



2023

Employee Benefit Guide

Plan Year	January 1 – December 31, 2023
Open Enrollment	October 24 – November 4, 2022
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Presented by:



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Open Enrollment & Benefit Highlights

2023 Plan Year Details

The health and financial security of you and your family is important to us. Our benefit program provides a variety of plans that can enhance the lives of you and your family – both now and in the future. As an eligible employee, you will be asked to make decisions about the employee benefits described in this booklet. This guide provides information to enable you to effectively enroll in your benefits. Take time to read it carefully and use the available resources to ensure you make the decisions that are right for you and your family.

The Open Enrollment period is an opportunity for eligible employees to enroll in or make changes to your benefits for the upcoming year. This year Open Enrollment is **October 24 through November 4, 2022**

This is the only time during the year that you are eligible to make benefit plan changes unless you have a qualifying life event that allows you to change your benefits mid-year. Changes made during Open Enrollment will be effective January 1, 2023.

	Medical Plan	<ul style="list-style-type: none">• Two plans will be offered for 2023• Employee contribution increases• UMR and Magellan remain the medical and Rx plan administrators
	Dental Plan	<ul style="list-style-type: none">• No plan design changes• No employee contribution changes• Delta Dental remains dental carrier
	Vision Plan	<ul style="list-style-type: none">• No plan design changes• No employee contribution changes• VSP remains vision carrier

QUICK REFERENCE GUIDE

UMR (Medical)	www.umar.com	800-207-3172
Teladoc	www.teladoc.com	800-835-2362
VSP Vision	www.vsp.com	866-723-0515
Delta Dental	www.deltadentalin.com	800-524-0149
Magellan Health (Rx)	www.MagellanRx.com	800-207-3172
First Federal Savings Bank	www.firstfedhuntington.com	260-356-3311
Human Resources- Patty Prosser	pprosser@hccsc.k12.in.us	260-356-8312 x6103
Open Enrollment Link	https://benefits.plansource.com/logon	

This benefit guide only highlights the benefits available. For a more complete description, see the Plan Certificate. If any conflict should arise between this summary and the Plan, the Plan's Certificate will govern in all cases.

Terms You Should Know

Benefit Eligible. All full-time employees working an average of at least 30 hours per week are eligible for benefits. For new hires, your benefits begin on your date of hire. For Medical, Dental and Vision your qualified dependents include your legal spouse and children to age 26. For Voluntary Dependent Life, your covered dependents include your spouse and children to age 25 provided they are full-time students.

Proof of Dependent Eligibility. To ensure that only those who are eligible enroll in Company benefits, the Company requires you to submit proof of dependent eligibility when you enroll a dependent in any Company benefit for the first time

Deductible. The amount you pay for covered health care expenses before your insurance starts to pay. For example, with a \$2,000 plan year deductible, you pay the first \$2,000 covered services.

Coinsurance. The percentage of costs of a covered health care service you pay (for example 20%), after you have paid your plan year deductible.

Out-of-Pocket Maximum. The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

Network Benefits (In-Network). In network providers agree to accept the UMR's approved amount for their services. You will see these savings listed as the "discounted amount" on your Explanation of Benefits statements.

Non-Network Benefits (Out-of-Network). Doctors or hospitals who are not in the network do not accept the UMR's approved amount. You will be responsible for paying the difference between the provider's full charge and your plan's approved amount. This is called balance billing.

Preventive Care. Preventive care is the care you receive to prevent illnesses or diseases. Providing these services at no cost is based on the idea that getting preventive care, such as screenings and immunizations, can help you and your family stay healthy. Services will be paid at 100% when you use a participating provider.

Consumer Driven Health Plan (CDHP). A CDHP features higher annual deductibles (for 2023, a minimum of \$1,500 for self and \$3,000 for family coverage) than traditional health plans, such as a preferred provider organization (PPO) or health maintenance organization (HMO) plan. With the exception of preventive care, covered staff members must meet the annual deductible before the plan pays benefits. CDHPs, however, may have significantly lower premiums than PPOs, HMOs or other traditional plans

Qualified Life Event. Employees may add/remove/make benefit changes during the Open Enrollment period which is held annually. However, we understand that life happens. Employees have **31 days** from the date of the **qualified life event** to make changes/updates. Examples of life events include: birth or adoption of a child; marriage or divorce; death; loss of coverage; and employment status change. Please contact Human Resources to request any Qualified Life Event changes.

Plan Compliance Notifications. Federal required Notices including but not limited to the HIPAA Privacy and Security, Certificate of Creditable Coverage for Medicare and Market "Exchange" Notices. Health Care Reform Notices are available online on the human resources internet site or via paper, free of charge, upon request. Please contact human resources with questions.

