

JANUARY 1 – DECEMBER 31 | **2024**

# BENEFIT GUIDE+++



**Hoosier School  
Benefit Trust**

# WELCOME!

HSBT would not be the success it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefits package to support your physical, mental, and financial wellness.

This guide highlights the options available to you as a benefits-eligible employee.

Please take time to review this guide so you can make informed decisions and get the most from your benefits.


Check out the benefits available to you! 






## TIPS FOR USING THIS GUIDE

- ✓ View this guide on your computer, tablet, or smartphone. It's designed to let you easily navigate through your benefits!
- ✓ Use the icons at the top of the page to jump to the [Table of Contents](#), [Benefit Contacts](#), and [Glossary](#).



- ✓ When you see the **CURSOR ICON**  click or tap for more information.
- ✓ Open the **SEARCH BAR** to type in a key word you want to find:
  - **On your computer:** Type **Ctrl + F**.
  - **On your smartphone:** In the bottom menu, tap the three dots for more options, tap "**Find in page**." Then, tap on the top search bar to type in your search term.

## TIPS FOR SAVING THIS GUIDE

- ✓ **On your computer:** Save the link as a bookmark on your internet browser.
- ✓ **Add on your smartphone home screen:**
  - On Android, tap the options menu 
  - On iPhone, tap the share icon 
  - Select **Add to Home Screen** (you might need to scroll to find it)
  - Give the guide a name you'll remember, then click **Add**
  - The icon will appear as a Red "A" on your home screen. 



Click on this icon to jump back to this page!

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# COVERING YOU AND YOUR FAMILY

## EMPLOYEES

HSBT is proud to offer a comprehensive benefits package to eligible, full-time employees who work at least 30 hours per week.



## DEPENDENTS

Many of the plans allow you to cover your eligible dependents, which include:

- Legally married spouse
- Dependent children including:
  - Children up to age 26 regardless of student or marital status
  - Disabled children of any age who are (or become) physically or mentally incapable of self-support while covered by our employee benefits program



# WHEN CAN YOU ENROLL IN BENEFITS?

## NEW HIRE

Enroll within your new-hire enrollment window.

*Visit your school's enrollment site.*

### Closely review your options as a new hire

- Please check your school's enrollment site to determine when you are eligible for benefits
- Some benefits include special enrollment opportunities that are only available when you first enroll, so don't miss out!

## OPEN ENROLLMENT

Enroll during the annual benefits Open Enrollment period.

*Visit your school's enrollment site.*

### Your annual opportunity to review & change your benefits

- Open Enrollment is held in the fall for each school district
- The benefits you select become effective on Jan. 1



## QUALIFYING LIFE EVENT

Enroll within 30 days of a qualifying life event.

*Contact Human Resources*

### "Qualifying life events" allow you to make a mid-year benefit change

Examples include:

- Marriage or Divorce
- Birth or Adoption of child
- You and/or your dependents become eligible or lose coverage with another group health plan
- Spouse's Open Enrollment
- Change in work status (part-time to full-time)

See following page for more information.



# BENEFIT CHANGES DURING THE YEAR

Mid-year changes to benefits are only permitted if you have a Qualifying Life Event (see previous page for some examples).



## WHAT SHOULD YOU DO IF YOU HAVE A QUALIFYING LIFE EVENT?

1. Gather the benefit information that both you and your spouse are eligible for and make sure you have some time to make your decision (**you must request your change within 30 days of the event**).
2. Consider the following questions to compare your options for coverage.
  - What level of coverage does my family need?
  - Does it benefit my family financially for my spouse and I to elect our own coverage through our own employers or is it less expensive for my entire family to be covered by HSBT's plan? To evaluate each option, consider premiums, deductibles, and out-of-pocket maximum costs.
3. If you've decided to elect HSBT's coverage at any level, contact Human Resources for assistance (there are no forms anymore). We'll help you through the election process and answer any questions you and your family may have about your options.



# HEALTH **BENEFITS**





## MEDICAL BENEFITS

### ANTHEM MEDICAL PLAN OPTIONS

Everyone's healthcare needs are different, that's why HSBT offers you choice in your medical, dental and vision benefits.

You may choose from four medical plans through Anthem.

- **PPO Plans I/II and III** are traditional Preferred Provider Organization (PPO) plans. These two plans offer some services, such as doctor office visits and prescription drugs, for a flat copay.
- **HDHP/HSA Plans IV and V** are qualified High-Deductible Health Plans (HDHP) that can be combined with a **Health Savings Account (HSA)** to give you more control over your healthcare spending. The HDHP plans have a lower cost per paycheck, so you can put these savings in a tax-advantaged HSA to pay for the care you need.

