



2022 Benefit Guide

THE TOOLS TO A HEALTHY WORKFORCE

Westfield Washington Schools
Benefits Effective January 1 - December 31, 2022



Welcome to Your Benefits!

Making the right choice is important. This Benefit Summary will help you understand the benefit choices you can make before your enrollment deadline. We want our team and their families to be happy and healthy.

Whether that means keeping fit, eating right, knowing your health risks or changing lifestyle behaviors, your well-being is important to you, your family, your co-workers and Westfield Washington Schools.



At Westfield Washington Schools, we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

Whether staff members are already enrolled in Westfield Washington Schools' benefits, learning more about benefits makes it easier for you to use them. This Benefit Summary will help you understand your benefits as you consider your choices.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary 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 Benefits Summary 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. If you have any questions about this summary, contact Human Resources.

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Section 1 | About Your Benefits

Enrollment for Plan Year 2022

Welcome to Your 2022 Benefits!

Westfield Washington Schools is pleased to offer you a wide selection of benefits for 2022 that provide flexibility, choice, and the ability to take charge of your benefits spending.

Eligibility

WWS employees who are considered full-time and work at least 30 hours per week shall be eligible on the first of the month, following collection of one month's health insurance premium. Coverage ends on the last day of the month, following collection of one month's premium.

As a new WWS employee, you have up to 30 days following your hire date to enroll in all benefit offerings.

What Benefits Can You Change During the Open Enrollment Period?

- Enroll in medical, dental, and vision plans even if you have previously waived coverage.
- Change plans/drop current coverage.
- Add/remove dependents. All spouses and same sex marriage partners are eligible to be enrolled in WWS health benefits. All dependents can remain enrolled until the last day of the month of their 26th birthday.

Qualifying Life Event Changes

For health insurance coverage, if you do not submit your change during open enrollment or within the allotted time listed below of the qualifying life event, you will have to wait until next open enrollment period to make changes.

If you experience a qualifying life event which includes the following, you must notify your Benefits Coordinator within 30 calendar days of the event. Any change must be consistent with your qualifying event. Qualifying events include, but are not limited to:

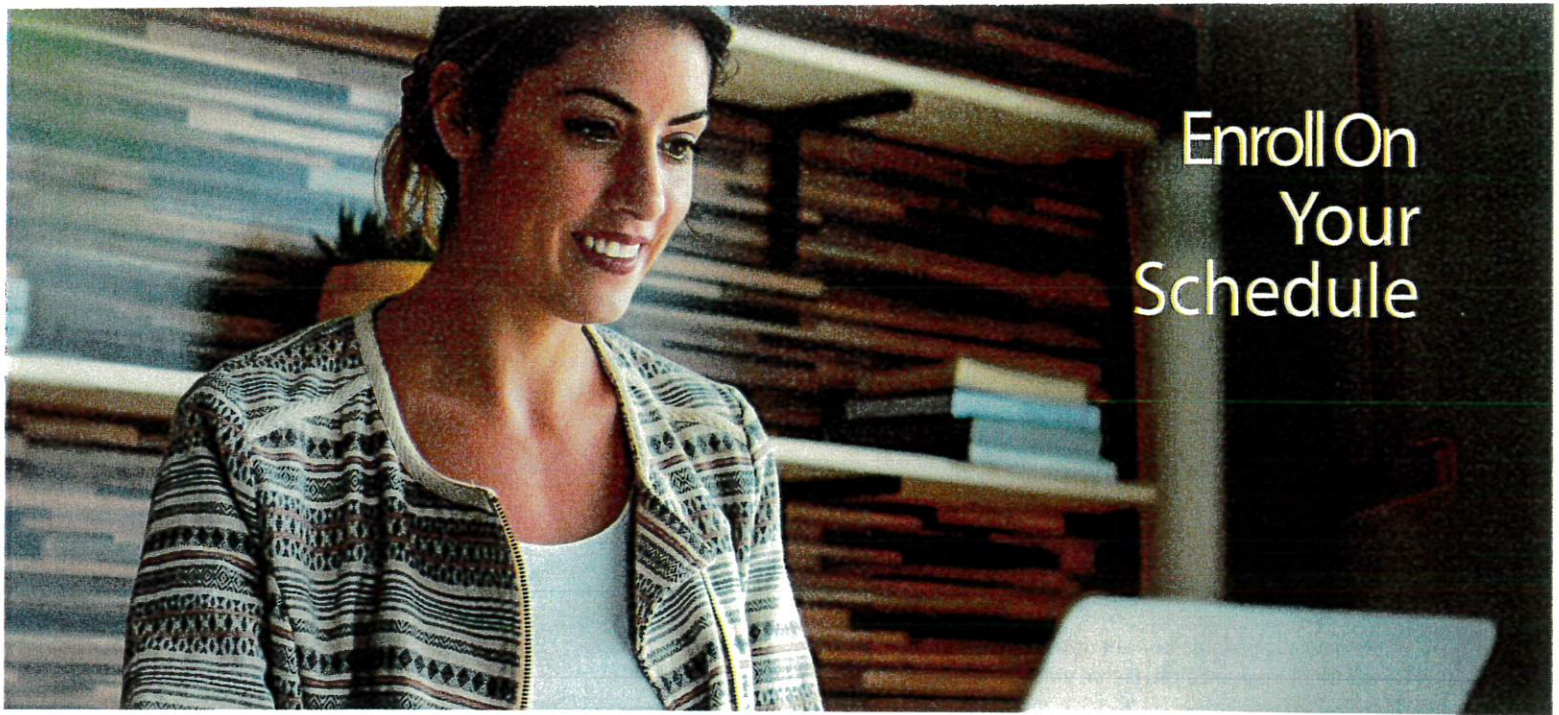
- Marriage
- Birth or adoption (or placement of adoption) of a child
- Death of a covered dependent
- Loss of group insurance coverage for a covered dependent
- Change in spouse's employment status.

**If you have any
questions, please
contact:**

**Cindy Keivel, Benefits
Coordinator
(317) 867-8003**

Open Enrollment

Westfield Washington Schools' annual enrollment period will be held in the fall of each year. The effective date of coverage with changes made during open enrollment is January 1.



Enroll On
Your
Schedule

Westfield Washington Schools Benefits Enrollment

With AFenroll, you can learn about your available benefits and enroll anytime, anywhere. It also provides benefits overview videos and FAQs to help you select the coverage that meets your individual needs.

How to Login

1. To access the online enrollment site, go to **www.afenroll.com/enroll**
2. At the login screen, you will enter the site using the following information:
 - **Type in your user ID:**
Your Social Security Number (SSN)
 - **Type in your PIN:**
The last four digits of your SSN and last two of your birth year. (For example, for SSN 123-45-6789 and birth year 1974, you would type in 678974).
3. Click the 'Log On' button.

Changing Your PIN

You will be asked to change your PIN and complete the security questions, after your initial login to the system. Enter a new PIN and confirm it on the next line. You may choose any combination of letters and numbers. Entering your PIN is the equivalent of your digital signature. Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it. Click the 'Save New PIN' button.

Helpful Tips

- **Log Out:** If you leave the site in the middle of the process, click the 'Log Out' button to save your selections.
- **Print Confirmation:** Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the 'Sign/Submit Complete' to print your confirmation statement.
- **Re-Enter/Make Changes:** You may re-enter the enrollment site (including to 'View Only' your original selections) to make changes at any time during your enrollment period. Please note: Before you exit the system, you must re-confirm with your PIN or your enrollment will not be valid.
- **Opting Out:** If you choose not to select benefits, you must enter each product module and make that choice.
- **Required:** Social Security Numbers and Dates of Birth are required for all employees and their dependents.
- **Adding Dependent:** If you are adding a dependent as a beneficiary, their Social Security Number is required.
- **Signature:** You will use your PIN to confirm applications and your enrollment confirmation.

