



**WASHINGTON
TOWNSHIP SCHOOLS**

BENEFIT OFFERING for CHILD NUTRITION STAFF

JANUARY 1, 2024 – DECEMBER 31, 2024

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.

Additional detailed summaries of benefits & coverage may be found on the District website.

<https://www.msdtw.k12.in.us/hr/benefits/>

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This guide is meant to summarize your available benefits. Official plan documents govern those benefits.

If there are any inconsistencies between the information in this guide and the plan documents, the plan documents will prevail.

Benefits are subject to change. You will be notified in writing of any material modifications.

This guide is not a contract for employment.

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 13 for more details.

Overview of Available Benefits

MSD of Washington Township (MSDWT) offers a comprehensive benefit package to all eligible Hourly Child Nutrition staff:

- Employee Assistance Program (EAP)
- Dental coverage
- Vision coverage
- Life insurance, including Accidental Death & Dismemberment coverage
- Short Term Disability Income Protection (STD)
- Tax-advantaged Savings Accounts (TSA):
 - Flexible Spending Accounts (FSA)
 - Dependent Care Accounts (DCA)
- Public Employee Retirement Fund (PERF) INPRS



Important Enrollment Information

Group Benefits (Vision, Life and AD&D)

You must enroll within 31 days of the date your benefits would be effective, if elected.

Even if you are declining all coverage, you must complete the enrollment process to indicate your decision.

If you decline a benefit or fail to complete the enrollment process within this timeframe, please note the following:

- Dental coverage will be unavailable to you unless a qualifying event occurs and you enroll within 31 days of the event.
- Vision coverage will be unavailable to you unless a qualifying event occurs and you enroll within 31 days of the event.
- Life & STD insurance will be subject to approval by the carrier and requires proof of good health. You could be denied coverage.

All elected benefits are effective the 1st of the month following the date you are recommended for regular status.

Coverage for You and Your Dependents

In addition to yourself, you may also choose to cover eligible family members for vision and life insurance. Your eligible family members are:

- Your legal spouse, as defined by federal law.
- Your eligible children (includes a biological, adopted, or foster child, as well as a stepchild):
 - Until the end of the year in which the child turns **25** for **dental**
 - Until the end of the year in which the child turns **25** for **vision**
 - Until the date the child turns **26** for **life insurance**

Qualifying Events for Enrolling at a Later Time

Some common scenarios employees ask about as they consider whether to enroll in insurance when it's initially offered to them:

- 1) I'm already covered under my parent's or spouse's employer plan. Can I enroll in the future?
- 2) What happens when my coverage ends under my parent's plan?
- 3) What if my spouse's employment status changes and their insurance ends?

HIPAA Qualifying Events and Special Enrollment Rights

If you decline vision coverage for yourself or an eligible dependent or spouse, you may be able to enroll yourself or your eligible family member at a later date under the Special Enrollment Rights of HIPAA if you or the eligible family member experience a HIPAA qualifying event. Examples of a HIPAA qualifying event are:

- Birth, placement for adoption, or adoption of a child, or becoming subject to a Qualified Medical Child Support Order
- Marriage
- Loss of coverage under another employer's group plan due to:
 - A change in employment status
 - Loss of eligibility to continue to be covered (spousal carve-out, divorce, or death of a spouse)
 - The employer ceases to pay any portion of the premium, or ceases to offer coverage entirely

In order to enroll under the Special Enrollment provisions of HIPAA, you must request enrollment within 31 days of the date of the qualifying event. Coverage would be effective on the date of the event.

If you miss the 31-day window, you are only eligible to enroll in vision within 31 days of a future qualifying event.

Employee Assistance Program (EAP)

What is EAP?

Our EAP, offered through **IU Health**, provides confidential assistance to you, your legal spouse, and your dependent children (up to age 26) to help resolve any concerns that are affecting your personal or work life. You and each family member may have **six free visits** with an EAP counselor each calendar year. **The District pays the full cost of this program.**

Why is the EAP being offered?