All of your plan options include pharmacy coverage and allow you to visit any doctor or hospital of your choice (just keep in mind you'll pay a lot less in-network). See highlights of your plans on the following pages.

### HSBT HEALTH & WELLNESS CENTERS

If you enroll in one of the Anthem medical plans, you can also access FREE care through the HSBT Health & Wellness Centers. Learn more on [page 17](#).





*Not sure what a word means? See the benefits glossary. 🖱️*

*Get tips on how to save money on your healthcare. 🖱️*

*Manage your benefits like a pro with the mobile app! 🖱️*




# PPO MEDICAL PLAN OPTIONS

| PLAN OPTIONS   | PPO PLAN I/ II                         |                               | PPO PLAN III                           |                               |
|--|--|-------------------------------|--|-------------------------------|
|  | IN-NETWORK                             | OUT-OF-NETWORK                | IN-NETWORK                             | OUT-OF-NETWORK                |
| NETWORK  | Anthem Blue Access                     |                               | Anthem Blue Access                     |                               |
| PLAN BASICS  |  |                               |  |                               |
| Deductible <b>Individual   Family</b>  | \$1,500   \$3,000                      | \$3,000   \$6,000             | \$2,700   \$5,400                      | \$5,000   \$10,000            |
| Coinsurance <b>You Pay   Plan Pays</b>   | 30%   70%                              | 40%   60%                     | 30%   70%                              | 50%   50%                     |
| Out-of-Pocket Maximum <b>Individual   Family</b>   | \$6,000   \$10,000                     | \$12,000   \$20,000           | \$6,000   \$10,000                     | \$12,000   \$20,000           |
| WHAT YOU PAY TO SEE A DOCTOR   |  |                               |  |                               |
| <i>Preventive Care</i>  | No charge                              | 40% after you meet deductible | No charge                              | 50% after you meet deductible |
| Office Visits <b>Primary Care   Specialist</b>   | \$40   \$60                            |                               | \$40   \$60                            |                               |
| <i>Virtual Visits</i>   | \$40                                   | Not covered                   | \$40                                   | Not covered                   |
| Behavioral Health  | \$40                                   | 40% after you meet deductible | \$40                                   | 50% after you meet deductible |
| Urgent Care  | \$100                                  |                               | \$100                                  |                               |
| WHAT YOU PAY FOR HOSPITAL & IMAGING SERVICES   |  |                               |  |                               |
| Inpatient & Outpatient Surgery   | 30% after you meet deductible          | 40% after you meet deductible | 30% after you meet deductible          | 50% after you meet deductible |
| Childbirth   |  |                               |  |                               |
| Emergency Services <b>Ambulance   ER</b>   | 30% after you meet deductible   \$250* |                               | 50% after you meet deductible   \$250* |                               |
| Hospice Care   | No charge                              | No charge                     | No charge                              | No charge                     |

\* Waived if admitted.





# PPO MEDICAL PLAN OPTIONS (CONTINUED)

| PLAN OPTIONS  | PPO PLAN I/II  |                               | PPO PLAN III   |                               |
|---|--|-------------------------------|--|-------------------------------|
|   | IN-NETWORK   | OUT-OF-NETWORK                | IN-NETWORK   | OUT-OF-NETWORK                |
| <b>WHAT YOU PAY FOR PRESCRIPTION DRUGS</b> <i>Learn more about your pharmacy benefits on page on page 13.</i>  |  |                               |  |                               |
| Retail Pharmacy (up to 30-day supply)   | Tier 1: 30%<br>Tier 2: 30%, \$40 min<br>Tier 3: 30%, \$60 min<br>Tier 4: 30% up to \$300 max | 40% after you meet deductible | Tier 1: 30%<br>Tier 2: 30%, \$40 min<br>Tier 3: 30%, \$60 min<br>Tier 4: 30% up to \$300 max | 50% after you meet deductible |
| Home Delivery Program (up to 90-day supply)   | Tier 1: \$40<br>Tier 2: \$80<br>Tier 3: \$120<br>Tier 4: 30% up to \$300 max                 | Not covered                   | Tier 1: \$40<br>Tier 2: \$80<br>Tier 3: \$120<br>Tier 4: 30% up to \$300 max                 | Not covered                   |
| <b>HEALTH SAVINGS ACCOUNT (HSA) FEATURES</b>  |  |                               |  |                               |
| Eligible for an HSA?  | No   |                               | No   |                               |
| <b>TOTAL MONTHLY PREMIUM (HSBT + YOUR CONTRIBUTION)</b>   |  |                               |  |                               |
| Employee  | \$878  |                               | \$761  |                               |
| Employee + Spouse   | \$2,178  |                               | \$1,904  |                               |
| Employee + Child(ren)   | \$1,744  |                               | \$1,514  |                               |
| Family  | \$2,598  |                               | \$2,294  |                               |

