# Employee Benefit Guide
# 2022
## Non-Certified Employees

# Benefit Contact Information

### Everside Health Center
https://www.eversidehealth.com/client/south-bend-community-schools/
Customer Service: 574-855-1090

### Health and Rx / Anthem Blue Cross and Blue Shield and IngenioRx
https://www.anthem.com and www.ingenio-rx.com
Anthem Health and IngeniorRx Customer Service: 833-578-4441
Anthem Precertification: 833-578-4441
24/7 NurseLine 800-337-4770

### Dental Insurance / Guardian
https://www.guardiananytime.com
Customer Service: 800-541-7846

### Vision Insurance / Vision Service Plan
https://www.vsp.com
Customer Service: 800-877-7195

### Life and Disability Insurance / New York Life
https://www.newyorklife.com
Customer Service 800-362-4462*
* Eligibility, coverage, and beneficiary status can only be verified through the SBCSC Benefits Office

### EAP (Employee Assistance Program) / Cigna Life Assistance
https://www. www.cignalap.com
Customer Service: 800-538-3543

### Flexible Spending Account / American Fidelity
https://www.americanfidelity.com
Customer Service: 800-638-4268

### Supplemental Benefits / American Fidelity
https://www.americanfidelity.com
Customer Service: 800-638-4268

**Note:** This brief summary is not intended to include every benefit and limitation of the plans presented. Please refer to your certificate of coverage for important additional benefits and limitations. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between this benefits summary and the actual plan documents, the plan documents will prevail. If you have any questions regarding this summary, contact Human Resources. All information contained herein is subject to change. The employer reserves the right to change benefits and premiums at any time.

# Table of Contents

# Introduction

Welcome to the South Bend Community School Corporation. We are pleased to offer a comprehensive benefits package to you in 2022. As we work to spread our resources as wisely as possible, it is important that you know we value your work as a SBCSC employee as well as your dedication to our students. We continually adapt to ensure that we are offering benefits which support our employees, reflect the latest regulatory requirements, and are affordable.

We encourage you to take advantage of the many health and wellness opportunities provided.

Our Health and Wellness Center is now in its ninth year of providing quality care to covered employees and their family members. The Center has been a very popular resource for primary care, urgent care, and for those who simply want support in leading a healthier lifestyle.

Please take time to review your options and gain a better understanding of your benefits. The plans in this booklet offer flexibility in doctor and hospital choice, large networks, and a variety of benefits intended to help you maintain a healthy life:

- Three Health Insurance Plan Options
- Dental Insurance
- Vision Insurance
- Life Insurance
- Disability Insurance
- Supplemental Life Insurance
- Supplemental Accident Insurance
- Supplemental Cancer Insurance
- Retirement Plans
- Flexible Spending Plan

If you have questions regarding your benefits, please contact the Benefits Department at 574-393-6075.

Sincerely,

Dr. C. Todd Cummings
Superintendent

# Enrollment and Eligibility

**You must meet the eligibility requirements and be employed in a job classification eligible for insurance benefits.**

## When May I Enroll?

### Current Employees - Open Enrollment for Plan Changes Effective January 1st.

If you are an eligible employee, you may make the following changes during Open Enrollment:

- Enroll yourself and/or your eligible dependents in health, dental or vision insurance.
- Drop coverage on yourself and/or dependents for health, dental or vision insurance.
- Switch health plans
  - Buy-Up to Core, HSA Plan or Essential Care
  - Core Plan to HSA Plan, Essential Care, or Vice Versa

  **Note: Switching to the Buy-Up plan is no longer permitted**
- After Open Enrollment ends, you will not be able to enroll or drop coverage unless you request a change within 30 days of a qualifying life event.
- If you are making any changes to your benefit elections, you will be able to make your selections **beginning Thursday, December 9, 2021** and **closing on Friday, December 17, 2021 at noon** for coverage changes effective January 1, 2022. **No paper enrollments will be accepted.**
- **Important note:** If you do not wish to make any changes to your benefit elections, you do not need to do anything, **unless you are covering your spouse**. If you cover your spouse, you must complete the **Spousal Coverage Verification form on page 29 of this guide and return it to the Benefits Office by noon on December 17, 2021.**

**No enrollments or changes will be permitted after 12:00 Noon on Friday, Dec. 17, 2021.**

### New Employees

As a new employee, you have the opportunity to enroll in the Core, HSA Plan, or Essential Care Plan, as well as elect dental and vision coverage. You may also enroll in other benefits explained in this guide. You must make your benefit elections within 30 days of the end of your new employee waiting period. Your waiting period is based on your employment classification, and it will be explained to you during your orientation. Review this guide and complete a Benefit Enrollment Form. Return the completed and signed Benefit Enrollment Form, along with all required documentation, to the Benefits Department no later than 30 days after the end of your new employee waiting period.

### ID Cards

**Anthem** will mail your medical ID card to your home. Please check your mail carefully as the envelope is unmarked and can appear to be junk mail.

**Guardian** will mail your dental ID card to your home. Please check your mail carefully.

**VSP** does not provide an ID card. Your VSP provider will verify your benefits online. Claims from non-VSP providers may be filed online at www.vsp.com

## Mid-Year Changes - Within 30 days of a qualifying life event

Qualifying Life Events include (but are not limited to): your spouse leaves his/her employer, divorce or death of a spouse, loss of eligibility under your parent's plan, loss of eligibility for Medicaid, CHIP or other government health plan.

- New dependents must be enrolled within 30 days of the date of marriage, birth or adoption, even if you already have family coverage.
- **NOTE:** Voluntarily dropping coverage for which you are still eligible is NOT a Qualifying Event. You must experience an involuntary loss of coverage.
- **An enrollment form must be completed and returned to the Benefits Department along with the required supporting documentation, within 30 days of the qualifying event.**
- Required supporting documentation may include a marriage license, divorce decree, birth or adoption certificate, letter or other proof of termination of spouse's employment.
- Ex-spouses and former stepchildren are no longer eligible dependents as of the date of divorce, even if the terms of the divorce require you to provide coverage. Please notify the Benefits Office within 30 days of the divorce. Your former spouse and stepchildren may be eligible to continue coverage under COBRA.

## When does coverage end?

Your coverage will end after your employment terminates or once you no longer meet the eligibility requirements of each plan.

- Medical Insurance for you and your dependents terminates at the end of the month following the date your employment terminates, or at the end of your contract period.
  - For your dependent children, coverage ends at the end of the month in which they turn age 26.
- Dental Benefits end the day your employment terminates, or at the end of your contract period.
  - Your dependent children are covered to the end of the month of their 24th birthday, or their 26th birthday if a full-time student, assuming you remain covered.
- Vision Benefits end the day your employment terminates, or at the end of your contract period.
  - Your dependent children are covered to the end of the month in which they turn 24, assuming you remain covered.
- Life Insurance coverage ends the day your active employment terminates.
  - For your dependent children covered under Supplemental Life Insurance, coverage ends at the end of the month in which they turn age 26.

# Health Insurance Overview

South Bend Community School Corporation offers eligible employees a choice between four health insurance plan options. All plans are administered by Anthem Blue Cross and use the same Anthem Blue Access PPO network.

The **Buy-Up Plan (closed to new enrollment) and the Core Plan** are traditional PPO plans with copayments for office visits and prescription drugs. Both plans include access to the Everside (formerly Activate) Health Center with no out-of-pocket cost for services and medications received at the Health Center.

