WASHINGTON
TOWNSHIP SCHOOLS

BENEFIT OFFERING for CLASSIFIED 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.msdwt.k12.in.us/hr/benefits/

Table of Contents

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 26 for more details.

Overview of Available Benefits

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

- Employee Assistance Program (EAP)
- Medical and Prescription Drug coverage
- On-site Marathon Health & Wellness Center @ Northview Middle School
- Dental coverage
- Vision coverage
- Life insurance, including Accidental Death & Dismemberment coverage
- Long Term Disability Income Protection (LTD)
- Short Term Disability Income Protection (STD)
- Tax-advantaged Savings Accounts (TSA):
    - Flexible Spending Accounts (FSA)
    - Dependent Care Accounts (DCA)
    - Health Savings Accounts (HSA)
- Retirement Savings Plans

Important Enrollment Information

Group Benefits (Medical/Rx, Dental, Vision, Life and AD&D, Long-Term Disability Income Protection)

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:

- Medical/Rx coverage will be unavailable to you until the next annual open enrollment period, or if you request to enroll within 31 days of a qualifying event. Please refer to Page 2 of this booklet for details regarding qualifying events.
- 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.

LONG TERM DISABILITY INCOME PROTECTION: The Collective Bargaining Agreement between MSDWT and the Washington Township Education Association (WTEA) requires all Certified employees to enroll in the plan as a condition of employment and to pay 100% of the premium.

Coverage for You and Your Dependents

In addition to yourself, you may also choose to cover eligible family members for health, dental, 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 month in which the child turns **26** for **medical**
    - 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**

IMPORTANT NOTICE REGARDING HEALTH INSURANCE FOR YOUR SPOUSE:

Your spouse may only be covered on your health plan if they are:

- ***Unemployed***
- ***Retired***
- ***Self-employed***
- ***Employed, but their employer does not offer health insurance benefits to its employees.***

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 medical, dental, or 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 may be able to enroll in health insurance during an annual open enrollment period as announced by the Director of Human Resources. For dental or vision, you are only eligible to enroll within 31 days of a future qualifying event.

An Important Note Regarding State Assistance Plans

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- Coverage under Medicaid or CHIP (Children's Health Insurance Program) is terminated as a result of loss of eligibility
- Premium assistance for coverage under Medicaid or CHIP is approved by the State

It is your responsibility to notify Human Resources within **60 days** of the loss of Medicaid or CHIP coverage, or the date when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided on Page 29.

Employee Assistance Program (EAP)

What is EAP?

Our EAP, offered through **mara**, 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.

Common Insurance Terms & Their Definition

Common Term	Definition
Coinsurance	Coinsurance is a cost sharing agreement between you and the benefit plan (the Plan) in which the Plan pays a percentage of the covered costs after the deductible has been met and you pay the remaining balance up to a stated maximum out-of-pocket amount.
Copay	Copay is a fixed fee paid at the time of service. Unlike coinsurance, the deductible **does not apply** and copayments do not vary with the cost of a service. Copays count toward the out-of-pocket maximum **but do not count toward the deductible**.
Deductible	The deductible is the amount of covered expenses you're responsible to pay each calendar year before the Plan pays its share based on the coinsurance provisions of the Plan. **Expenses that go toward your deductible will also go toward your out-of-pocket maximum.**
PPO Preferred Provider Organization	A type of insurance arrangement that allows individuals the freedom to choose the doctors and hospitals they want to visit. Referrals are not required. Remember, however, that by staying inside the provider network you will typically have lower out-of- pocket expenses andreceive a higher benefit. If you choose to go outside the network, you'll have higher out-of- pocket expense and not all services may be covered.
Network Providers	Credentialed and contracted Providers are considered "In-Network" providers. These Providers have agreed to file your claim for you and to discount their fees.
Non-Network Providers	These Providers have no contract with the carrier and so they are not required to file claims or reduce their fees; they can demand payment from you before providing services.
In Network Coverage	Refers to the level of benefits received when you use Providers that have contracted with the carrier to provide discounted services.
Out-Of-Network Coverage	Refers to the level of benefits received when you use Providers that have not contracted with the carrier. You will experience higher out-of-pocket costs when using out-of-network Providers.
PCP Primary Care Physician	A non-specialist Physician who is responsible for coordinating your care. A Pediatrician is not considered a Specialist under our Plan. An OB-GYN is not considered a Specialist when providing wellness services.
OOP Max Out-of-Pocket Maximum	When an individual reaches the OOP max, all in-network charges incurred by that individual during the remainder of the calendar year will be covered in full by the Plan. Expenses that count toward the out-of-pocket maximum include all eligible charges that went toward the deductible, plus all co-payments, all eligible pharmacy expenses, and all coinsurance amounts.