**\*Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.



# HDHP/HSA MEDICAL PLAN OPTIONS

| PLAN OPTIONS  | HDHP/HSA PLAN IV              |                               | HDHP/HSA PLAN V               |                               |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
|   | IN-NETWORK                    | OUT-OF-NETWORK                | IN-NETWORK                    | OUT-OF-NETWORK                |
| NETWORK   | Anthem Blue Access            |                               | Anthem Blue Access            |                               |
| PLAN BASICS   |                               |                               |                               |                               |
| Deductible <b>Individual   Family</b>   | \$3,500   \$7,000             | \$5,000   \$10,000            | \$5,700   \$11,400            | \$10,000   \$20,000           |
| Coinsurance <b>You Pay   Plan Pays</b>  | 30%   70%                     | 40%   60%                     | 30%   70%                     | 50%   50%                     |
| Out-of-Pocket Maximum <b>Individual   Family</b>  | \$6,900   \$11,500            | \$12,000   \$20,000           | \$6,900   \$13,800            | \$12,900   \$25,800           |
| WHAT YOU PAY TO SEE A DOCTOR  |                               |                               |                               |                               |
| Preventive Care  | No charge                     | 40% after you meet deductible | No charge                     | 50% after you meet deductible |
| Office Visits <b>Primary Care   Specialist</b>  | 30% after you meet deductible |                               | 30% after you meet deductible |                               |
| Virtual Visits   |                               |                               |                               |                               |
| Behavioral Health   |                               |                               |                               |                               |
| Urgent Care   |                               |                               |                               |                               |
| WHAT YOU PAY FOR HOSPITAL & IMAGING SERVICES  |                               |                               |                               |                               |
| Inpatient & Outpatient Surgery  | 30% after you meet deductible | 40% after you meet deductible | 30% after you meet deductible | 50% after you meet deductible |
| Childbirth  |                               |                               |                               |                               |
| Emergency Services <b>Ambulance   ER</b>  | 30% after you meet deductible |                               | 50% after you meet deductible |                               |
| Hospice Care  | 30% after you meet deductible | 40% after you meet deductible | 30% after you meet deductible | 50% after you meet deductible |



## HDHP/HSA MEDICAL PLAN OPTIONS (CONTINUED)

| PLAN OPTIONS  | HDHP/HSA PLAN IV                   |                      | HDHP/HSA PLAN V                    |                      |
|---|------------------------------------|----------------------|------------------------------------|----------------------|
|   | IN-NETWORK                         | OUT-OF-NETWORK       | IN-NETWORK                         | OUT-OF-NETWORK       |
| WHAT YOU PAY FOR PRESCRIPTION DRUGS <a href="#">Learn more about your pharmacy benefits on page 13.</a> |                                    |                      |                                    |                      |
| Retail Pharmacy (up to 30-day supply)<br><b>Tier 1   Tier 2   Tier 3   Tier 4</b>                       | 30% after deductible               | 40% after deductible | 30% after deductible               | 50% after deductible |
| Home Delivery Program (up to 90-day supply)<br><b>Tier 1   Tier 2   Tier 3   Tier 4</b>                 |                                    | Not covered          |                                    | Not covered          |
| HEALTH SAVINGS ACCOUNT (HSA) FEATURES   |                                    |                      |                                    |                      |
| Eligible for an HSA?  | Yes<br><a href="#">Learn more.</a> |                      | Yes<br><a href="#">Learn more.</a> |                      |
| TOTAL MONTHLY PREMIUM (HSBT + YOUR CONTRIBUTION)  |                                    |                      |                                    |                      |
| Employee  | \$619                              |                      | \$561                              |                      |
| Employee + Spouse   | \$1,530                            |                      | \$1,387                            |                      |
| Employee + Child(ren)   | \$1,238                            |                      | \$1,123                            |                      |
| Family  | \$1,838                            |                      | \$1,666                            |                      |

**\*Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.



## SAVE MONEY ON PRESCRIPTIONS

TrueScripts provides you with personalized support to help you manage and reduce your prescription drug costs.

You can contact TrueScripts whenever you have questions or need help navigating your pharmacy benefits. If you find that you're paying a lot for your medications, they can often find ways for you to save!

### **NEW FOR 2024!** **PRICEPROTECTOR+ WITH GOODRX HELPS** **YOU SAVE ON GENERIC MEDICATIONS**

You might have heard of—or even used—the GoodRx discount program in the past. GoodRx offers coupons to help you save on generic prescriptions, but in the past it wasn't compatible with your medical insurance. Now TrueScripts makes it easier for you to get the greatest savings possible while getting credit toward your deductible and out-of-pocket maximum.