Usually, we can work out issues on our own, but sometimes it can be beneficial to have an objective third party help us examine the situation. Issues that linger and remain unresolved can often start interfering with many different aspects of our lives: our relationships, job performance, and personal happiness - to name just a few.

What types of issues can the EAP assist with?

Personal coaching and professional assistance for many types of personal issues, including:

- Family and children concerns
- Marital or relationship conflicts
- Stress or other emotional difficulties
- Loss and grief issues
- Alcohol or other drug use



Will the District know if I use the EAP?

No! Using the EAP is confidential unless you choose to share with others. IU Health adheres to all laws governing confidentiality and will not release any information without your prior written permission to do so.

How much does the EAP cost?

Nothing! There is no out-of-pocket expense for either you or your eligible family member(s) to use the EAP.

How do I access the EAP?

Call (317) 962-8001 – 24 hours/day, every day of the year.

Dental Coverage

Dental coverage is provided through a nationwide provider network with **Delta Dental of Indiana** www.deltadentalin.com

Dental coverage helps to defray the cost of routine dental care and major services for you and your family.

- While all dentists designated as a **PPO or Premier** provider have agreed to discount their fees, you'll receive the **steepest discount and a richer benefit** when you obtain dental care from a **PPO** dentist.
- You may see any licensed dentist, even if they aren't in the Delta Dental provider network. However, the dentist may bill you for any amounts over the Usual & Customary charge. Also, the dentist is not required to file your claim for you and may demand payment in advance of providing services.

IMPORTANT NOTE: There are no orthodontic benefits for children or adults.

A detailed Summary of Dental Benefits & Coverage may be found on the District website.

<https://www.msdt.k12.in.us/hr/benefits/>

Vision Coverage

Vision coverage is provided through a nationwide provider network with **Vision Service Plan (VSP)** www.vsp.com

Vision coverage helps to defray the cost of your annual exam and corrective eye wear.

Each time you need vision care, you'll save money if you choose to obtain care from a VSP network provider.

A detailed Summary of Vision Benefits & Coverage may be found on the District website.

<https://www.msdt.k12.in.us/hr/benefits/>

Life & Accidental Death (AD&D) Coverage

Basic Life & AD&D Insurance

If something were to happen to you, what would your family do for income? With your district-sponsored life insurance benefit underwritten by **Sun Life Financial**, your family or other designated beneficiary can receive payment if you die.

- **The District will provide you with a specified amount of basic life insurance coverage at an annual cost of \$1.**
- Coverage includes an accidental death & dismemberment benefit in the event you die or become injured in an accident.

Supplemental Insurance

You may elect to purchase additional coverage for yourself, and coverage for your legal spouse, at your own expense. **Information regarding the cost per paycheck will be provided to you during the enrollment process.**

You may also elect to purchase life insurance for your **dependent children** (up to age 26) at your own expense without providing proof of good health.

Coverage amounts are **\$5,000 per child**, or **\$10,000** per child. The stated premium applies whether you insure 1 child or several children.

If you decline to enroll in basic coverage or to purchase supplemental coverage within 31 days of eligibility, you may apply for coverage at a later date as a Late Applicant, subject to underwriting approval by the carrier after providing proof of good health. As a Late Applicant coverage could be denied.

Important Information Regarding Life and AD&D Insurance

The employee's Basic Life and AD&D benefit amount will be **reduced at age 70 to 65%** of the principal amount. All coverage terminates on the last day of employment or retirement. The policy contains a provision to convert the coverage to an individual policy with the carrier upon request.

Tax Treatment of Your Life Insurance Benefit: According to Federal tax regulations, the first **\$50,000** of your employer-provided life insurance coverage is not subject to taxes. Amounts over that amount are taxable. The federal government assigns a value to these amounts (called imputed income) and adds this to your W-2 earnings.