Preparation Is Key

You have a busy schedule, and we know your time is important. That's why we offer several ways to educate you on the benefit options for you and your family.

- Watch for group meetings which may be available to update you on changes.
- Reach out to your American Fidelity account manager for any questions you may have.

Important Items to Consider

- Review your beneficiaries/dependents.
- Review all available benefit options, including portable insurance plans that you may keep, even if you change jobs.

What You Need

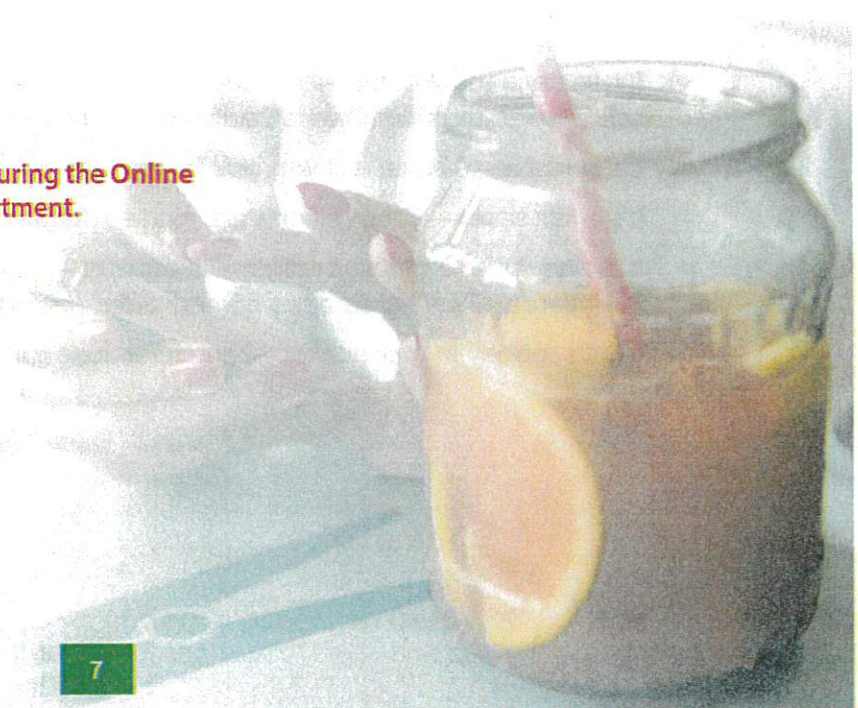
- Driver's license
- Bank account information (if signing up for direct deposit)
- Spouse and children's dates of birth and Social Security Numbers
- Beneficiary information (and, if a trust, the full name and date of trust)

If you wish to cover a dependent child over the age of 26, you'll need to provide your most current federal income tax return naming the child as a claimed dependent. You'll also need proof of total and permanent disability which existed before the child turned 26 or while the child was a full-time student.

To view a step-by-step video on how to enroll using AFenroll®, please visit americanfidelity.com/howtoenroll.

If you have questions or need help at any time during the Online enrollment process, contact your Benefits Department.

Cindy Keivel
Benefits Coordinator
Westfield Washington Schools
(317)867-8003 Office
keivelc@wws.k12.in.us



Medical Overview

WWS offers you 2 plans from which to choose. Read through the summary of each plan type, then review the next pages for the specifics.

HDHP with HSA PLAN

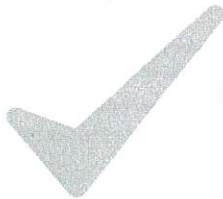
The High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) is a consumer-driven health plan. What's special about this option is that the HSA:

1. Can be used to pay for eligible health care expenses.
2. You have an opportunity to contribute tax-free dollars!

PPO PLAN

In the PPO Plan, you pay out-of-pocket until your expenses satisfy the annual deductible. Then, you and the plan share your health care expenses through coinsurance.

When your total out-of-pocket expenses reach the designated maximum, the plan will pay the rest of your expenses at 100% for remainder of the year. However, you will continue to pay any co-pay costs for medical and prescriptions.



5 Facts about a Health Savings Account

- It can save you money—An HSA is paired with an HDHP (high deductible health plan), which has a lower premium than a traditional health plan.
- It's portable—You take it with you from job to job.
- It's a tax saver—Contributions are made with pretax dollars.
- It allows for an improved retirement account—Rollover of funds accumulate tax-free, as does the interest. Plus, those ages 55 and older can make additional "catch-up" contributions.
- It puts money in your pocket—You never lose unused funds; they always roll over to the next year.

What to Know

Key Words

Copay: A specified amount that you are required to pay at the time of each doctor/hospital visit or drug prescription. It does not apply toward the deductible.

Deductible: The amount you will pay before your insurance will pay any medical expenses.

Premium: The amount deducted from your paycheck to purchase health coverage.

Out-of-Pocket Costs: Expenses you pay yourself, such as deductibles, copays, coinsurance, and non-covered services.

Out-of-Pocket Maximum: The most you will have to pay for covered medical expenses in a plan year.

Coinsurance: The percentage of a medical expense that you are required to pay after your deductible is met.

Take Note

1. **Individual vs. Family:** When looking at your medical plan, the Annual Deductible and Out-of-Pocket Maximum are listed with an individual or family option. If you choose coverage for Employee only, you would look at the individual deductible and out-of-pocket maximum. If you choose coverage for Employee + Spouse, Employee + Child(ren) or Family, you would look at the family deductible and out-of-pocket maximum.
2. **Prescription Tier Descriptions**
 - Generic (Lowest Copay) – Offers the greatest value within a therapeutic class. Some of these are generic equivalents of brand-name drugs.
 - Formulary (Medium Copay) – Generally more affordable brand name drugs. Other drugs are on this tier because they are “preferred” within their therapeutic classes, based on clinical effectiveness and value.
 - Non-Formulary (Highest Copay) – Higher cost brand names. Some non-formulary drugs may have generic equivalents. In addition, some drugs on this tier may have been evaluated to be less cost effective than equivalent drugs on lower tiers.

About an HSA

HSAs are a growing trend in health care and offer many advantages, but whether it's the right choice for you depends on several factors like premiums.

HDHP w/HSA

Out of Pocket
Costs

Premiums

PPO

Premiums

Out of Pocket
Costs

So what do you choose?

If you are generally healthy and/or have a reasonable idea of your annual health care expenses, you could save a lot of money from the lower premiums and valuable tax-advantaged account with an HSA plan. For example, even someone with a chronic condition could take advantage of an HSA plan if he or she has a good idea of his or her annual expenses and then budgets enough money to cover cost of care.

However, if you are older, more prone to illness or unexpected medical conditions, or prefer certainty in medical costs over the possible risk of unexpected out-of-pocket expenses, you may want to stick with a traditional plan. You'll pay more in monthly premiums, but you will have a lower deductible and fixed copays.

Do I qualify?

Eligibility

- Have coverage under an HSA plan.
- Have no other health insurance plan besides certain other types of insurance, such as dental, vision, disability or long-term care coverage
- Cannot be enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

Health Plan

HSAs must be used with an HDHP. To qualify as an HDHP, a health plan must satisfy requirements for the minimum annual deductible and the maximum out-of-pocket expenses.