With PriceProtector+, TrueScripts will automatically apply GoodRx discount card pricing if it is lower than the cost through your medical plan. No shopping around, no forms to send in, no headaches!

[Learn more about PriceProtector+.](#) 

### **MAIL-ORDER PHARMACY**

Save time and money on medications you take regularly with the mail-order program. Get a 90-day supply delivered right to your door!

To enroll in mail-order, visit one of the websites below:

**Elixir Pharmacy:** [envisionpharmacies.com/Mail/Patients](https://envisionpharmacies.com/Mail/Patients)

**Care-Fill LTC\*:** [carefillltc.com](https://carefillltc.com)

\*Only available in the following states: AK, AZ, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, MI, MA, MO, MT, NJ, NM, NY, NC, ND, OH, PA, RI, SC, SD, VT, VA, WA, WI, WY.

### **ACCESS PHARMACY RESOURCES ON YOUR TRUESCRIPTS MEMBER PORTAL**

Register online at [memberportal.truescripts.com](https://memberportal.truescripts.com) to manage your pharmacy benefits.

TrueScripts member portal features:

- Recent claim history
- Network pharmacy locator
- Drug price lookup—real-time price details!
- Live chat available Mon-Fri, 8 a.m. to 6 p.m. ET

**QUESTIONS? CALL 844-257-1955.**



# THE IMPORTANCE *of* PREVENTIVE CARE



## GET THE MOST OUT OF YOUR MEDICAL PLAN

Your medical plan covers in-network preventive care services at no cost to you!

Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

## SEE WHAT TESTS AND SCREENINGS ARE RECOMMENDED FOR YOUR AGE.

Go to [anthem.com/preventive-care](https://anthem.com/preventive-care).

Note: You should call the insurance company to confirm which preventive services are covered under your medical plan.

## WHAT IS PREVENTIVE CARE?

Preventive care includes a range of services to help keep you healthy. While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick.

## WHAT IS NOT PREVENTIVE CARE?

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services you receive are not preventive.

Your medical plan still provides coverage for these services, but they are not covered at 100%.

Note: Your medical plan may charge a fee if you receive services from an out-of-network provider or if the preventive service is not the primary purpose of your office visit.



# VIRTUAL VISITS

## AN AFFORDABLE OPTION FOR QUALITY MEDICAL CARE

Visit with a doctor any day, any time, from your smartphone, computer or tablet. Telehealth is an easy and convenient option when you need care for yourself or your dependent in the middle of the night, while traveling, or when a mental health provider is hard to find.

## WHAT DOES IT COST?

- Medical visit: \$55
- Allergy specialist visit: \$55
- Pediatrician visit: \$55
- Psychology visit: \$80/\$95 (varies based on services billed)
- Psychiatry visit: \$175 initial evaluation, \$75 follow-up visits
- Dermatology visit: \$95
- Sleep specialist visit: \$175 initial evaluation, \$270 home sleep test, \$75/\$105 follow-up visits (varies based on services billed)
- Lactation support visit: No cost to you

## USE TELEHEALTH FOR:

- Cold & Flu symptoms
- Allergies
- Pink eye
- Respiratory Infection
- Sinus + skin problems
- And more!

## REGISTER TODAY!

1. Visit [anthem.com](https://www.anthem.com) or download the Sydney Health app.



2. You will be prompted to register with basic information.
3. When you are ready to see a doctor, select “Care” and then select “Virtual Video Visit With A Provider.”



Anthem

## YOUR HEALTHCARE ON THE GO

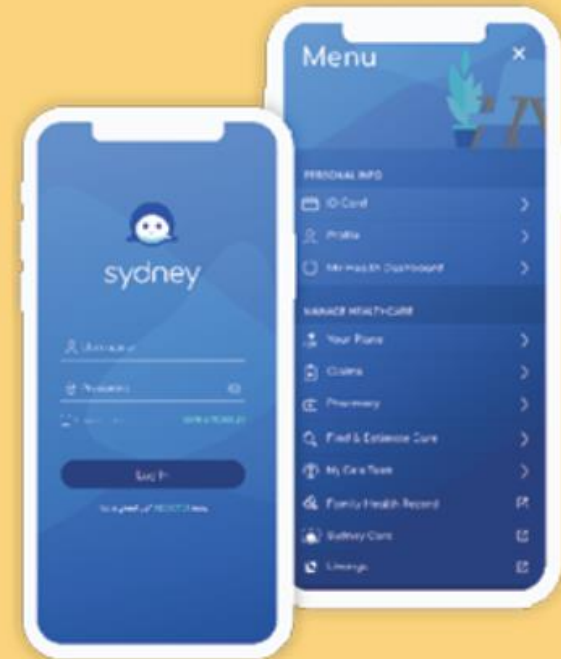
### YOUR SYDNEY HEALTHCARE APP

With Sydney, you can find everything you need to know about your Anthem benefits—personalized and all in one place.

