BENEFIT GUIDE

JANUARY 1-DECEMBER 31 | 2025



WELCOME TO YOUR BENEFITS



Westfield Washington Schools would not be the success it is today without the dedication of our hard-working employees. We are proud to offer a comprehensive benefits package to support your physical, mental, and financial wellness. This guide highlights the options available to you as a benefits-eligible employee.

Please take time to review your options so you can make informed decisions about your benefit elections.

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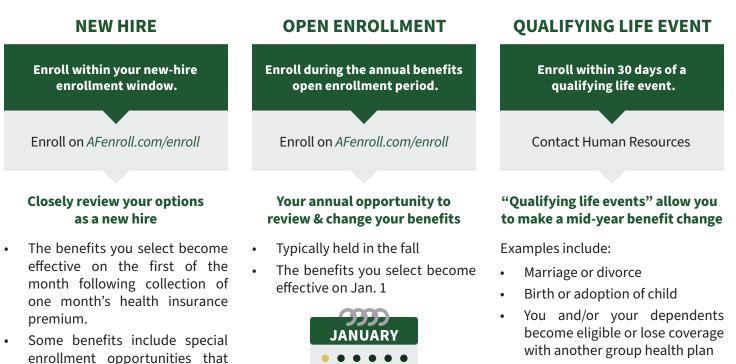
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WHEN CAN YOU ENROLL IN BENEFITS?



- Spouse's open enrollment
- Change in work status (part-time to full-time)

COVERING YOU AND YOUR FAMILY

EMPLOYEES

Westfield Washington Schools employees who are considered full-time and work **at least 30 hours per week** are eligible for benefits on the first of the month following collection of one month's health insurance premium.

are only available when you first

enroll, so don't miss out!

Coverage ends on the last day of the month, following collection of one month's premium.

DEPENDENTS

Many plans allow you to cover your eligible dependents, which include:

- Legally married spouse
- Dependent children including:
 - Children up to age 26 regardless of student or marital status
 - Disabled children of any age who are (or become) physically or mentally incapable of self-support

ENROLLMENT INSTRUCTIONS

TIPS

WHAT YOU NEED

Social Security Numbers and birth dates are required to enroll for all employees and their dependents.

You'll also need:

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

CHOOSE BENEFITS

Review your benefit options to ensure you have the proper coverage and opt out of those you do not need.

MAKE CHANGES

Log in to AFenroll to make changes at any time during your enrollment period. Before you log out, you must re-confirm with your signature or your enrollment will not be valid.

PRINT OR SAVE YOUR CONFIRMATION!

Sign your Benefit Confirmation/Deduction Authorization Form using your signature.

PREPARATION IS KEY

We know your time is valuable, so make sure to review this important information before your enrollment.

BENEFITS EDUCATION

- Watch for group meeting announcements
- Reach out to your American Fidelity account manager

IMPORTANT ITEMS TO REVIEW

- Beneficiaries/Dependents
- Available benefits options, including plans you may keep even if you change jobs or retire

YOUR WWS HR PARTNERS

Nicole Holstein, Assistant Benefits Coordinator

317-867-8000 ext. 10120 | HolsteinN@WWS.K12.IN.US

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Cindy Keivel, Benefits Coordinator

317-867-8000 ext. 10003 | KeivelC@WWS.K12.IN.US

ENROLL ON YOUR SCHEDULE

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.

1. VISIT THE ENROLLMENT PORTAL

Visit | *AFenroll.com/enroll* Compatible browsers: Safari, Edge and Chrome

2. ENTER YOUR USER ID

This is your Social Security Number (SSN).

3. ENTER YOUR TEMPORARY PIN

Last four digits of your SSN + eight-digit birth date XXXXMMDDYYYY | For example: 123401012000

4. TWO-FACTOR AUTHENTICATION

American Fidelity has implemented two-factor authentication to add an extra layer of security to your enrollment experience. You will be prompted to select either an email address or a mobile phone number to receive a verification code. Once that code is received, you will input it into the prompt in AFenroll to verify your account.