The **HSA Plan (new in 2022!)** and the **Essential Care Plan** are HSA-qualified high-deductible plans. There are **no copayments** on either HSA Plan 1 or the Essential Care Plan because all covered services, including office visits and prescription drugs, apply to the annual deductible and coinsurance. **This means that no benefits are paid (except for preventive care), including prescription drug costs, until the annual deductible has been met.**

### Highlights of HSA Plan 1 include:

- If you enroll in HSA Plan, South Bend Community School Corporation will contribute $1,000 annually to your HSA account. The $1,000 contribution by SBCSC is divided by the number of pay periods during the year and deposited each pay date. If you are hired mid-year, the contribution from South Bend Community Schools will be pro-rated based on your effective date.
- Enrollment in the HSA plan allows you to receive care at Everside Health Center. ***(see pages 17-19 for more information).***
- You may open a Health Savings Account at Teachers Credit Union. Both your contributions and contributions from SBCSC will be made directly to your TCU HSA.

**The Essential Care Plan does NOT include access to the Everside Health Center,** and employees and dependents enrolled in this plan are not permitted to receive services or medications at the Health Center.

- Spouses may not be enrolled in the Essential Care Plan. If you wish to cover your spouse, you must choose the Core Plan or HSA Plan 1 for yourself and your family. Children may be enrolled in the Essential Care Plan, however this may not be the best plan option if covering children.

### PPO Providers

Please go to **www.anthem.com** or download the mobile app, Sydney, to find participating providers. Although most physicians in this area participate, it is recommended that you verify with your doctor that they participate in the Anthem Blue Access PPO network every time you make an appointment. Both the website portal and the mobile app, Sydney, allow you to review claims, estimate costs and order ID cards. You can also review innovative tools to help you manage your health and, with Sydney, you can chat 24/7 to get quick answers to your questions. You can also call Customer Service for assistance with any of your health care questions.

**Anthem Customer Service: 833-578-4441**

# Plan Comparisons At-A-Glance

## Tips to help you choose which plan is right for you and your family

### PPO Plans

- Higher premium contributions
- Lower deductible and out-of-pocket maximums
- Copays and coinsurance for non-preventive services
- Preventive care paid at 100% in-network
- Balance between higher monthly premiums and lower out-of-pocket costs
- May enroll in a HealthCare Flexible Spending Account (FSA), but may not contribute to an HSA

### HSA Plans

- Lower premium contributions
- Higher deductible and out-of-pocket maximums
- All non-preventive services apply to deductible and coinsurance
- Preventive care paid at 100% in-network
- Contribute pre-tax money through payroll deductions into a Health Savings Account at Teachers Credit Union (TCU). These funds can be used to help pay out-of-pocket expenses not covered by insurance.
- South Bend Community School Corporation contributes to HSA Plan 1**: $1,000 per employee per year as long as you are enrolled in HSA Plan 1.** This helps lower your out-of-pocket costs. **Note: You must open an HSA through Teachers Credit Union (TCU) to receive the contribution from South Bend Community School Corporation.**
- May not enroll in a HealthCare Flexible Spending Account (FSA), but may enroll in a Dependent Care FSA. The IRS will not allow you to contribute to both an HSA and an FSA.

| Plan Funding Comparison | HSA | FSA |
|---|---|---|
| **Medical Plan** | Available with HSA Plan 1 and Essential Care Plan | Available to use with PPO plans (if you elect the HSA plan, you are eligible for the dependent care account only) |
| **Who funds?** | Funded by SBCSC and you | Funded by you |
| **How much money can I contribute in 2022** | $3,650 for individual coverage and $7,300 for family coverage (Individuals ages 55 or older may be eligible to make a catch-up contribution of $1,000). These are total limits that include amounts contributed by both you and SBCSC | Healthcare Acct: Up to $2,750<br>Dependent Care: $5,000 ($2,500 if married and filing separately) |
| **Unused money rolls forward to next year** | Yes | No, unused funds only roll forward to March 15, 2023 |
| **What funds are used for** | Eligible medical, dental, and vision out of pocket expenses | Eligible medical, dental, and vision out of pocket expenses |
| **Portable** | Yes. Unused funds are yours to keep. | No, unused money forfeited if you leave South Bend Schools, and also at the end of plan year grace period |
| **Tax benefit** | Pre-tax contributions<br>Tax-free investment earnings<br>Tax-free when spent on eligible items | Pre-tax contributions, taxes may be reduced |

# General Health Plan Information

## Additional Information for all four plans

**Preventive Care** such as routine physicals, routine mammograms, routine pap tests, routine PSA tests, and most immunizations are covered at 100%. Claims must be coded by your doctor as "Routine" rather than "Diagnostic".

**The Annual Deductible** accumulates from January 1st, 2022 through December 31st, 2022.

**Most covered treatment and services**, such as hospital room and board, surgery, nursing care, X-rays, MRIs, ambulance, home care, etc.:

- For in-network providers, services are paid at 80% after the annual in-network calendar year deductible has been met.
- For out-of-network providers, services are paid at 60% of reasonable and customary after the annual out-of-network calendar year deductible has been met.
- Care must be medically necessary and the treatment appropriate.

**Pre-Certification and Prior Authorization -** The plans require pre-certification for hospital stays as well as for many other tests and procedures. Durable medical equipment also requires pre-approval. Please refer to your Anthem ID card for plan contact information and provide your ID card to your provider. In-network PPO providers are responsible for obtaining pre-certification and/or prior authorization from Anthem. If you utilize an out-of-network provider, you are responsible for obtaining prior authorization.

**Health Care Reform Note:** All health insurance plans offered by SBCSC meet the minimum coverage requirement under the individual mandate provision of the Patient Protection and Affordable Care Act. Information about the health insurance marketplace coverage options is located on the SBCSC website or you can visit www.healthcare.gov for more information.

## Emergency Room Visits

**Non-emergency visits to the ER will be covered only if:**

- ► You are directed to the emergency room by another medical provider
- ► Services were provided to a child under the age of 14
- ► There is not an urgent care or retail clinic within 15 miles
- ► Visit occurs on a Sunday or major holiday

**You should always call 911 or seek care from the nearest Emergency Room for life-threatening situations.** However, if you seek care for yourself or a dependent during hours when your primary care physician is unavailable, please seek other options such as the Everside Health Center, urgent care centers, retail health clinics, walk-in doctors' services and online services such as LiveHealth Online®. The LiveHealth Online® app is available on Google Play and Apple. These will provide you with cost effective and time saving medical care. Members are also encouraged to utilize Anthem's online tools like 24/7 NurseLine to help determine the most appropriate care for non-emergencies.

**You can call NurseLine to get started at 800-337-4770**

# In-Network Health Plan Summaries

(Please refer to the Certificate of Coverage for full details.)

Anthem

| In-Network Benefits: | Buy-Up PPO Plan* New enrollments not allowed | Core PPO Plan | New for 2022! HSA Plan 1 | Essential Care HSA Plan |
|---|---|---|---|---|
| **HSA Employer Contribution** | None | None | $1,000 | None |
| Services provided at the ***Everside (formerly Activate) Health Center*** | No Out-of-Pocket Cost | No Out-of-Pocket Cost | No Out-of-Pocket Cost | Not Included/No Access |
| **Benefits for Other In-Network Covered Services NOT Provided at the Everside Health Center:** | | | | |
| Annual Calendar Year Deductible | $750 / Person<br>$1,500 / Family | $1,500 / Person<br>$3,000 / Family | $3,000 / Person<br>$6,000 / Family | $4,000 / Person<br>$8,000 / Family |
| PPO Network | Anthem Blue Access | Anthem Blue Access | Anthem Blue Access | Anthem Blue Access |
| After Deductible, the Plan pays Coinsurance of | 80% | 80% | 80% | 80% |
| Annual Out-of-Pocket Maximum **(includes deductible, coinsurance, and copayments except drug copayments)** | $2,500 / Person<br>$5,000 / Family | $4,000 / Person<br>$8,000 / Family | $4,000 / Person<br>$8,000 / Family | $6,450 / Person<br>$12,900 / Family |
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited |
| HSA Qualified Plan **(HSA info on pages 14-15)** | No | No | Yes | Yes |
| Preventive Care | Plan pays 100%, Deductible does not apply | Plan pays 100%, Deductible does not apply | Plan pays 100%, Deductible does not apply | Plan pays 100%, Deductible does not apply |
| Primary Care Office Visit | $30 copay, then paid at 100% | $30 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Specialty Office Visit | $60 copay, then paid at 100% | $60 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Urgent Care Center | $40 copay, then paid at 100% | $50 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Emergency Room Facility | $250 copay, then paid at 100% | $250 copay, then paid at 100% | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Surgery, Hospital Svcs, Room & Board, X-rays, MRIs, etc | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Chiropractic Care Office Visit | $60 copay (Max 20 visits/Cal Year) | $60 copay (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) |
| **Prescription Drugs at a Retail Pharmacy – Up to a 30-day supply** | | | | |
| Tier 1 – Most Generics<br>Tier 2 – Preferred Brands<br>Tier 3 – Non-Preferred<br>Tier 4 – Specialty (Mail Order) | $10 copay<br>$30 copay<br>$60 copay<br>25% up to $250/fill | $10 copay<br>$30 copay<br>$60 copay<br>25% up to $250/fill | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| **Prescription Drugs through the Mail-Order Pharmacy – Up to a 90-day supply** | | | | |
| Tier 1 – Most Generics<br>Tier 2 – Preferred Brands<br>Tier 3 – Non-Preferred<br>Tier 4 – Specialty (30 Day Max) | $20 copay<br>$60 copay<br>$120 copay<br>25% up to 250/fill | $20 copay<br>$60 copay<br>$120 copay<br>25% up to 250/fill | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |

* New Enrollment in the Buy-Up Plan is no longer permitted. This is a grandfathered plan.

# Out-of-Network Health Plan Summaries

(Please refer to the Certificate of Coverage for full details.)

| Out-of-Network Benefits: | Buy-Up PPO Plan* New enrollments not allowed | Core PPO Plan | New for 2022! HSA Plan 1 | Essential Care HSA Plan |
|---|---|---|---|---|
| **HSA Employer Contribution** | None | None | $1,000 | None |
| Services provided at the ***Everside (formerly Activate) Health Center*** | No Out-of-Pocket Cost | No Out-of-Pocket Cost | No Out-of-Pocket Cost | Not Included/No Access |
| **Benefits for Other In-Network Covered Services NOT Provided at the Everside Health Center:** | | | | |
| Annual Calendar Year Deductible | $1,500 / Person<br>$3,000 / Family | $3,000 / Person<br>$6,000 / Family | $6,000 / Person<br>$12,000 / Family | $8,000 / Person<br>$16,000 / Aggregate |
| PPO Network | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| After Deductible, the Plan pays Coinsurance of | 60% | 60% | 60% | 60% |
| Annual Out-of-Pocket Maximum **(includes deductible, coinsurance, and copayments except drug copayments)** | $5,000 / Person<br>$10,000 / Family | $8,000 / Person<br>$16,000 / Family | $8,000 / Person<br>$16,000 / Family | $12,900 / Person<br>$25,800 / Family |
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited |
| HSA Qualified Plan **(HSA info on pages 14-15** | No | No | Yes | Yes |
| Preventive Care | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Primary Care Office Visit | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Specialist Office Visit | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Urgent Care Center | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Emergency Room Facility | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Surgery, Hospital Svcs, Room & Board, X-rays, MRIs, etc | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance | Subject to Annual Deductible & Coinsurance |
| Chiropractic Care Office Visit | $60 copay (Max 20 visits/Cal Year) | $60 copay (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) | Subject to Annual Deductible & Coinsurance (Max 20 visits/Cal Year) |
| **Prescription Drugs at a Retail Pharmacy – Up to a 30-day supply** | | | | |
| Tier 1 – Most Generics<br>Tier 2 – Preferred Brands<br>Tier 3 – Non-Preferred<br>Tier 4 – Specialty (Mail Order) | 50% After Deductible<br>50% After Deductible<br>50% After Deductible<br>Not Covered | 50% After Deductible<br>50% After Deductible<br>50% After Deductible<br>Not Covered | 50% After Deductible<br>50% After Deductible<br>50% After Deductible<br>Not Covered | 50% After Deductible<br>50% After Deductible<br>50% After Deductible<br>Not Covered |
| **Prescription Drugs through the Mail-Order Pharmacy – Up to a 90-day supply** | | | | |
| Tier 1 – Most Generics<br>Tier 2 – Preferred Brands<br>Tier 3 – Non-Preferred<br>Tier 4 – Specialty (30 Day Max) | Not Covered | Not Covered | Not Covered | Not Covered |

* New Enrollment in the Buy-Up Plan is no longer permitted. This is a grandfathered plan.

# Additional Information for the Core and Buy-Up Plans Only

**In-Network PPO Office Visits** are covered at 100% after the applicable copay for a primary care provider, or the applicable copay for a specialist. *Additional services or treatments you receive may be subject to the annual deductible and coinsurance.*

- A primary care provider is a family doctor, OB/GYN or pediatrician.
- A specialist is any other type of provider such as a cardiologist, pulmonologist, chiropractor, etc.

**In-Network PPO Urgent Care Centers** – Such as MedPoint, are covered at 100% after the applicable copay. *Additional services or treatments you receive may be subject to the annual deductible and coinsurance.*

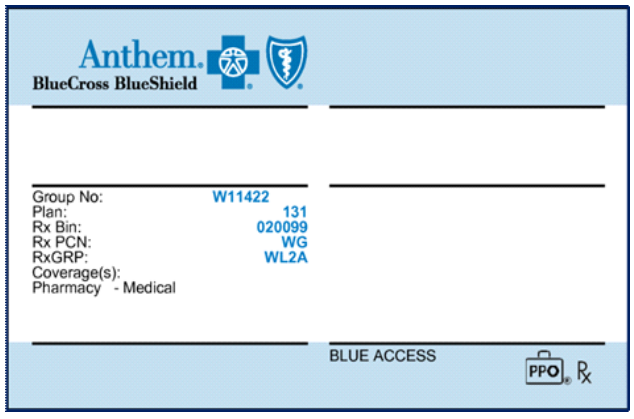
**Emergency Room Facility Visits** are covered at 100% after a $250 copay. The copay is waived if admitted to the hospital. *Additional services or treatments you receive may be subject to the annual deductible and coinsurance. See page 9 for additional information use of the emergency room.*

### Prescription Drugs

Prescription drug information is on the back of your Anthem medical ID card. Most pharmacies, including all major chain pharmacies, are included in your pharmacy network. ***Please note:***

- The prescription plan provides up to a 30-day supply for a copay.
- Tier 1 are mostly generic medications and are subject to a $10 copay.
- Tier 2 are preferred medications and are subject to a $30 copay.
- Tier 3 are non-preferred medications and are subject to a $60 copay.
- Tier 4 are specialty medications and are subject to a copayment of 25% of the cost of the medication up to a maximum copay of $250/fill. Specialty drugs must be preauthorized and obtained from the IngenioRx Specialty Mail Order Pharmacy to be covered.
- You may look up your medication to find out in which tier it belongs at www.anthem.com.
- The mail-order pharmacy program provides up to a 90-day supply for a $20, $60, $120, or 25% copay.

Below is a sample Anthem ID card showing important phone numbers and prescription information:




# FAQs

## What is a PPO?

PPO stands for “Preferred Provider Organization” and the health care providers that participate in the PPO have agreed to accept a discounted fee for their services.

## How does a PPO work?

The medical provider has agreed to submit their claims directly to your health insurance administrator, Anthem Blue Cross. Anthem Blue Cross then processes the claim and applies the agreed upon discount. The discounted fee is referred to as the “eligible charge.” The eligible charge is then processed by Anthem in accordance with your plan’s rules and the deductible, coinsurance, or copayments are applied.

In most circumstances, the medical provider is generally required to “write-off” the amount of the discount, and thus neither you, nor your insurance plan, are required to pay this portion of the original charge.

