

See what's
New for

2025-2026



EMPLOYEE BENEFITS SUMMARY

October 1, 2025 - September 30, 2026

IMPORTANT INFORMATION ENCLOSED





Welcome!

Eligibility

North Central Indiana School Insurance Trust (NCISIT) recognizes the importance of providing a comprehensive benefits program to all of our benefit eligible employees and their dependents. Please reach out to your schools HR/Benefits for your specific eligibility date.

Eligible Dependents

- Legal spouse
- Children up to the end of the year of their 26th birthday for Medical
- Children who are disabled, live with you, and depend on you for support

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Enrollment Instructions

Qualified Status Changes

If you have an eligible change in status, you may make certain changes to your benefit coverage. Eligible changes in status include:

- » Changes in your legal marital status including marriage, death of your spouse, divorce, legal separation or annulment.
- » Changes in your number of dependents including birth, adoption, and placement for adoption or death of a dependent.
- » Employment status changes including the start or end of employment or a change in work hours for you, your spouse or your dependent.
- » Your dependent satisfying or no longer satisfying the eligibility requirements due to age, or other circumstances.

To assist in your Open Enrollment decisions, this Enrollment Guide contains a very high level overview of the benefits offered and the corresponding cost. Any changes you make during this time will be effective October 1, 2025.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2025 benefit elections until the following Open Enrollment period for 2026 (unless you have a qualified status change).

NCISIT Participating Schools: Alexandria Comm School Corp, Delaware Comm School Corp, Eastern Howard School Corp, Elwood Comm School Corp Heartland Career Center, ISBA, Maconaquah School Corporation, Blue River Valley Schools, Liberty-Perry Comm School Corp, Monroe Central School Corp, Randolph Central School Corp, Madison-Grant United School, MSD of Wabash County, North Miami School Corp, Peru Comm Schools, Yorktown Comm School Corp, Western School Corporation, Randolph Eastern School Corp, Union County/College Corner Schools, Union School Corp, Western Wayne Schools, Greater Randolph Interlocal Cooperative

Medical Benefits



NCISIT offers great flexibility in managing care for you and your family. The plan is administered by Anthem. Please refer to your plan document for a full description.

MEDICAL PLAN	PPO 1 Network/Non-Network	PPO 2 Network/Non-Network	HDHP 1 Network/Non-Network	HDHP 2 Network/Non-Network
Deductible				
Individual	\$750/\$1,500	\$1,250/\$2,500	\$3,300/\$6,000	\$6,000/\$12,000
Family	\$1,500/\$3,000	\$2,500/\$5,000	\$6,000/\$12,000	\$12,000/\$24,000
Coinsurance	90%/70%	80%/50%	100%/70%	100%/70%
Out-of-Pocket Maximum				
Individual	\$1,500/\$3,000	\$4,000/\$8,000	\$3,300/\$12,000	\$6,000/\$24,000
Family	\$3,000/\$6,000	\$8,000/\$16,000	\$6,000/\$24,000	\$12,000/\$48,000
Routine Care	100%/70%	100%/50%	100%/70%	100%/70%
Office Visits	\$30 copay/70%	\$35 copay/50%	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Urgent Care	\$50 copay then 100%	\$50 copay then 100%	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Emergency Room	\$150 copay then 100%	\$150 copay then 100%	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
PRESCRIPTION DRUGS	Network Only			
RX Out-of-Pocket Maximum				
Individual	\$2,600	\$2,600	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Family	\$5,200	\$5,200		
Retail: (30 days)				
Generic	\$20 copay	\$20 copay	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Brand	\$40 copay	\$40 copay		
Non-Formulary	\$80 copay	\$80 copay		
Mail Order: (90 days)				
Generic	\$40 copay	\$40 copay	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Brand	\$80 copay	\$80 copay		
Non-Formulary	\$160 copay	\$160 copay		

Your coverage is issued by a multiple employer welfare arrangement; the multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for your multiple employer welfare arrangement

Choosing a plan - 3 good questions to ask

Is your provider in the network?

A network is a group of providers and facilities who've been contracted to deliver health care services, often at a discount. Getting care from within the network may help you save money. If there's a provider you see regularly and want to keep seeing, it's a good idea to first make sure they're in the plan's network.

To find out if your preferred providers are included:

- Go to anthem.com/find-care.
- Log in with your Anthem Member ID # or search as a guest. Choose the Blue Access PPO network option and add your location to view providers in the network.

What are your health needs?