2023 Medical Benefit Overview

Consumer Choice Health Plan 1 \$2,000/\$4,000 Deductible

Consumer Choice Health Plan 2 \$3,000/\$6,000 Deductible

Physician Office Visit

Specialist Office Visit

Deductible

Single

Family

Coinsurance

Out-of-Pocket Maximum

Single

Family

Preventive Care

Hospital Services

Out-Patient Services

Maternity Services

Emergency Room Services

Urgent Care Centers

Mental & Nervous

In-Patient

Out-Patient

Substance Abuse

In-Patient

Out-Patient

Retail Prescription Drugs

Tier 1

Tier 2

Tier 3

Mail Order Prescription Drugs

Generic

Preferred

Non-Preferred

Lifetime Maximum

	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network Benefits
Physician Office Visit	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Specialist Office Visit	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Deductible	Non-Embedded		Non-Embedded	
Single	\$2,000	\$4,000	\$3,000	\$6,000
Family	\$4,000	\$8,000	\$6,000	\$12,000
Coinsurance	20%	40%	20%	40%
Out-of-Pocket Maximum	Non-Embedded		Non-Embedded	
Single	\$4,000	\$8,000	\$5,000	\$8,500
Family	\$8,000	\$16,000	\$8,000	\$17,000
Preventive Care	100% Coverage	40% after Deductible	100% Coverage	40% after Deductible
Hospital Services	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Out-Patient Services	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Maternity Services	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Emergency Room Services	20% after Deductible		20% after Deductible	
Urgent Care Centers	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Mental & Nervous				
In-Patient	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Out-Patient	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Substance Abuse				
In-Patient	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Out-Patient	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Retail Prescription Drugs				
Tier 1	20% after Deductible	Not Covered	20% after Deductible	Not Covered
Tier 2	20% after Deductible	Not Covered	20% after Deductible	Not Covered
Tier 3	20% after Deductible	Not Covered	20% after Deductible	Not Covered
Mail Order Prescription Drugs				
Generic	20% after Deductible	Not Covered	20% after Deductible	Not Covered
Preferred	20% after Deductible	Not Covered	20% after Deductible	Not Covered
Non-Preferred	20% after Deductible	Not Covered	20% after Deductible	Not Covered
Lifetime Maximum	Unlimited		Unlimited	

Medical Administration by UMR: UMR has negotiated discounts with a large national network of doctors and hospitals named United Healthcare Choice Plus. You will enjoy the highest level of benefits and the greatest value if you choose to receive care through the Choice Plus Network of providers. While it is not required that you utilize the network, the services you obtain outside of the network will be billed at a greater cost to you. You may log onto www.umar.com for a listing of participating providers.

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5 *If any conflict should arise between this summary and the Plan, the Plan's Certificate will govern in all cases.*

Your Medical Provider

UMR – A

UnitedHealthcare
Company

UnitedHealthcare
Choice Plus Network



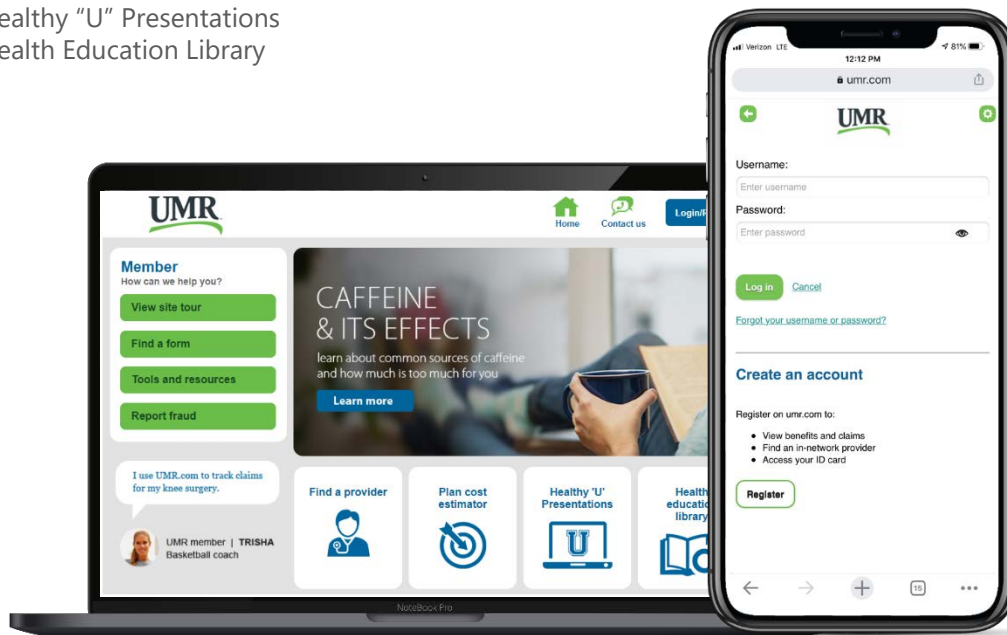
A UnitedHealthcare Company

Web Services – Services at your Fingertips

- Register for web services at <https://umr.com>
- UMR Website Tour: [Click to Watch the Video](#)
- Find a Provider Tour: [Click to Watch the Video](#)