Medical & Prescription Drug Coverage

Prescription Drug coverage is provided through a nationwide provider network with **TrueScripts** www.truescripts.com.
With the exception of Walgreens/RiteAid, all pharmacies are in the TrueScripts network.

Our medical coverage is provided through a nationwide provider network with Anthem. Utilizing **Anthem's network**, participating healthcare providers agree to discount their fees and file claims on your behalf. When you obtain care from network providers, you'll never pay the "retail" price so you'll save money because your shareof the covered charges will be based on negotiated fees and the plan will pay a higher benefit.

We offer eligible employees the choice of two health plans:

Choice 1 - (Traditional Plan) with copays for day-to-day healthcare expenses
Choice 2 - (Qualified High Deductible Health Plan)
Employees enrolling in Choice 2 are eligible to contribute to a Health Savings Account (HSA)

Both plans include unlimited access to the Marathon Health & Wellness Center at Northview Middle School and the Network of Health Centers (visit marathon-health.com/locations for network of centers).

All services received at the Health & Wellness Center are *free of charge* to all individuals covered by our medical plan.

NOTE: During Open Enrollment employees may re-evaluate their needs and change plans if they desire.

A Summary of Benefits and Coverage (SBC) for each medical plan, as well as a complete Summary Plan Document (SPD), may be found on the District's website https://www.msdwt.k12.in.us/hr/benefits/.

Did you know...

For children, a pediatrician is considered a primary care provider (PCP).
You'll pay the lower Primary Care Provider (PCP) copay
instead of the higher Specialist copay.

Additionally, you do not need prior authorization from Anthem (or from any other person, including a PCP) in order to obtain care from a Specialist.

For information on participating network providers visit www.anthem.com

Marathon Health &Wellness Center @ Northview and Network

Marathon Health

Exclusively dedicated to school corporation employees and their families who participate in the health plan, the Health and Wellness Center at Washington Township provides convenient access to high-quality primary care at no out-of-pocket cost to you. In addition to the Health and Wellness Center at Washington Township, employees and their families who participate in the health plan have access to the additional seven health centers in the Marathon Health Network. The goal of the centers is to help you stay well and live a healthier life.

Health and Wellness Center at
8401 Westfield Blvd. Door 19A
South Indianapolis, IN 46240
317-253-4987

HOURS
Please see benefits website for current hours
To schedule an appointment,
visit msdwt.k12.in.us, call 866-434-3255,
or visit my.marathon-health.com

Visit the Health and Wellness Centers for a variety of services:

Prevention

Health Screenings
- Annual Exams
- Blood Pressure
- Body Mass Index
- Cholesterol
- Glucose
- School, Camp and Sports Physicals

Health Coaching
- Nutrition
- Physical Activity
- Tobacco Cessation
- Stress Management
- Weight Loss

Chronic Condition
- Coaching
- Arthritis
- Asthma
- COPD
- Depression
- Diabetes
- Heart Health
- Low Back Pain
- Sleep Apnea
- Educational Offerings

Sick Visits

- Bronchitis
- Common Cold
- Constipation
- Cough
- Diarrhea
- Eye Infections
- Headache
- Joint Pain
- Nausea and Vomiting
- Nosebleed
- Sinus Infections
- Skin Infections
- Strep Throat

Behavioral Health

- Anxiety
- Depression
- Eating disorders
- Grief
- PTSD

Lab Services

Blood work and lab tests processed at the center include hemoglobin A1C, lipid panel, glucose, rapid strep, mono, urinalysis, oxygen saturation and pregnancy. Additional lab tests can also be drawn and sent to an outside lab for processing.

Privacy

The care you receive by Marathon Health is confidential and protected by state and federal law.