Thinking about the care you or your family may need in the plan year ahead can help you decide the level of coverage you may need. For example, you may want a plan that offers more coverage if you:

- Have major health care needs
- See doctors or specialists often
- Are anticipating a change, like a growing family or upcoming surgery

If you see the doctor occasionally for things like an annual checkup or minor illnesses, a health plan that offers less coverage may work well for you.

How do you like to manage your costs?

Some people manage costs by keeping their monthly premium payments low. Others prefer paying higher monthly premiums because it tends to lower other costs, like copays or deductibles. Another good idea is to compare health plan deductible, coinsurance and out-of-pocket limit amounts. Knowing the differences can help you keep your costs in check - and know what to expect, too.

Common health care terms - good info to know

Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

Deductible

The amount you pay before your plan starts sharing cost for covered services

Out-of-pocket limit

The most you could pay for covered services in a plan year.

Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trademark of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers the out of network benefits in PDS policies offered by Compicare Health Services Insurance Company (Compicare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compicare underwrites or administers HMO or PDS policies; WCIC is a trademark of Anthem Insurance Companies, Inc.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el menú dentro de la aplicación Sydney Health y elige el idioma de la aplicación. También puedes visitar [anthem.com/es](https://www.anthem.com/es).



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

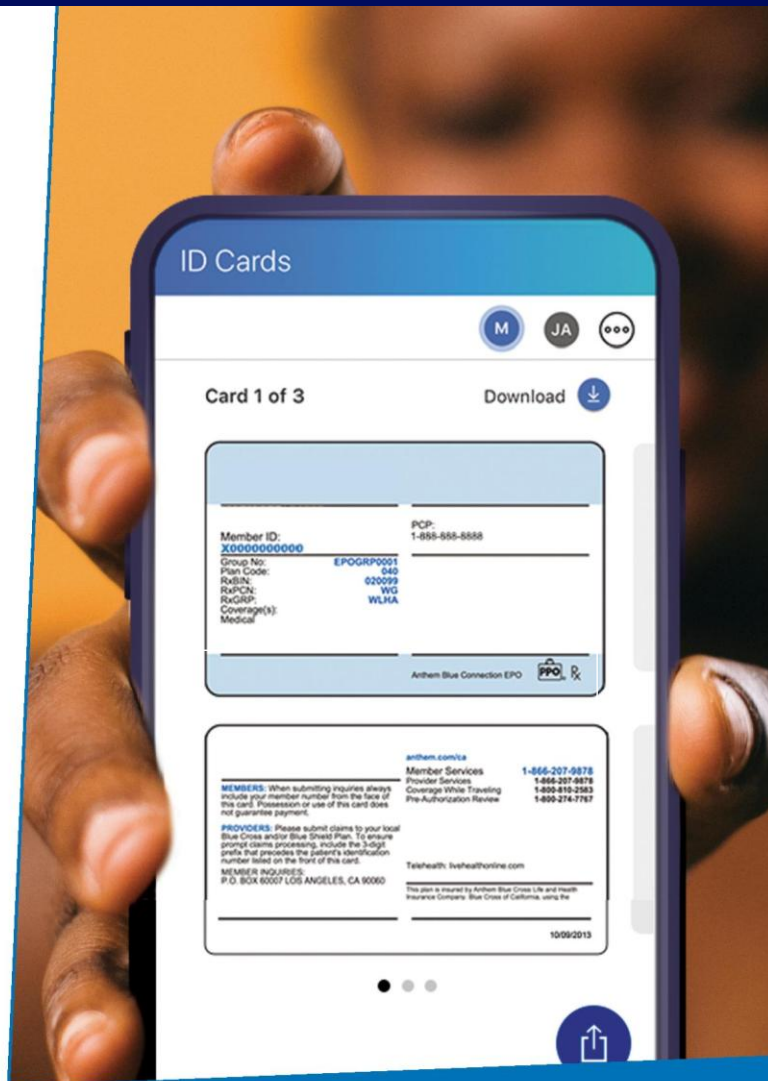
Choose digital for your member ID card

To make the most of your health plan benefits, think about choosing a digital ID card. It works just like a printed ID card, but it's more convenient to use when you need care.

A digital ID card makes it easier to access your benefits

- No need to wait for your printed card to come in the mail. Your digital ID card is available sooner.
- Using it is simple:
 - Print a copy anytime.
 - Email or fax it right from your computer or mobile device.
 - Share right from your phone with family members, doctors, and healthcare professionals.
 - Enlarge the view on your screen to read the details more easily.