5. CHANGING YOUR PIN

- After you enter your temporary PIN, you will be prompted to change your PIN to one you choose.
- You will enter your new PIN, where prompted, then re-enter your new PIN to verify.

PIN REQUIREMENTS

Eight character minimum to include:

- one upper case letter
- one lower case letter
- one special character

Before you can complete your PIN change, you must select a security question, answer it and provide your email address.

It is important to remember your new PIN as this will be how you will log into the site moving forward. Select Next to begin enrolling.

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MEDICAL BENEFITS

Anthem 🕸 🕅

PLAN OPTIONS	РРО	HDHP 1	HDHP 2	
PLAN OPTIONS	IN-NETWORK*	IN-NETWORK*	IN-NETWORK*	
NETWORK	Blue Access	Blue Access	Blue Access	
Deductible Individual Family	\$1,000 \$2,000	\$3,300 \$6,600	\$6,000 \$12,000	
Coinsurance Member Pays Plan Pays	20% 80%	0% 100%	0% 100%	
Out-of-Pocket Max Individual Family	\$3,000 \$6,000	\$3,300 \$6,600	\$6,000 \$12,000	
Eligible for Health Savings Account?	No Yes! Learn more on page 7.		Yes! Learn more on page 7.	
WHAT YOU PAY WHEN YOU NEED CARE				
Preventive Care	No charge	No charge	No charge	
Doctor Visits Primary Care Specialist	\$40 copay			
Urgent Care	\$75 copay			
Emergency Room	\$250 copay + 20% after deductible	0% after deductible	0% after deductible	
Inpatient & Outpatient Services	20% after deductible			
Diagnostic Imaging (MRI, CT, PET scan, etc.)	20% alter deductible			
WHAT YOU PAY FOR PRESCRIPTION DRUGS				
Retail (up to 30-day supply) Tier 1 2 3	\$20 \$50 \$70	0% after deductible	0% after deductible	
Mail-Order (up to 90-day supply) Tier 1 2 3	\$30 \$100 \$140			

*Out-of-network coverage is available on this plan. Please refer to the benefit summary for more information.



HEALTH SAVINGS ACCOUNT



By enrolling in either HDHP medical plan, you get access to a Health Savings Account (HSA), which can be used to pay for qualified healthcare expenses.

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ELIGIBILITY

Anyone who fits **all** the following conditions may contribute to an HSA:

- ✓ **IS** enrolled in an HDHP medical plan.
- **x IS NOT** enrolled in Medicare, Tri-Care, Medicaid, or a medical plan with copays.¹
- **x IS NOT** eligible to be claimed as a dependent on someone else's tax return.

¹*Medicare & your HSA:* Because enrollment in Part A is backdated by six months, you should stop your HSA contributions six months prior to enrollment to avoid penalties. Consult your tax advisor for guidance.

HSA CONTRIBUTIONS LIMITS

You can contribute up to the IRS annual maximum, which is based on your age.

2025 IRS limits	UNDER AGE 55	AGE 55+
Individual	\$4,300	\$5,300
Family (at least one dependent)	\$8,550	\$9,550

SET UP YOUR HSA

You must set up your HSA bank account with UMB before your contributions can be deposited through payroll deduction.

After you enroll in one of the HDHP options, you will receive information on how to open an account. You are responsible for activating the account before the plan year begins.

Visit | UMB.com/hsa

ENROLLMENT VERIFICATION NUMBER

First Box | THA0001

Second Box | 144169

LEARN MORE ABOUT YOUR HSA

Visit the HSA Store for all things HSA!

Visit | HSAStore.com/learning-center.html

Watch these videos for more on specific HSA topics. **The links are case sensitive.**

- Why you might choose an HSA: *bit.ly/HSAfacts*
- HSA-eligible expenses: *bit.ly/HSAeligibleexpenses*
- HSA advantages: *bit.ly/HSAadvantages*

3 REASONS TO LOVE YOUR HSA

1. TRIPLE TAX SAVINGS.*

- Tax deductions when you contribute to your account
- Tax-free withdrawals to pay for qualified medical expenses
- Tax-free earnings

2. IT'S FLEXIBLE.

You can use the money in your HSA for eligible health expenses or save it and let it grow. Your HSA savings roll over year after year, so it's there when you need it.

