

Employee Benefits

2024

Health Insurance

Vision/Dental

Employee Assistance

American Fidelity

Retirement

and More...



Contact Information for Benefit Vendors

Medical Insurance

Auxiant Health
800-475-2232
www.auxiant.com

Health Network

Select Health Network
800-263-2656
www.selecthealthnetwork.com

Telemedicine (medical & behavioral)

TelaDoc
800-DOC-CONSULT (362-2667)
www.MyDrConsult.com

Midwest Behavioral Network

New Avenues
800-223-6246
www.newavenuesonline.com

Dental

Paramount Dental
800-727-1444
www.paramounthealthcare.com/dental

Vision

Vision Service Plans (VSP)
800-877-7195
www.vsp.com

Prescriptions

Rx Benefits
800-334-8134
CustomerCare@rxbenefits.com

Online Enrollment

Optavise - Web Benefits Design
www.mybensite.com/mishawakak12/

403(b) Services

One America
800-249-6269
www.oneamerica.com

State Retirement

INPRS (PERF/TRF)
844-GO-INRPS (844-464-6777)
www.in.gov/inprs

Section 125 Benefits

American Fidelity
1-800-638-4268
www.americanfidelity.com

Employee Assistance Program

New Avenues
1-800-731-6501
www.newavenuesonline.com

Gallagher Insurance

Troy Scott
Vice President
Office: (574) 968-3654
Cell: (574) 596-7359
Troy_scott1@ajg.com

School City of Mishawaka

Jenny Sanders
Benefits & Wellness Coordinator
(574) 254-4504
sandersj@mishawaka.k12.in.us

Employee Benefits

Insurance

Introduction

WHO IS ELIGIBLE?

If you're a full-time employee at School City of Mishawaka, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

- Children up to the age of 26
- Spouse can only participate in Medical if they are not offered Insurance through their own job, but they can participate in dental and vision.

NEW HIRES, WHEN ARE YOU ELIGIBLE?

New employees are eligible for benefits on the first day of the month, following the beginning of full-time employment.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. You are responsible for notifying Human Resources of any changes within 30 days of a qualified event. Qualifying events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan
- Losing existing health coverage
- Losing eligibility for Medicare, Medicaid, or CHIP
- Change in your income that affect the coverage you qualify for
- Losing COBRA coverage
- Losing coverage through a family member

Definitions

Annual Deductible—The amount you pay first before the plan begins paying expenses for covered services.

Coinsurance—The percentage you pay out-of-pocket after you have met the annual deductible.

Out-of-Pocket Maximum (Stop-Loss)—The maximum amount you pay each year in coinsurance for covered services.

Participating Provider—Physician or facility which is contracted with the Preferred Provider Network.

In-Network and Out-of-Network Benefits—In-network benefits are applied when services are rendered by a Participating Provider. Out-of-network benefits are applied when services are rendered by a Non-Participating Provider.

Reasonable & Customary (R&C)—A payment rate based on the fees for medical services charged by health care providers in a specified area (usually a zip code or group of related zip codes). Covered services are paid at R&C when the services are rendered by a Non-Participating Provider.

Balance Billing—Provider practice of billing the patient for the difference (or balance) of charges above the amount reimbursed by the health plan. Preferred Provider Plans prohibit participating providers from balance billing except for allowed copays, coinsurance and deductibles.

Your Cost in 2024

EMPLOYEE PAYCHECK DEDUCTIONS				
	Employee 26 Pays	Employee & Family 26 Pays	Employee 19 Pays	Employee & Family 19 Pays
Medical	\$35.86	\$188.15	\$49.08	\$257.47
Dental	\$3.48	\$16.29	\$4.76	\$22.29
Vision	\$1.28	\$3.31	\$1.75	\$4.53

DISABILITY INCOME BENEFITS

School City of Mishawaka, provides full-time employees with long-term disability income benefits at minimal cost. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

We want to do everything we can to protect you and your family. If you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, you are not eligible to receive disability benefits if you are receiving workers' compensation benefits.

	Class 1	Class 2	Class 3
<i>Monthly Benefits</i>	66 2/3%	66 2/3%	66 2/3%
Maximum Monthly Benefits	\$5,000	\$3,700	\$2,000
Minimum Monthly Benefit	\$100	\$100	\$100
Definition of Earnings	Base Salary	Base Salary	Base Salary
Elimination Period	90 Days	90 Days	90 Days
Accumulation of EP	2xEP	2xEP	2xEP
Maximum of Duration	SSNRA	SSNRA	SSNRA
Definition of Disability	2 years own occupation, with Residual	2 years own occupation, with Residual	2 years own occupation, with Residual
Return to Work	12 Months	12 Months	12 Months

BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. School City of Mishawaka provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance.

Benefit	Basic Life
All Active Certified & Non-Certified Employees	\$50,000
All Active School Board Members, Superintendents and Administrators	\$200,000
All Eligible Retirees	\$3,000
	AD&D
All Active Certified & Non-Certified Employees	\$50,000
All Active School Board Members, Superintendents and Administrators	\$200,000
Benefit Reduction	<ul style="list-style-type: none"> • To 65% at the age of 70 • To 45% of the original amount at age 75 • To 30% of the original amount at age 80
	Life
Spouse Amount	\$10,000
Child(ren) Amounts	<ul style="list-style-type: none"> • \$500 Child(ren): birth to 6 months • \$5,000 Child(ren): 6 months to 26 years

Benefit Tier Summary

Level	Network	Provider Referral Requirement	Prior Authorization Requirement See Prior Authorization List	Description
Tier 1	Select Health Network & Trinity Health	No	Yes All services listed on the current Prior Authorization List must be approved prior to delivery of care to be eligible for payment on your health plan	Pays according to Plan Document if prior authorization was obtained.
Tier 2	Encore Combined	Yes A Select Health Network provider must submit a referral request for a member to see a Tier 2 Encore Network	Yes All services listed on the current Prior Authorization List must be approved prior to delivery of care to be eligible for payment on your health plan	Pays according to Plan Document if referral and/or prior authorization was obtained. If a referral and/or prior authorization was not obtained, member will incur a 30% reduction in benefits according to the Plan Document. This penalty does not apply to the deductible or maximum out of pocket.
Tier 3	Out-of-Network	No	Yes All services listed on the current Prior Authorization List must be approved prior to delivery of care to be eligible for payment on your health plan	If prior authorization was obtained, services will pay according to Plan Document. If prior authorization was not obtained, member will incur a 30% reduction in benefits according to the Plan Document. This penalty does not apply to the deductible or maximum out of pocket.
Emergency Care	Encore or Out-of-Network	No	No	Member or family member must notify the health plan within 72 hours of an emergency room visit or admission at an Encore or Out-of-Network facility. NOTE – A transfer to an In-Network facility may be required once the member is deemed stable to transfer.