Just a Click Away – 24/7 Access

- Benefit Plan Details
- Deductible, Out-of-Pocket Accumulations
- ID Cards
- Paid Claims for you and your insured dependents
- Medical PPO Network providers using the United Healthcare Choice Plus Network.
- Health and Wellness Tools including
 - Plan Cost Estimator
 - Healthy “U” Presentations
 - Health Education Library



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Provider Benefits

From UMR



UMR Mobile Services Available 24/7

- Mobile Access - [Click to Watch the Video](#)
- 24/7 mobile access to plan information, paid claims, provider and other UMR Helpful Tools including:
 - Plan Cost Estimator, Health and Wellness Resources, tools on navigating the app
- Mobile Services Tour - [Click to Watch the Video](#)
- Have Questions? Call the Customer Support Center using the phone number on your ID card.

NurseLineSM

A call to the UMR's NurseLine service will connect you to a team of registered nurses who can answer your questions and provide advice. Calling the NurseLine is easy and a free service if enrolled in the DePauw's medical plan. Simply dial toll-free 877-950-5083 available 24 hours, 7 days a week; the number can also be found on the back of your member ID card.

Teladoc[®]

This service gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of a phone, video or mobile app visits. It is an affordable option for quality medical care. Teladoc doctors can treat many medical conditions including cold & flu symptoms; allergies; pink eye; respiratory infection; sinus problems; skin problems and more.

- General medical = \$45/visit fee, Psychiatrists = \$95/session (\$200 for the initial evaluation)

Premium Provider Designations

The UnitedHealth Premium program, offered through UMR evaluates various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-effective providers. Understand the following symbols on the UMR website to better understand.

♥♥ Premium Care Physician	Physician meets Premium Program criteria for quality and cost-efficient care
♥♥ Quality Care Physician	Physician meets program criteria for providing quality care
♥♥ Not Evaluated For Premium Care	Program criteria does not evaluate physicians in this specialty or the physician does not have enough data to be evaluated for quality.
♥♥ Does Not Meet Premium Quality Criteria	Physician does not meet program criteria for providing quality care.

Prescription Management by MagellanRx

MagellanRx is a dedicated partner in pharmacy management. You will have access to pharmacy services and information using the web page, mobile app or on demand. If you take prescribed medicine on a regular basis, you can get up to a 90-day supply delivered to your home.

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Get the Care you Need with
OC24health

OC24health

Access to Quality Care, Anytime, Anywhere.

Treat Symptoms Such As:

- Allergies
- Asthma
- Bronchitis
- Colds & Flu
- Earache
- Headache
- Hives
- Insect Bites
- Pink Eye
- Rashes
- Sinusitis and more!

OC24health is excited to bring quality healthcare to you anytime, anywhere via mobile app or video—at work, in the comfort of your home and even while traveling.

Once you register for OC24health, you will have access to our network of local and national doctors/providers.



Our doctors/providers can diagnose, treat and prescribe medication for your non-emergency conditions. This includes treatments for the flu, sore throat, eye infections, bronchitis, and much more.

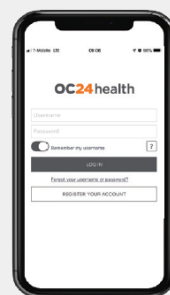
Whenever you need care, our doctors/providers are available within minutes. We are looking forward to serving you.

OC24health.com

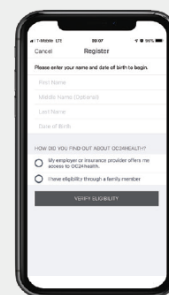
With your consent, we're happy to provide information about your visit to your primary care physician.

Download the app and set up your account today

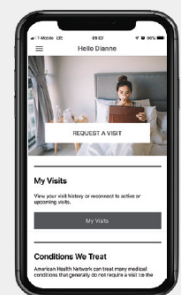
- 1 **Get started**  
 Download the app or visit OC24health.com
- 2 **Set up**
 Create username and password.
- 3 **Request a visit**
 A medical provider is now just a click away!



Log In



Set Up Account



Request a Visit

 OC24health.com |  Download the app |  855.617.2116



The Magellan Rx Mobile App

On-hand prescription drug management tools for members

Our mobile app is designed to help members understand and maximize their prescription drug benefits through key tools that elevate the pharmacy experience. Members will have access to real-time prescription updates, critical clinical information and cost management tools all in the palm of their hand.

Members can:

1. Check the status of their prescriptions

- Transparency is key and the Magellan Rx app makes it easy to see where a prescription is in the review process with 6 easy statuses:



Ready



Not ready



Under review



Needs approval



Quantity limit



Not covered

- Members can opt-in to receive prior authorization notifications for new submissions, status updates and expirations.

2. Price a drug

Members can get accurate drug pricing from nearby pharmacies so they can make the best decision on where to fill a prescription.

3. Get detailed clinical content for their prescription

Including alerts for severe drug interactions and adverse reactions, as well as general information about the medication.