3. USE IT FOR RETIREMENT

When you reach a certain balance, you can invest your HSA. And you can use it as retirement income at age 65 without penalty (normal income tax still applies).

*Please note that state taxes still apply in some states.

RIVERVIEW HEALTH EMPLOYER HEALTH CENTER



ABOUT THE HEALTH CENTER

Riverview Health's team is committed to providing high-quality, personalized healthcare. They focus on maintaining and improving your health, educating you about proactive ways to boost your health, and being your partner on your journey to a healthy life.

ELIGIBILITY

Full-time employees and their family members who are enrolled in a WWS medical plan are eligible to use our employer health center at no cost!

FREE SERVICES

New patient visit	40-minute appointment
Physicals & Pap test	40-minute appointment
Regular clinic visit	20-minute appointment
Lab draws & vaccinations	10-minute appointment

SCHEDULE AN APPOINTMENT

Schedule online | WWS Staff Portal Call the Westfield Center | 317-214-5430 Call the Noblesville Center | 317-776-3456

WESTFIELD

17600 Shamrock Blvd. Suite 500A | Westfield, IN 46074 **Call |** 317-214-5430

HOURS

Monday	7 a.m. to 4:30 p.m.
Tuesday	8 a.m. to 4:30 p.m.
Wednesday	9 a.m. to 6 p.m.
Thursday	8 a.m. to 4:30 p.m.
Friday	8 a.m. to 5:30 p.m.

NOBLESVILLE

865 Westfield Rd. Suite A | Noblesville, IN 46062 Call | 317-776-3456

HOURS

Monday	8 a.m. to 6 p.m.
Tuesday	8 a.m. to 5:30 p.m.
Wednesday	8 a.m. to 5:30 p.m.
Thursday	8 a.m. to 5:30 p.m.
Friday	8 a.m. to 5:30 p.m.
Saturday	8 a.m. to noon



FREE GENERIC DRUG LIST

Riverview HEALTH

You are likely familiar with the terms "generic" and "brand name" prescription drugs. But do you know what a drug formulary is? A formulary is a list of covered medical prescriptions. Like generic drugs, prescriptions on a specific formulary can also save you money.

Westfield Washington Schools' Riverview Health Employer Health Clinic offers a prescription drug formulary to maximize the effectiveness of ts 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 costeffective 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.

ABOUT THE FORMULARY

- It is a comprehensive list of drugs expected to meet the needs of most patients.
- It is used 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 medical care quality 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

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

The difference between generic and brand-name drugs involves the research, development and marketing investment in 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.

IMPORTANT!