Uses

In general, the deductible must apply to all medical expenses (including prescriptions) covered by the plan. However, plans can pay for preventive care services on a first-dollar basis (that is, without a deductible or copay). Preventive care can include care such as routine prenatal and well-child care, child and adult immunizations, annual physicals and mammograms.

What you CAN use your HSA for

- Medical
- Drug
- Crutches
- Drug Addiction Treatment
- Eye Glasses
- Fertility Enhancements
- Lactation Expenses
- Learning Disability Care or Treatment
- Stop-smoking programs
- Physical Therapy
- Chiropractor
- Legal fees associated with medical treatment
- Surgery
- X-rays

What you CANNOT use your HSA for

- Childcare or babysitting
- Cosmetic Surgery
- Funeral Expenses
- Teeth whitening
- Health club dues
- Insurance Premiums (with a few exceptions)
- Vet fees

EDUCATION & ENROLLMENT PACKET

A health savings account (HSA) is a tax-advantaged checking account that gives you the ability to save for future medical expenses or pay current ones. It is individually owned; however, you may elect to designate an authorized signer who may also withdraw funds and be issued a debit card.

HSA Eligibility

To be eligible to make deposits to an HSA, the account holder:

- Must be currently enrolled in an HSA-qualified health plan
- May not be enrolled in any other non-HSA qualified health plan
- May not have, or be eligible to use, a general purpose flexible spending account (FSA)
- Cannot be claimed as a dependent on another person's tax return
- May not be enrolled in Medicare, Medicaid or Tricare
- Must not have used VA medical benefits in the past three months, with the exception of preventative services or treatment for a service-connected disability

Contributions to your HSA

The annual maximum allowable contributions to an HSA, as established by the IRS, for 2022 are **\$3,650: Individual** and **\$7,300: Family**.

Individuals 55 and older can make an additional catch-up contribution of \$1,000 in 2022. A married couple can make two catch-up contributions if both spouses are eligible. The spouses must deposit the catch-up contributions into separate accounts.

The annual maximum contribution is based on a calendar year and there is no limit to the dollar balance that can build in the account over time. Contributions can come from:

- Employee pre-tax payroll withholding
- Employer contributions (non-taxable income)
- Individual contributions from account owner or other individual (tax-deductible for account holder)
- IRA or Roth IRA rollover

Distributions from your HSA

- You, or an authorized signer, can make withdrawals (or distributions) for qualified expenses.
- Distributions from your HSA can be made by check, debit card, ATM, online transfer or bill payment or by in-person request.
- Distributions for qualified medical expenses are tax free.
- Distributions made for anything other than qualified medical expenses are subject to IRS tax plus a 20% penalty. The penalty is waived if the account owner is 65 or older, or due to death or disability.
- Qualified medical expenses for your spouse and your tax dependents may be paid from your HSA, even if those individuals are not covered under your high-deductible health plan (HDHP).
- You're responsible for keeping receipts for all distributions from your HSA. The bank does not monitor how the funds are spent.

ADVANTAGES OF AN HSA

Portability | Keep 100% of the deposited funds with you when you retire or change employers. You are the account owner.

Flexibility | You can choose whether to spend the money on current medical expenses, or you can save your money for future use. Unused funds remain in the account from year to year and there is no "use it or lose it" provision.

Tax Savings | Contributions are tax free (pre-tax through payroll deductions or tax deductible). Earnings are tax free. Funds withdrawn for eligible medical expenses are tax free.

Premium Savings | An HSA-qualified insurance plan tends to be less expensive than a traditional insurance plan.

Allowable Expenses

To be a qualified medical expense, the expense has to be primarily for the diagnosis, cure, mitigation, treatment or prevention of disease. It must be to alleviate or prevent a physical or mental defect or illness. These expenses may or may not apply to your insurance deductible depending on the coverage provided by your medical plan.

Vision and dental expenses, such as glasses, contact lenses, eye exams, dental cleanings and orthodontia are all allowable expenses from your HSA. Medical supplies and over-the-counter medications such as Band-Aids, crutches, test strips, aspirin, allergy medicines and even contact solution are allowable.

Insurance premiums are allowable *only under the following circumstances*: while receiving federal or state unemployment benefits, COBRA premiums, qualified long-term care insurance premiums and Medicare and other health care premiums after age 65 (with the exception of Medicare supplement policies such as Medigap).

Non-Allowable Expenses

Insurance premiums are not eligible expenses (exceptions listed above).

Costs associated with non-medically necessary treatments are not eligible. This includes cosmetic surgery and items meant to improve one's general health (but which are not due to a specific injury, illness or disease) such as health club dues, gym memberships, vitamins and nutritional supplements.

EXAMPLES OF ALLOWABLE EXPENSES (RECENT CHANGES IN BOLD):

- Acupuncture
- Alcoholism Treatment
- Ambulance
- Bandages
- Birth Control Pills
- Breast Reconstruction
- Car Hand Controls (for disability)
- Chiropractors
- Christian Science Practitioners
- Contact Lenses
- Crutches
- Dental Treatment
- Dermatologist
- Diagnostic Devices
- Disabled Dependent Care Expenses
- Drug Addiction Treatment (inpatient)
- Eyeglasses
- Fertility Enhancement
- Guide Dog
- Gynecologist
- Hearing Aids
- Home Care
- Hospital Services
- Laboratory Fees
- LASIK Surgery
- Lodging (for out-patient treatment)
- Long-Term Care
- Meals (associated with receiving treatments)
- Medicare Deductibles
- **Menstrual and Feminine Hygiene Products¹**
- Nursing Care
- Nursing Homes
- Obstetrician
- Operations
- Ophthalmologist
- Optician
- Optometrist
- Organ Transplant (including donor's expenses)
- Orthodontia
- Orthopedist
- **Over-the-Counter Medications¹**
- Oxygen and Equipment
- Pediatrician
- Personal Care Services (chronically ill)
- Podiatrist
- **PPE: Masks, Hand Sanitizer and Sanitizing Wipes²**
- Prenatal Care
- Prescription Drugs
- Prescription Medicines
- Prosthesis
- Psychiatric Care
- Qualified Long-Term Care Services
- Smoking Cessation Programs
- Surgeon/Surgical Room Costs
- Therapy
- Transportation Expenses for Health Care Treatment
- Vaccines
- Vitamins (if prescribed)
- Weight Loss Programs (certain expenses if diagnosed by physician)
- Wheelchair
- Wig (for hair loss from disease)
- X-Rays

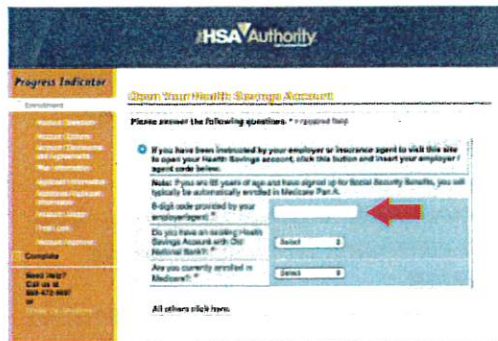
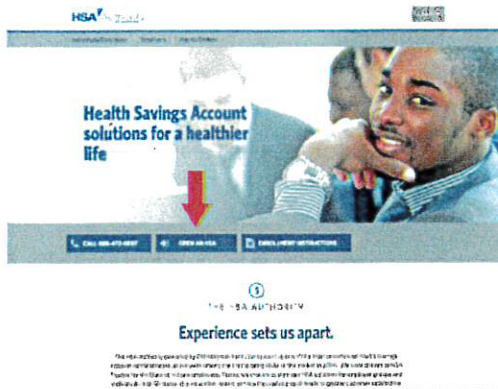
EXAMPLES OF NON-ALLOWABLE EXPENSES:

- Advance Payment for Future Medical Expenses
- Automobile Insurance Premium
- Baby-sitting (healthy children)
- Commuting Expenses for the Disabled
- Controlled Substances
- Cosmetics and Hygiene Products
- Diaper Service
- Domestic Help
- Electrolysis (hair removal)
- Funeral Expenses
- Hair Transplant
- Health Club/Gym Memberships
- Household Help
- Illegal Operations and Treatments
- Illegally Procured Drugs
- Maternity Clothes
- Nutritional Supplements
- Premiums for Accident Insurance
- Premiums for HSA Qualified Health Plan (prior to age 65)
- Premiums for Life or Disability Insurance
- Scientology Counseling
- Teeth Whitening
- Travel for General Health Improvement
- Tuition in a Particular School for Problem

¹Per CARES ACT—No prescription needed. Effective 1/1/20.