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Marathon Health

Learn more about health coaching

Personal health coaching can help you make better lifestyle choices that can lead to a healthier life. The Health and Wellness Center's certified health coach will support you on your journey and provide accountability to help you achieve your health goals. Coaching sessions are scheduled at your convenience. During these one-on-one sessions, your health coach will help you:

- Develop an action plan based on your individual needs
- Build confidence and boost motivation for better health
- Turn your resolutions into reality

Frequently asked questions about the Health and Wellness Center

Who is Marathon Health?

Marathon Health is an industry leader in employer-sponsored healthcare, which means they partner with companies to provide its employees with primary care services that are conveniently located onsite, nearby or virtually. Marathon Health partners with more than 200 employers and operates more than 200 health centers across the country.

Marathon Health's mission is to improve the lives of millions by providing its members with preventive care that is conveniently located and offered at little or no cost. Patients (members) at Marathon Health often see significant improvements in their overall health. Visit the Marathon Health website and read the stories of patients who have benefited from the care at Marathon Health centers at: www.marathon-health.com/healthylikeme.

What do I get as a member of Marathon Health?

As a member, you and your eligible family members have access to seven health centers in the Marathon Health Network in Indianapolis. You also have access to Marathon Health Anywhere, a virtual advanced primary care service with a dedicated care team from anywhere. The Washington Township Employee Health and Wellness Center will re-open with Marathon Health in late 2023.

Who can use Marathon Health?

Employees, spouses, and dependents (ages 2+) covered under the health plan are eligible to use Marathon Health.

What services are available through Marathon Health?

Services include preventive care (annual exams and screenings), sick care, chronic condition management (diabetes, hypertension, high cholesterol), health coaching (weight loss, smoking cessation, stress management), behavioral health counseling (anxiety, addiction, depression) and lab services (blood and urine tests).

How much do services cost?

All services are provided at NO COST.

Can a Marathon Health provider prescribe medications?

A Marathon Health provider can dispense approximately 150+ medications. Marathon Health requires a consultation with a provider when filling a prescription to ensure complete oversight of your medical treatment. Medications that are considered controlled substances, such as narcotics, will not be available onsite.

What is Marathon Health Anywhere?

Your employer has partnered with Marathon Health to provide you with access to a virtual advanced primary care solution - from anywhere. All you need is a smartphone or computer to connect with our providers. Marathon Health Anywhere gives you access to primary and sick care, such as preventive screenings, virtual annual physicals and care for illnesses (cold, fever, flu, ear infections, etc.). You can also schedule appointments for chronic conditions, behavioral health services and health coaching. A Marathon Health provider can prescribe medications for conditions treated by the Anywhere providers. Prescriptions are available for home delivery.

Can I still see my primary care provider?

Yes. The healthcare provided at Marathon Health is available for you to use if you choose. The services may be used to supplement or replace your primary care provider. If you need to be referred for specialty care, the onsite physician can provide the referral and help you understand your best healthcare options. Common referrals include mammograms, x-rays, colonoscopies, mental health, cardiac testing and more.

What is the Marathon Health Portal?

Visit the online portal to schedule and view your appointments, securely message your care team, request medication refills, view your health records and connect your fitness devices. Visit my.marathon-health.com or download the Marathon Health App on any iOS or Android device.

How do I set up my Marathon Health account?

1. Visit the Marathon Health portal online at my.marathon-health.com.
2. Click New? Register Now.
3. Fill in the requested information and click Next.
4. Provide your employer's name and then select your member type (employee). Click Next.
5. Provide the information required in the form and click Finish.

Do I need an appointment?

To reduce your wait time, we recommend scheduling an appointment. Walk-in appointments are available if the provider is not seeing another patient. If there is a specific time you need or want, you can schedule online through the Marathon Health Portal at my.marathon-health.com (registration required) or call 866-434-3255. Appointments can be made as far in advance as you need.

How do I cancel an appointment?

In the interest of being able to accommodate as many people as possible, we appreciate you canceling an appointment as far in advance as possible. You can cancel through the Marathon Health Portal on the Appointments tab on my.marathon-health.com (registration required) or call 866-434-3255.

SURGICAL SERVICE

Indiana is the fourth most costly state in which to have surgery. WellBridge Surgical was created to change that by providing quality surgical services at transparent, up-front prices.