## What is a deductible?

The amount you owe before your health insurance begins to pay, for example, $1,000 per person/$3,000 per family. The deductible accumulates over a one-year period and resets to $0 each January 1.

## What is coinsurance?

A percentage (for example 20%) of the eligible charge for which you are responsible after the annual plan deductible has been met. Your insurance plan pays the balance of the charge. For example, if your coinsurance share is 20%, the insurance plan pays 80%.

## What is a copayment or “copay”?

A flat dollar amount that you pay each time you receive certain types of medical services such as office visits and prescription drugs. For example, if your copay is $30, you simply pay $30 for each office visit and the insurance plan pays the rest of the eligible charge.

## Why is there a higher copayment for specialists?

Specialists typically charge substantially more than a primary care doctor, and the copay reflects this.

## What is the out-of-pocket maximum?

This is the most you pay during the year before your insurance plan begins to pay 100%. The deductible, your coinsurance share, and office visit copays all apply to the out-of-pocket maximum.

## Do copays apply to the deductible or out-of-pocket maximum?

Copays do not apply to the deductible, but office visit copays do apply to the out-of-pocket maximum.

## What happens if I use a non-PPO medical provider?

Doctors, hospitals, and other medical providers that are not in the PPO network are free to charge any amount they wish for their services. They have not agreed to accept a discount, or any other maximum limit, on their charges. The insurance administrator determines the reasonable and customary allowed amount. Additionally, your deductible and out-of-pocket maximum is typically higher if you choose to use a non-PPO provider.

# HSA Plan FAQs

## What is an HSA?

It is your personal tax-exempt account used to pay for eligible out-of-pocket medical expenses which accumulate towards your deductible and coinsurance. Examples are prescription drugs, office visits, lab tests, urgent care, and emergency room visits. You may also use your HSA funds to pay for dental and vision out-of-pocket expenses. Qualified expenses are those as defined by IRC Section 213(d). Visit https://www.irs.gov/pub/irs-pdf/p502.pdf for a list of allowed expenses. Amounts distributed from your HSA for any other reason are subject to income tax and an additional 20% penalty tax.

## Am I eligible to establish an HSA?

You may open a Health Savings Account only if you participate in an HSA plan option, which is a qualifying high deductible health plan. A qualifying HDHP is one that does not reimburse covered medical expenses until a maximum annual deductible established by the IRS is met.

You are **NOT** eligible for an HSA if you are:

- Covered under another medical plan that is not an HDHP.
- Entitled to (either eligible for or enrolled in) Medicare benefits.
- Eligible to be claimed on another person's tax return.
- Participating in a Flexible Spending Health Care Account.

## Who holds my HSA funds?

The HSA is an individual bank account owned by you. The South Bend Community School Corporation has chosen Teachers Credit Union as our preferred financial institution to administer all HSA accounts for our employees. As an employee of SBCSC there is no charge to open your HSA account. After you open a Health Savings Account at TCU, any pre-tax payroll deductions as well as the contributions into the account by the South Bend Community School Corporation. Your contribution from SBCSC will be prorated and deposited each pay period

## How and when do I make contributions to my HSA?

You are encouraged to have contributions direct deposited from your paycheck on a pre-tax basis. You may also make contributions directly into your HSA on an after-tax basis. If so, you will receive a Form 1099 from Teachers Credit Union each year which will show your annual HSA contribution. You then report your HSA contribution by completing Form 8889 with your annual federal income tax return.

## How do I access my HSA funds?

Teachers Credit Union will provide you with a debit card and check book (if requested). Remember, in the event of an IRS audit, you are responsible for providing your receipts for services and other items purchased with money from your HSA.

# Understanding a Health Savings Account (HSA)

## What are the steps in an HSA?

Call your doctor to make an appointment.

Go to your appointment and bring your Anthem ID card. You should not be charged at this time.

Your doctor will file the claim with Anthem.

When the claim is processed you will receive a bill. If you have funds available, you will pay for the cost through your HSA until you reach your deductible.*

## How do I use my prescription benefits with an HSA?

You receive a prescription from the doctor. The doctor will either give you a paper prescription or may send your prescription to the pharmacy of your choice. You may also submit it as a mail order prescription drug if it is an ongoing medication.

Take your prescription to the pharmacist and present your Anthem ID card or contact the Anthem mail order pharmacy by phone.

Pay for your prescription with your HSA debit card and take your medication home! You do not need to submit a separate claim. Anthem will automatically apply the cost of the prescription toward your deductible.

### *What if I don't have enough money in my HSA account to pay for all of my medical expenses during the year that are applied toward my deductible and coinsurance out-of-pocket?

The good thing about an HSA is that it is flexible and allows you to add additional money (up to the maximum below) if your medical claims are more than you had anticipated. You can either request a change in the amount of your pre-tax payroll deduction during the year, or you can deposit after-tax money and generally take a deduction when you file your taxes. Talk to your tax advisor about this option.

### How much can I contribute to an HSA?

The annual HSA contribution limits for 2022 are:

- $3,650 for individual coverage and $7,300 for family coverage
- Individuals ages 55 or older may be eligible to make a catch-up contribution of $1,000
- These limits include money you receive from SBCSC.

### What if I enroll in an HSA in the middle of the year?

Your HSA contributions are generally determined on a monthly basis. However, if you enroll in an HSA mid-year, you are allowed to make a full year's contribution, provided you are eligible on December 1 of that year and you remain eligible for HSA contributions for at least the 12-month period following that year.

### Who is eligible to use my HSA funds?

You can use your HSA funds to reimburse Qualified Medical Expenses incurred by you, your spouse, and your tax dependents, as long as the expenses are incurred after the date that your HSA is established.

### What happens to my HSA funds if I leave the South Bend Community School Corporation?

You take your HSA account and funds with you because it's your personal bank account. Remaining HSA funds may continue to be spent on qualified out-of-pocket medical, dental, and vision expenses.

# Health Insurance Plan Costs for Non-Certified Staff

**NOTE: You must complete the Spousal Coverage Verification form (page 31) during your open enrollment or new hire waiting period and within 30 days of a change in your spouse's employment status.**

| 2022 Payroll Deductions | Buy-Up Plan (New enrollments not allowed) | | Core Plan | | New HSA Plan | | Essential Care HSA Plan | |
|---|---|---|---|---|---|---|---|---|
| | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions | Bi-Weekly 10/11-month 19 deductions | Bi-Weekly 12-month 24 deductions |
| Employee Only | $146.98 | $116.36 | $89.99 | $71.25 | $81.45 | $64.49 | $77.46 | $61.33 |
| Employee & Spouse[1] | $314.83 | $249.24 | $188.97 | $149.61 | $167.75 | $132.80 | Not Offered | Not Offered |
| Employee & Child(ren) | $239.88 | $189.91 | $143.99 | $114.00 | $131.62 | $104.20 | $279.40 | $221.19 |
| Employee & Full Family | $422.39 | $334.39 | $260.96 | $206.60 | $224.13 | $177.44 | Not Offered | Not Offered |
| Add'l Spousal Surcharge[1] | $447.78 | $354.50 | $459.51 | $363.78 | $446.79 | $353.71 | Not Applicable | Not Applicable |
| Payroll deductions are subject to change based on changes in the number of pay periods from which deductions are withheld. | | | | | | | | |

**[1]Surcharge for spouses:**

Employees who choose to cover their spouse will pay the additional spousal surcharge amount shown above in addition to the standard payroll deduction amount shown above, if the spouse is or was eligible to enroll in the health plan offered by the spouse's employer. **Please refer to the Spousal Coverage Verification Form for additional important details.**

Employees who cover a spouse will be required to sign an affidavit indicating the employment status of their spouse. Failure to complete the Spousal Coverage Verification form during every annual enrollment period will automatically result in the additional surcharge.