²For the primary purpose of preventing the spread of COVID-19. Effective 1/1/20.

OPENING YOUR HSA ONLINE



If you already have an open HSA with The HSA Authority at Old National Bank, you do not need to complete the account opening process again.

Required Information

- Unexpired government-issued ID for account holder and authorized signer, if elected. This can be a driver's license, state-issued ID, passport or military ID.
- Date of birth for your beneficiaries.
- Social security number and date of birth for authorized signer, if elected.

How to Open Your Account

1. Go to **theHSAauthority.com**. Click Open an HSA.
2. The internet browser notice will appear. Click Proceed to Application.
3. Select the option **If you have been instructed by your employer...** When prompted, enter your six-digit employer code listed below. If you are not with an employer group, select **All others click here**.
4. Click Continue and complete enrollment. Submit the application and you'll receive a confirmation number.
5. A welcome letter will arrive in the mail within 10 business days of your application and should be retained for your records.
6. If you requested a debit card, it will be mailed separately. If checks are requested, the order is held and processed after your balance reaches \$25.00.

Online Banking & eStatements

Your welcome letter contains your new HSA number along with instructions for accessing the Old National Bank online banking site and telephone banking system. To avoid the paper statement fee, be sure to follow the instructions in the welcome letter to elect eStatements. If you'd like assistance using these services, please call our Client Care Center toll-free at 888-472-8697.

EMPLOYER NAME

Westfield Washington Schools

EMPLOYER CODE

144169

WEBSITE FEATURES

Visit theHSAauthority.com for helpful tools and information.

Tools

Under **Resources/Tools**, find:

- **HSA Videos & Articles** to address specific aspects of owning and managing your HSA.
- **Investment Tutorials** to demonstrate how to navigate the HSA Investment website.
- **Calculators** to allow comparison between a high-deductible plan with an HSA to a traditional plan and calculate the future value of an HSA.
- **Digital Services** to access, manage and use your HSA when convenient for you.

Client Library

Under **Resources/Client Library**, find:

- **Forms** for making changes to your account, such as: Address Change Form, Additional Authorized Signer Form, Beneficiary Change Form, Name Change Form, HSA Transfer Form and more. Many update requests can be submitted electronically through online banking.
- **Documents** such as informational flyers including HSAs and Medicare, HSAs and Retirement and many others.

Savings

Under **Resources/Savings**, find:

- **The HSA Store**, a resource to help you save on the purchase of products covered by your HSA funds.
- **HSA Store Eligibility** to ensure your purchase complies with IRS regulations.

HSA to HSA Transfers

If you have an HSA balance at another institution you would like to transfer:

- Open your HSA Checking account first and wait until you receive the welcome letter in the mail with your new account number.
- Complete and submit our HSA Transfer Form—located in the **Client Library** on our website.

HSA Investments

Visit our website at theHSAauthority.com.

Find **Individual/Employee Products** then click on **Investment Services** from the navigation menu. Information includes an Investment Options List, FAQs and Enrollment Form. HSA Checking must be opened first before enrolling in HSA Investments.

Features:

- A variety of mutual funds available from which to choose
- Easy to use and comprehensive investment website
- Annual fee of \$36
- No investment load or trade costs (*Short term redemption fee may apply to some funds if selected*)

IMPORTANT INFORMATION: Self-directed investments are the sole responsibility of the account-owner. Carefully weigh the advantages and disadvantages of investing your HSA funds before doing so. Investment products are not FDIC insured; may lose value and are not a deposit account. Investment accounts are not obligations of Old National Bank or Devenir, are not guaranteed, and not insured by any federal government agency.

HSA's at Tax Time

- You'll receive Form 1099 SA for your distribution total and Form 5498 SA for your contribution total for the previous year. These figures are reported to the IRS and you are required to report them on IRS Form 8889 when filing your federal taxes. See IRS Publication 969 or consult your tax advisor for further information.
- You may make contributions to your HSA for the previous calendar year up to the tax filing deadline, which is normally April 15. If you make prior year deposits, you will receive an updated Form 5498 SA in May with your complete contribution total to keep with your tax records.

Prior Year Deposits: Prior year contributions should be clearly communicated to bank personnel. If mailing a deposit, be sure to note it is for the prior year. Deposits made at an ATM machine, remote deposit using a mobile phone, electronic transfers made using any method or those that are not specifically communicated to bank personnel will automatically be processed as a current year contribution.

Insurance Coverage Changes

- If you start an HSA-qualified health plan mid-year, you may contribute the full annual maximum to your HSA. However, a testing rule applies to those that start an HDHP any time other than January 1. Per the IRS, you must remain an HSA-eligible individual through December 31 of the next calendar year. If you're not sure you'll remain on the plan, you may want to pro-rate your contribution amount in order to avoid having the excess added to your gross income and an additional 10% tax on that amount.
- If your insurance coverage changes from individual to family mid-year, you're eligible for the full family contribution limit for that calendar year.
- If your insurance coverage changes from family to individual mid-year, your contribution limit will need to be pro-rated according to how many months you were on each type of insurance coverage.

Options for Paying Yourself Back from Your HSA

FOR QUALIFIED MEDICAL EXPENSES PAID WITH NON-HSA FUNDS

1. Use free Online Bill Pay to request a check be sent to you.
2. Use free Online Account to Account Transfer to transfer funds between accounts at other financial institutions and your HSA.
3. Write an HSA check to yourself.
4. Visit an Old National Bank Branch or ATM to make a withdrawal. There is no fee for withdrawals at an ONB Branch or ATM. See our Branch/ATM locator feature at theHSAauthority.com.¹
5. Complete and submit a Withdrawal Authorization Form found under Forms at theHSAauthority.com or through online banking.

¹Foreign ATM fees may apply



Once you've opened your account, you'll receive your debit card in the mail.

Enhanced card benefits¹ include:

- NEW Contactless Pay for quick and safe Tap & Go[®] shopping
- Improved Card Security with Card Controls and Automated Fraud Monitoring, and more!

¹Certain restrictions, exclusions and limitations apply. For complete details, see the Mastercard Guide to Benefits that will be provided with your new card.

What If...

You receive a medical bill or are paying for a prescription at the pharmacy and you want to use funds from your HSA.

Pay using your HSA debit card, HSA checks or through online bill pay.

You're at the pharmacy and realize you don't have your HSA debit card, checks, or you don't have enough funds in your Health Savings Account.

Pay for the purchase with personal funds and later reimburse yourself using one of the "Options for Paying Yourself Back from Your HSA" listed at left.

You're faced with a medical emergency and do not have enough in your HSA to cover your portion of the hospital bill.