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

SEE RIVERVIEW HEALTH'S FREE GENERIC DRUG LIST ON THE NEXT TWO PAGES

FREE GENERIC DRUG LIST



PURPOSE

Antibiotic/ Antifungal/ Antiviral

Cardiology

GENERIC	BRAND NAME	PURPOSE	GENERIC	BRAND NAME	
Cetirizine HCL	Zyrtec	Allergies	Doxycycline Mono/		
Epinephrine Inj	Epipen	Allergies	Hyclate	Monodox	
Fexofenadine	Allegra	Allergies			
Fluticasone Propionate	Flonase	Allergies	Fluconazole	Diflucan	
Ketotifen	Zaditor	Allergies	Mupirocin	Bactroban	
Loratadine	Claritin	Allergies			
Montelukast Sodium	Singulair	Allergies	Nitrofurantoin/ Macro	Macrobid	
Acyclovir	Zovirax	Antibiotic/ Antifungal/ Antiviral	Sulfamethoxazole/ Trimethoprim	Septra Ds	
Amoxicillin	Amoxicillin	Antibiotic/ Antifungal/ Antiviral	Terbinafine	Lamisil	
Amoxicillin/ Potassium Clav	Augmentin	Antibiotic/ Antifungal/ Antiviral	Valacylovir	Valtrex	
Azithromycin	Zithromax	Antibiotic/ Antifungal/	Amlodipine	Norvasc	
Azitinomycin	Zitinomax	Antiviral	Atenolol	Tenormin	
Cefdinir	Omnicef	Antibiotic/ Antifungal/ Antiviral	Atorvastatin Calcium	Lipitor	
		Antibiotic/	Chlorthalidone	Thalitoe	
Cephalexin	Keflex	Antifungal/ Antiviral	Fenofibrate	Lofibra	
			Hydrochlorothiazide	Microzide	
Ciprofloxacin HCL	Ciloxan	Antibiotic/ Antifungal/	Lisinopril	Prinivil	
		Antiviral Antibiotic/	Lisinopril/ Hydrochlorothiazide	Zestoretic	
Clindamycin	Cleocin	Antifungal/ Antiviral	Losartan Potassium	Cozaar	
			Losartan/Hctz	Hyzaar	
			Metoprolol Er	Toprol XL	

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FREE GENERIC DRUG LIST CONTINUED

GENERIC	BRAND NAME	PURPOSE	GENERIC	BRAND NAME	PURPOSE
Metoprolol Tartrate	Lopressor	Cardiology	Citalopram	Celexa	Mood
Pravastatin	Pravachol	Cardiology	Hydrobromide		Maria
Rosuvastatin	Crestor	Cardiology	Escitalopram	Lexapro	Mood
Simvastatin	Zocor	Cardiology	Fluoxetine	Prozac	Mood
Triamterence/Hctz	Maxzide	Cardiology	Paroxetine HCL	Paxil	Mood
Valsartan	Diovan	Cardiology	Sertraline	Zoloft	Mood
Valsartan/ Hydrochlorothiazide	Diovan Hct	Cardiology	Trazodone HCL Venlafaxine	Trazodone HCL Effexor Er	Mood Mood
Metformin	Glucophage	Diabetes	Venlafaxine	Venlafaxine	Mood
Metformin Er	Glucophage	Diabetes	Diclofenac Sodium	Voltaren	Pain Relief
Wavesense Test	Strips/Lancets	Diabetes	Meloxicam	Mobic	Pain Relief
Esomeprazole	Nexium	Gastrointestinal	Naproxen	Naprosyn	Pain Relief
Famotidine	Pepcid	Gastrointestinal	Albuterol Sulfate	Proair, Proventil	Respiratory
Omeprazole	Prilosec	Gastrointestinal	Albuterol Sulfate	Albuterol Sulfate	Respiratory
Pantoprazole Sodium	Protonix	Gastrointestinal	Fluticasone/ Salmeterol Inhaler	Advair	Respiratory
Benzonatate	Tessalon Perle	Miscellaneous	Fluticasone/	Airduo	Respiratory
Cyclobenzaprine HCL	Flexeril	Miscellaneous	Salmeterol Inhaler Peak Flow Meter		Respiratory
Methylprednisolone	Medrol	Miscellaneous	Spacer		Respiratory
Ondansetron	Zofran	Miscellaneous	Levothyroxine	Synthroid	Thyroid
Polyethylene Glycol	Miralax	Miscellaneous	Sodium		-
Prednisone	Prednisone	Miscellaneous	Acyclovir	Zovirax	Topical
Prenatal	Plus	Miscellaneous	Adapalene	Differin	Topical
Topiramate	Торатах	Miscellaneous	Hydrocortisone	Hydrocortisone	Topical
Bupropion XL	Wellbutrin XL/Sr	Mood	Ketoconazole	Nizoral	Topical
Buspirone HCL	Buspar	Mood	Nystatin	Nystex	Topical
			Triamcinolone	Kenalog	Topical

Riverview

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PREVENTIVE CARE

Your medical plan covers in-network preventive care services at no cost to you! Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

WHAT IS PREVENTIVE CARE?

Preventive care includes a range of services to help keep you healthy.

While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick in the first place.