**Important Note Regarding Late Premium Payments:**
If your paycheck is not enough to cover your health insurance premium, you must pay the difference. If your outstanding premium is more than 60-days past due, your health insurance will be cancelled retroactive to the last date through which coverage was fully paid.

# Everside Health Center

The ***Everside (formerly Activate) Health Center*** is a primary and urgent care center dedicated to South Bend Community School Corporation's employees, spouses and children covered under the Core Plan, HSA Plan 1, and those grandfathered on the Buy-Up plan. It provides easy access to high quality care with no out of pocket cost. Services at the Health Center include:

- Complete adult primary care services
- Urgent care
- Treatment for minor injuries
- Comprehensive physicals
- Labs
- Flu shots
- Common generic medications for acute and ongoing needs

**Please make an appointment before visiting** the Health Center, even for an urgent need. The goal of the Center is to respect your time with little waiting when you arrive at your scheduled time. If you have an urgent need, the Center can normally schedule your appointment for the same day or the next morning.

**The Center is <u>not</u> a walk-in clinic and is unable to see patients without an appointment.**

**If you need to cancel or reschedule an appointment, the Center requires 48-hours advance notice.**

The Health Center is open by appointment during the following hours:

| | |
|---|---|
| Monday | 6:00 AM to 7:00 PM |
| Tuesday | 9:00 AM to 7:00 PM |
| Wednesday | 6:00 AM to 7:00 PM |
| Thursday | 9:00 AM to 7:00 PM |
| Friday | 6:00 AM to 4:00 PM |

**To make an appointment call: 574-855-1090**

The Everside Health Center is located just southeast of the main Post Office in South Bend:

**611 Lincoln Way East**
**South Bend, IN 46601**


**Nurse Line** – If you have an urgent need after hours, please call the after-hours nurse line at **877-447-1244**. A nurse will help direct you to the most appropriate provider. Of course, you should always call 911 if the situation is life-threatening.

For news and additional information:
**https://www.eversidehealth.com/client/south-bend-community-schools/**

# Everside Health Center

## Things to know about the Health Center:

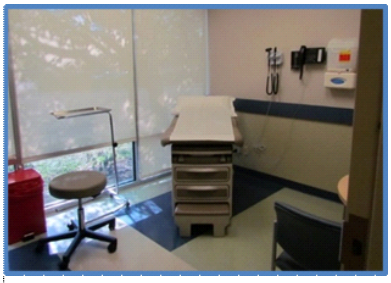
- The goal of the Health Center is to help you and your family members live longer, healthier, and more productive lives.
- It is staffed with a primary care physician, a physician assistant, a nurse practitioner, and several medical assistants.
- The level of staffing at the Health Center allows for longer visits and more personal attention than other medical practices typically offer.

### Labs:

The Health Center provides lab tests at no cost to you. You can bring in an order from another doctor for lab tests, and the results will be sent to that doctor. There is no cost to you for blood tests done at the Health Center, even if they were not ordered by a physician at the Health Center.

### Medications:

The Health Center stocks and dispenses many common generic drugs. There is no cost to you for medications dispensed by the Health Center. The Center can dispense up to a 90-day supply at a time. Due to medication dispensing laws, the Center is unable to fill prescriptions written by an outside doctor. If you would like to know more about obtaining medications at the Health Center, please call the Health Center.



You can find a list of drugs available at:
**https://www.eversidehealth.com/client/south-bend-community-schools/**

### Health Coaching:

The Health Center is here to help you reach your health and wellness goals. The Center allows for longer visits and more personal attention than typical medical practices. Health coaching is offered to you at no cost in order to help you make healthy lifestyle choices around what is most important to you in order to optimize success to live a longer, healthier life!

### Confidential:

Complete confidentiality is required by law and is extremely important to us. Your medical information will not be shared with anyone at SBCSC. The privacy requirements are the same as if you were visiting any other doctor's office. Information can be shared with other physicians, based on your direction and authorization.

# Everside Health Center

## Care for Children:

Children under age 3 are best served by a pediatrician, and therefore are unable to be seen at the Health Center. Children who have reached their 3rd birthday may be seen at the Everside Health Center for illnesses and minor injuries.

For several reasons, the Everside Health Center does not stock or administer childhood immunizations. For routine well-child visits and immunizations, children are best served by a pediatrician who can follow your child's development and see that the correct immunizations are given at the appropriate times.

We encourage you to maintain your child's relationship with their pediatrician, or primary care physician that administers childhood immunizations, until they are at least 13 years old. Because most physicals required by schools include certification of immunizations, the Everside Health Center is unable to provide school physicals for children under age 13.

Well-baby/Well-child exams and immunizations are generally covered at 100% under your Anthem health insurance plan, when using a PPO provider. The visit must be coded on the bill as "preventive" by your doctor's office.

| Services Provided at the Everside Health Center for Children ages 3 and up | Services Not Provided at the Everside Health Center |
|---|---|
| • Treatment for acute illnesses, such as:<br>Ear infections<br>Respiratory infections<br>Skin rashes<br>Strep Throat<br>Flu/Colds/Viruses<br>• Minor Injuries<br>• Most Sports & Camp Physicals | • Childhood Immunizations<br>• Well Child Care/Check-ups under age 13<br>• School Physicals under age 13 |

# Health and Wellness Incentives

## Comprehensive Physicals and Health Goals

Employees and spouses who are covered under any of the SBCSC health insurance plans except the Essential Care Plan have the opportunity to earn up to a $300 premium credit each by completing a comprehensive physical and biometric screening with a health care practitioner at the Everside Health Center who will work with you to tailor your individual health goals. The reward may be earned once every 12-months.

- Once you have completed the requirements for the wellness incentive, your reward will be paid as a health insurance premium credit on a future paycheck, thereby reducing your payroll deduction and increasing your take-home pay.
- All requirements for the reward must be completed at the SBCSC Everside Health Center.
- You will receive the entire premium credit earned, even if your medical deduction is less than the full amount of the credit earned.

### Follow these steps to earn your wellness reward:

1) You may call the Center and schedule an appointment for this at any time during the year.
2) Complete a biometric screening and health profile.
3) Complete your annual physical exam at the Health Center.

If you have any questions about the process, please call the Center at 574-855-1090 and they will be happy to explain the process and make your appointment.

How will your reward be reported to the Payroll Department? Periodically, the Everside Health Center sends a report to the SBCSC Payroll Department that includes a list of names and the dollar amount earned. No health information, test results, or health goals will be shared with SBCSC. Please allow 45 days for the reward to appear on your regular paycheck as a premium credit after completing your physical.

**https://www.eversidehealth.com/client/south -bend-community-schools/**

**574-855-1090**

# Employee Life Assistance Program (LAP)

**At no cost to you, the Life Assistance Program (LAP) through Cigna provides employees and their family members living in the same household with three free counseling services from certified professionals to help with work and life issues. These include stress, depression, bereavement and marital/child issues. Services are available 24/7 by phone, depending on the help requested. Cigna LAP can also refer you to specialists in your area to schedule in person counseling sessions.**
Sessions are completely confidential and no information is shared with SBCSC.

**800-538-3543** **www.cignalap.com**
**Call or visit the website any time, any day, to help you restore some balance in your life. Just a phone call away, an advocate can assess your needs and develop a solution.**

## Whatever life throws at you – throw it our way.

Life Assistance Program from
New York Life Group Benefit Solutions.

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions (NYL GBS) is there for you with our NYL GBS Life Assistance Program. It can help you and your family find solutions and restore your peace of mind.

**Call us anytime, any day**
We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

**Visit a specialist**
You have three face-to-face sessions with a behavioral counselor available to you – and your household members. Call us to request a referral.

**Monthly webinars**
Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

**Important Note:** To ensure you get connected to the SBCSC program, use the contact information below, and specifically ask for the Life Assistance Program (LAP)

**Achieve work/life balance**
For help handling life's challenges, go online for articles and resources on family, care giving, pet care, aging, grief, balancing priorities, working smarter, and more.