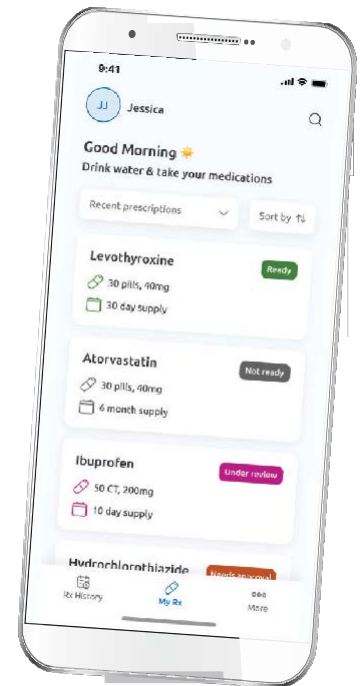
4. Receive notifications

Members will receive notifications for prescription refills, severe drug-drug interactions, and prior authorization status updates.*

5. View Rx claimshistory






Members can view a comprehensive history of previously filled prescriptions.

*Available November 1



 The Magellan Rx app is available on the Apple app store and Google play store.

Want to learn more? Connect with us!

-  magellanrx.com
-  mrxinquiries@magellanhealth.com
-  Magellan Rx Management
-  Magellan Rx
-  Magellan Rx



Live chat with a customer service agent



Schedule home delivery for prescriptions



Select Drugs and Products ProgramSM

At Magellan Rx Management, we are partnering across the industry to provide a connected healthcare experience that truly leads humanity to healthy, vibrant lives. We are dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.

The **Select Drugs and Products ProgramSM** is administered by *paydhealth* and is designed to improve access to specialty drugs. This program will assist you in reducing the cost of your medication by seeking sources of alternate funding for specialty drugs on the Select Drugs and Products List.

You must specifically enroll in the Select Drugs and Products Program in order to take advantage of these benefits. All specialty drugs listed on the Select Drugs and Products List require that you seek prior review and that your case be submitted to alternate funding before your benefit will apply. If you do not participate in the program, you will have a 100% reduction in your payable benefit for specialty medication.

If you are taking one of the specialty drugs listed on the next two pages, you will be contacted by a Program Case Coordinator. Your Case Coordinator will provide you with further information regarding the Select Drugs and Products Program and walk you through the enrollment process and requirements. If you have any questions regarding the Select Drugs and Products Program, please call the Specialty Contact Center at 877.869.7772 (8:00 a.m. – 8:00 p.m. EST).

magellanrx.com

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MagellanRx
MANAGEMENTSM



MRx Select Savings

2022 Paydhealth Medications List



MagellanRx
MANAGEMENT™

ANALGESICS

PRIALT

ANTIARTHRITICS

KINERET
KRYSTEXXA
OLUMIANT
ORENCIA
OTEZLA
RINVOQ
XELJANZ

ANTIASTHMATICS

CINQAIR
FASENRA
NUCALA
XOLAIR

ANTIBIOTICS

ARIKAYCE
BETHKIS
CAYSTON
KITABIS
THALOMID
TOBI

ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS

AVSOLA
CIMZIA
ENBREL
HUMIRA
INFLECTRA
REMICADE
RENFLXIS
SIMPONI

ANTINEOPLASTICS

ACTIMMUNE
AFINITOR
ALECENSA
ALUNBRIG
ARZERRA
AVASTIN
AYVAKIT
BELEODAQ

BELRAPZO
BENDEKA
BESPONSA
BESREMI
BLENREP
BLEOMYCIN SULFATE
BLINCYTO
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
CAPRELSA
COMETRIQ
COPIKTRA
COTELLIC
DARZALEX
EMCYT
ENHERTU
ERBITUX
ERIVEDGE
ERLEADA
EXKIVITY
FARESTON
FARYDAK
FASLODEX
FIRMAGON
GAVRETO
GAZYVA
GILOTRIF
GLEEVEC
GLEOSTINE
HALAVEN
HERCEPTIN
HERZUMA
HYCAMTIN
IBRANCE
ICLUSIG
IDHIFA
IMBRUVICA
INLYTA
INQOVI
INTRON
IRESSA
IXEMPRA
JAKAFI

JEVTANA
KADCYLA
KANJINTI
KEYTRUDA
KIMMTRAK
KISQALI
KOSELUGO
KYMRIAH
KYPROLIS
LENVIMA
LORBRENA
LONSURF
LYNPARZA
LYSODREN
MARQIBO
MATULANE
MEKINIST
MEKTOVI
MVASI
NERLYNX
NEXAVAR
NILANDRON
NINLARO
ODOMZO
OGIVRI
ONTRUZANT
ONUREG
OPDIVO
ORGOVYX
PEMAZYRE
PERJETA
PIQRAY
POMALYST
PROLEUKIN
PURIXAN
QINLOCK
RETEVMO
REVLIMID
RITUXAN
ROZLYTREK
RUBRACA
RUXIENCE
RYDAPT
SARCLISA
SCEMBLIX
SPRYCEL