WHAT IS NOT PREVENTIVE CARE?

If you see a doctor with symptoms or you have been diagnosed with an illness, the services are not preventive. Your medical plan still provides coverage, but they are not covered at 100%.

Your medical plan may charge a fee if you receive services from an outof-network provider or if preventive service is not the primary purpose of your visit.

SEE PREVENTIVE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | *Anthem.com/preventive-care*

Call Anthem to confirm which preventive services are covered under your medical plan.

HEALTHCARE ON THE GO Anthem 🗐 🗑 Sydney

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YOUR SYDNEY HEALTHCARE APP

With Sydney, you can find everything you need to know about your Anthem benefits—personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

- Access your digital ID card
- Find care and check costs
- View your benefits coverage
- Check claims and deductible expenses
- Get answers even faster with the chatbot

DOWNLOAD THE APP

Visit | *SydneyHealth.com* for a link to download the app.



VIRTUAL VISITS



If you enroll in our medical benefits, you can visit with a doctor any day, any time, from your smartphone, computer or tablet. Telehealth is an easy and convenient option when you need care for yourself or your child in the middle of the night or while traveling.

USE TELEHEALTH FOR:

Cold & Flu symptoms | Allergies | Pink eye | Sinus + skin problems | Mental health needs | And more!

GET STARTED!

Visit | LiveHealthOnline.com Call | 888-548-3432

DOWNLOAD THE APP

Find "LiveHealth Online" in the App Store or Google Play.

App Store

Google Play

WHAT DOES IT COST?

HDHP options | No cost after deductible PPO option | \$40 copay

COSTS BEFORE DEDUCTIBLE*

Medical Visit | \$55 Primary Care | \$80 Annual Wellness Preventive Visit | \$125 Allergy Specialist Visit | \$55 Pediatrician Visit | \$55 Psychology Visit | \$100/\$85 Psychiatry Visit | \$185/\$80 Dermatology Visit | \$100 Lactation Support Visit | No cost

*Fees subject to change.



TIPS TO SAVE MONEY

USE THE RIVERVIEW HEALTH EMPLOYER HEALTH CENTER

You can recieve many services for free, including physicals, a Pap test, regular clinic visits, lab draws and vaccinations.

SAVE THE EMERGENCY ROOM FOR TRUE EMERGENCIES

Only visit the emergency room if you have a lifeor limb-threatening emergency. If you need care when your doctor's office is closed, check your area for an urgent care location or use virtual care instead.

USE IN-NETWORK PROVIDERS

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

GET YOUR ANNUAL CHECKUP

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.

CHOOSE GENERIC PRESCRIPTIONS

Ask your doctor or pharmacist to give you generic prescriptions instead of brand name. Generic drugs are cheaper and are just as effective.

SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES

It can pay to shop around. Drug comparison tools like *GoodRx.com* and *SingleCare.com* can help you find the lowest cost for medication near you.

Note: GoodRx and SingleCare also offer discount cards and coupons, which can provide additional savings. However, you will not receive credit toward your plan deductible or out-of-pocket maximum if you use them. Talk with your doctor and pharmacist to determine the best option for you.

W USE THE MAIL-ORDER PHARMACY

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Check with your insurance company for more details.