**Legal consultation and referrals***
Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.

**Financial consultations**
Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

**Life Assistance Program 24/7 support**
Phone: **(800) 538-3543**
Website: www.cignalap.com

# Dental Insurance and Cost

GUARDIAN®

**Important Information**

- **You may choose any dentist.**
- To receive the best benefits and discounts, use a participating dental provider in the Guardian PPO dental network. Go to www.guardiananytime.com for providers. Please confirm with your dentist that they actually **participate in the Guardian PPO network**, rather than simply "accepting" Guardian and filing the claim for you.

**Predetermination of Benefits** – It is recommended that your dentist request a predetermination of benefits from Guardian whenever the cost is expected to exceed $300. This will allow you to find out how much you will be responsible for, and how much the dental plan will pay before treatment begins.

| Dental Benefits Through Guardian | In-Network | Out-of-Network |
|---|---|---|
| **Annual Deductible – Per Individual**<br>**Per Family (3x Individual Deductible)** | **$50**<br>**$150** | **$100**<br>**$300** |
| **Preventive Services –** routine exams, x-rays, teeth cleaning (prophylaxis), sealants, fluoride treatment and space maintainers for children | **100%** | **100%** |
| **Basic Services –** includes fillings, root canal therapy, periodontal surgery and periodontal maintenance procedures, extractions and most oral surgeries; emergency relief of pain and repair of crowns, bridgework and dentures. | **90%** | **90%** |
| **Major Services –** crowns, bridges and dentures, to replace natural teeth extracted or lost while covered (Implants Not Included) | **60%** | **60%** |
| **Orthodontia – Children to Age 19**<br>**Lifetime Maximum Benefit is $1,000** | **50% - No Deductible** | **50% - No Deductible** |
| **Annual Maximum Benefit Per Person** | **$2,000** | **$1,000** |

| | DENTAL PLAN COST PER PAY PERIOD | |
|---|---|---|
| | Bi-Weekly Employee 10/11-Month | Bi-Weekly Employee 12-Month |
| Single | $4.03 | $3.19 |
| Family | $10.57 | $8.37 |

# Vision Insurance and Cost

**Important Information**
To receive the best benefits and discounts, you should go to a vision provider who is contracted with VSP. Visit www.vsp.com to find a provider or to make sure your current provider is "in-network". VSP has an extensive list of contracted providers and the website is very user-friendly. Confirm that your provider **actually participates in the VSP network** rather than simply accepting VSP.

Contact VSP at 800-877-7195 with any questions.

| Vision Benefits through VSP | In-Network | Out-of-Network |
|---|---|---|
| Exam – (1 Every Calendar Year) | $10 Copay | Reimbursed up to $50 |
| Lenses – (1 Set Every Calendar Year) Single, Bifocal or Trifocal* | Included with Exam** | Reimbursed up to $50, $75, $100 |
| Frames – (1 Set Every Calendar Year) | $150 Allowance | Reimbursed up to $70 |
| Contacts – (In Lieu of Glasses) | $120 Allowance | $105 Allowance |

* Discounts available for lens enhancements.
** If you get any materials without an exam, you will also have a $10 copay.

| | VISION PLAN COST PER PAY PERIOD | |
|---|---|---|
| | Bi-Weekly Employee 10/11-Month | Bi-Weekly Employee 12-Month |
| Single | $1.51 | $1.20 |
| Family | $3.18 | $2.52 |

# Life and Disability Insurance

## Basic Life and Accidental Death & Dismemberment (AD&D)

South Bend Community School Corporation offers Term Life Insurance and Accidental Death & Dismemberment (double indemnity for accidental death) to you when newly eligible for benefits. The amount is based on your employee classification. Please contact the Benefits Department if you are unsure of your benefit level.

## Supplemental Life and AD&D

You may also elect Supplemental Term Life and Accidental Death & Dismemberment for yourself and your dependents. **This option is available only for employees who are newly eligible for benefits.** If you waive coverage when you are newly eligible, you will not be able to elect Supplemental Life in the future. You can choose benefit increments of $50,000 for yourself up to a maximum of $200,000. If you are enrolling, you may also elect $25,000 or $50,000 for your spouse and $10,000 for each dependent child. The premium is based on your age and will increase as you move into the next 5-year age band. The only life events that allow a change to your Supplemental Life insurance enrollment status are marriage and birth/adoption. If you are currently enrolled in this benefit, you may add your new dependent within 30 days of the marriage or birth/adoption. You may drop this coverage at any time. Please contact the Benefits Department for more information.

## Long Term Disability Insurance

To protect you and your family in the event of a long-term disability, South Bend Community School Corporation offers Long Term Disability Insurance if you are enrolled in Basic Life Insurance. If disabled more than 6 months, the plan will pay you two-thirds of your pre-disability salary up to a maximum benefit of $6,000 per month. The plan will continue to pay, as long as you are disabled, until you reach age 65.

# Flexible Spending Account (FSA)

American Fidelity Assurance Company

In addition to your benefit premium contributions being deducted pre-tax, you also have the option during the American Fidelity Open Enrollment to have additional money deducted pre-tax and deposited into a flexible spending account for eligible out-of-pocket medical, dental and vision expenses. You may also set up a dependent care account into which you can make pre-tax deductions which can be used to pay for childcare expenses. American Fidelity will visit each school building in the fall.

**For more information on any of these policies, please contact American Fidelity at 1-800-638-4268.**

## Healthcare Flexible Spending Account

**Please note, the IRS does not allow you to contribute to both an HSA and an FSA Health Care Account.**

This account reimburses you for qualified health, dental, and vision care expenses not covered by insurance. You may set aside up to $2,750 per year. Your elected contribution is then divided by your number of paychecks and that amount is deducted tax-free each pay period.

Next, the deducted contributions are then placed into your FSA(s). Not only do you not pay taxes on this money, but it's deducted from your paycheck before you can spend it on anything else, thereby helping you budget for known expenses that you will have throughout the year. You also do not pay income taxes on the money when it is spent.

**Current Employees: Your current Flex plan election will not carry over into 2022! You must re-enroll during the American Fidelity open enrollment in order to participate in 2022.**

## Dependent Care Reimbursement Account

This account reimburses you for day care expenses for eligible children and adults. Through regular payroll deductions, you may set aside part of your income to pay for these expenses on a pre-tax basis. To qualify, your dependents must be:

- A child under the age of 13
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include adult and child day care centers, preschool and before/after school care. The annual maximum contribution is $5,000 ($2,500 if married and filing separately).

### Examples of Eligible Medical Expenses:

- Any charges not covered by your Medical Plan, including (but not limited to) Deductibles, Copayments and Prescriptions
- Chiropractic or other therapy charges over the plan maximum benefit
- Weight-loss programs
- Dental or vision care copays or charges over the maximum benefits
- Hearing aids and batteries
- Laser eye surgery
- Over-the-counter medications with a written prescription from your doctor

**Important Note:**
Be conservative when determining your Elected Contribution. The IRS requires that you forfeit any unused money in your FSA at the end of the year. You cannot receive any money as cash nor can you carry it over to the next plan year. This is commonly known as the "Use it or Lose It" rule.

# Other Supplemental Benefits

American Fidelity Assurance Company

## Disability Income Insurance

The advantage of this plan is that benefits become available on a short-term basis, which would help you during the 6-month period before you would be able to start receiving benefits on your Long Term Disability plan provided to you by South Bend Community School Corporation. Benefits are paid directly to you in the event you are unable to work due to an illness or accident.

## Life Insurance

The life insurance benefits provided to you through South Bend Community School Corporation are term benefits, which means you only get your Basic Life and AD&D while you are employed (unless you convert your coverage when you retire); and if you have elected Supplemental Term Life Insurance, your benefit reduces to 50% at age 70. American Fidelity offers permanent, whole life insurance options, as well as additional term insurance if you are interested in applying for more insurance than is available through New York Life's voluntary term life group policy.

