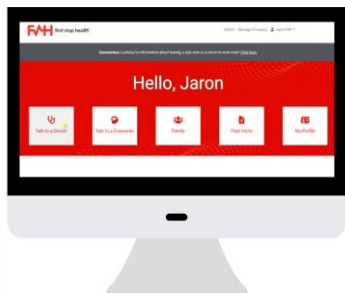


Mobile App

With the app, you can:

- Request a telemedicine or counseling visit
- Manage family members
- Update preferences and information
- Contact FSH
- Rate your visit

Dashboard



www.fshealth.com

Same features as on app!



Just Call!

Call 888-691-7867
Save our number now!

Need help troubleshooting?

For pharmacy questions, issues logging in, and any help you may need, our team is available.

App: Click the “Help” tab

Call: 888-691-7867 and press 2

Email: member_services@fshealth.com

After Your Visit

Through the app or website, you can find:

- Instructions from your doctor
- A recording of your visit
- A sick note, if you requested one during your visit
- Which pharmacy you selected to use
- What medication you were prescribed (if any)

Obtaining your prescription:

- Your prescription should take < 30 minutes to be filled
- Prescription costs are not covered by First Stop Health

Patient FAQs

How much does it cost?

Both virtual counseling and telemedicine appointments are FREE!

Prescriptions are available when appropriate; costs applicable to your medical plan.

Who can use this service?

Telemedicine and counseling services are provided to medical-enrolled employees and your covered dependents.

Who will I be speaking to?

Doctors are licensed in all 50 states and are board certified. Licensed, experienced counselors hold masters-level degrees or higher and are available nationwide.

How long will it take to speak to a doctor or counselor?

For telemedicine, a doctor will call within a few minutes of requesting an appointment.

For virtual counseling, an operator will call immediately. They will help you to schedule an appointment with a counselor in your related area of concern, typically Mon-Fri between 8am-8pm.

Can I use this when I'm traveling?

Yes! You can use First Stop Health from all 50 states.

Will I get anything from First Stop Health?

Yes! If you have a valid address on file, you will receive a welcome letter about one month after your membership start date. From time to time, you may also receive educational emails and/or text messages from First Stop Health.

Hendricks Regional Health **Orthopedic Center of Excellence**



What is the Hendricks Regional Health Orthopedic Center of Excellence?

The Center is an orthopedic and spine surgery program that brings high-quality, award- winning care together with nationally recognized patient experience.

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

Step 1: See a healthcare provider to have your joint or muscle pain evaluated. This can be through your primary care office or your employer Wellness Clinic. You may also contact Hendricks Regional Health for an appointment with a sports medicine physician at (317) 718-4263 at our Avon, Brownsburg or Danville locations.

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

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

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

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

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

How much will the surgery cost me?

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

How do I get the shared savings check?

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

If I live far away, will I have to come back for physical therapy at Hendricks Regional Health?

No, we have a statewide network of physical therapy partners that are happy to care for you close to your home. Physical therapy services will apply toward your existing health plan coverage. However, you may have one therapy session at Hendricks Regional Health the day after your procedure.

If I live far away, will hotel accommodations be included?

A one-night hotel stay may be provided and arranged by our Concierge when determined necessary by your surgeon.

**Subject to applicable taxes*



What orthopedic surgeries and procedures are included through the Center of Excellence program?