ACCOUNTABLE CARE ORGANIZATION

Administered by:

Auxiant[®]

Independent Solutions > Real Results

HEALTH INSURANCE OVERVIEW 2024

The following chart details your health benefits that will take effect January 1, 2024.

Services	Network		
	Select Health Network	Encore Network	Out-of-Network
	Tier 1	Tier 2	Tier 3
<i>Annual Deductible - Individual</i>	\$750	\$750	\$2,000
<i>Annual Deductible – Family</i>	\$1,500	\$1,500	\$4,000
Annual Out-of-Pocket Maximum - Individual	\$2,000	\$2,000	\$5,000
Annual Out-of-Pocket Maximum - Family	\$4,000	\$4,000	\$10,000
Coinsurance	10%	10%	50%
Primary Care Physicians Office Visit	\$20	\$20	Deductible & 50%
Specialist Physician Office Visit	\$40	\$40	Deductible & 50%
Teladoc Visit	\$0	\$0	Not Covered
Preventive Health Benefits	\$0	\$0	Not Covered
Urgent Care Center Services	\$40	\$40	Deductible & 50%
Hospital Inpatient Services	Deductible & 10%	Deductible & 10%	Deductible & 50%
Hospital Outpatient Services	Deductible & 10%	Deductible & 10%	Deductible & 50%
Emergency Room	\$250	\$250	\$250
Prescription Drugs	Provided through	CVS-Caremark	
Prescription Drug Annual Deductible	No Deductible	No Deductible	\$100
Retail Generic	\$10	\$10	Deductible & 50%

Retail Brand Formulary	\$30	\$30	Deductible & 50%
Retail Brand Non-Formulary	\$50	\$50	Deductible & 50%
Mail Order Generic	\$15	\$15	Not Covered
Mail Order Brand Formulary	\$45	\$45	Not Covered
Mail Order Brand Non-Formulary	\$60	\$60	Not Covered

**All members must select a Primary Care Physician from the Select Health Network. If no PCP is selected, a PCP accepting new patients will be assigned to the member. This PCP assignment may be changed at a later date. **

Value Based Insurance Design Program (VBID)

The St. Joseph Health System Accountable Care Organization is proud to offer the School City of Mishawaka health plan enrollees a VBID program designed to engage and improve health of members with Diabetes and Coronary Artery Disease (CAD). Members identified with Diabetes or CAD will be invited to participate in a chronic condition management program, where health coaches will assist members with self-management and coordination of care. Members who actively engage in the program, as determined by the health coach, will be eligible for the following benefits enhancements.

Waive copays for Primary Care Office Visits related to Chronic Condition Management.
 Waive copays, deductible, and coinsurance for related lab service

For diabetic members, waive copays, deductibles, and coinsurance for insulin, insulin pumps, diabetic supplies, and hyperlipidemia and hypertension medications.

For CAD members, waive copays for diuretic, hyperlipidemia, hypertension, and beta body blocker medications.

Annual Wellness Screening

The St. Joseph’s Health System Accountable Care Organization will offer all SCM health plan enrollees and their spouses the opportunity to participate in an annual wellness screening. This screening will consist of a Health Risk Assessment Questionnaire (HRA) and a biometric screening. If both the Employee and their spouse, as applicable, elect to participate in the wellness screening the employee’s health plan premium contribution will be reduced by \$150/single and up to \$300/family the following year.

Note: This is only a brief description available under the plans. For a more detailed description of coverages, benefits, limitations and exclusions, please refer to the summary plan description.

Networks

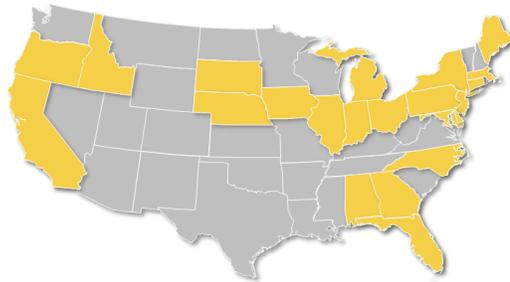
Your Provider Networks

Tier 1

The **Select Health Network** is your primary medical provider network (Tier 1) and serves as the medical home for members who reside in St. Joseph and Marshall Counties. The network consists of 3 Hospitals and over 750 Providers, including 150 Primary Care Physicians.

Trinity Health is a Catholic health care delivery system with providers in 22 States. The system includes 60 Hospitals and 5,900 providers. **Where available, School City of Mishawaka members may access the Trinity Health System at a Tier 1 Benefit level.**

Trinity Health Provider Network Map



Tier 2

When services are not available within the Select Health Network, members may access the **Encore Combined Provider Network** at the same Tier 1 benefit level so long as an Approved Referral is obtained prior to receiving the service. Your Primary Care Physician should call Auxiant Health to submit the referral. If a referral is not obtained, the member's benefits will be reduced by 30% for the services provided by the Encore Combined Network.

Encore is an Indiana Statewide network including 105 hospitals and over 71,000 providers.

Tier 3

Members may receive services from any provider not part of the Tier 1 and Tier 2 Provider Networks at a Tier 3 Out-of-Network Benefit level.

If Urgent or Emergency Care services are needed when traveling outside of the State of Indiana, these services will also be covered at a Tier 1 benefit level. Members are encouraged to use a Private Healthcare Systems (PHCS) network provider for Tier 3 services.

Utilization Review and Precertification

Utilization review is the process of evaluating if services, supplies or treatment are medically necessary and appropriate to help ensure cost-effective care. Utilization review can eliminate unnecessary services, hospitalizations, and shorten confinements while improving quality of care and reducing costs to the covered person and the Plan. Certification of medical necessity and appropriateness by the Utilization Review Organization does not establish eligibility under the Plan nor guarantee benefits.

The Plan requires pre-certification of certain services, supplies or treatment, as specified below. Under this Plan's claim filing procedures, the pre-certification call is considered to be filing a pre-service claim for benefits. Please see Claim Filing Procedures for details regarding a covered person's rights regarding pre-service claim determinations and appeals.

PRE-CERTIFICATION

The following list of services, treatments, admissions or procedures are to be certified in advance (pre-certification) by the Utilization Review Organization, except for emergencies. The covered person or their representative should call the Utilization Review Organization prior to the service, admission, procedure or treatment. Failure to pre-certify a *covered expense* will result in a 30% reduction of benefits.