## Accident Only Insurance

Individual and Family plans are available with the Accident Only insurance policy. Benefit payments are made directly to you and there are several options available. As long as you pay your premiums, the policy is guaranteed renewable – you cannot be cancelled for any reason.

## Hospital Indemnity Insurance

You choose the amount to be paid to you for an untimely admission to the hospital for you or a family member. Benefits include payment for Intensive Care, Rehabilitation and Ambulance Services.

## Cancer Insurance

The Cancer insurance policy covers expenses such as Lost Income, Utilities, Spouse's Lost Income, Meals and Lodging, Transportation Costs, Special Dietary Needs, Housekeeping Expenses and House/Mortgage Payments if you or a covered family member is diagnosed with cancer after the policy becomes effective. The money can be used however you need, allowing you to protect yourself from financial hardship.

**For more information on any of these policies,**
**please contact American Fidelity at 800-638-4268.**

**NOTE: You can ONLY enroll in these plans during the American Fidelity open enrollment.**

# INPRS, Retirement, and COBRA

## Public Employee's Retirement Fund (INPRS)

South Bend Community School Corporation participates in the State of Indiana's retirement program known as the Public Employee's Retirement Fund "INPRS" which covers most employees.

Current employees are required to participate upon employment. South Bend Community School Corporation contributes three percent (3%) of your gross pay.

If you have any name/address changes or any questions, please contact INPRS Customer Service directly at (844) GO-INPRS or 844-464-6777.

## Retirement

Certified employees are required to notify Human Resources no later than April 1 of the year in which they will retire. All other eligible employees are required to notify Human Resources not less than 90 days before they retire. Please refer to your union agreement for specific retirement notification procedures.

Upon retirement notification, you will receive a letter from Human Resources advising the benefits termination information.

For any questions regarding your retirement fund, contact INPRS Customer Service directly at (844) GO-INPRS or 844-464-6777.

## COBRA

Approximately two weeks after you leave the South Bend Community School Corporation, you will receive a letter from our COBRA third party administrator regarding your COBRA options and rates.

COBRA is a federal law that allows you to continue your health, dental and vision insurance by paying the full premium rates plus 2%. Please feel free to contact the Human Resources Department in advance for COBRA rates.

You may also wish to explore other health insurance coverage options through the Marketplace Exchange at www.healthcare.gov.

# OPEN ENROLLMENT 2022 INSTRUCTIONS

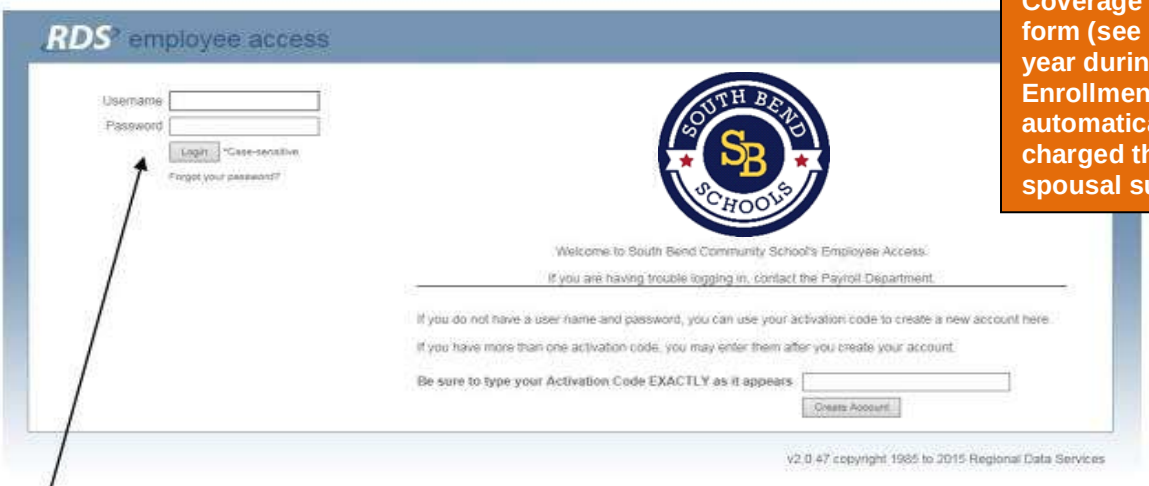
All medical enrollment changes you wish to make during Open Enrollment will be made via the RDS online Employee Access portal. If you are not making any benefit election changes, your current elections will carry over into 2022, and you do not need to access the portal. If you cover your spouse, you must complete the spousal coverage verification form included on page 31 of this guide.

*Open enrollment will begin Thursday, December 9th, 2021 and will close on Friday, December 17th, 2021 at noon.*

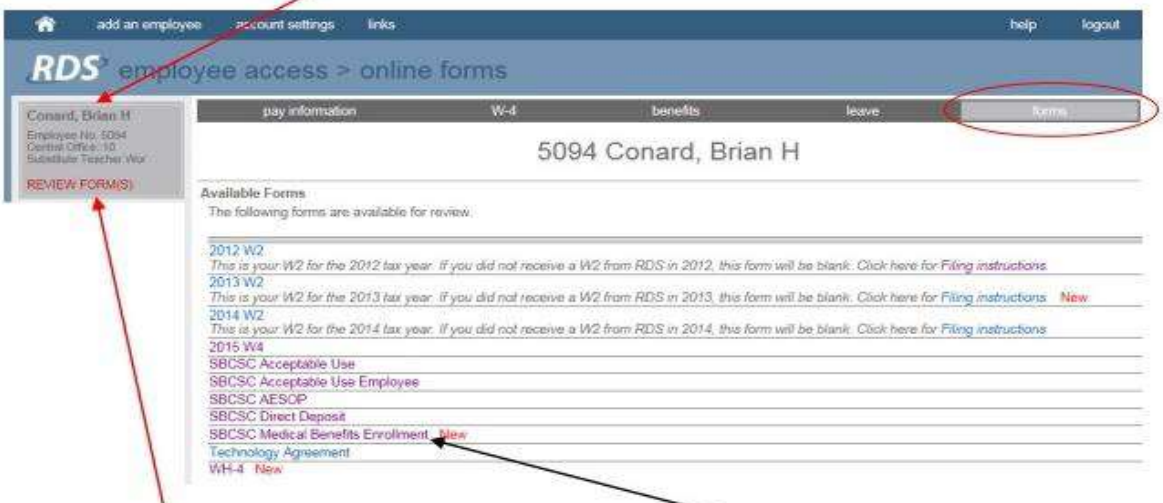
Please follow the instructions below to add or drop coverage for yourself or a dependent, or to change from one plan to another plan (The Buy -Up plan is closed for new elections).

**Remember, you must complete the Spousal Coverage Verification form (see p. 31) every year during Open Enrollment or you will automatically be charged the additional spousal surcharge.**

## Medical Benefits Enrollment - Employee Instructions




Log in, click your employee **Name**, then click on the **forms** tab to view/modify forms.




Or, click **REVIEW FORM(S)** to take you directly to the forms tab.

Click the form name to fill out a form

# MEDICAL BENEFITS ENROLLMENT (continued)

## Section 1: Demographic Information

FOR OFFICE USE ONLY

Date of Hire/Rehire:_____

Coverage Effective Date:_____

New Enrollment X Employee ID Number _____

Position_____ ☐ Full time ☐ Part Time

Class # Job Code Admin Cert 10 mo cont 10 mo hourly 12 mo Job share

Anthem Group Number: W11422 Sub-Group_____

Guardian Group Number: 00459802 Sub-Group_____

VSP Group Number: 30016005 Sub-Group _____

New York Life: FLI960267 AD&D OK968724 Vol Life: FLI960268

LTD: LK964957 Sub-Group_____

## Employee Name & Address

| Last First Middle | | Social Security Number | Gender: ☐ Male ☐ Female |
|---|---|---|---|
| Street | | Date of Birth | Status: ☐ Married ☐ Single |
| City | State Zip | Home Phone | Work Phone |
| ☐ Retired ☐ Disabled ☐ Hospitalized | | | |
| Email Address | | | |

Please complete fields as indicated. Use the scroll bar on the right side of the pages on your device to move down the form.