WellBridge tells you up front what each procedure will cost.

WellBridge offers over 3,500 procedures within 16 surgical specialties.

wellbridge surgical

YOU'RE CONSIDERING SURGERY

1. Whether you have been referred by your doctor, or you simply think you might need surgery, call WellBridge and schedule a consultation.

CONSULT WITH A WELLBRIDGE SURGEON

2. The surgeon performs an examination and discusses your options with you.

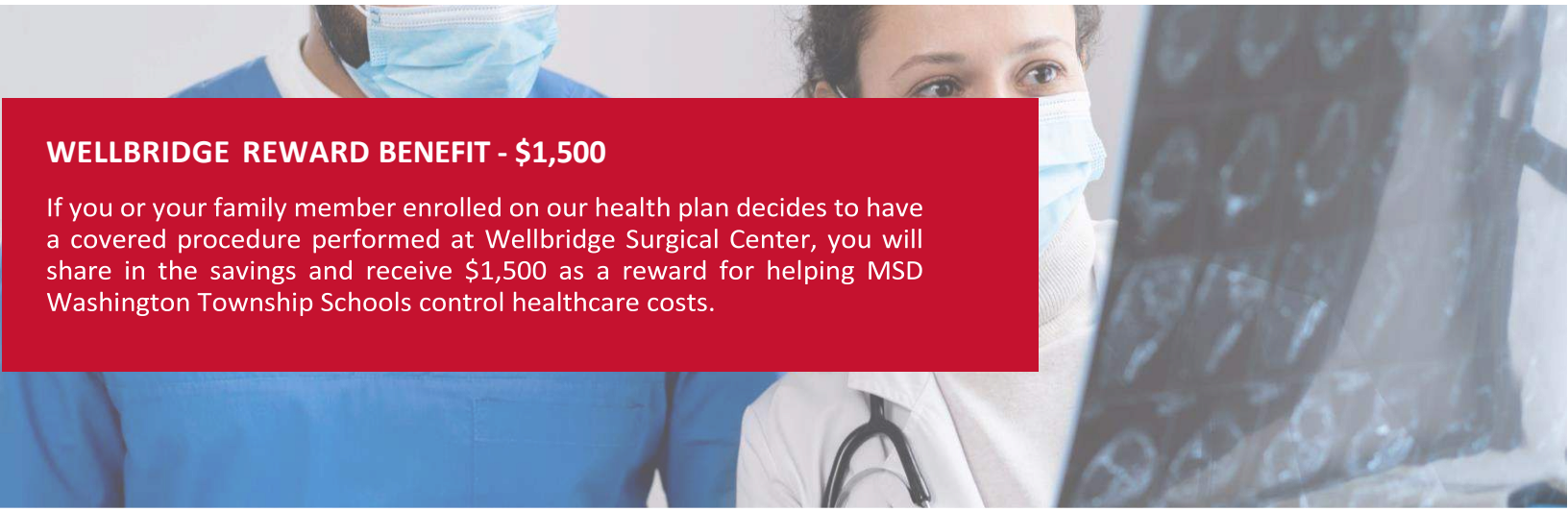
YOUR PROCEDURE IS SCHEDULED

3. The WellBridge team will take it from here!

LEARN MORE TODAY!

Email | info@wellbridgesurgical.com Call | 317-696-2710

Visit | www.wellbridgesurgical.com



WELLBRIDGE REWARD BENEFIT - $1,500

If you or your family member enrolled on our health plan decides to have a covered procedure performed at Wellbridge Surgical Center, you will share in the savings and receive $1,500 as a reward for helping MSD Washington Township Schools control healthcare costs.

WASHINGTON TOWNSHIP SCHOOLS

Regenexx

866-257-5523
regenexxbenefits.com/msdwt

WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, our physicians draw your blood platelets and bone marrow aspirate and process them in our advanced orthobiologics laboratories. We then inject them precisely at the site of your injury using image guidance. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient procedure performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a safer alternative to surgery with Regenexx.

YOUR REGENEXX BENEFIT

Regenexx is covered as an in-network benefit within the Washington Township Schools health plans.

In-network benefits for specialist services within your plan and in-network deductibles and out-of-pocket maximums apply for all **Regenexx** services.

Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network.