Admissions

All Inpatient (including obstetrics which exceed 48 hours for a vaginal delivery, and 96 hours following a cesarean section)
Sub-Acute / Long-term acute
Rehabilitation Skilled Nursing

Applied Behavioral Analysis (ABA Therapy) Behavioral Health

Inpatient for Mental Health/Substance Abuse
Residential Treatment (RES) for Mental Health/Substance Abuse
Intensive Outpatient Program (IOP) for Mental Health/Substance Abuse
Partial Hospitalization Program (PHP) for Mental Health/Substance Abuse

Dialysis Services

Durable Medical Equipment and Supplies

Any purchase over \$750 All rentals

Enteral Feedings

Genetic Testing

Home Health Agency Services

Hospice

Implantable Devices

Cardiac Defibrillators Cardiac

Pacemakers

MRA Scan

MRI Scan

Obesity to include

Bariatric Services
Morbid Obesity Services

Occupational Therapy

PA not required for evaluation and first 12 treatments)

Oncology Services

Chemotherapy

Radiation

Orthognathic Surgery

Pain Management Services including but not limited to

PA required for >3 injections in 12-month period

Epidural Steroid injections

PET Scans

Physical Therapy

PA not required for evaluation and first 12 treatments

Plastic Surgery Procedures including but not limited to

Abdominoplasty

Blepharoplasty

Mammoplasty

Septoplasty Sclero-

therapy

Skin Lesion Removal

Rhinoplasty

Prosthetic Devices

Any purchase over \$750

All rentals

Specialty Pharmaceuticals

Speech Therapy

PA not required for evaluation and first 12 treatments

Transplant Evaluations and Procedures

Bone Marrow

Organ

**For Pre-certification
Contact MedWatch by calling:
800-432-8421**

Saint Joseph Health System Comprehensive Preventive Health Benefits

Administered by:

Auxiant®

Independent Solutions > Real Results

These benefits are fully compliant with the Affordable Care Act (PPACA).

Wellness Exam:

Men - One per year

Women - One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations																
Vaccine	AGE>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-18 years	16-18 years
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap		Tdap		
Human Papillomavirus														HPV 3 Doses		
Meningococcal ACWY														1 dose		1 dose
Influenza					Influenza (yearly)											
Pneumococcal				PCV	PCV	PCV	PCV					PPSV				
Hepatitis A							Hep A 2 Doses			Hep A Series						
Hepatitis B		Hep B	Hep B			Hep B							Hep B Series			
Inactivated Poliovirus				IPV	IPV	IPV						IPV				
Measles, Mumps, Rubella							MMR					MMR				
Varicella*							Varicella					Varicella				
Rotavirus				RV	RV	RV										
Haemophilus Influenzae Type B				HIB	HIB	HIB	HIB									
Meningococcal B																MenB 2 Doses

*Varicella expanded for 2nd dose to ages 18 and over.

Services for Children and Adolescents			
<ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) 	Newborns	Developmental/ Behavioral Assessment/Autism	All Ages
Fluoride Supplement	Children without fluoride in water source	Hematocrit or Hemoglobin Screening	All Ages
Iron Screening and Supplementation	All Ages	Lead Screening	For children at risk of exposure
HIV Screening	Age 15 and above	Screening for latent tuberculosis infection	Children determined at risk
Visual Acuity Screening	Up to age 5	Dyslipidemia Screening	All Ages
Oral Dental Screening	During PHB visit	Height, Weight and Body Mass Index measurements	All Ages
Urinalysis	All Ages	Medical History	All children throughout development
Depression Screening	Ages 12 to 18 years	COVID-19 Test	Per Clinician
Education & Counseling for prevention of Tobacco Use	School-Aged Adolescents		

Services for Pregnant Women	
Aspirin	For Those At Risk
HIV Screening	1 per Pregnancy
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (between 24 & 28 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis Screening	Lab test
Chlamydia Screening	Lab test
Gonorrhea Screening	Lab test
Breast Feeding Interventions	Counseling, Support & Supplies
Tobacco and/ or Nicotine	Screening & Counseling
Folic Acid	Women capable of becoming pregnant
Referral to Counseling Intervention	For pregnant and postpartum at risk for perinatal depression
Tdap Vaccination	1 per pregnancy
Group B Strep Screening	1 per pregnancy

Services for All Women	
Domestic Violence Screening & Counseling	Annually
Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or cervical cytology	Every 3 years
BRCA Risk Assessment and Appropriate Genetic Counseling/Testing	

Adult Immunizations	
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18
Human Papillomavirus	Women and Men to age 45
Meningococcal	2 doses ages 19+
Influenza	Every year
Pneumococcal*	Age 19-64: 1 PPSV23 dose + 1 PCV13 dose Age 65+: 1 PPSV23 dose + 1 PCV13 dose
Hepatitis A	2 to 3 doses/lifetime
Hepatitis B	3 doses/lifetime
Shingles*	Shingrix: 2 doses after age 50 Zostavax: 1 dose after age 50
Measles, Mumps and Rubella	Once after age 19 (up to two vaccinations per lifetime)
Varicella	2 doses to age 65
Meningococcal B	2 doses, if not done between ages 16-18

Adult Procedures/Services	
Bone Density Scan	Every 2 years age 60 or older
Mammogram - including 3D	Baseline - women, once between ages 35-39
Mammogram - including 3D	Yearly for women over 40
BRCA (letter of medical necessity required)	Women genetically at high risk of breast cancer
Sigmoidoscopy	Every 3 years after age 50
Colonoscopy	Every 10 years after age 45
Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65-75
Low Dose Aspirin	At risk initiate treatment ages 50-59
Lung Cancer Screening	At risk Ages 55-80
Statin Preventative Medication	At risk Ages 40-75

Adult Labs	
Lipid Panel	As recommended by your physician
Total Serum Cholesterol	As recommended by your physician
PSA-Prostate Specific Antigen	Yearly for men age 50+
Fecal Occult Testing	Yearly after age 50
Highly Sensitive Fecal Occult Blood Testing	Every three years after age 50
FBS (Fasting Blood Sugar)	As recommended by your physician
Hgb A1C	As recommended by your physician
HIV Testing	Yearly after age 15
Syphilis Screening	At risk
Chlamydia Infection Screening	Yearly - All ages
Gonorrhea Screening	Yearly - All ages
Hepatitis B & Hepatitis C Screenings	Yearly
Urinalysis	Yearly
Screening for latent tuberculosis infection	At risk
CBC - Comprehensive Blood Count	As recommended by your physician
CMP - Comprehensive Metabolic Panel	As recommended by your physician
TSH - Thyroid Stimulating Hormone	As recommended by your physician
COVID-19 Test	Per Clinician

*This means adult patients may get as many as 2 doses of PPSV23 and 2 doses of PCV13

It is recommended that a preventive health visit include screenings and counseling for:

Healthy Diet	Intimate Partner Violence for Men and Women
Obesity	Alcohol Misuse
Tobacco Use & FDA Approved Medication	Sexually Transmitted Infections
Blood Pressure	Depression
Skin Cancer Prevention	Developmental/Behavioral Assessment/Autism
Breast Cancer Chemoprevention for Women at High Risk	Fall Risk

The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

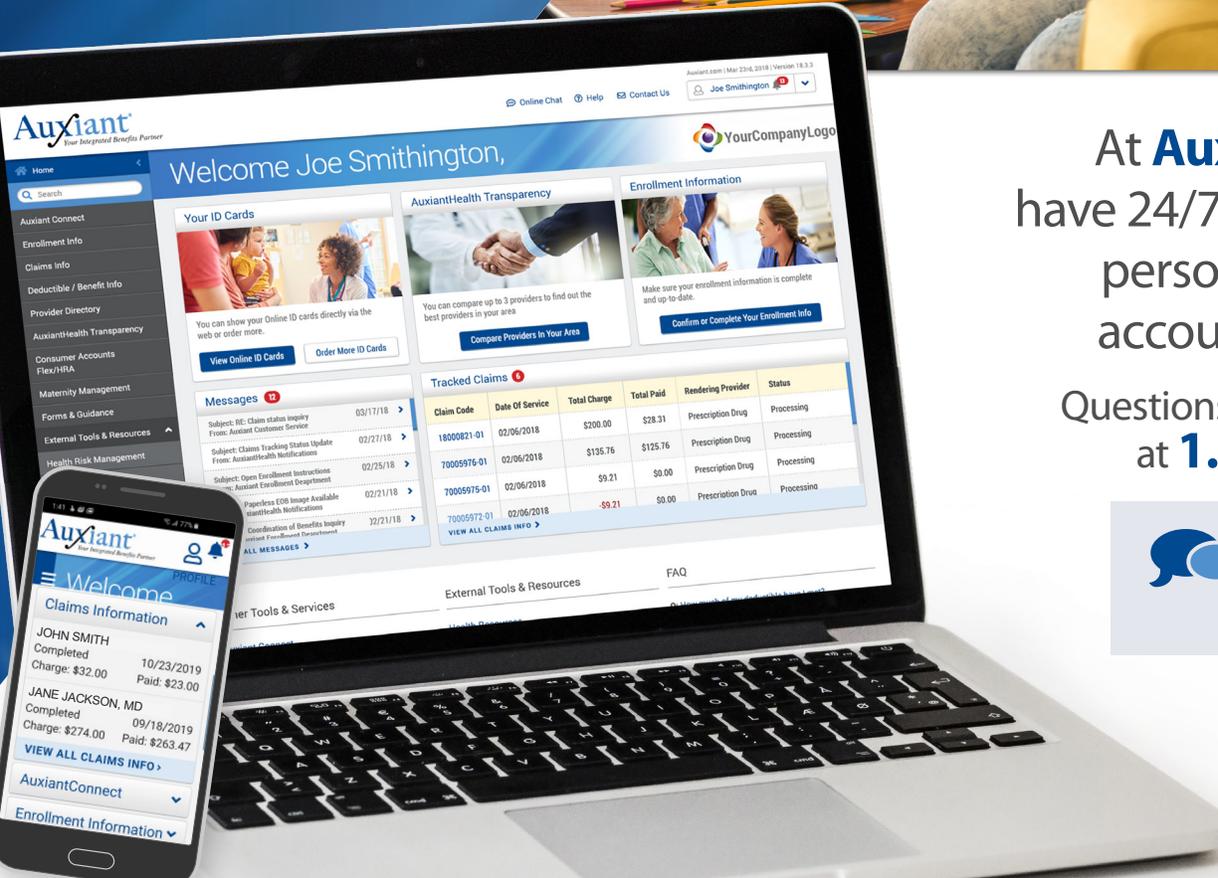
A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

Auxiant Health

VISIT US ON THE WEB
auxiant.com

With AuxiantHealth you can:

- Link to network providers
- Contact customer service through Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager
- Get information on the go via our mobile app



At **Auxiant.com** you have 24/7 access to your personal health care account information

Questions? Contact Auxiant at **1.800.475.2232**



Live chat with Auxiant customer service, click **Online Chat** to begin

Auxiant
Your Integrated Benefits Partner



UNDERSTANDING YOUR SCM HEALTH CARE PLAN

HELPFUL TIPS

Dependents living outside of the Select service area must have their out of area address listed with Auxiant in order to ensure proper claim payment. Please provide the out of area address to SCM.

SCM requires several services, admissions or procedures to be pre-certified in advance by Auxiant (except emergencies). The covered person or their representative should call MedWatch prior to the services. Failure to pre-certify a covered expense will result in a 30% reduction of benefits. Please refer to the Summary Plan Document (SPD) for a listing of services which require pre-certification.

Many services are covered under preventive care, including annual physicals, screening colonoscopies, and some immunizations. For a comprehensive list of services covered under preventive care, please refer to the benefits section of the SCM website.

For employer assistance program (EAP) information, please visit the SCM website or call Jenny Sanders at 574.254.4504.

WHAT YOU PAY

COPAYS

- Some types of service, including visits to a doctor's office, urgent care, and an emergency room have a copay.
- Copays range from \$20 for a visit with your primary care physician to \$250 for an emergency room.

DEDUCTIBLE

- This is the amount you must pay before your insurance starts paying.
- Some items are covered by insurance before you meet the deductible, including visits with a copay and preventive care.
- SCM's in network deductible is \$750 individual/\$1,500 family.

OUT OF POCKET MAXIMUM

- This is the maximum amount you could pay in a year for covered services.
- Once you have met your deductible, you will pay a coinsurance on most covered services until you meet your out of pocket max.
- SCM's in network out of pocket max is \$2,000 individual/\$4,000 family.

SCM PROVIDER NETWORK

- When looking for a provider always start with the Select Health Network. All services provided by a Select physician will be covered at the tier 1 cost.
- Encircle is your tier 2 network. Services provided by an Encircle provider will be covered at the tier 1 cost if you have a referral from a Select physician. Failure to obtain a referral will result in a 30% reduction in payment for coverage.
- Midwest Behavioral Health (New Avenues) is School City's behavioral health network. When looking for a psychiatrist, counselor, or facility in network, please choose a provider in the New Avenues network.

FINDING A PROVIDER

- You can access the Select Network through selecthealthnetwork.com
- You can access the Midwest Behavioral Health (New Avenues) Network at newavenuesonline.com/provider-directory
- You can access the Encore Network at encoreconnect.com/provider-search/ Make sure you select the symbol that says Encort Combined for network SCM utilizes.
- If you need assistance locating a network provider call Select at 1.800.263.2656.