- Access your digital ID card
- Find care and check costs
- View your benefits coverage
- Check claims and deductible expenses
- Get answers even faster with the chatbot

Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get the app at [sydneyhealth.com](https://sydneyhealth.com).





# HSBT HEALTH & WELLNESS CENTERS

## QUICK AND AFFORDABLE MEDICAL CARE

NO copayment, FREE care for HSBT members and dependents covered under one of the HSBT Anthem medical plans. Some of our favorite services include:

- Personal Health Coaching
- Immunizations, Lab Draws, and Testing
- Prescriptions Fills and Refills
- Urgent Care Visits

*Appointments are required.*

## USE THE HEALTH CENTER FOR:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus + skin problems
- Vaccines
- Annual physicals
- And much more!

## VIEW HOURS AND SCHEDULE AN APPOINTMENT

Go to [mywebahead.com/hsbt](https://mywebahead.com/hsbt) or call 317-497-6140.





## WHERE TO GO WHEN YOU NEED CARE

Where you seek care can make a big difference in how much you pay and how long you wait to see a healthcare provider.

### HSBT HEALTH & WELLNESS CENTERS

**FREE!**

The HSBT Health and Wellness Centers provide free care for preventive and acute services. This is a great option for illnesses and injuries that happen throughout the year as well as routine preventive care visits.

To schedule an appointment, go to [mywebahead.com/hsbt](https://mywebahead.com/hsbt) or call **317-497-6140**.

To schedule an appointment with a Health Coach, call **317-497-6168**.

### TELEMEDICINE (LIVEHEALTH ONLINE)

**\$**

LiveHealth Online can provide care for things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.

Virtual visits are a convenient option for any time of day or night. Most people are connected to a doctor in 10 minutes or less.

Learn more and get started at [LiveHealthOnline.com](https://LiveHealthOnline.com).

### PRIMARY CARE PHYSICIAN

**\$\$**

If you **do not** have a life- or limb-threatening medical emergency, go to your Primary Care Physician (PCP) if available.

For care during normal office hours, it's usually best to go to your PCP. They can provide follow-up care and refer you to a specialist if needed.

### URGENT CARE

**\$\$\$**

If you **do not** have a life- or limb-threatening medical emergency and your Primary Care Physician is not available, visit a local urgent care center.

Urgent care centers typically don't require an appointment and are often open in the evenings and on weekends. Plus, in-network urgent care centers are faster and less expensive than a typical ER visit.

### EMERGENCY ROOM

**\$\$\$\$**

If you have a life- or limb-threatening medical emergency, go to the emergency room.

At the ER, true emergencies are treated first, and other cases must wait—sometimes for hours. And, it will cost you a lot more to receive care at the ER.



# TIPS TO SAVE MONEY



## SAVE THE EMERGENCY ROOM FOR TRUE EMERGENCIES

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, check your area for an urgent care location or use virtual care instead.



## USE IN-NETWORK PROVIDERS

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.



## GET YOUR ANNUAL CHECKUP

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.



## CHOOSE GENERIC PRESCRIPTIONS

Ask your doctor or pharmacist to give you generic prescriptions instead of brand-name. Generic drugs are cheaper and are just as effective. Many generic prescriptions are available at the HSBT Wellness Centers for free.



## SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES

It can pay to be a savvy shopper. Look up your prescription on your [TrueScripts member portal](#) to find the lowest cost pharmacy.

**Good news!** TrueScripts now automatically applies GoodRx discounted pricing to your generic prescriptions. The amounts you pay will be automatically credited to your deductible and out-of-pocket maximum where appropriate. [Learn more about your pharmacy benefits on page on page 13.](#)



## TAKE ADVANTAGE OF THE MAIL-ORDER PHARMACY PROGRAM

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Contact TrueScripts for more details.



# HEALTH SAVINGS ACCOUNT

By enrolling in one of the HDHP/HSA medical plans, you get access to a Health Savings Account (HSA), which can be used to pay for qualified healthcare expenses.

## ELIGIBILITY

Anyone who fits **all** of the following conditions may contribute to an HSA:

- ✓ **IS** enrolled in our HDHP medical plan.
- x **IS NOT** enrolled in Medicare, Tri-Care, Medicaid, or any other medical plan that has copays.<sup>1</sup>
- x **IS NOT** eligible to be claimed as a dependent on someone else's tax return.