OPTION 1: Ask provider to set up a payment plan. As funds are deposited into your HSA make payments to the provider using your HSA debit card, online bill pay or checks.

OPTION 2: Pay with another personal checking account, savings account or credit card. Reimburse yourself as funds accumulate in your HSA. Many providers will agree to offer a discount for paying the bill in full.

You're required to pay for treatment at the time of service. Later you receive a reimbursement check from the provider.

OPTION 1: Cash the check and pay for other eligible medical expenses and save those receipts.

OPTION 2: Mail the check to Old National Bank for deposit to your HSA noting it is a REIMBURSEMENT DEPOSIT.

You purchase groceries and a prescription. How should you handle the transaction?

OPTION 1: Pay for the groceries separately and use your HSA debit card or checks for the prescription only.

OPTION 2: Pay for everything with non-HSA funds and later reimburse yourself for the medical portion.

PRODUCT FEATURES

Enrollment Fee	Free online enrollment
Minimum Opening Balance	None
Annual Fee	None
Service Charge	No monthly service charge
Statement Options	Free online statements; nominal charge for paper statements
Interest Rates	Interest rates may vary based on account balance; rates subject to change; for current rates, call our Client Care Center at 888-472-8697
Annual IRS Reporting and Updates	5498-SA (contributions), 1099-SA (distributions) and adjustments for prior year contributions
24/7 Automated Telephone Banking	Toll-free number 800-731-2265
Deposit Processing	Automatic deposit, mail in service or in-person at any Old National location
Mobile App	Access your HSA with The HSA Authority through the Old National App available on the App Store, Google Play or Amazon Appstore. Free access to balance, account activity, Bill Pay and Mobile Deposit. ²
Online Banking	Free access to view statements, account activity, balance, and front and back of paid checks
Online Account to Account Transfer	Free access to transfer funds between accounts at other financial institutions and your HSA
Online Bill Pay	Free access to pay bills online through online banking
Debit Card	Free debit cards for account owner and authorized signer
ATM Access	Free ATM withdrawals at any Old National ATM; fees will apply for ATM withdrawals at non-Old National ATMs; refer to bank fee schedule
Check Fees	No per-check fees; see HSA Debit Card/Check Request Form for current printing fee per order of 30 checks
Certificate of Deposit Options	Available; call Client Care at 888-472-8697 for current rates and terms; FDIC insured
Investment Options¹	Available; call Client Care at 888-472-8697 for more information; \$36 Annual Fee
Bank Service fees (overdraft, stop pay, etc.)	Call Client Care at 888-472-8697 for details

For account opening instructions, see insert or visit our website at theHSAauthority.com.

Address: The HSA Authority, Attention: HSA Operations, PO Box 3606, Evansville, IN 47735

Email: info@theHSAauthority.com

Phone: 888-472-8697 | Monday-Friday and Saturday morning

¹ Not FDIC Insured	No Bank Guarantee	May Lose Value	Not a Deposit	Not Insured by any Federal Government Agency
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² There are no Old National fees to use Mobile Banking; however, there may be charges associated with data usage on your phone. Check with your wireless carrier for more information. Not all accounts or customers are eligible for Mobile Deposit. Deposits subject to verification and may not be available for immediate withdrawal. See Terms in App for deposit limits and other restrictions.

Section 2 | Your Benefits

Section 2 | Health Benefits

Anthem HDHP 1 w/HSA Plan



PLAN FEATURE	NETWORK	OUT OF NETWORK
Annual Deductible	Individual \$3,000 Family \$6,000	Individual \$6,000 Family \$12,000
Out-of-Pocket Max (OOPM) Including Deductible	Individual \$3,000 Family \$6,000	Individual \$12,000 Family \$24,000
Preventive Care Services	Covered 100% - No deductible, copay or coinsurance	
Physician's Office Visits: Sickness & Injury • Primary Care Physician • Specialty Care Physician	Covered 70% after deductible	
Urgent Care Services	Covered 100% after deductible	Covered 70% after deductible
Inpatient Professional & Facility Services	Covered 100% after deductible	
Outpatient Professional, Surgery & Medical Service Fees	Covered 100% after deductible	
Emergency Room Services	Covered 100% after deductible	
Ambulance	Covered 100% after deductible	
Prescription Drugs - Retail • 30-day supply • After Deductible	Covered 70% after deductible	
Prescription Drugs - Home Delivery Service • 90-day supply • After deductible	Covered 100% after deductible	Not Covered
Specialty Prescription Drugs	Limited up to a 30-day supply regardless of whether they are retail or mail service.	

More plan details on the next page!

Please see Plan Document for full details.

Section 2 | Health Benefits

Anthem HDHP 1 w/HSA Plan



PLAN FEATURE	NETWORK	OUT OF NETWORK
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services at Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Manipulation therapy: 24 visits 	Covered 100% after deductible	Covered 70% after deductible
Inpatient Facility Services (Network & Non-Network Combined) Unlimited days except for: <ul style="list-style-type: none"> 60 days for physical medicine/rehab 90 days for skilled nursing facility 	Covered 100% after deductible	Covered 70% after deductible
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 		
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> MRIs Home Care Visits Orthotics Prosthetic Devices/Limbs Hospice Care Ambulance Services 	Covered 100% after deductible	Covered 70% after deductible Not Covered Not Covered
Accidental Dental Services: \$3,000 limit per occurrence	Covered 100% after deductible	Covered 70% after deductible

Please see Plan Document for full details.

Section 2 | Health Benefits

Anthem HDHP 2 w/HSA Plan



PLAN FEATURE	NETWORK	OUT OF NETWORK
Annual Deductible	Individual \$6,000 Family \$12,000	Individual \$12,000 Family \$12,000
Out-of-Pocket Max (OOPM) Including Deductible	Individual \$6,000 Family \$12,000	Individual \$24,000 Family \$24,000
Preventive Care Services	Covered 100% - No deductible, copay or coinsurance	Covered 70% after deductible
Physician's Office Visits: Sickness & Injury <ul style="list-style-type: none"> Primary Care Physician Specialty Care Physician 		
Urgent Care Services	Covered 100% after deductible	Covered 70% after deductible
Inpatient Professional & Facility Services		
Outpatient Professional, Surgery & Medical Service Fees		
Emergency Room Services	Covered 100% after deductible	
Ambulance		
Prescription Drugs - Retail <ul style="list-style-type: none"> 30-day supply After Deductible 	Covered 100% after deductible	Covered 70% after deductible
Prescription Drugs - Home Delivery Service <ul style="list-style-type: none"> 90-day supply After deductible 		Not Covered
Specialty Prescription Drugs	Limited up to a 30-day supply regardless of whether they are retail or mail service.	

More plan details on the next page!

Please see Plan Document for full details.

Section 2 | Health Benefits

Anthem HDHP 2 w/HSA Plan



PLAN FEATURE	NETWORK	OUT OF NETWORK
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services at Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Manipulation therapy: 24 visits 	Covered 100% after deductible	Covered 70% after deductible
Inpatient Facility Services (Network & Non-Network Combined) Unlimited days except for: <ul style="list-style-type: none"> 60 days for physical medicine/rehab 90 days for skilled nursing facility 	Covered 100% after deductible	Covered 70% after deductible
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 		
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> MRIs Home Care Visits Orthotics Prosthetic Devices/Limbs Hospice Care Ambulance Services 	Covered 100% after deductible	Covered 70% after deductible Not Covered Not Covered
Accidental Dental Services: \$3,000 limit per occurrence		Covered 70% after deductible

Please see Plan Document for full details.