Employee Assistance Program School City of Mishawaka-EAP Services



School City of Mishawaka offers eligible employees and the family members living in their households an Employee Assistance Program with New Avenues, Inc. New Avenues offers confidential counseling through a network of licensed clinicians located close to your home or workplace. These trained professionals are ready to help you deal with family or work/life issues that may be causing your life to feel out of balance.

*All services are strictly confidential and at **no cost** to the employee or family members.*

Common Questions...

WHO IS ELIGIBLE?

- ◆ All active full & part-time employees and the eligible family members living in their households.
- ◆ Dependents up to age 26, not living in the home of the employee, are eligible if on the employee's health insurance.
- ◆ Per Diem, temporary employees, volunteers, and student/interns are excluded.
- ◆ Starts first date of active employment.
- ◆ Eligibility runs through the last day of employment.

WITH WHAT TYPES OF PROBLEMS CAN NEW AVENUES COUNSELORS HELP?

- ◆ Stress
- ◆ Anxiety
- ◆ Workplace Issues
- ◆ Personal Concerns
- ◆ Substance Abuse
- ◆ Grief
- ◆ Marriage/Family/Relationship problems

HOW MANY COUNSELING SESSIONS DO I HAVE?

- ◆ There are **5** Face-to-Face EAP sessions per employee family per contract year.
- ◆ The contract year runs from **November 1st through October 31st**.

WHAT IF I NEED MORE THAN 5 SESSIONS?

Once you have used your EAP sessions, you are responsible for fees incurred for additional sessions. You may choose to continue services under the terms of your health plan benefit. (See your health plan SPD for a description of covered services). New Avenues makes every attempt to arrange your EAP sessions with a counselor who is in your health plan network so you may continue with the same person.

HOW DO I ACCESS MY FACE-TO-FACE EAP SESSIONS?

Just call New Avenues at: **800-731-6501** or **574-232-2131**. Select option **#2**. Services are strictly **confidential** and there is **no out-of-pocket cost** to you or to your family members.

Structured Telephonic Counseling

In addition to face-to-face counseling, New Avenues offers telephonic counseling (855-492-3625) as well as an array of online support services available 24/7. Log-on to the New Avenues website at <http://www.NewAvenuesOnline.com>

New Avenues Toll Free # 800-731-6501





YOUR PATH TO WELL-BEING

We help employees manage life's challenges and balance work and family to achieve a healthy life.

RESOURCES AVAILABLE at NewAvenuesOnLine.com ARE:

WORK-LIFE RESOURCE CENTER: Your Password is: **CompleteEAP.**

A web-based information center containing a wealth of articles, useful tips, interactive tools and links as well as access to Structured Telephonic Counseling (855-492-3625) offering live counselors that can be accessed 24/7 from the comfort of your home. Don't forget to sign up for the Savings Center, a free program where you will have access to savings of up to 25% on name-brand, everyday, and luxury items. Access the Work-Life Resource Center under the Employee Assistance tab on our home-page.

NEW AVENUES PROVIDER DIRECTORY:

A listing of licensed and credentialed counselors and therapists in the New Avenues EAP Network.

NEWS:

Articles on a variety of topics, such as Parenting, Child Care, Responsibility, Financial Assistance, that provide tips for improving the well-being of your professional and personal life. Don't miss the monthly featured articles on topics such as: Home Buying, Connecting with your loved ones, Importance of sleep, and Stress relief techniques.

ADDITIONAL RESOURCES AVAILABLE ARE:

[MEDLINEplus Drug Information](#)

A comprehensive guide to more than 9,000 prescription and over the counter medications.

[PubMed](#)

Click onto Health Information and then Medline/PubMed. PubMed is a service of the National Library of Medicine and provides access to over 11 million citations from MEDLINE and additional life science journals.

[Facts for Families from the American Academy of Child & Adolescent Psychiatry](#)

Specific to children and adolescents. This site offers information on a number of issues and diagnoses for this age group.

[Surgeon General Reports](#)

The U.S. Surgeon General's office has produced three landmark reports covering mental health topics. Reports on Mental Health, Suicide Prevention, Children's Mental Health, and Youth Violence can be accessed through this site.

[National Council for Alcohol and Drug Abuse](#)

Provides education, information, health and hope to the public.

To access these and other helpful links follow the *Resource* link under *Our Company*

Confidentiality Notice:

"New Avenues and the clinical providers in it's network are required by law to report any cases of suspected child abuse, elder abuse, or threats of physical harm to one's person or other individuals."



Toll Free: 800-731-6501

Plan Annual Maximum Benefit:	\$1,500	
Diagnostic & Preventive	In Network	Out of Network*
Exams – periodic, limited, comprehensive	Covered at 100%	Covered at 100%
Radiographs – full mouth series, panoramic, bitewings	Covered at 100%	Covered at 100%
Fluoride	Covered at 100%	Covered at 100%
Routine teeth cleaning	Covered at 100%	Covered at 100%
Sealants	Covered at 100%	Covered at 100%
Restorative & Prosthodontics		
Core build ups	Covered at 80%	Covered at 80%
Crowns – porcelain, ceramic, stainless steel	Covered at 80%	Covered at 80%
Fillings - silver or white (anterior and posterior teeth)	Covered at 80%	Covered at 80%
Protective restorations	Covered at 80%	Covered at 80%
Removable dentures	Covered at 80%	Covered at 80%
Endodontics & Periodontics		
Root canal therapy – anterior, posterior	Covered at 80%	Covered at 80%
Scaling and root planing	Covered at 80%	Covered at 80%
Full mouth debridement	Covered at 80%	Covered at 80%
Periodontal maintenance	Covered at 80%	Covered at 80%
Oral Surgery		
Frenectomy	Covered at 80%	Covered at 80%
Simple extractions	Covered at 80%	Covered at 80%
Impactions	Covered at 80%	Covered at 80%
Surgical extractions	Covered at 80%	Covered at 80%
Miscellaneous		
Implants	Covered at 50%	Covered at 50%
Emergency palliative treatment	Covered at 100%	Covered at 100%
Anesthesia – general and IV sedation	Covered at 80%	Covered at 80%
Deductible (Not applicable on Diagnostic & Preventive):	\$25 / \$50	\$25 / \$50
Lifetime Orthodontic Benefit (Dep. Child):	\$1,500	
Out of Network Reimbursement	90th Percentile	

Procedures listed herein are payable up to the lifetime maximum benefit, not to exceed the maximum monthly installment. To receive maximum benefit, the patient must be in active orthodontic treatment a minimum of two years while covered by the Plan. Once an individual has exhausted his/her lifetime maximum benefit under any Plan, additional charges will be excluded.