<sup>1</sup> **Medicare and your HSA:** Because enrollment in Part A is backdated by six months, you should stop your HSA contributions six months prior to enrollment to avoid penalties.

## HSA CONTRIBUTIONS

You can contribute up to the IRS annual maximum, which is based on your age and enrollment in the HSA medical plan.

| 2024 IRS CONTRIBUTION LIMIT     | UNDER AGE 55 | AGE 55+ |
|---------------------------------|--------------|---------|
| Individual                      | \$4,150      | \$5,150 |
| Family (one or more dependents) | \$8,300      | \$9,300 |

## WATCH THESE SHORT VIDEOS TO LEARN MORE :



**HSA BASICS**



**TAX ADVANTAGES**



**ELIGIBLE EXPENSES**



Also check out the HSA Store at [hsastore.com/learning-center.html](https://hsastore.com/learning-center.html).

## 3 REASONS TO CHOOSE AN HSA

### 1. Triple tax savings.\*

- Tax deductions when you contribute to your account
- Tax-free withdrawals to pay for qualified medical expenses
- Tax-free earnings

### 2. It's flexible.

You can use the money in your HSA for eligible health expenses, or you can save it and let it grow. Your HSA savings roll over year after year, so it's there when you need it.

### 3. Use it for retirement savings.

When you reach a certain balance, you can invest your HSA. And you can use it as retirement income at age 65 without penalty (normal income tax still applies).

\* Please note that state taxes still apply in some states, including California and New Jersey. Consult with your tax advisor for questions.



## DENTAL BENEFITS

|   | ENHANCEMENT PLAN              | CORE PLAN                     |
|---|-------------------------------|-------------------------------|
| <b>NETWORK</b>  | Anthem*                       | Anthem*                       |
| <b>PLAN BASICS</b>  |                               |                               |
| Calendar-Year Deductible <b>Individual   Family</b>                   | \$50   \$150                  | \$50   \$150                  |
| Maximum Benefit for Basic & Major Services <b>Per Person Per Year</b> | \$2,500                       | \$1,000                       |
| Maximum Orthodontia Benefit <b>Per Child Per Lifetime</b>             | \$1,500                       | \$1,000                       |
| <b>WHAT YOU PAY FOR SERVICES</b>                                      |                               |                               |
| <b>Preventive Services</b> (cleanings, exams and x-rays)              | No charge (deductible waived) | No charge (deductible waived) |
| <b>Basic Services</b> (fillings and extractions)                      | You pay 20% after deductible  | You pay 20% after deductible  |
| <b>Major Services</b> (crowns, bridgework, root canal treatment)      | You pay 50% after deductible  | You pay 50% after deductible  |
| <b>Orthodontia</b> (for children up to age 18)                        | You pay 50%                   | You pay 50%                   |
| <b>YOUR DENTAL COST PER MONTH</b>                                     |                               |                               |
| Employee  | \$48                          | \$34                          |
| Employee + Spouse   | \$103                         | \$75                          |
| Employee + Child(ren)   | \$86                          | \$62                          |
| Employee + Family   | \$146                         | \$106                         |

\* Your benefits are the same with in- and out-of-network dentists, but you'll pay less in-network. See the following page to learn why.



## SAVE MONEY ON DENTAL CARE BY STAYING IN-NETWORK

In-network dentists have agreed to discount fees for their services. If you visit an out-of-network dentist, they can charge more for the same services, and you have to pay the additional amount. This is called **balance billing**.

### EXAMPLE: DENTAL CROWN\*

- Out-of-network dentist charges: \$750
- Dental plan allowed amount: \$600

\*These costs are for illustrative purposes only. Your actual costs may vary.

#### IN-NETWORK



|                           |         |
|---------------------------|---------|
| In-network discounted fee | \$600   |
| Plan allowed amount       | - \$600 |
| Balance bill amount       | \$0     |

*You only have to pay your coinsurance for the \$600 cost for the crown.*

**YOUR IN-NETWORK SAVINGS \$150**

#### OUT-OF-NETWORK



|                     |         |
|---------------------|---------|
| Dentist charges     | \$750   |
| Plan allowed amount | - \$600 |
| Balance bill amount | \$150   |

*This balance billed amount is in addition to the coinsurance you pay.*



## VISION BENEFITS

|  | CORE VISION PLAN                          |
|--|---|
|  | IN-NETWORK*                               |
| NETWORK  | Anthem Blue View Vision                   |
| BENEFITS   |   |
| Eye Exam <i>(every calendar year)</i>  | You pay \$10 copay                        |
| Eyeglass Lenses <i>(once every 12 months)</i><br>Single   Bifocal   Trifocal | You pay \$10 copay                        |
| Frames <i>(once every 24 months)</i>   | \$130 allowance + 20% discount on balance |
| Elective Contacts - <i>in lieu of glasses (once every 12 months)</i>         | \$130 allowance + 15% discount on balance |
| YOUR VISION COST PER MONTH   |   |
| Employee   | \$8                                       |
| Employee + Spouse  | \$15                                      |
| Employee + Child(ren)  | \$16                                      |
| Employee + Family  | \$26                                      |

\*Benefits shown above are for in-network vision providers. Refer to your plan summary for out-of-network reimbursement amounts and additional details.