- ACL Reconstruction
- Cervical Fusion
- Carpal Tunnel Release
- Cubital Tunnel Release
- Foot & Ankle Procedures:
 - Ankle Exostectomy
 - First Ray Procedures
 - Hammertoe
- Ganglion Cyst Excision
- Gastrocnemius Recession
- Joint Replacement Procedures:
 - Ankle
 - Hip
 - Knee
 - Shoulder
- Knee Arthroscopy
- Ligament & Tendon Repair
- Lumbar Decompression Laminectomy
- Muscle Repair
- Posterior Lumbar Fusion
- Rotator Cuff Repair
- Shoulder Arthroscopy
- Labral Repair of Shoulder
- Trigger Finger Release



Scan here to visit Hendricks.org/COE and learn more.
Or call: (317) 386-5630



**Subject to applicable taxes*

Flexible Spending Accounts (FSA)

You may reduce your taxable income by signing up for a flexible spending account. Putting money into this account reduces your taxable income and allows you to use the money for either qualifying medical expenses or dependent care expenses, tax-free. You may choose either plan, or both. Take time to estimate your annual expenditures and save tax dollars on the amount designated. Total designated amount(s) are divided equally among the 26 pay periods for the following year. Plan wisely. If you don't use the money, you lose it.

Strict IRS regulations require receipts to verify purchases. You may receive a VISA debit card for making qualifying purchases. Your initial card, plus any additional cards, are included at no charge.

Flexible Spending for Medical Expenses

\$3,050 pre-tax dollars per employee per year is the maximum that you may designate for qualified medical, dental or vision expenses, not covered by insurance, in our Flexible Spending Account. Receive the amount spent as you use it, up to the amount you designated in the account. Elective, cosmetic surgery is not a reimbursable expense. Certain OTC drugs may qualify as an eligible expense with a doctor's prescription.

Flexible Spending for Dependent Care

\$5,000 pre-tax dollars per family per year is the maximum that you may designate for dependent care. Expenses must be incurred before you are eligible to receive reimbursements. Pre-payment of expenses is not acceptable for reimbursements. Before you use your Visa debit card for dependent care, check the balance on the card.

Health Savings Account (HSA)

Employees who enroll in the HDHP/HSA plan are eligible to open a Health Savings Account (HSA). Following are the Annual IRS Contribution limits for 2023:

- » For an individual with self-only coverage - \$3,850.
- » For an individual with family coverage - \$7,750.

Following are the Annual IRS Contribution limits for 2024:

- » For an individual with self-only coverage - \$4,150.
- » For an individual with family coverage - \$8,300.



Your Benefit Website

mybensite.com/northcentral

Username: northcentral

Password: benefits

View All Your Benefit Plan Documents

Medical · Dental · Vision

Life · Disability

Employee Assistance Program

Enrollment & Claim Forms

Medical & Prescription Forms

Links to TRF & PERF

Contact Information

Trust Newsletters

ALL YOUR BENEFITS IN ONE LOCATION



www.myquadmed.com/indiana

(888) 417-1001

NO COST TO MEMBERS

Primary Care · Acute Care · Generic RX · Labs
Personal Health Coach · Smoking Cessation ·
Etc.

Convenient Locations

Alexandria · Peru

Cambridge City · East Muncie

Winchester · Yorktown

Liberty

Open Monday through Friday

Hours Varying by Location

North Central Indiana School Insurance Trust



PRESCRIPTION

Express-scripts.com

(800) 334- 8134

Review Medication Tiers
Drug Prices, Find a Pharmacy
Plan Details , Refill a Prescription
Order an ID Card

SPECIALITY PRESCRIPTION

Accredo

1 (800) 922-8279

Anthem



ANTHEM Sydney
MOBILE APP

Download it from the App Store or Google Play
Digital Insurance Card While On The Go
Check Claims & EOBs
Deductibles
Out-of-Pocket Maximums
See What You've Spent to Date
Find a Provider
Shop for Services and Estimate Your Costs
Use Tools to Track Your Wellbeing
Real Time, Real Convenient

SmartShopper[®]

SmartShopper helps you shop around for medical care and find in-network locations near you that offer cash rewards. Because when you make smart decisions about your health care, you deserve to share in the savings!

As an employee of NCISIT, you're already enrolled in SmartShopper! Log on to their website to browse the 70+ procedures included in your plan. You can also call their Personal Assistant Team to learn more about your benefits (and they can help you schedule your appointments, too).