Limited Orthodontic Treatment
Comprehensive Orthodontic Treatment

Interceptive Orthodontic Treatment
Treatment to Control Harmful Habits

*In-network dentists have agreed to accept discounts on covered dental services which allows for your benefit dollars to go further. Whereas out-of-network dentists are under no obligation to accept contracted fees. If there is a difference between the allowed reimbursement and the amount the dentist charges for the service, you are responsible for this difference. Therefore, your coinsurance may vary from the figures outlined above.

Your Employer will sponsor your plan and select your individual annual maximum dollar level, of which the benefit accumulation period is the Plan year. Your employer will also collect your portion of the premiums via payroll deduction and define eligibility requirements. You may not add, drop or change coverage during each contract period unless a qualifying event occurs. If a statement in this summary conflicts with a statement in the Certificate, the terms of the Certificate will control. All plans are issued subject to certain exclusions, limitations and restrictions such as frequency and age limitations. These exclusions, limitations and restrictions, and a listing of all covered services by ADA code, are described in your Certificate, which is available on our website or by calling HRI at 800-727-1444.

To find a dentist visit: paramounthealthcare.com

Your VSP Vision Benefits Summary
 CUSTOMERS BANK and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart*/Sam's Club* frame allowance \$70 Costco* frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

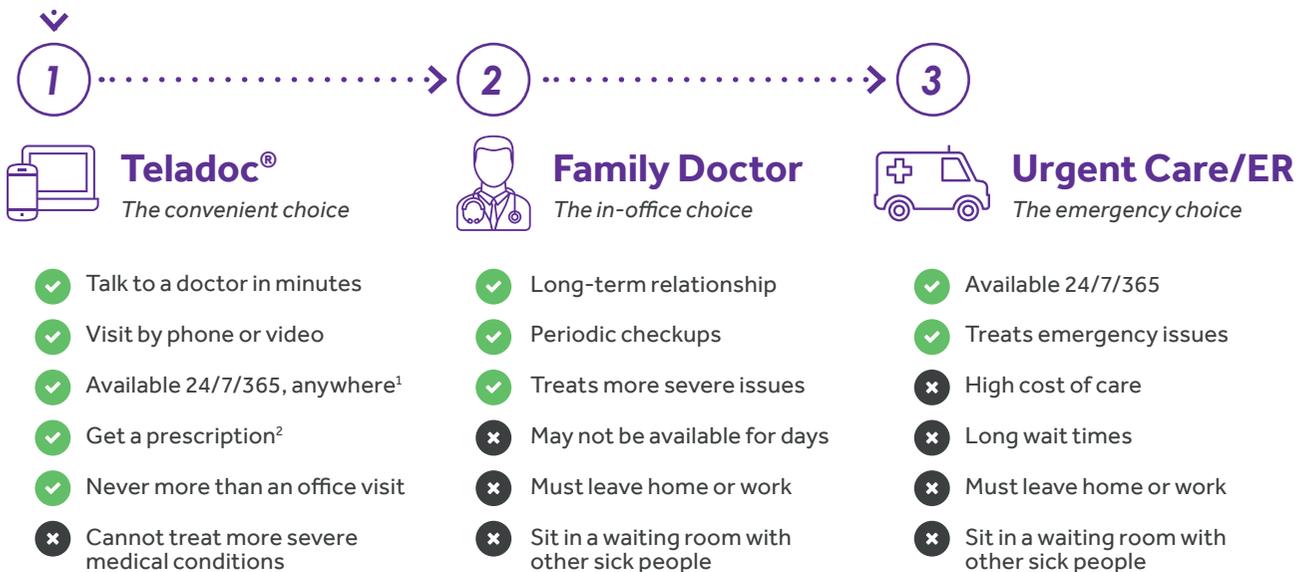
YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

Create an account today.
 Contact us: **800.877.7195** or vsp.com

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
 †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
 +Coverage with a retail chain may be different or not apply.
 VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.
 To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.
 ©2023 Vision Service Plan. All rights reserved.
 VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM
 Classification: Restricted

When you need a doctor, make a smart choice.



Need a doctor? Think of Teladoc first.

MyDrConsult.com | 1-800-DOC-CONSULT (362-2667) |  | 



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American Health Holding

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Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.

800.334.8134 or
CustomerCare@rxbenefits.com
7:00 AM to 8:00 PM CT
Monday – Friday



Welcome to Your Employee Benefits Supersite!

<https://www.mybensite.com/mishawakak12/>



Step 1: Know Your Benefit Options

We believe that employees are our greatest resource. We offer a competitive benefit package for you and your family, and the support system to help you make great decisions.

Review your Benefits Supersite and know your options:

- Benefit summaries
- Side-by-side comparisons
- Insurance carrier information
- Member service information
- Provider search directories
- Forms and plan documents

Step 2: Benefit Shopping

Click **Enroll Now** to shop and elect benefits:

- Step-by-step enrollment guidance
- Cost per paycheck is displayed for each benefit elected
- Add and manage covered dependents
- Update beneficiaries
- Review and submit final elections
- Print your Benefit Confirmation Statement (BCS) for your records

New Member Login

Create Account: Verify employee last name, date of birth and last 4 digits of Social Security Number.

Email: An email address is required. If you do not have one, click on the Gmail or Yahoo links to establish a free email account. Your email becomes your username.

Password: Create and confirm your password to complete registration.

New Members
Create Your Benefit Account

Last Name			
Date of Birth		Last four (4) of SSN	
Email			
Create Password	*	Confirm Password	*

I have read and accept the [Employee Usage Agreement](#) and [Website Use Terms and Conditions](#).

Employee Registration

Existing Member Login

In the Employee Login section, enter your email address and password, then check the box to agree to website terms and conditions.

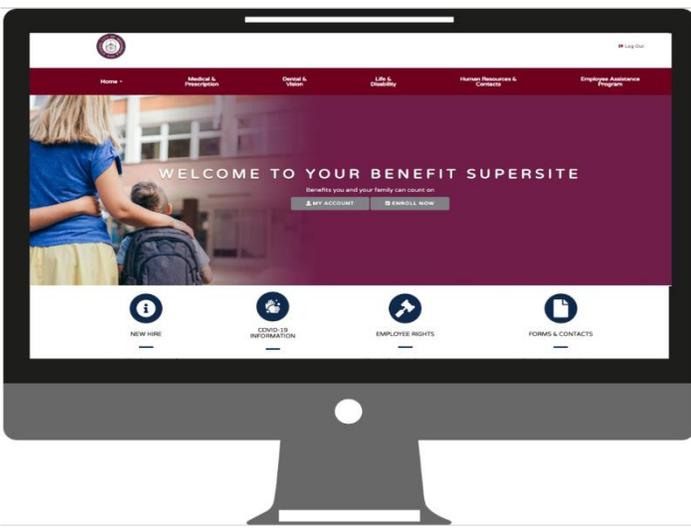
Employee Login
Access Your Employee Benefits

diaz@gmail.com	

I have read and accept the [Employee Usage Agreement](#) and [Website Use Terms and Conditions](#).