# FINANCIAL **BENEFITS**





# LIFE — — INSURANCE

## BASIC LIFE AND AD&D (EMPLOYER-PAID)

To help provide financial security for your family in the event of death or dismemberment, we provide basic term life and accidental death & dismemberment (AD&D) coverage at no cost to you.

### LIFE COVERAGE AMOUNT

Benefit is based on employment classification

Benefit is based on employment classification

### AD&D COVERAGE AMOUNT

Note: An additional AD&D benefit is paid if your death is due to an accident. A partial AD&D benefit may be paid in some instances such as loss of sight or paralysis. See plan summary for details.



### Keep your beneficiary information up to date!

Life and AD&D benefits are paid to the beneficiary on file, so make sure you keep your beneficiary information up to date!

You can change your beneficiary information at any time on your benefit enrollment platform.



# LIFE INSURANCE (CONTINUED)

## SUPPLEMENTAL LIFE AND AD&D (EMPLOYEE-PAID)

Supplemental life and AD&D insurance provides an extra layer of financial security for your family. You can give your loved ones greater peace of mind in the face of unforeseen circumstances by purchasing voluntary coverage at competitive group rates.

### LIFE AND AD&D COVERAGE OPTIONS

|                               |  |
|-------------------------------|--|
| <b>EMPLOYEE BENEFIT</b>       | \$10,000 to \$500,000<br>(in \$1,000 increments)<br><b>Guarantee Issue:</b> \$200,000  |
| <b>SPOUSE BENEFIT</b>         | Up to 100% of employee's election<br>(in \$5,000 increments)<br><b>Guarantee Issue:</b> \$50,000   |
| <b>CHILD BENEFIT</b>          | Flat amount of \$10,000 beginning at 6 months of age   |
| <b>AGE REDUCTION SCHEDULE</b> | Benefits reduce by: <ul style="list-style-type: none"><li>• 45% of the original amount at age 70</li><li>• 61% of the original amount at age 75</li><li>• 69% of the original amount at age 80</li><li>• 73% of the original amount at age 85</li><li>• 76% of the original amount at age 90</li></ul> |

Note: Your cost for supplemental life and AD&D varies by age and coverage amount. You can see your cost when you enroll online.

### THINGS TO KNOW

1. A **“guarantee issue” amount** is the dollar amount of coverage you can be approved for without completing a health questionnaire—also commonly referred to as Evidence of Insurability (EOI). Guarantee issue amounts typically only apply during your initial enrollment period when hired.



**NEW EMPLOYEES: Don't miss out on your guarantee issue opportunity!**

2. If you wish to enroll in the Voluntary Life and AD&D plan or increase your coverage (above one additional increment) after the 2024 Open Enrollment period, you will be required to complete the EOI health questionnaire.
3. Rates are based on your age and the amount of coverage you elect. (Spouse rates are also based on your age, not the spouse's age.)



# ADDITIONAL **BENEFITS**





# EMPLOYEE ASSISTANCE PROGRAM

## MENTAL HEALTH COUNSELING, SUPPORT & REFERRALS FOR A WELL-BALANCED LIFE

Problems are just a part of everyday life. You and your household members have access to Anthem's Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

You and the members of your household have unlimited access to consultants by telephone and resources and tools online, and up to **six face-to-face counseling sessions per year**, per person, per issue.



**Community**  
Health Network

### AN EAP CAN ADDRESS THE FOLLOWING ISSUES:



**SUBSTANCE ABUSE & ADDICTION**



**LEGAL ASSISTANCE**



**FAMILY & RELATIONSHIPS**



**FINANCIAL WELLNESS**



**EMOTIONAL WELL-BEING**



**WORK & CAREER**

### FOR 24/7 ASSISTANCE:

Call 800-543-4158 or 317-621-7742



## DISCOUNTS & PERKS

Anthem provides members with discounts on products and services that help promote better health and well-being. To learn more, log on to [anthem.com](https://www.anthem.com), choose “Care” and then “Discounts.”