Section 2 | Health Benefits

Anthem PPO Plan



PLAN FEATURE	NETWORK	OUT OF NETWORK
Annual Deductible	Individual \$1,000 Family \$2,000	Individual \$2,000 Family \$4,000
Out-of-Pocket Max (OOPM) Including Deductible	Individual \$3,000 Family \$6,000	Individual \$6,000 Family \$12,000
Preventive Care Services	Covered 100% - No deductible, copay or coinsurance	Covered 60% after deductible
Physician's Office Visits: Sickness & Injury • Primary Care Physician • Specialty Care Physician	\$40 Copay	
Urgent Care Services	\$75 copay	Covered 60% after deductible
Inpatient Professional & Facility Services	Covered 80% after deductible	
Outpatient Professional, Surgery & Medical Service Fees		
Emergency Room Services	\$250 copay, then 20% after deductible	
Ambulance	Covered 80% after deductible	
Prescription Drugs - Retail • 30-day supply • After Deductible	Generic - \$20 Brand - \$50 Non-Formulary - \$70 (25% to max \$100)	Covered 50% after deductible
Prescription Drugs - Mail Order • 90-day supply • After deductible	Generic - \$30 Brand - \$100 Non-Formulary - \$140	Covered Not Covered
Specialty Prescription Drugs	N/A - You must use the Specialty Pharmacy in order for Specialty Rx to be covered.	
Prescription Drug Out of Pocket Max		Individual: \$4,150 Family: \$8,300

More plan details on the next page!

Please see Plan Document for full details.

Section 2 | Health Benefits

Anthem PPO Plan



PLAN FEATURE	NETWORK	OUT OF NETWORK
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services at Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Manipulation therapy: 24 visits 	\$40 copay Covered 80% after deductible	Covered 60% after deductible
Inpatient Facility Services (Network & Non-Network Combined) Unlimited days except for: <ul style="list-style-type: none"> 60 days for physical medicine/rehab 90 days for skilled nursing facility 	Covered 80% after deductible	Covered 60% after deductible
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 		
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> MRIs Home Care Visits Orthotics Prosthetic Devices/Limbs Hospice Care Ambulance Services 	Covered 80% after deductible	Covered 60% after deductible Covered 80% after deductible Covered 80% after deductible
Accidental Dental Services: \$3,000 limit per occurrence	Copayments/Coinsurance based on setting where covered services are received	Covered 60% after deductible

Please see Plan Document for full details.



Importance of Preventive Care

Did you know that if you are covered under one of the medical plans, your in-network preventive care is covered at 100%?

That's right! That means \$0 out of your pocket for your annual physicals and preventive exams and screenings. These exams and screenings help identify health risks early on, and in turn keep those out-of-pocket medical expenses in check.

\$0 out of your pocket*

Many exams involve running a complete panel of blood work. When was the last time you had your blood pressure checked? Your glucose levels? Knowing these critical numbers is the most important part of the visit. If you don't know them, then it's time to make an appointment!

If you have additional questions about preventive care services, talk to your doctor or call Anthem.

TESTS

BLOOD
PRESSURE
DIABETES
CHOLESTEROL



CANCER SCREENINGS

MAMMOGRAMS AND COLONOSCOPIES



INTERVENTION

quit smoking
lose weight
eat healthy
identify depression
reduce alcohol use
avoid sexually
transmitted
diseases



SCREENINGS

SEXUALLY TRANSMITTED
INFECTIONS



REGULAR VISITS

WELL-WOMAN, WELL-BABY, AND WELL-CHILD



CARE

FOR HEALTHY PREGNANCIES

VACCINATIONS

FLU, PNEUMONIA, MEASLES,
POLIO, MENINGITIS AND OTHER DISEASES



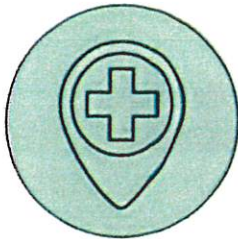
* Some restrictions may apply.

Where to Find Care

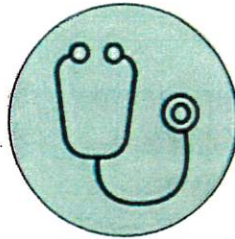


Consider the information in the chart below when you need care. Still not sure where to go?

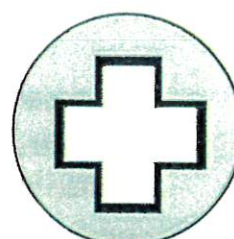
Contact your Benefits Coordinator at (317) 867-8003.



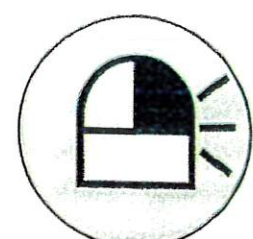
Riverview Employer Health Center
NO COST



Doctor's Office
\$



Urgent Care
\$\$



Emergency Room
\$\$\$

When to go

Type of Care

Cost & Wait

<p>For preventive care, non-urgent medical needs, or other acute care help, full-time employees and their families may visit the clinic at no cost. They may also establish the clinic physician as their Primary Care Provider.</p>	<p>For employees with an established Primary Care Provider, they and their family members may visit their provider for treatment. Your doctor can also refer you to a specialist.</p>	<p>Quick care that is not an emergency when your regular doctor is not available. They're for non-life-threatening injuries or illness and are staffed with qualified doctors.</p>	<p>For when you need immediate treatment of a very serious, critical or life-threatening condition.</p>
<ul style="list-style-type: none"> Routine checkups Immunizations Preventive services General health management New patient visits and established care Acute care Regular clinic visit Lab draws & vaccinations 	<ul style="list-style-type: none"> Routine checkups Established Care Immunizations Preventive services General health management 	<ul style="list-style-type: none"> Sprains Strains Minor broken bones Minor infections Minor burns 	<ul style="list-style-type: none"> Heavy bleeding Large open wounds Sudden change in vision Chest pain Sudden weakness or trouble talking Major burns Spinal injuries Severe head injury Difficulty breathing Major broken bones
<ul style="list-style-type: none"> \$0 No wait time 	<ul style="list-style-type: none"> Often requires a co-payment and/or co-insurance Normally requires an appointment Usually little wait time with scheduled appointments 	<ul style="list-style-type: none"> Often requires a co-payment and/or co-insurance that may be higher than an office visit Walk-in patients are welcome but are usually treated by severity 	<ul style="list-style-type: none"> Often requires high co-payment or co-insurance In and out-of-network co-payments are the same. In-network out-of-pocket costs are lower Open 24/7

Riverview Employer Health Center and Riverview Health Pharmacy



Riverview Health

Located in the Riverview Health Westfield Hospital.

What Services Do We Offer?

- New Patient Visit (40 Minute Appointment)
- Regular Clinic Visit (20 Minute Appointment)
- Physicals & PAP Test (40 Minute Appointment)
- Lab Draws & Vaccinations (10 Minute Appointment)

WESTFIELD

Monday: 7 a.m. - 2 p.m.	Wednesday: 9:30 a.m. - 6 p.m.	Saturday: CLOSED
Tuesday: 8 a.m. - 4:30 p.m.	Thursday: 8 a.m. - 4:30 p.m.	Sunday: CLOSED
	Friday: 8 a.m. - 5:30 p.m.	

17600 Shamrock Blvd. Suite 1403 Westfield, IN 46074 | 317-214-5430

NOBLESVILLE

Monday: 8:30 a.m. - 6 p.m.	Wednesday: 8 a.m. - 3:30 p.m.	Saturday: 9 a.m. - 12 noon
Tuesday: 8 a.m. - 4:30 p.m.	Thursday: 8 a.m. - 5:30 p.m.	Sunday: CLOSED
	Friday: 8 a.m. - 3:30 p.m.	