STIVARGA
SUPPRELIN
SUTENT
SYLVANT
TABRECTA
TAFINLAR
TAGRISSO
TARCEVA
TARGRETIN
TASIGNA
TAZVERIK
TECARTUS
TECENTRIQ
TEMODAR
TEPMETKO
TIVDAK
TORISEL
TRAZIMERA
TREANDA
TRODELVY
TRUXIMA
TUKYSA
TYKERB
UKONIQ
VALCHLOR
VALSTAR
VECTIBIX
VELCADE
VENCLEXTA
VERZENIO
VIDAZA
VIJOICE
VOTRIENT
WELIREG
XALKORI
XELODA
XOSPATA
XPOVIO
XTANDI
YERVOY
YESCARTA
YONDELIS
YONSA
ZALTRAP
ZEJULA
ZELBORAF
ZEPZELCA

ZIRABEV
ZOLINZA
ZYDELIG
ZYKADIA
ZYTIGA

ANTIVIRALS

APRETUDE
APTIVUS
ATRIPLA
BIKTARVY
CABENUVA
COMBIVIR
COMPLERA
DELSTRIGO
DESCOVY
DOVATO
EMTRIVA
EPLUSA
EPZICOM
EVOTAZ
FUZEON
GENVOYA
HARVONI
INTELENCE
ISENTRESS
JULUCA
KALETRA
LEXIVA
MAVYRET
NORVIR
ODEFSEY
PEGASYS
PIFELTRO
PREZCOBIX
PREZISTA
RUKOBIA
SELZENTRY
SOVALDI
STRIBILD
SUSTIVA
SYMTUZA
TIVICAY
TRIUMEQ
TRIZIVIR
TROGARZO
VEMLIDY
VIEKIRA
VIREAD
VOCABRIA
VOSEVI
ZEPATIER
ZIAGEN

AUTONOMIC DRUGS

NORTHERA

BIOLOGICALS

ASCENIV
BIVIGAM
CRYSVITA
CUTAQUIG
CUVITRU
FLEBOGAMMA
GAMMAGARD
GAMMAKED
GAMMAPLEX
GAMUNEX
HIZENTRA
HYQVIA
OCTAGAM
PALYNZIQ
PANZYGA
PRIVIGEN
TAKHZYRO
TRUVADA
ZINPLAVA

BLOOD

ADAKVEO
ADVATE
ADYNOVATE
AFSTYLA
ALPHANATE
ALPROLIX
BENEFIX
CABLIVI
COAGADEX
CORIFACT
ELOCTATE
ESPEROCT
FEIBA
HEMLIBRA
HEMOFIL
HUMATE-P
IDELVION
JIVI
KOATE
KOGENATE
KOVALTRY
MONONINE
NOVOEIGHT
NOVOSEVEN
NUWIQ
OBIZUR
OXBRYTA
PROFILNINE
REBINYN
RECOMBINATE
RIASTAP
RIXUBIS
SEVENFACT
SOLIRIS
TRETEN

ULTOMIRIS
WILATE
XYNTHA

CARDIOVASCULAR

ADCIRCA
ADEMPAS
FOLAN
JUXTAPID
LEQVIO
LETAIRIS
OPSUMIT
PRALUENT
REMODULIN
REPATHA
TRACLEER
TYVASO
UPTRAVI
VENTAVIS

CNS DRUGS

AMPYRA
AUBAGIO
AUSTEDO
AVONEX
BETASERON
EXTAVIA
FIRDAPSE
GILENYA
INGREZZA
KESIMPTA
LEMTRADA
MAVENCLAD
MAYZENT
OCREVUS
ONFI
PLEGRIDY
PONVORY
RADICAVA
REBIF
TECFIDERA
WAKIX
XENAZINE

COLONY STIMULATING FACTORS

DOPTELET
LEUKINE
MOZOBIL
NPLATE
PROMACTA
UDENYCA

DIURETICS

JYNARQUE
SAMSCA

EENT PREPS

CYSTADROPS
LUCENTIS
LUXTURNA

GASTROINTESTINAL

CHOLBAM
ENTYVIO
EPIDIOLEX
GATTEX
OCALIVA
RAVICTI
SUCRAID

HORMONES

ACTHAR
GENOTROPIN
ISTURISA
MAKENA
MYCAPSSA
NORDITROPIN
NUTROPIN
OMNITROPE
SANDOSTATIN
SIGNIFOR
STIMATE
SUPPRELIN
TRIPTODUR
TYMLOS

IMMUNOSUPPRESSANTS

ACTEMRA
DUPIXENT
ENSPRYNG
KEVZARA
SAPHNELO
STELARA

MISC. THERAPEUTIC AGENTS

RECORLEV
TAVNEOS

PSYCHOTHERAPEUTIC DRUGS

SPRAVATO

SEDATIVE/HYPNOTICS

XYREM
XYWAV

SKIN PREPS

COSENTYX
OPZELURA
SILIQ
SKYRIZI
TALTZ
TREMIFYA

Pharmacy Cost Comparison Tools

Did you know prescription drug costs vary from pharmacy to pharmacy? Your insurance carrier provides discounts for prescriptions when you use your ID card at the time of the fill, however, vendors exist that may provide greater or additional discounts. Review the tools below to shop and compare the next time you need to fill a medication.