### FITNESS AND HEALTH DISCOUNTS

|  |  |   |
|--|--|---|
| <b>Active&amp;Fit Direct™</b><br>Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for \$28 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc. | <b>ChooseHealthy®</b><br>Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars. | <b>Jenny Craig®</b><br>Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply. |
| <b>Garmin</b><br>Take 20% off select Garmin wellness devices.  | <b>FitBit</b><br>Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.   | <b>GlobalFit</b><br>Discounts apply on gym memberships, fitness equipment, coaching and other services.   |

### FAMILY & HOME DISCOUNTS

|   |  |   |
|---|--|---|
| <b>23andMe</b><br>Take \$40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more. | <b>Safe Beginnings®</b><br>Babyproof your home while saving 15% on everything from safety gates to outlet covers.  | <b>Nationwide Pet Insurance</b><br>Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.                               |
| <b>WINFertility®</b><br>Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.                  | <b>ASPCA Pet Insurance</b><br>Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements. | <b>LifeMart®</b><br>Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care. |



## DISCOUNTS & PERKS (CONTINUED)

### VISION, HEARING, AND DENTAL DISCOUNTS

**Glasses.com™ and  
1-800-CONTACTS®**

Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional \$20 off orders of \$100 or more, free shipping and free returns.

**EyeMed**

Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

**Nations Hearing**

Receive hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each.

**Amplifon**

Take 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

**Premier LASIK**

Save \$800 on LASIK when you choose any “featured” Premier LASIK Network provider. Save 15% with all other in-network providers.

**TruVision**

Save up to 40% on LASIK eye surgery at more than 1,000 locations.

**Hearing Care Solutions**

Digital instruments start at \$500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

**ProClear™ Aligners**

Take \$1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.

### MEDICINE AND TREATMENT DISCOUNTS

**SelfHelpWorks**

Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

**Allergy Control Products and  
National Allergy Supply**

Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

**Brevena**

Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

**Puritan's Pride®**

Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.



# BENEFIT **RESOURCES**





## BENEFIT CONTACTS

| BENEFIT                          | PROVIDER  | PHONE                               | WEBSITE / EMAIL   |
|----------------------------------|---|-------------------------------------|---|
| Medical                          | Anthem  | 800-295-4119                        | <a href="http://anthem.com">anthem.com</a>  |
| Pharmacy                         | <b>TrueScripts</b>                                  | <b>844-257-1955</b>                 | <b><a href="http://truescripts.com">truescripts.com</a></b>   |
|                                  | Elixir Mail-Order Rx<br>Care-Fill LTC Mail-Order Rx | 866-909-5170<br>844-522-CARE (2273) | Elixir Mail-Order Rx:<br><a href="http://envisionpharmacies.com/Mail/Patients">envisionpharmacies.com/Mail/Patients</a><br>Care-Fill LTC Mail-Order Rx:<br><a href="http://carefillltc.com">carefillltc.com</a> |
| HSBT Health and Wellness Centers | Community Health                                    | 317-497-6140                        | <a href="http://mywebahead.com/hsbt">mywebahead.com/hsbt</a><br>See the website for locations and hours and to schedule an appointment.   |
| Virtual Visits                   | LiveHealth Online                                   | 888-548-3432                        | <a href="http://LiveHealthOnline.com">LiveHealthOnline.com</a>  |
| Dental                           | Anthem  | 877-604-2142                        | <a href="http://anthem.com">anthem.com</a>  |
| Vision                           | Anthem  | 866-723-0515                        | <a href="http://anthem.com">anthem.com</a>  |
| Life and AD&D Insurance          | OneAmerica  | 800-249-6269                        | <a href="http://oneamerica.com">oneamerica.com</a>  |
| Employee Assistance Program      | Community Health                                    | 800-543-4158 or<br>317-621-7742     | <a href="http://mywebahead.com/hsbt">mywebahead.com/hsbt</a>  |



## WHAT DOES THAT WORD EVEN MEAN?

### **BALANCE BILLING**

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply toward your out-of-pocket maximum.

### **COINSURANCE**

The percentage of the cost you pay for covered services after you meet your deductible.

### **COPAYMENTS (ALSO CALLED COPAYS)**

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

### **DEDUCTIBLE**

The amount you are required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. The deductible resets on January 1 each year.

### **EXPLANATION OF BENEFITS (EOB)**

A packet, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

### **NETWORK**

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

### **OUT-OF-POCKET MAXIMUM (OOPM)**

The most you pay in a calendar year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the plan year.

### **PLAN YEAR**

The plan year refers to Jan. 1, 2024, through Dec. 31, 2024.

### **USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES**

Healthcare charges determined by your health insurance provider and based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges do not apply. You are responsible for amounts over UCR for out-of-network care.



*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.*

*[Go back to beginning.](#)*