CONDITIONS TREATED

Ankle/Foot
- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow
- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip
- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee
- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder
- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine
- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.

To register for one of our weekly webinars, visit **regenexxbenefits.com/webinar?mailer**.

Call us today at **866-257-5523** or visit **regenexxbenefits.com/msdwt** to learn more.

Medical & Prescription Drug Coverage, cont.

	What YOU pay when obtaining care in network	
	Choice 1 PPO $1500 deductible	**Choice 2 HDHP** $3200 deductible
Preventive Care	Covered in Full	Covered in Full
Primary Care Office Visit	$25, no deductible	$0, after the deductible
Specialist Office Visit	$50, no deductible	$0, after the deductible
Outpatient Rehab Therapy	$25, no deductible	$0, after the deductible
Chiropractic Manipulative Treatment	$25, no deductible	$0, after the deductible
Urgent Care	$50, no deductible	$0, after the deductible
Emergency Room	$150, no deductible	$0, after the deductible
Annual Deductible (calendar year - resets on 1/1)		
Per Individual | Per Family (Embedded)	$1,500 | $1,750	$3,200 | $6,000
Embedded Deductible – Embedded means that if you have more than one person enrolled in either health plan, any combination of covered family members may help meet the family deductible; however, no one person will pay more than his or her embedded individual deductible amount.		
Coinsurance		
Ambulance Durable Medical Equipment Lab, X-Ray and Major Diagnostics Inpatient Hospital Outpatient Procedures & Services	20%, after deductible	$0, after the deductible
Out of Pocket (OOP) Maximum (when all eligible charges paid @ 100%)		
Per Individual | Per Family (Embedded)	$3,250 | $6,500	$3,200 | $6,000
Embedded Out-of-Pocket – Embedded means that if you have more than one person enrolled in either health plan, any combination of covered family members may help meet the family out-of-pocket maximum; however, no one person will pay more than his or her embedded individual out-of-pocket maximum amount.		
Wellbridge Surgical Center (If you or your family member decides to have a covered procedure performed at Wellbridge Surgical Center, you will share in the savings and **receive $1,500 as a reward** for helping MSD Washington Township Schools control healthcare costs.)		
Per Individual | Per Family	20%, after deductible	$0, after the deductible
Regenexx		
Per Individual | Per Family	20%, after deductible	$0, after the deductible
Prescription Drugs (TrueScripts)		
Retail Pharmacy – up to 31 day supply		
Tier 1 Formulary Listing	$10	$0, after the deductible
Tier 2 Formulary Listing	$35	$0, after the deductible
Tier 3 Formulary Listing	$60	$0, after the deductible
Retail Pharmacy – up to a 90 day supply		
Tier 1 Formulary Listing	$25	$0, after the deductible
Tier 2 Formulary Listing	$88	$0, after the deductible
Tier 3 Formulary Listing	$150	$0, after the deductible
Marathon Health & Wellness Center and Network of Health Centers		
All services received at the Health & Wellness Center are free of charge to all individuals covered by our medical plan.		

This chart is provided only as a general overview of the benefit plans and should not be solely relied upon when determining your coverage. A detailed Summary of Dental Benefits & Coverage may be found on the District website.
https://www.msdwt.k12.in.us/hr/benefits/

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.msdwt.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.msdwt.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.

Long Term Disability Income Protection

In the unlikely event you become disabled and unable to perform the substantial duties of your position, your paid leave days would eventually be exhausted, and your bi-weekly paychecks would cease. How would you continue to meet the financial obligations for you and your family?

With your district-sponsored long-term disability coverage, underwritten by **Sun Life Financial**, after you have been disabled for **90 consecutive calendar days (approximately 12 weeks/60 workdays)**, you would receive a **monthly benefit equal to 66 2/3% of your monthly pre-disability base earnings**. Approval for benefits is based on medical documentation of disability as defined by the Certificate of Coverage.

You must enroll within 31 days of eligibility.

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 more likely that you'll experience a need to be off work due to a disability that doesn't last long enough for LTD to pay a benefit. Some examples are childbirth or elective surgery. Generally speaking, LTD benefits won't be payable because the time you need off work will be less than 90 calendar days.

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.