GoodRx

GoodRX

www.goodrx.com

Good RX has both a website and a mobile app that can be used to compare prices. Just go to the website and type in your drug name. Good RX will give you the cash price available at multiple pharmacies. Just print off the coupon and present to your pharmacist. You do not need to register and you don't need an ID card.



RX Help Centers

www.RXHelpCenters.com

RX Help Centers provides assistance in finding resources for high cost brand name medications by advocating directly with drug manufacturers. Visit their website or call **866-478-9593**.

**Rx
Tools**

One RX

Available on Google Play & App Store

One RX works similar to other cost comparison tools but it will ask to scan your insurance ID card so that it can compare the discounts that your insurance company offers vs buying directly through the retail pharmacy. It also alerts you to manufacturer coupons that might be available. You do need to register on the app in order to use.



OneRx

Needy Meds

www.needy meds.org

Needy Meds is an online information resource of programs that provides assistance to those who are unable to afford their medications. Programs are available through drug manufacturers for those who qualify. Visit their website or call **800-503-6897**.



NeedyMeds

Wellness Incentive

The HCCSC wellness incentive program will change for 2023. Annual wellness exams are essential to your ongoing health regardless of your age or stage of life. With this in mind, the 2023 wellness incentive program will offer a \$700 Health Savings Account contribution when you simply complete an annual wellness exam and biometric screening with your primary care physician*.



Incentive Activity	Timing
Annual Wellness Exam Annual wellness exams show progress on your current health journey and help prevent severe health conditions in the future.	Complete your annual wellness exam between April 1, 2022 and May 31, 2023 to receive a wellness incentive contribution to your Health Savings Account.
Biometric Screening Knowing and understanding your numbers helps you take preventive steps to ensure you stay healthy and well.	Contributions will be made in July of 2023. NOTE: In subsequent years, wellness exams will be completed between June 1 st and May 31 st for a July contribution.

Parkview will continue to provide clinic services for the members of the HCCSC health plan.

*If you do not have a primary care physician, please visit umr.com or use the mobile app and select **Find a provider**. Then enter **United Healthcare Choice Plus Network** and start your search.

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Health Savings Account

For a Qualified Consumer Driven Health Plan

A Health Savings Account (HSA) is a consumer-oriented, tax-advantaged savings account that is always combined with a Consumer Driven Health Plan (CDHP). It is an interest-accruing account, similar to an Individual Retirement Account (IRA), which provides financial control over how you spend your health care dollars and can be used to pay for your out-of-pocket medical expenses. HSA earnings grow tax-deferred and qualified withdrawals are tax-free without “use it or lose it” provisions found with a Flexible Spending Account (FSA). Money not used in your Health Savings Account can be rolled over to the following year. HSA funds can be used for all qualified medical expenses, including medical services, as well as eyeglasses, dental procedures, prescription drug coverage and over-the-counter medications provided you submit a prescription from your provider. See *IRS Publication 969* for more information and a listing of Qualified Eligible Expenses at www.irs.gov.

To qualify for an HSA, you must meet the following requirements, as defined by the IRS:

- You must be covered under a Consumer Driven Health Plan
- You have no other health coverage except what is permitted by the IRS
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else’s tax return.

How Should You Manage Your HSA?

- Contributions can be made with pre-tax money through payroll deductions, or contributions can be made post-tax and then deducted from your income when you file your income tax return.
- Funds should be limited to qualified medical expenses;
- Keep receipts documenting medical expenses;

When to Stop Contributing to Your HSA?

- When you are no longer enrolled in a qualified health plan;
- When you become eligible for Medicare and you plan to enroll, you must stop your HSA contribution 6 months prior to your Medicare effective date.



HSA Incentive Plan

You will have an opportunity to earn additional HSA contributions through the incentive plan. If you are covering your spouse, they will also have the option of participating in the HSA incentive plan to earn contributions to your HSA. The maximum amount of incentive dollars you can earn each year is based on your tier of coverage in the medical plan.

Maximum HSA Incentive Contributions	
Employee Only	\$700
Family	\$700



IRS 2023 Maximum Contributions

	2023 IRS Max Contributions	IRS Post Age 55 “Catch-up”
Employee	\$3,850	\$1,000
Family	\$7,750	\$1,000

If You Will Be Turning 65

Active employees turning 65 have the option to accept or decline enrollment in Medicare, including Medicare Part A.