IMPORTANT NOTE
Upon death, life insurance proceeds are tax-free.
Beneficiaries do not pay taxes on life insurance proceeds.

Please refer to the **Certificate of Coverage**, posted on the District website, for full details of this valuable benefit.

Short Term Disability Income Protection

It's likely that at some time during your employment with us you'll experience a need to be off work due for a period of time due to a disability. Some examples are childbirth or elective surgery.

For these types of short-term absences, you may wish to enroll in the short-term disability plan. This coverage, also underwritten by **Sun Life Financial** will pay you a **weekly benefit equal to 60% of your weekly pre-disability base earnings for up to 11 weeks** after 15 calendar days of disability. Approval for benefits is based on medical documentation of disability as defined by the Certificate of Coverage.

PLEASE NOTE: The District **does not contribute** towards the cost of this coverage. You are solely responsible for 100% of the cost, which is based on your annual salary and will be deducted via payroll deduction.

Because you pay 100% of the premium on a post-tax basis, benefits are not subject to withholding of local, state, or federal taxes.

You must enroll within 31 days of eligibility. Enrollment at a later date will require proof of good health and you could be denied coverage.

Please refer to the Certificate of Coverage, posted on the District website, for full details of this valuable benefit.

Flexible Spending Accounts

A **Flexible Spending Account (FSA)** is a **spending account** funded with money you set aside from your paycheck before income taxes are calculated based on your remaining earnings. You may set up a spending account for **Health Care, Dependent Daycare, or both**. **You are not required to be covered under our insurance in order to contribute to a FSA.**

- Claims for Health Care Reimbursement and/or Dependent Care Reimbursement are administered by HealthEquity.
- Participants will be provided a Debit Card(s).
- You may also submit claims on-line via the HealthEquity website, by fax or through U.S. Mail.
- You may elect to have the reimbursement deposited directly to your checking account.
- Claim and reimbursement information is available on-line or by touchtone phone 24 hours a day, 7 days a week.

Health Care Expenses

You may set aside an amount of your salary within IRS regulations **per calendar year**. These funds can be used to pay for a variety of eligible expenses such as:

- Deductibles, copays, coinsurance, and prescription drug costs
- Expenses not covered by any health, dental, or vision insurance plan
- Certain over-the-counter items obtained for you or your dependent(s) health care needs
- Expenses in excess of medical or dental coverage limits, such as your share of orthodontia treatment costs

Funds may be used for your own eligible expenses as well as the eligible expenses of your spouse or dependent children - even if they aren't covered on your insurance plan.

Dependent Day Care Expenses

This account is designed to help you pay for dependent day care expenses so you and/or your spouse can work. You also can use the account to pay adult day care expenses for a spouse who is mentally or physically handicapped. You may set aside an amount of your salary within IRS regulations **per year**. **If you are married and your spouse also contributes to a similar account through their employer, you & your spouse combined may set aside no more than the maximum that the IRS allows per year.**

Eligible dependent day care can be provided in your home or in someone else's home, or in a care facility (except for a nursing home). When you submit a claim for expenses, you must provide your care-giver's tax identification number (for individuals, this usually is their Social Security Number). Generally, your eligible dependents include:

- Children under age 13 who qualify as a dependent on your federal income tax return
- Dependents unable to care for themselves (e.g., an incapacitated older child, spouse, or elderly parent who regularly spends at least eight hours a day in your home and otherwise qualifies as a dependent under IRS rules)

Open Enrollment to participate in the Flexible Spending Program occurs each Fall. You must re-enroll every year.

HR will send an email to all staff with enrollment details.

Flexible Spending Accounts, cont.