Tax Advantaged Savings Accounts

The District offers employees the ***option*** of contributing to one of two types of tax advantaged accounts governed by the IRS:

- Flexible Spending Accounts (FSA)
- Health Savings Accounts (HSA)

The funds in these accounts can be used to pay for qualifying unreimbursed healthcare expenses (medical, dental, and vision). Qualifying healthcare expenses typically include deductibles, copayments, coinsurance, and goods or services not covered by medical, dental, or vision insurance.

Although the accounts differ in many ways, both accounts provide tax savings because the money contributed to the account from your bi-weekly earnings via payroll deduction is not considered part of your adjusted gross income and therefore are tax-exempt. No taxes are paid on the earnings you redirect to these accounts. And no taxes are paid on funds withdrawn/used to pay for qualifying healthcare expenses.

Flexible Spending Accounts (FSA)

FSAs are tax advantaged ***employer-established*** arrangements that reimburse employees for qualifying healthcare expenses.FSAs are funded through a Salary Reduction Agreement in compliance with Section 125 of the Internal Revenue Code. **Employees may elect to redirect a portion of their bi-weekly earnings to an FSA regardless of whether they are enrolledin any of the MSDWT insurance programs.**

Health Savings Accounts (HSA)

HSAs are tax advantaged accounts ***established by individuals*** to set aside funds for payment of qualifying healthcare expenses. To be eligible to contribute to an HSA you must be covered by a qualified high deductible health plan (HDHP) that meets specific IRS criteria regarding deductible and out of pocket levels. **Only the Choice 2 medical plan meets these criteria.**

By law, you MAY NOT contribute to *both* a Flexible Spending Account and a Health Savings Account.

Please refer to the following pages for complete details regarding these accounts.

Flexible Spending Accounts

A **F**lexible **S**pending **A**ccount (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).	$

Health Savings Accounts

A **H**ealth **S**avings **A**ccount (HSA) is a **savings account** funded with money you set aside from your paycheck before income taxes are calculated based on your remaining earnings. **Only those employees enrolled in the Choice 2 qualified high deductible health plan** (also known as the **HSA plan**) may contribute to an HSA.

Who can benefit from an HSA eligible plan?

Those who will benefit most are those who are willing to:

- Systematically fund the savings account through payroll deduction
- Take an educated consumer approach by comparing costs, evaluating urgency/frequency of appointments, etc.
- Maintain receipts and other records (IRS requirement)
- Adjust to a new way of managing healthcare expenses

Please note: The District does not contribute to the HSA. By enrolling in the HSA plan and reducing what's deducted from your paycheck for coverage when compared to the per pay cost for the Choice 1 plan, you can use the savings to fund your HSA on a tax-advantaged basis.

Are there any tax or other financial benefits to enrolling in an HSA eligible plan*?*

- Individual contributions to an HSA (up to IRS maximums) are not subject to income taxes, thus reducing your taxable income. IRS limits can change each year. Please consult the IRS website for details.
- Debit cards, checks and on-line transfers are available for withdrawals from your HSA.
- HSA funds remain in the individual's account from year to year until they are used -- **funds are never forfeited**. A change in employer or a change in enrollment does not affect your ability to continue to use the funds.
- An HSA is designed to pay for medical, dental, vision, and RX expenses -- now, or in the future. Funds can be used throughout the year or left to accumulate in the account for future needs.
- Withdrawals for qualified medical, dental, vision, and RX expenses are tax free.
- Qualified expenses are those expenses not typically covered by insurance coverage (e.g., laser eye surgery, hearing aids, orthodontia, etc.). Visit **http://www.irs.gov/publications/p502/index.html** for a complete list.
- The same types of investments permitted for IRAs are allowed for HSAs including stocks, bonds, mutual funds and certificates of deposit.
- The account holder controls all decisions over how the money is invested.
- The interest earnings on assets in the account grow tax free.

Additional information is available through several excellent websites:

www.thehsaauthority.com or **www.hsabank.com**

http://www.irs.gov/publications/p969/index.html

Health Savings Accounts, cont.