- Employees who accept enrollment in any part of Medicare are no longer eligible to make or receive contributions to an HSA.
- If you elect Medicare at age 65, your maximum HSA contribution for the year you elect will be prorated by the number of months you were not enrolled in Medicare.
- Employees who decline enrollment may continue to make and receive contributions to an HSA.
- Qualified distributions remain tax free regardless of your eligibility to contribute.
- Non-qualified distributions are taxable but no longer carry a 20% penalty after age 65.
- Medicare Part(s) A, B, D and Medicare HMO premiums may be paid or reimbursed with tax-free HSA dollars. You cannot use your HSA to pay for Medigap premiums.

This benefit guide only highlights the benefits available. For a more complete description, see the Plan Certificate. If any conflict should arise between this summary and the Plan, the Plan’s Certificate will govern in all cases.

Dental & Vision Benefit Summary



Delta Dental

Annual Deductible	
Individual	\$50
Family	\$150
Annual Plan Maximum	\$1,000
Orthodontia Lifetime Maximum	\$1,000
Diagnostic & Preventive – No Deductible	
Exams, cleanings, fluoride, and space maintainers	100%
Sealants	100%
Basic Services – After Deductible	
Emergency Palliative Treatment	80%
Simple Extractions	80%
Relines and Repairs	80%
Major Services – After Deductible	
Prosthodontic Services – bridges, implants and dentures	50%
Endodontic Services	50%
Periodontic Services	50%
Major Restorative Services - crowns	50%
Other Oral Surgery	50%
Orthodontic Services	
Braces	50%
<i>Provider Directory: www.deltadentalin.com</i>	

Delta Dental offers three levels of benefit coverage: PPO Dentist, Premier Dentist and Non-Participating Dentist. Review summary of benefits for more details.

PPO Coverage - Offers significant discounts; no balance billing; acceptance of processing policies; and 108,000 dentist locations

Premier Coverage - Negotiated fees; no balance billing; acceptance of processing policies; and 186,000 dentist locations

Non-Participating Coverage - Balance billing and does not offer discounts



VSP Vision

Exam - (once every 12 months)	\$10 copay
Frames - (once every 24 months) – any available frame at provider location	\$130 Allowance; \$150 allowance for featured frame brands; 20% off balance over \$130
Standard Plastic Lenses - (once every 12 months)	
Single Vision	\$20 copay
Bifocal Lenses	\$20 copay
Trifocal Lenses	\$20 copay
Lenticular Lenses	\$20 copay
Standard Progressive Lens	No copay
Premium Progressive Lens	\$95-\$105 after copay
Custom Progressive Lens	\$150-\$175 after copay
Contact Lenses - (once every 12 months in lieu of glasses)	
Conventional and Disposable	\$130 allowance; 15% off balance over \$130
Medically Necessary	Covered in full
Contact Lens Exam (fitting and evaluation)	Up to \$60
<i>Provider Directory: www.vsp.com</i>	

Get access to the best in eye care and eyewear with HUNTINGTON COUNTY COMMUNITY SCHOOL CORPORATION and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

Value and Savings. You'll enjoy more value and low out-of-pocket costs.

High Quality Vision Care. You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

Choice of Providers. The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.

Employee Contributions

For Full-Time Employees

Consumer Choice Plan Contributions	Health Plan 1 Monthly Employee		Health Plan 2 Monthly Employee	
	Employee	Family	Employee	Family
Teachers	\$153.70	\$438.43	\$144.81	\$413.08
Administrators	\$61.47	\$175.37	\$57.92	\$165.23
12-Month Classified	\$61.47	\$175.37	\$57.92	\$165.23
9-Month Classified	\$61.47	\$1,200.43	\$57.92	\$1,131.03



2023 Dental Premiums

Single	\$35.84
EE/Spouse	\$64.86
EE/Child(ren)	\$78.68
EE/Family	\$125.73



2023 Vision Premiums

Single	\$6.52
EE/Spouse	\$10.98
EE/Child(ren)	\$11.21
EE/Family	\$18.06

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Basic Life, Basic AD&D, & LTD

For Full-Time Employees

Basic Life Insurance

A life insurance policy is a contract with an insurance company. In exchange for premium payments, the insurance company provides a lump-sum payment, known as a death benefit, to beneficiaries upon the insured's death.

Basic Life

Eligible Employees Include: Full Time Employees

Benefit Amount is based on Employment Classification

Huntington County Community School Corporation pays all but \$1.00 of the total annual premiums for these benefits

Basic Accidental Death & Dismemberment Insurance

The rider covers the unintentional death or dismemberment of the insured. Dismemberment includes the loss, of or the loss of use, of body parts or functions (e.g., limbs, speech, eyesight, or hearing).

Basic AD&D

Eligible Employees Include: Full Time Employees

Benefit Amount is based on Employment Classification

This benefit is bundled with Basic Life

Long-Term Disability Benefits

Disability benefits protect your income during a period in which you are unable to work because of an illness or accident not related to your job.