DENTAL BENEFITS

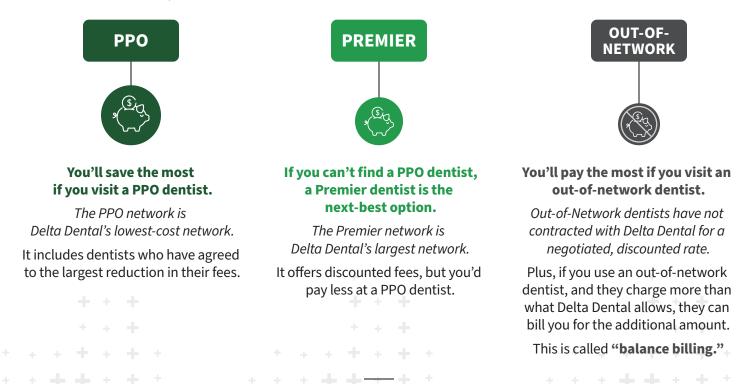


PLAN OPTION	DELTA DENTAL PPO/PREMIER		
PLANOPTION	IN-NETWORK	OUT-OF-NETWORK*	
NETWORK	PPO/Premier		
Calendar-Year Deductible Individual Family	\$50	\$150	
Max Benefit for Basic & Major Services Per Person Per Year		500	
Max Orthodontia Benefit Per Child Per Lifetime	a Benefit Per Child Per Lifetime \$1,200		
WHAT YOU PAY FOR SERVICES			
Preventive Services (cleanings, exams, x-rays)	No charge (deductible waived)		
Basic Services (fillings, extractions, root canals)	20% after deductible		
Major Services (crowns, bridgework)	50% after deductible		
Orthodontia (for children up to age 26)	You pay 50%		

*Be aware of balance billing if you use an out-of-network dentist. If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. Save money by staying in-network! See Benefit Glossary on page 21 for more details.

YOUR DENTAL NETWORKS

Your Delta Dental plan offers three levels of dental providers: PPO, Premier and Out-of-Network. For the greatest benefits and discounts, choose a dentist in the PPO network.



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VISION BENEFITS



| | VISION PLAN | | |
|---|---|--|--|
| PLAN DETAILS | IN-NETWORK | | |
| NETWORK | Blue View Vision | | |
| Eye Exam
(once every 12 months) | \$10 copay | | |
| Eyeglass Lenses Single Bifocal Trifocal (once every 12 months) | \$20 copay | | |
| Frames
(once every 24 months) | \$150 allowance +
20% discount on remaining amount | | |
| Elective Contact Lenses —instead of glasses (once every 12 months) | \$150 allowance +
15% discount on remaining amount | | |

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.

DISCOUNTS & SAVINGS

Just for being an Anthem member, you are eligible for extra discounts and savings when you visit in-network providers!

LEARN MORE

Visit | Anthem.com



LIFE INSURANCE



BASIC LIFE AND AD&D ONLY \$1 PER YEAR

To help provide financial security for your family in the event of death or dismemberment, we provide basic term life and accidental death & dismemberment (AD&D) coverage for only \$1 per year.

| Life and AD&D | empl
retire |
|------------------|----------------|
| Coverage Amount* | Ifan |

This benefit will terminate when your loyment terminates or upon ement.

If an employee dies in an accident, their beneficiaries will receive AD&D.

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*The AD&D benefit is paid in addition to the life benefit if your death is due to an accident. A partial AD&D benefit may be paid in some instances such as loss of sight or paralysis. See plan summary for details.

LONG-TERM DISABILITY

Westfield Washington Schools automatically provides you with long-term disability coverage.

This coverage can replace a percentage of your lost income up to the amount of the maximum monthly benefit shown in the plan outline.



KEEP YOUR BENEFICIARY INFORMATION UPDATED!

Life and AD&D benefits are paid to the beneficiary on file, so make sure you keep your beneficiary info up to date!

Contact the WWS Benefits Coordinator to change your beneficiary information at any time.



You must file a claim and have your claim is approved by New York Life.

Westfield Washington Schools provides long-term disability coverage for only \$1 per year.

EMPLOYEE ASSISTANCE PROGRAM



MENTAL HEALTH COUNSELING, SUPPORT & REFERRALS

You and your household members have access to New York Life's Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect your health, family life and desire to excel at work.