Employee Login

[Forgot Password](#)



WHEN CAN I ENROLL?

New Hires

You must enroll during your new hire eligibility window.

- Benefits are effective **1st of the month following** your date of hire.
- You have **31 days** your date of hire to complete your enrollment.

If you fail to enroll on time, you must experience a qualifying event, or wait until your annual open enrollment.

Qualifying Events

If you experience a “Qualifying Event,” such as marriage, birth, adoption, loss of other coverage, etc., you must request the appropriate changes online in the benefits portal and supply the required documentation within **31** days of the event.

If you are unable to meet this requirement, you may need to wait until open enrollment to make changes.

Open Enrollment

You may enroll and make changes online during the annual open enrollment window. Once open enrollment has closed, you may not make any changes to your benefit elections unless you experience a qualifying event.





Employee Benefits

Retirement

Indiana Public Retirement System (INPRS)

INPRS

School City of Mishawaka participates in the state of Indiana's retirement program through INPRS commonly referred to as PERF (Public Employees Retirement Fund) or TRF (Teachers Retirement Fund). Most employees who work over 4 hours per day qualify to participate upon employment.

Public Employees Retirement Fund (PERF)

- For eligible non-certified employees (support staff).
- Two parts - Defined Contribution (retirement savings account) and Defined Benefit (pension).
- School City of Mishawaka contributes 3% of gross wages paid into the Defined Contribution Account.
- Employee can, if they choose, make additional contributions to the Defined Contribution Account.
- School City of Mishawaka contributes to the pension fund on your behalf.
- No vesting requirements for the Defined Contribution Account.
- 10 years in PERF/TRF covered service to qualify for the Defined Benefit.

Teachers Retirement Fund (TRF) Hybrid Plan

- For certified employees.
- Two parts - Defined Contribution (retirement savings account) and Defined Benefit (pension).
- School City of Mishawaka contributes 3% of gross wages paid into the Defined Contribution Account.
- Employee can, if they choose, make additional contributions to the Defined Contribution Account.
- School City of Mishawaka contributes to the pension fund on your behalf.
- No vesting requirements for the Defined Contribution Account.
- 10 years in PERF/TRF covered service to qualify for the Defined Benefit.

Teachers Retirement Fund (TRF) My Choice Plan

- For certified employees.
- New certified employee must have elected to participate in the My Choice plan upon first entering a TRF position.
- Only includes the Defined Contribution (retirement savings account)
- School City of Mishawaka contributes 9% of gross wages paid into the Defined Contribution Account.
- Employee can, if they choose, make additional contributions to the Defined Contribution Account.
- 5 years to be fully vested in the Defined Contribution Account.
- **The My Choice Plan does not include a pension.**

Create an account at myinprsretirement.org to:

- Update your beneficiaries
- Manage your investments
- Update your address
- Check your Defined Contribution balance
- Utilize the retirement calculator

If you have any questions about your INPRS account, contact INPRS at 844-GO-INPRS (844-464-6777).

Log In

Username
Forgot Username ?

Password
Forgot Password ?

Enter Remember Me

First time visitor?
Register Now Need Help?

Get Started With a 403(b) Plan Through OneAmerica Today.

Participating in the retirement plan and periodic check-ins to your account are key to building a confident retirement. OneAmerica® is here to help you with convenient ways to access your account and tools to help you reach your retirement goals.



Online

If you haven't registered your account:

- Go to oneamerica.com/login
- Click "Register for a new account" and then under "Individuals" select "Account Services"
- Select "I have a retirement plan" and complete the step-by-step process

If you aren't yet participating in the plan, user-friendly screen prompts will guide you through the enrollment process.

To complete the enrollment process, select your contribution amount and investment elections. You can also list your beneficiaries and begin the asset consolidation/rollover process, if applicable.

Once enrolled, log in to view your balance, investments, contributions and other plan information. You also have access to tools and resources focused on a variety of financial wellness, retirement and investment-related topics designed to help you become more financially confident.



Using the OneAmerica® app

You can manage your account anytime, anywhere using the OneAmerica app.

- Download the OneAmerica mobile app from the App Store or Google Play.
- If you've not yet registered your account via the app or the website, select "Register" and follow the system prompts to complete the registration and, if applicable, enrollment process.

- Once registration/enrollment is complete, access the app to check your balance, manage your investments and contributions and more!

Visit the
App Store



Visit
Google Play





Assistance over the phone

You also have the option to speak directly with a Participant Service Representative by calling **800-249-6269**.

English- and Spanish-speaking representatives are available to help you enroll in the plan, manage your account, and answer any additional questions you may have.

Consolidating retirement accounts

If you have a retirement account outside the plan or with a prior employer, you may be able to roll over or transfer an existing IRA or qualified retirement plan account to your current plan, if allowed by your plan. Consolidating retirement accounts may provide you more convenient account management. If interested, access your account at **onemercia.com**, or call **800-249-6269** for assistance initiating a rollover or transfer.



Take a step toward your retirement goals by visiting **onemercia.com** or downloading the OneAmerica mobile app today.

Note: OneAmerica® is the marketing name for the companies of OneAmerica. Group annuity contracts are issued by American United Life Insurance Company® (AUL) and registered variable annuity products are distributed by OneAmerica Securities, Inc., a Registered Investment Advisor, Member FINRA, SIPC, One American Square, Indianapolis, IN 46282. Provided content is for overview and informational purposes only and is not intended and should not be relied upon as individualized tax, legal, fiduciary, or investment advice. • Investing involves risk including potential loss of principal. • Prior to rolling over any plan assets to an IRA, an individual should carefully consider various factors such as investment options, fees and expenses, services, penalty-free withdrawals, protection from creditors and legal judgments, required minimum distributions, and employer stocks depending on individual needs and circumstances. • Retirement plans from AUL are funded by an AUL group annuity contract. While a participant in an annuity contract may benefit from additional investment and annuity related benefits under the annuity contract, any tax deferral is provided by the plan and not the annuity contract. • **Variable products are sold by prospectus. Both the product prospectus and underlying fund prospectuses can be obtained from your investment professional or by writing to One American Square, Indianapolis, IN 46282. Before investing, carefully consider the fund's investment objectives, risks, charges and expenses. The product prospectus and underlying fund prospectus contain this and other important information. Read the prospectuses carefully before investing.**



Employee Benefits

**American
Fidelity**



Plan for tomorrow, today.

Everyone knows health insurance doesn't pay for everything. Do you feel fully protected? Reviewing and updating your coverage each year is important.