601 A Westfield Rd. Noblesville, IN 46060 | 317-776-3456

Are You Eligible? Full-time employees and their family members enrolled in any WWS Medical Plans are eligible to use our on-site clinic. The Riverview medical team is committed to providing you and your family with high-quality, personalized care. They are focused on maintaining and improving your current health status, educating you about proactive ways to boost your health, and becoming your partner on your journey to a healthy life.

Schedule Your Visit Today!
Call 317-776-3456 or 317-214-5430

Review Riverview's FREE Generic Drug List on the next page!

*Many generic prescriptions can be filled free of charge, only if the employee is seen and prescribed a generic medication by a Riverview Health provider at the WWS Health & Wellness Clinic. Compounding services, which allow for specially formulated prescriptions, are available.

Riverview's FREE Generic Drug List

You are likely familiar with the terms "generic" and "brand name" prescription drugs. But do you know what a drug formulary is? Like a generic drug, it can also save you money.

The Riverview Westfield Employer Clinic is now offering a prescription drug formulary to maximize the effectiveness of its pharmacy benefits program.



WHAT'S A FORMULARY?

A formulary is a preferred drug list. The drugs on the formulary have been evaluated and researched for safety and effectiveness, and are the most cost-effective versions of commonly prescribed medications. By using a single set of prescribed medications for most routine treatments, Riverview can now provide high quality care and keep costs as low as possible.

Here is some helpful information about a drug formulary:

- It is a comprehensive list of drugs expected to meet the needs of most patients.
- It is used as a way to provide cost-effective prescription drugs to members.
- It consists of both brand and generic drugs that have been approved by the health plan's panel of physicians and pharmacists.
- It enhances the quality of medical care by identifying the best medicines from among the thousands available. It is also a tool to address skyrocketing prescription drug costs.
- Formulary drugs are chosen for their safety, effectiveness, quality and cost.

GENERIC DRUGS AND WHAT THAT MEANS

Some people think that generic versions of their prescription drugs are inferior, but the FDA requires that generic drugs meet the same standards as their brand name counterparts.

The difference between the two involves the research, development and marketing investment that went into the original brand name product. When "generic equivalents" become available, they have the same active ingredients and chemical purity as the brand-name drugs they imitate. Other ingredients such as tablet fillers, binders, coatings or flavors may differ. Because their development costs are less, generic drugs are often priced substantially lower.

When you receive a prescription from your doctor, ask if a generic equivalent is available. Many health plans charge a lower copay for patients who choose generics.

REMEMBER! To be eligible to fill prescriptions at a Riverview pharmacy your prescriptions have to be written by a Riverview physician.

Antibiotics/Antifungals/Antivirals		Brand Name
Amoxicillin	Bacterial Infection	Amoxil
Amox-Clav	Bacterial Infection	Augmentin
Azithromycin	Bacterial Infection	Zithromax
Cefdinir	Bacterial Infection	Omnicef
Cephalexin	Bacterial Infection	Keflex
Ciprofloxacin	Bacterial Infection	Cipro
Clindamycin	Bacterial Infection	Cleocin
Doxycycline (no delayed release)	Bacterial Infection	Adoxa
Nitrofurantoin	Bacterial Infection	Macrobid
Sulfamethoxazole/Trimethoprim	Bacterial Infection	Bactrim
Fluconazole	Fungal Infection	Diflucan
Acyclovir	Viral Infection	Zovirax
Valacyclovir	Viral Infection	Valtrex

Cholesterol		Brand Name
Atorvastatin	Statin	Lipitor
Pravastatin	Statin	Pravachol
Simvastatin	Statin	Zocor
Rosuvastatin	Statin	Crestor
Fenofibrate (excluding 48mg and 145mg)	Fibric Acid	Lofibra

Gastrointestinal		Brand Name
Omeprazole	Proton Pump Inhibitor	Prilosec
Pantoprazole	Proton Pump Inhibitor	Protonix
Ranitidine	H2 Blocker	Zantac
Esomeprazole	Proton Pump Inhibitor	Nexium

Blood Pressure		Brand Name
Amlodipine	Calcium Ch. Blocker	Norvasc
Atenolol	Beta blocker	Tenormin
Chlorthalidone	Diuretic	Thalitone
Hydrochlorothiazide (HCTZ)	Diuretic	Microzide
Lisinopril	ACE-Inhibitor	Zestril
Lisinopril/HCTZ	ACE-Inhibitor + Diuretic	Zestoretic
Losartan	ARB	Cozaar
Losartan/HCTZ	ARB	Hyzaar
Metoprolol tartrate	Beta blocker	Lopressor
Metoprolol SUCC ER	Beta blocker	Toprol XL
Triamterene/HCTZ	Diuretic Combo	Dyazide, Maxzide
Valsartan	ARB	Diovan

Other		Brand Name
Prednisone	Steroid	Deltasone
Epinephrine injection	Allergic reaction	Epipen
Methylprednisolone	Steroid	Medrol
Topiramate	Antiepileptic	Topamax
Preplus	Prenatal Vitamin	Niva-Plus
Terbinafine	Antifungal	Lamisil
Cyclobenzaprine	Muscle Relaxant	Flexeril
Ondansetron	Anti-emetic	Zofran
Polyethylene glycol	Laxative	Miralax

Asthma		Brand Name
Albuterol nebulas and inhalers	Bronchospasm	Proair, Ventolin, Proventil
Montelukast	Allergic asthma	Singulair
Fluticasone/Salmeterol Inhaler	Lung Inflammation	Airduo
Spacer Chamber		
Peak Flow Meter		

Allergies		Brand Name
Cetirizine	Antihistamine	Zyrtec
Fexofenadine	Antihistamine	Allegra
Loratadine	Antihistamine	Claritin
Fluticasone Nasal Spray	Nasal Steroid	Flonase
Ketotifen eye drops	Antihistamine	Zaditor

Diabetes		Brand Name
Metformin (excluding ER 1000mg)	Antihyperglycemic	Glucophage
Glipizide IR/ER	Antihyperglycemic	Glucotrol
Wavsense Meter, Test Strips, Lancets	Testing supplies	

Cough		Brand Name
Benzonatate	Cough Suppressant	Tessalon

Mood		Brand Name
Buspirone	Antidepressant	Buspar
Citalopram	Antidepressant	Celexa
Escitalopram	Antidepressant	Lexapro
Fluoxetine	Antidepressant	Prozac
Paroxetine	Antidepressant	Paxil
Sertraline	Antidepressant	Zoloft
Bupropion XL	Antidepressant	Wellbutrin
Trazodone	Antidepressant	Desyrel
Venlafaxine IR tablets/ER capsules	Antidepressant	Effexor

Pain		Brand Name
Meloxicam	NSAID	Mobic
Naproxen	NSAID	Naprosyn
Diclofenac sodium	NSAID	Voltaren

Topicals		Brand Name
Hydrocortisone Cream	Steroid	Hycort
Triamcinolone Cream	Steroid	Kenalog
Adapalene 0.1% Gel	Acne	Differin
Mupirocin Ointment (not cream)	Antibiotic	Bactroban
Nystatin	Antifungal	Nystex
Ketoconazole	Antifungal	Nizoral

Thyroid		Brand Name
Levothyroxine	Thyroid hormone	Levoxyol
Synthroid	Thyroid hormone	Synthroid

Delta Dental of Indiana Dental Plan



Plan Feature	PPO, Premier and Non-Participating Dentists
Deductible	\$50
Annual Plan Maximum	\$1,500
Preventive Services <ul style="list-style-type: none"> • Oral Exams, Cleanings, Fluoride & Space Maintainers • Sealants • Brush Biopsy • Radiographs 	Covered in Full
Basic Services <ul style="list-style-type: none"> • Temporary Pain Relief • Minor Restorative Services • Endodontic and Periodontic Services • Oral Surgery Services 	Covered 80%
Major Restorative Services <ul style="list-style-type: none"> • Crowns • Implants • Bridges • Dentures 	Covered 50%
Orthodontic Services <ul style="list-style-type: none"> • Up to age 19 • Lifetime Maximum 	Covered 50% \$1,200

Please see Plan Document for full details.