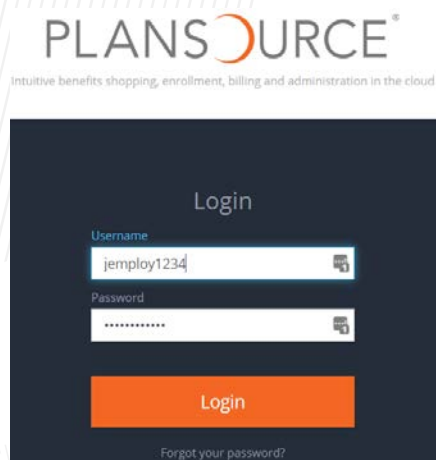
Long Term Disability

Elimination Period	90 Days
Monthly Income Benefit	60% of Earnings
Max. Monthly Benefit	\$5,000
Huntington County Community School Corporation pays all but \$1.00 of the total annual premiums for these benefits	

Employee Enrollment Guide

Before you begin enrolling in your benefits, you will need to have the following information on hand.

- Your social security number and social security numbers of your eligible dependents.
- Your date of birth and the dates of birth for your eligible dependents
- Beneficiary Information for your Basic Life/AD&D Plan



STEP 1: ACCESS AND LOG ON

Type or paste the link into your web browser's search bar: <https://benefits.plansource.com/login>

USERNAME: First initial of your first name, your last name, and the first four digits of your date of birth.

Example: John Employee – Date of Birth 03-15-1970

Username would be jemployee0315

PASSWORD: When you log in, your password will be your birth date in the format YYYYMMDD.

Example: March 15, 1970 would be 19700315.

You will be prompted to change your password. Enter the new password and click save.

STEP 2: REVIEW PROFILE & DEPENDENT INFORMATION

Fields with an asterisk are required.

- Verify Personal Information and make changes if needed.
- Click, Next: Review My Family. On this page you can add, edit or remove dependents.

Manage your profile

Make sure we have it right!

This info is used for your paycheck, taxes and ID cards. Required fields are marked with an asterisk (*).

Manage your family members

View, add, edit or remove family members here. If you add a new family member, the family member won't be added to your benefits automatically. You still need to add the family member to any applicable benefits.

Current Family Members

<p> Warren Lents Spouse Born 03/29/1964 View Details Remove Edit</p>	<p> Tamar Lents Child Born 04/08/2000 View Details Remove Edit</p>	<p>+ Add Family Member</p>
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Steps continued on the next page...

Employee Enrollment Guide

Select a Plan

Current Plan	Recommended Plan	Local Plus HDHP
Choice HDHP: \$5,000	Open Access Plus: \$500	Local Plus HDHP: \$2,700
\$80.77 Per Pay Period	\$126.92 Per Pay Period	\$66.92 Per Pay Period
Deductibl... \$5,000 / ...	Deductibl... \$500/\$1,...	Deductibl... \$2,700 / ...
Coinsuran... 80% / 20%	Coinsuran... 80%/20%	Coinsuran... 80% / 20%
Out-Of-Po... None	Out-of-Po... \$5,000/\$...	Out-of-Po... None
<input type="checkbox"/> Compare	<input type="checkbox"/> Compare	<input type="checkbox"/> Compare

STEP 3: SHOP FOR BENEFITS

- The first screen is the Certification and Authorization screen. Click 'I Agree' and 'Confirm'.
- Select family members to add to coverage then click 'Confirm.'
- View a Plan: If you would like to quickly view a particular benefit plan's cost per pay period, simply click 'View Plan'.
- Compare Plans: Check the compare box below the plans you want to compare and click 'Green Compare Box.'
- Enroll in a Plan: To select a medical plan, click 'View' and Update Cart. Or, click 'Decline' to waive enrollment. To select Dental and/or Vision – Confirm Plan or Decline.

Beneficiaries

 [Edit Beneficiaries](#)


Primary Beneficiaries

 Warren Lents (100.0%)

STEP 4: ADD OR UPDATE BENEFICIARIES


If you have selected a plan that requires a beneficiary, i.e. Life, AD&D, you will be prompted to complete the fields on the Beneficiary screen. Please complete all information for both primary and secondary (if necessary) beneficiaries.

- To begin, click 'Add Beneficiary' to add a new record.
- Complete the information requested in the beneficiary record.
- Finally, designate a percentage for each primary and secondary beneficiary (if applicable).
- When you have completed this information, click 'Save' at the bottom of the screen.



Ok, you're now ready to checkout.
Please review the benefits you have selected. If there are no other changes, checkout to complete enrollment.

[Review and Checkout](#)



STEP 5: BENEFIT CONFIRMATION STATEMENT

- After all screens have been completed, click 'Review and Checkout' at the bottom of the screen. This will take you to a summary of your benefit elections.
- You can adjust your plan selections until your enrollment period is closed. If you need to adjust your elections, click, 'Change Plan' next to the benefit you want to change.
- After all adjustments are made click, 'Checkout'.

Congratulations! You have completed the enrollment process and confirm your benefits.

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