Special Rules Under S125 of the Internal Revenue Code

Because the spending accounts provide significant tax savings, the IRS imposes restrictions that we want you to be aware of so that you can make an informed decision about whether to enroll:

- Each account is completely separate. You may not transfer money from one account to another. You also may not use your health care account to pay for dependent day care expenses, or your dependent day care account to pay for healthcare expenses.
- If you claim an expense for reimbursement through either account, you may not claim the same expense as a deduction or a credit on your income tax return.
- On January 1st your FSA will be credited with the full amount of funds you agreed to set aside even though you haven't actually contributed those funds yet.
- For dependent day care reimbursement, funds are only available to the extent that funds have been contributed from your bi-weekly paycheck.
- Dependent day care enrollment requires that you file **IRS Form 2441** with your federal return. The form is simply an informational form to report the amount you paid and to whom.
- You have until March 31st to submit healthcare or dependent day care expenses incurred during the prior calendar year (expenses must be incurred between January 1 and December 31 of the prior year).
- **Unspent funds are forfeited and cannot be returned to you. Use it ...or Lose it!**



Worksheet

Annual Expenses	Estimated Amount
Medical plan deductibles	\$
Medical plan copayments	\$
Prescription drug copayments	\$
Other expenses (such as prescribed over-the-counter drug costs)	\$
Dental deductibles	\$
Dental copayments	\$
Orthodontia copayments/amounts exceeding limit	\$
Vision care expenses	\$
Total expenses	\$
Total you wish to contribute	\$
In order to determine your per pay contribution, divide your total contribution by 24 pays (or 18 if you signed up for 18 pays).	\$

Retirement Benefits

Indiana Public Retirement System (INPRS) aka Public Employee Retirement Fund (PERF)

What is INPRS?

INPRS oversees the administration of the various State retirement funds for public employees, including the Public Employee Retirement Fund (PERF). The fund is a retirement account designed to help you achieve financial well-being.

Eligible employees are automatically a member of INPRS and will have an individual Annuity Savings Account (ASA) funded by a 3% mandatory contribution. Per state law, contributions may be paid by either the member via payroll deduction or by the employer on the member's behalf. **If you are eligible, the District will contribute the entire 3% on your behalf, submitted on a bi-weekly basis. You will not be responsible for any of the 3% contribution. Your HR Coordinator can confirm whether you are eligible for PERF.**

What are my next steps?

- Visit www.in.gov/inprs to log into your account and review the accuracy of all personal information shown.
- Keep your INPRS account updated (beneficiary changes, name change, address changes). **Only you can make these changes.**

Important Notes:

Vesting requirements apply. Please visit www.in.gov/inprs for details.

Medicare Part D Notice

Important Notice from MSD of Washington Township (MSDWT) About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. MSDWT has determined that the prescription drug coverage offered by MSDWT is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current MSDWT coverage may be affected. For more information, please refer to the benefit plan's governing documents.

If you do decide to join a Medicare drug plan and drop your current MSDWT coverage, be aware that you and your dependents may not be able to get this coverage back. For more information, please refer to the benefit plan's governing documents.

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

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

Medicare Part D Notice, cont.

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

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

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

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

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY1-800-325-0778).

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

Name of Sender: MSD Washington Township
Contact Name & Position: Demi Barton, Benefits Specialist
Office Address: 8550 Woodfield Crossing Blvd., Indianapolis, IN 46240
Phone Number: 317-845-9400

Contact Information for Group Benefits

- Delta Dental (800) 524-0149
www.deltadentalin.com
- VSP (Vision Service Plan) (800) 877-7195
www.vsp.com
- EAP (Employee Assistance Plan) (317) 962-8001
www.iuhealth.org/employee-assistance

Contact Information for Voluntary Benefits

- Aflac (accident / critical illness / hospitalization) (800) 443-3036
- Sun Life Financial (short-term disability) (800) 247-6875
www.sunlife.com/us
- Trustmark (universal life) (877) 918-8877
- HealthEquity (Health Care Spending & Dependent Day Care) (866) 735-8195
www.HealthEquity.com

Contact Information for Retirement Info

- INPRS (844) 464-6777

Other Questions?

- Demi Barton, Benefits Specialist - dbarton@msdwt.k12.in.us (317) 205-3332, x77280