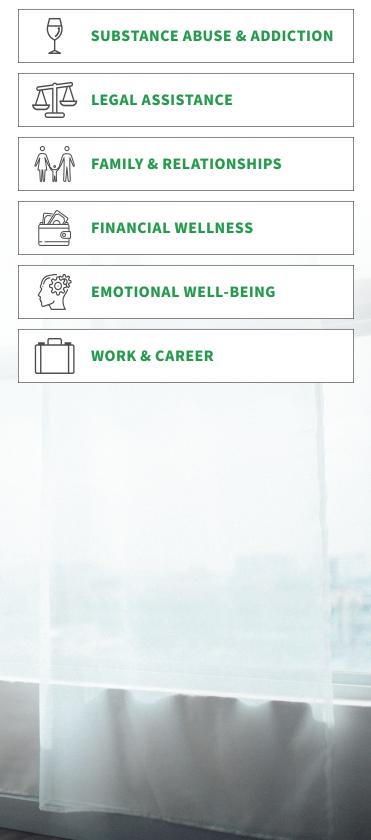
HOW IT WORKS

You and the members of your household have unlimited access to consultants by telephone and resources and tools online, and up to **three face-to-face** counseling sessions per year, per person, per problem.

FOR 24/7 ASSISTANCE:

Call | 800-344-9752 Visit | GuidanceResources.com Web ID | NYLGBS

THE EAP CAN ADDRESS:



BENEFIT CONTACTS

| BENEFIT | PROVIDER | PHONE | WEBSITE/EMAIL |
|---|---------------------------------|----------------------------|-------------------------|
| Medical & Pharmacy | Anthem | 800-295-4119 | Anthem.com |
| Employer Health Center
Westfield | Riverview Health | 317-214-5430 | WWS Staff Portal |
| Employer Health Center
Noblesville | Riverview Health | 317-776-3456 | WWS Staff Portal |
| Virtual Visits | LiveHealth Online | 888-548-3432 | LiveHealthOnline.com |
| Dental | Delta Dental of Indiana | 800-524-0149 | DeltaDentalIN.com |
| Vision | Anthem | 866-723-0515 | Anthem.com |
| Health Savings Account | UMB | 866-520-4472 | UMB.com/hsa |
| Life and AD&D Insurance | New York Life | 800-362-4462 | NewYorkLife.com |
| Disability Insurance | New York Life | 800-362-4462 | NewYorkLife.com |
| Employee Assistance Program | New York Life | 800-344-9752 | GuidanceResources.com |
| Human Resources
Cindy Keivel,
Benefits Coordinator | Westfield Washington
Schools | 317-867-8000
ext. 10003 | KeivelC@WWS.K12.IN.US |
| Human Resources
Nicole Holstein,
Assistant Benefits Coordinator | Westfield Washington
Schools | 317-867-8000
ext. 10120 | HolsteinN@WWS.K12.IN.US |

SEARCH FOR AN IN-NETWORK PROVIDER

SAVE MONEY BY STAYING IN NETWORK

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility.

| | MEDICAL | DENTAL | VISION |
|---------|----------------------|-------------------|----------------------|
| Carrier | Anthem | Delta Dental | Anthem |
| Network | Blue Access | PPO/Premier | Blue View Vision |
| Website | Anthem.com/find-care | DeltaDentalIN.com | Anthem.com/find-care |

BENEFIT GLOSSARY

BALANCE BILLING

When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply toward your out-of-pocket maximum.

COINSURANCE

The percentage of the cost you pay for covered services after you meet your deductible.

COPAYMENTS (ALSO CALLED COPAYS)

A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

DEDUCTIBLE

The amount you are required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. The deductible resets on Jan. 1 each year.

EXPLANATION OF BENEFITS (EOB)

A packet, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a special, tax-advantaged, interest-bearing savings account you can use for qualified healthcare expenses such as your deductible, copayments, and other out-of-pocket expenses.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan with a higher deductible than a traditional insurance plan. You pay more health care costs yourself before the insurance company starts to pay its share (your deductible).

An HDHP can be combined with a HSA, allowing you to pay for certain medical expenses with money free from federal taxes.

NETWORK

The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

OUT-OF-POCKET MAXIMUM (OOPM)

The most you pay in a calendar year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the plan year.

PLAN YEAR

The plan year refers to Jan. 1 through Dec. 31.

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES

Healthcare charges determined by your health insurance provider and based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges do not apply. You are responsible for amounts over UCR for out-of-network care.

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Ine information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

Guide prepared by The MJ Companies.