<https://www.smartshopper.com>



Telemedicine and Virtual Counseling
(888) 691-7867 / fshealth.com

Talk to a counselor
Sometimes, you just need someone to talk to. Talk to a licensed counselor to work through:

- Anxiety
- Depression
- Marital/Relations hip
- Substance Use
- Work/Life Stress

Talk to a doctor 24/7
Get treatment within minutes for minor injuries, illnesses, and prescriptions.
Cough & Sore Throat Infection (Sinus, Ear, UTI, etc.)
Skin Rash
Muscle/Joint Pain
Medication Refill

North Central Indiana School Insurance Trust

NIS National Insurance Services

EMPLOYEE ASSISTANCE PROGRAM

niseap.com
(866) 451-5465

Under the EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

Depression
Stress Management
Anxiety
Childcare
Relationship Problems
Family Conflict
Addictions
Financial or Legal Concerns
Much More



Orthopedic Center of Excellence

The Hendricks Regional Health (Hendricks) Orthopedic Center of Excellence is the premier destination in Indiana for comprehensive orthopedic and spine care. Our Center of Excellence provides non-trauma surgical services to our partners' employees.

Employees receive exceptional, personalized care, rooted in Hendricks' values and unique culture — all with little or no out-of-pocket costs and a seamless experience. Plus, when employees travel to Hendricks for their procedure, a one-night hotel stay may be provided and arranged by our Concierge when determined necessary by their surgeon.

<https://www.hendricks.org/coe>

Who to Call?

NCISIT partners with the following Insurance carriers and vendors to strive to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier/vendor listed below or your Human Resources Department.

Benefit	Carrier	Phone #	Web
Medical	Anthem	(833) 578-4441	Anthem.com
Rx	RxBenefits	(800) 334-8134	express-scripts.com
Health & Wellness Centers	QuadMed	(888) 417-1001	myquadmed.com/indiana
SmartShopper		(866) 285-7078	www.smartshopper.com
First Stop Health		(888) 691.7867	fshealth.com
EAP	National Insurance Services	(866) 451-5465	Niseap.com
HRH COE		(317) 386-5630	hendricks.org/coe

NOTICE:

This brochure provides only a highlight of the benefit plans offered to you by NCISIT and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. We reserve the right to modify any or all of these plans at anytime.

Important Notices



Federal regulations require NCISIT to provide benefit eligible employees with the following notices:

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This PHI, and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources or the medical plan directly.

Women's Health And Cancer Rights Act

NCISIT medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

You can contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. All questions about the pre-existing condition limitation and creditable coverage should be directed to the HR Department.

Individual Coverage Mandate

Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in NCISIT health plan, or you may want to consider visiting www.healthcare.gov for more information on health plans available through the Healthcare Marketplace in your area.

Premium Assistance Under Medicaid And Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If

you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact your local state Medicaid or CHIP office for more information.

Indiana - Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <https://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All all-other Medicaid:

Website: <https://www.in.gov/medicaid/>

Phone: 1-800-457-4584



Important Notice from North Central Indiana School Insurance Trust About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with North Central Indiana School Insurance Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. North Central Indiana School Insurance Trust has determined that the prescription drug coverage offered by Plans PPO 1&2, HDHP 1&2 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Hoosier Heartland School Trust coverage will be affected. You will have the option to retain your existing coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your Hoosier Heartland School Trust coverage.

If you do decide to join a Medicare drug plan and drop your current North Central Indiana School Insurance Trust coverage, be aware that you and your dependents will be able to get this coverage back, subject to eligibility and enrollment guidelines.

Important Notices



When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with North Central Indiana School Insurance Trust and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through North Central Indiana School Insurance Trust changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

September 1, 2023
North Central Indiana School Insurance Trust
Trust Administrator
11595 N Meridian St, Ste 250
Carmel, IN 46032
(317) 574-5009

Disclaimer

The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.



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This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.