## Section 2: Benefit Plan Elections

| Select Plan | ☐ HSA Plan 1 New in 2022 | | ☐ Essential Care Plan[1] | | ☐ Core PPO Plan | | ☐ Waive |
|---|---|---|---|---|---|---|---|
| Choose Status | Bi-Wkly Cost 19 Pay Periods | Bi-Wkly Cost 24 Pay Periods | Bi-Wkly Cost 19 Pay Periods | Bi-Wkly Cost 24 Pay Periods | Bi-Wkly Cost 19 Pay Periods | Bi-Wkly Cost 24 Pay Periods | |
| Employee Only | ☐ $81.45 | ☐ $64.49 | ☐ $77.46 | ☐ $61.33 | ☐ $ 89.99 | ☐ $ 71.25 | |
| Employee & Spouse[2] | ☐ $167.75 | ☐ $132.80 | Not Offered | Not Offered | ☐ $188.97 | ☐ $149.61 | |
| Employee & Child(ren) | ☐ $131.62 | ☐ $104.20 | ☐ $279.40 | ☐ $221.19 | ☐ $143.99 | ☐ $114.00 | |
| Employee & Family[2] | ☐ $224.13 | ☐ $177.44 | Not Offered | Not Offered | ☐ $260.96 | ☐ $206.60 | |
| Spousal Surcharge[2] | ☐ $446.79 | ☐ $353.71 | N/A | N/A | ☐ $459.51 | ☐ $363.78 | |

Please use the check boxes to make your plan selections **OR** to select Waive Coverage

## Section 3: Eligible Dependents

| Select Coverage(s) | | | | SSN | Last Name | First Name | Date of Birth | Gender (M/F) | Relationship to Employee | Address (if different than employee's) |
|---|---|---|---|---|---|---|---|---|---|---|
| Med | Dental | Vision | | | | | | | | |
| ☐ | ☐ | ☐ | 1 | | | | | | Spouse | |
| ☐ | ☐ | ☐ | 2 | | | | | | | |
| ☐ | ☐ | ☐ | 3 | | | | | | | |
| ☐ | ☐ | ☐ | 4 | | | | | | | |
| ☐ | ☐ | ☐ | 5 | | | | | | | |
| ☐ | ☐ | ☐ | 6 | | | | | | | |

This section will auto-fill with any existing dependent information. If the field is blank, please fill it in. If corrections are needed, please make the changes ***PRIOR*** to clicking "Submit".

# MEDICAL BENEFITS ENROLLMENT (continued)

**Section 5: Declination of Medical Coverage for Employee and/or Eligible Dependents**

I have been offered ☐ **Medical** and decline to elect or continue it for ☐ **Myself** ☐ **My Dependents**. I understand that the Plans do not allow late enrollment unless the late enrollee qualifies for a **Special Enrollment** as defined by the **Health Insurance Portability and Accountability Act (HIPAA)** and requests coverage within 31 days of the event. I understand that, although I or my eligible dependent may qualify for a Special Enrollment, the **Pre-Existing Condition Clause** will apply.

Signature_____ Date _____

If you choose to waive coverage, please make sure to indicate who is waiving by selecting the applicable check box(es).

**Acknowledgement:**

I represent that the answers given to all questions are true and accurate to the best of my knowledge and I understand they are being relied upon by South Bend Community School Corporation in accepting this application. I understand that any material misrepresentation or omission found in this application may result in denial, rescission, or cancellation of coverage. I acknowledge that I have received information regarding INPRS, COBRA, 403(b)/457(b), and Section 125.

This election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a valid status change, or other qualifying event*. Participating will automatically cease upon termination of an employee's employment, or loss of eligibility for a benefit plan.

| | |
|---|---|
| *** Examples of qualifying events include:** | COBRA Coverage Exhausted |
| Marriage | Termination of Spouse's Employment/Reduction in Work Hours |
| Birth | Benefits Eliminated (Plan No Longer Being Offered) |
| Adoption/ Placement for Adoption | Involuntary Termination of Medicaid |
| Divorce | Dependent Returning to Full-Time Status |
| Legal Separation | Court-Ordered Dependent Coverage |
| Death | Reaching Plan's Limiting Age |

The undersigned acknowledges that he/she has an affirmative duty to verify the eligibility of enrolled dependents, and immediately inform the employer of any change. Failure to verify eligibility or notify the employer shall be deemed to be an intentional misrepresentation.

Submit Cancel

Click ***Submit*** when ready. The submitted form will be sent to the Human Resources department ***AND*** the form will be available as a PDF for your review under the Completed Forms section the ***Forms*** tab.

Any changes needed on a submitted form will be allowed up to the closing date of Open Enrollment.

**South Bend Community School Corporation**
**2022 Spousal Health Coverage Verification**

Effective January 1, 2022, to contain costs, South Bend Community School Corporation will continue to require a surcharge for employees who choose to cover spouses who are or become eligible for coverage through other employers. The surcharge will equal the entire cost of the monthly spousal health coverage. In addition to the 2022 announcement letter, the spousal surcharge premiums (based on the number of employee pay periods) are included in the employee benefit guide and in the PowerPoint open enrollment presentation.

Employees electing to enroll their eligible spouse must complete this questionnaire. ***Note: This does not apply if both you and your spouse are eligible employees of South Bend Community School Corporation.*** It also does not apply to dental, vision, supplemental life insurance, or other supplemental benefits.

Employee, please check one of the following:

☐ **1.** My spouse is not employed at this time. If my spouse's employment status changes in the future, I will notify Human Resources within 30 days of the event to discuss my options. ***Failure to notify is deemed to be an intentional misrepresentation which may result in penalties, including past premium contribution collections. Failure to notify may also jeopordize eligibility, possibly resulting in retroactive termination of coverage.***

☐ **2.** My spouse is employed, but is not, and has not been, eligible for health insurance at this time through his/her employer. ***Spouse's employer must complete section below confirming spouse's health plan eligibility status.***

☐ **3.** My spouse ***has*** coverage available through his/her employer. I understand that I will pay the cost of spousal coverage to cover my spouse.

☐ **4.** My spouse works for SBCSC: _____ _____
Spouse's Name (print legibly) Spouse Employee ID

***I understand that failure to accurately complete this form and submit in a timely manner will result in the spousal cost being assessed to me. Also, failure to notify South Bend Community School Corporation benefits department within 30 days of a change in my spouse's eligibility for coverage through another plan may result in penalties, including, but not limited to, retroactive termination of coverage.***

_____ _____
Employee Signature / ID number Date

_____ _____
Employee's Name Printed Spouse's Name Printed

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**To be completed by Employee only if you checked option 2 above.**

Employee Name: _____ Spouse Name:_____

Name of Spouse's Employer_____ Phone Number:_____

**To be completed by Spouse's Employer:**

Please note that, as of January 1, 2022, South Bend Community School Corporation no longer contributes toward spousal coverage if the spouse was or is eligible to enroll in a health plan offered by the current employer.

Please check the reason that the employee named above is not eligible for your health insurance plan:

☐ We do not offer a health insurance plan to employees.

☐ This employee was recently hired and is in our waiting period or measurement period for benefits. The earliest date that he/she may be eligible for coverage is_____ assuming the employee meets our eligibility requirements.

☐ This employee does not currently work enough hours to be eligible for health insurance.

☐ Other (explain) _____

_____ _____
Signed (Spouse's Employer's Representative) Date


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