Delta Dental of Indiana Dental Plan

You may use any dentist you choose, and the benefit level (80% or 50% depending on the type service) is the same regardless of whether you use a participating dentist or not. However, if you use a participating dentist in the Delta Dental Network, you may have lower out-of-pocket costs because the dentist's charge will not exceed the allowable fee amount. If you use a dentist that does not participate, you are responsible for any amount charged by the dentist that exceeds the reasonable and customary allowable fee. Even if you use a participating dentist, you are always responsible for your coinsurance amount. Here's how that would work...

What does a balance bill amount look like?

Dr. Jones charges
\$750 for a crown.



The Delta Dental Plans
will only cover \$600.

Since Dr. Jones isn't in the network, he has the right to bill you for the \$150 difference - plus the coinsurance you still have to pay.

On the other hand, if you visit an in-network dentist, he or she has already agreed to charge the \$600 that the plan covers for crowns, so there is no balance left over.

For more information about In-Network care and to find an In-Network provider in your area, visit...

www.DeltaDentalIN.com/FindaDentist

This site not only allows you to find providers for dental services, but also allows you to access your plan benefits, check claim status, print forms, ID cards, plan summaries, and access discounts being offered on goods and services.

Registration will take no more than two minutes.

Anthem Blue View Vision Plan



Westfield Washington Schools offers all full-time staff the opportunity to enroll in our group vision insurance plan. The plan utilizes the Anthem network to help you save money by using in-network providers.

Plan Feature	In-Network	Out-of-Network
Exam Every 12 months	\$10 copay	Covered up to \$42
Lenses Every 12 months		
• Single	\$20 copay	Covered up to \$40
• Bifocal		Covered up to \$60
• Trifocal		Covered up to \$80
Lens Enhancements		
• Transitions Lenses (child)	\$0 after lens copay	Not Covered
• Transitions Lenses (adults)	\$20 after lens copay	
• Standard Polycarbonate (child)	\$0 after lens copay	
• Factory Scratch Coating	\$0 after lens copay	
Frames Every 24 months	Covered up to \$150, then 20% off any remaining balance	Covered up to \$45
Contacts instead of glasses Every 12 months		
• Elective Conventional Lenses	Covered up to \$150, then 15% off any remaining balance	Covered up to \$105
• Elective Disposable Lenses	Covered up to \$140	Covered up to \$105
• Non-Elective Contact Lenses	Covered in Full	Covered up to \$210

Please see Plan Document for full details.

Life/AD&D and Voluntary Insurance

Cigna Term Life, AD&D, and Long Term Disability

Life and AD&D

Westfield Washington Schools automatically provides you with a **Basic Life and Accidental Death and Dismemberment (AD&D)** Insurance benefit at the cost of \$1 annually. This benefit will terminate when your employment terminates or upon retirement. If an employee dies in an accident, they will receive AD&D.

IMPORTANT NOTE: If you need to change your beneficiary at any time, contact Cindy Keivel, Benefits Coordinator, for a new form. You may need to change your beneficiary when marriage, divorce, or death of the person you previously designated occurs.



Long Term Disability

Westfield Washington Schools automatically provides you with **Long Term Disability**. This coverage can replace a percentage of your lost income up to the amount of the maximum monthly benefit shown in the plan outline. This is provided that you have filed a claim and your claim is approved by Cigna. WWS pays all but \$1.00 annually for your long term disability benefit.

American Fidelity Voluntary Benefits

Employees may choose from several voluntary benefit programs offered during the annual American Fidelity enrollment. Employees pay full cost for these benefits. In addition to the Selection 125 reimbursement accounts, American Fidelity also offers short term disability and a variety of optional insurance coverages. All employees working 17.5 hours or more per week must sign up for or sign off of these benefits annually.



*More information on these benefits is available in the plan outline.

WHATEVER LIFE THROWS AT YOU - THROW IT OUR WAY.

Life Assistance ProgramSM



Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Monthly Webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

Achieve work/life balance.

For help handling life's challenges go on line for articles and resources including on family, care giving, pet care, aging, grief, balancing, working smarter, and more.



Legal consultation and referrals*

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.



Financial consultations.

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.



Life Assistance Program - 24/7 support

Phone: 800.538.3543
website: www.cignalap.com

Together, all the way.®



Offered by: Life Insurance Company of North America or Connecticut General Life Insurance Company.

*Legal consultations and discounts are excluded for employment-related issues.

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. These programs are not available under policies insured by Cigna Life Insurance Company of New York (New York, NY).

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SOLUTIONS FOR ALL TYPES OF PERSONAL FINANCIAL CHALLENGES

My Secure Advantage

Cigna knows that financial issues are one of the leading causes of stress in America.* That's why we offer a full-service financial wellness program. My Secure Advantage™ can help support the financial health of your household, at no additional cost to you.

MY SECURE ADVANTAGE PROGRAM INCLUDES:

My Secure Advantage (MSA) Money Coaching

- › You can take advantage of a free 30-minute consultation with a certified financial expert before you decide to participate in Money Coaching.
- › Individuals and couples can work with a designated Money Coach for 30 days, paid for by Cigna.
- › Your Money Coach can help you handle a wide range of financial challenge, including but not limited to: Basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.
- › Through an easy-to-use online portal, you can communicate with your Coach, view educational webinars and access a library of financial tools, forms and tips.
- › After the first 30-day coaching period, you may continue working with your Money Coach for \$39.95 per month.
- › Even if you don't participate in Money Coaching you can get a 25% discount on tax planning and preparation.

Identity theft protection and will preparation services include:

- › Education on how to avoid identity theft, consultation with a Fraud Resolution Specialist, and a fraud resolution kit that provides the right documents to use and steps to follow
- › Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents
- › Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents, and a 25% discount off standard fixed or hourly attorney's fees



Call 888.724.2262, Monday - Friday
from 9:00 am to 11:00 pm EST
(6:00 am to 8:00 pm PST) to speak
with an MSA representative.

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit cigna.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

Together, all the way.®



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* Stress in America™. Coping with Change American Psychological Association, January, 2017.

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Benefit Contacts



- Medical Insurance
- Vision

www.anthem.com
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- Voluntary Benefits
- Section 125 Reimbursement Accounts
- Short Term Disability

www.americanfidelity.com
(317) 871-2480



- Dental

www.DeltaDentalIN.com
(800) 524-0149



- Basic Life/ AD&D
- Long Term Disability

www.cigna.com
(800) 362-4462



- Riverview Employer Health Center
- Riverview Health Pharmacy
- Prescriptions

Clinic:
www.riverview.org/employerclinics
(317) 214-5430
Pharmacy:
www.riverview.org
Phone: (317) 214-5566
Fax: (317) 214-5561



- Benefits Coordinator, Cindy Keivel (317) 867-8003