About Our Qualified High Deductible Health Plan - the Choice 2 Plan (an HSA Eligible Plan)

- The plan meets all IRS criteria with regard to the deductible and the out-of-pocket maximum.
- Per IRS rules, other than preventive care and services obtained from the on-site Marathon Health & Wellness Center and their Network of Health Centers, all benefits are subject to the deductible. This means that other than preventive care and services obtained from the Marathon Health & Wellness Center and their Network of Health Centers, before the plan pays for an individual's eligible healthcare expenses the individual must firstsatisfy a deductible. ***Remember: you will be paying negotiated fees that reflect a significant discount over retail.***

Other Important Details You Should Know

As the owner of the account, you are responsible for compliance with all IRS regulations as described in IRS Publication 969 (available on the IRS website at **http://www.irs.gov/publications/p969/index.html**).

To be eligible to contribute to an HSA, an individual must:

- Be covered by our Choice 2 plan, which is a qualified high deductible health plan
- Not be covered by another health plan that is not a qualified high deductible plan
- Not be enrolled in Medicare

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).	$

Note: The amount you contribute to an HSA through payroll deduction can be changed at any time by providing Payroll with an updated HSA Payroll Authorization Form, found on the District website.

Retirement Benefits

An important aspect of achieving financial well-being is retirement planning. The District provides several retirement plans.

403(b) Savings Plan

What is a 403(b) plan?

A 403(b) plan (also called a **T**ax-**S**heltered **A**nnuity plan (TSA) is a retirement savings plan offered by public schools and certain 501(c)(3) tax-exempt organizations. The name simply refers to the section of the tax code which governs such plans. The District offers a 403(b) plan through **Corebridge (formerly known as VALIC)**. Employees contribute to individual accounts whichinclude a variety of investment options.

What are my next steps?

- Meet with an AIG registered representative to review investment options and make your investment elections.
- Complete an enrollment form to open your account and authorize payroll deductions of your contributions.
  You must enroll so your account can be created, otherwise your payroll deducted contributions can't be deposited.

Important Notes:

Vesting requirements apply.

Retirement Benefits cont.

401(a) Savings Plan

What is a 401(a) plan?

A 401(a) plan provides you with an additional way to save toward retirement. The name simply refers to the section of the tax code which governs such plans. The District offers a 401(a) savings plan through **MetLife** and employees contribute to individual accounts which include a variety of investment options.

Why should I contribute to a 401(a) plan?

When you enroll in the 401(a) plan, the District will contribute an amount equal to **1.85%** of your base contract.

What are my next steps?

- Meet with a MetLife registered representative to review investment options and make your investment elections.
- Complete an enrollment form to open your account and authorize payroll deduction of your contributions.
  You must enroll so your account can be created, otherwise your payroll deducted contributions can't be deposited.

Important Notes:

Vesting requirements apply.

VEBA Retiree Healthcare Savings Account

What is a VEBA?

A VEBA is a 501(c)(9) Trust that is funded with a **H**ealth **R**eimbursement **A**ccount (HRA). The name simply refers to the section of the tax code which governs such plans. The District offers a VEBA plan, with a variety of investment options, through Indiana HRA**.** While a VEBA plan is designed to provide funds to cover healthcare expenses during retirement, once you separate employment from MSD Washington Township you may access the funds at any time if you have satisfied the vesting requirements.

The District will contribute an amount equal to 1.85% of your base contract, submitted on a bi-weekly basis.

You will be automatically enrolled; no enrollment form is required.

Important Notes:

Vesting requirements apply.

Retirement Benefits cont.

Indiana Public Retirement System (INPRS) aka Teachers Retirement Fund (TRF)

What is INPRS?

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

As a public school employee, you are automatically a member of INPRS and will have an individual **A**nnuity **S**avings **A**ccount (ASA) funded by a 3% mandatory contribution. Per state law, contributions are paid either by the member via payroll deductions 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. Informa on 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 coverageif 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 Medi-care 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

Anthem ..... **(800) 981-6731**
www.anthem.com

TrueScripts (Rx)..... **(844) 257-1955**
www.truescripts.com

Wellbridge..... **(317) 696-2710**
www.wellbridgesurgical.com

Regenexx..... **(866) 257-5523**
www.regenexxbenefits.com/msdwt

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

Marathon Health & Wellness Center at Northview Middle School and their Network..... **(866) 434-3255**
marathon-health.com/locations

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

MetLife..... **(317) 818-1913**

Corebridge (VALIC) ..... **(317) 818-5900**

INPRS ..... **(844) 464-6777**

Other Questions?

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