Get help with your options. Stop by and see an American Fidelity account manager.



Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

americanfidelity.com/info/accident



Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer



Critical Illness Insurance

AF™ Limited Benefit Critical Illness Insurance

- pays a benefit upon diagnosis of certain covered life-altering illnesses
- helps with costs not covered by medical insurance

americanfidelity.com/info/critical-illness



Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability



EMPLOYER BENEFIT
SOLUTIONS
FOR EDUCATION

Employees are eligible to sign up for American Fidelity benefits within 30 days of beginning employment or during open enrollment. Open enrollment occurs yearly in December, with new changes taking place in January.



Hospital Indemnity Insurance

AF™ Limited Benefit Hospital Indemnity Insurance

- helps pay for out-of-pocket costs, like a hospital stay
- when used with a Health Savings Account allows for a tax benefit and potential savings

americanfidelity.com/info/hospital-indemnity



Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

americanfidelity.com/info/life



Educational Videos

Through short videos, we offer multiple ways to learn about your benefits options.

This video library includes enrollment tips, insurance information, stories, and support options.

americanfidelity.com/videos

Online Account Support

Your Benefits, Your Account

Within your online account, you'll find all your benefits and reimbursement information in one place.



File a Claim

Submit claims for your insurance benefits or reimbursement accounts



Track Claims

View the status of your benefits and reimbursements claims



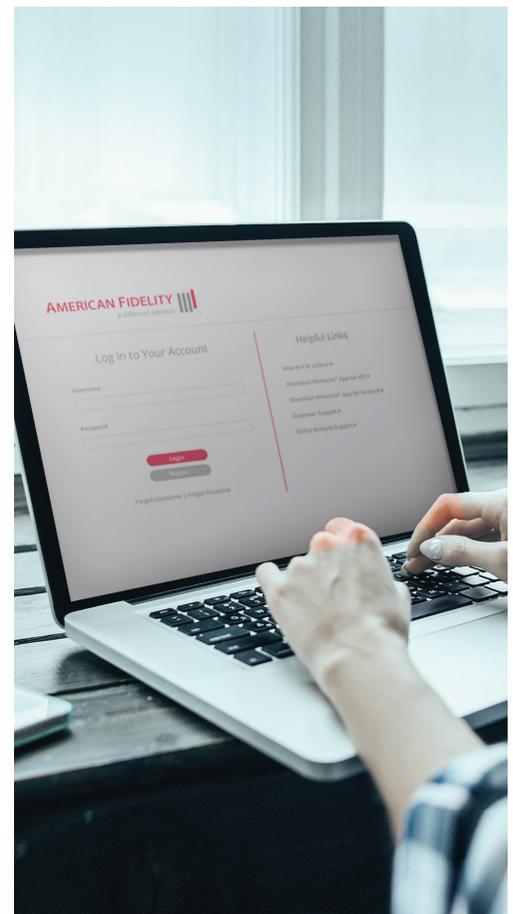
Upload Documentation

Attach receipts and documentation for claims



Manage Preferences

Edit your profile, enroll in direct deposit, and elect communication preferences



24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.



View

account balances



Manage

claims and reimbursements



Submit

documentation



Receive

alerts



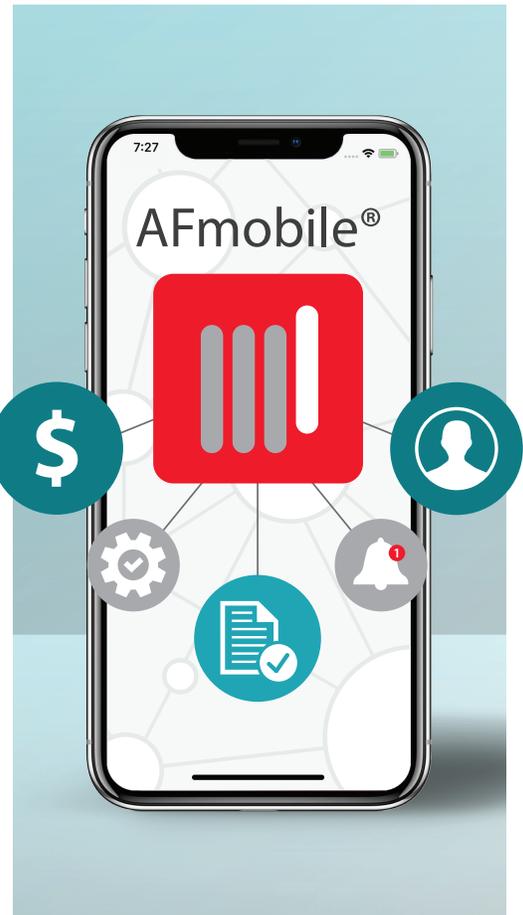
Maintain

personal information

Get Started

Register at americanfidelity.com/register or download AFmobile and select the New User link.

Please allow one business day after you enroll before registering for an online account. If you already have an account, your username and password will be the same for AFmobile.



Help protect the ones you **love.**

NEWBORNS' & MOTHERS' HEALTH PROTECTION ACT

Under the Newborn's & Mothers' Health Protection Act, the Plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean delivery.

Plans may not require providers to obtain authorization from the plan for prescribing the stay. In addition, plans may not deny a stay within the 48-hour (or 96-hour) period because the plan's utilization reviewer does not think such a stay is medically necessary.

The plan must eliminate this preauthorization requirement with respect to hospital stays following vaginal delivery for the first 48 hours (or 96 hours in the case of a cesarean section).

The plan may impose such an authorization requirement for hospital stays beyond this period. In addition, the plan may impose a requirement on the mother to give notice of a pregnancy in order to obtain a certain level of cost-sharing or to use certain medical facilities. However, the type of preauthorization required by this plan (within the 48/96 hour period and based on medical necessity) must be eliminated.

For more information see www.dol.gov

WOMEN'S HEALTH & CANCER RIGHTS ACT

In accordance with the Women's Health and Cancer Rights Act of 1998, Auxiant Insurance Services' covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetric appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

For more information call Auxiant Health at (800) 475-2232.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx x	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

<p align="center">CALIFORNIA – Medicaid</p> <p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCont.aspx Phone: 916-440-5676</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicare.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number.

The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2023)

We know the health care decisions you make are very important. You deserve all the information you need to make the right choices for you and your family. After reviewing this benefit guide, please feel free to contact Auxiant Health at **800-475-2232** with any questions.

This brochure is for informational purposes only and it is not intended to serve as a legal interpretation of benefits. The entire provisions of benefits and exclusions are contained in the Summary Plan Document (SPD). In the event of a conflict between the SPD and this Guide, the terms of the SPD will prevail.