Here's a tip: Download the card to your smartphone, so you'll always have it there even without a phone signal.



Sign up for your digital ID card today – in just a few steps:

1. Log in to the **Sydney Health** mobile app or **anthem.com**.
2. Go to **Profile** and choose **Mobile ID Cards** under *Communication Preferences*.
3. Select **On**, and you will not receive a card by mail.



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Be sure your profile includes the best email address to reach you so we can to send you important plan and ID card updates.

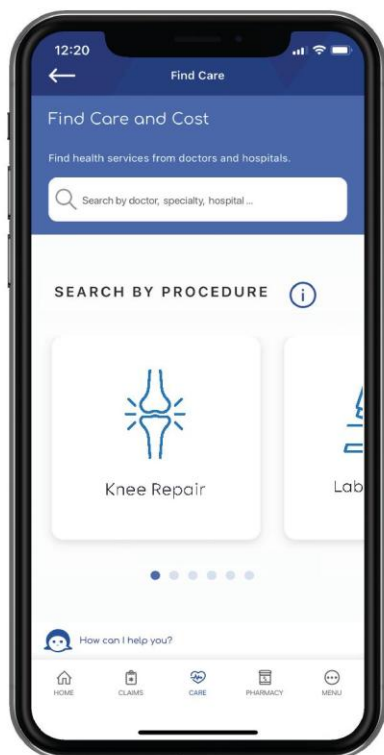
If you need help, use the chat feature to connect with us or call the Member Services number on your ID card. If you need a printed copy, log in to **anthem.com** to print it or request us to send you one.

***See detailed summary plan description for complete benefit information*



Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important — and choosing one in your plan's network helps lower your costs. The **Find Care** tool on the SydneySM Health app and [anthem.com](https://www.anthem.com) can help you do both.



Helping you find the right care

The **Find Care** tool brings together details about doctors in your plan's network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan's network, view the doctor or facility profile.

To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using **Personalized Match**. There are more options available below your top three, and you can always re-sort these search results by distance or name.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.

-  Search by name, specialty, or procedure.
-  Customize and refine results.
-  Compare doctors and costs.



Download the Sydney Health app

Scan the QR code to download the Sydney Health app. Choose **Find Care and Cost** from the **Care** menu.

¿Prefieres obtener información en español? Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige el **idioma de la aplicación**. También puedes visitar [anthem.com/es](https://www.anthem.com/es).

* On-screen experiences may vary by user due to personalization experiences, benefit packages, and ongoing user-experience improvements.

Sydney Health is offered through an arrangement with Caelan Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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Your benefits go with you

With the BlueCard PPO and Blue Cross Blue Shield Global Core programs



If you're away from home and you need care right away, as an Anthem member, you have access to care across the country through the BlueCard® preferred provider organization (PPO) program. This includes 1.7 million doctors and hospitals — more than any other insurer.¹

How to access care across the U.S.:



Call 911 or go to the nearest hospital in an emergency.²



Log in to [anthem.com](https://www.anthem.com) and use the Find a Doctor tool to search for a doctor or hospital in the BlueCard PPO program.



Use the **SydneySM Health** app to search for a BlueCard PPO program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center, or emergency room.



Call Member Services at the number on your health plan ID card.

When you're outside the U.S., the Blue Cross Blue Shield Global® Core program gives you access to preferred doctors and hospitals in nearly 190 countries and territories around the world.³

Need care outside the U.S.? You can:



Go straight to the nearest hospital in an emergency.



Go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com) to search for a doctor or hospital.



Use the Blue Cross Blue Shield Global Core app to find a doctor or hospital.



Call the Blue Cross Blue Shield Global Core Service Center 24/7 at **800-810-2583 (BLUE)** or call collect at **804-673-1177**. They can help you set up a doctor visit or hospital stay.



Download the Blue Cross Blue Shield Global Core app today

With it, you can:

- Search for a doctor or hospital.⁴
- Submit claims.
- Get translations for medical terms — including symptoms and phrases — and even use an audio feature to play the translation.⁴
- Find a drug's generic name and local brand name, and check whether it's available.
- Learn how to find and contact a U.S. embassy.



Unless it's an emergency, call the Global Core Service Center before getting care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). If you get care from a doctor or hospital that has not accepted a GOP, you will need to:

- 1 Pay the full cost of your care upfront.
- 2 Download an international claim form at bcbsglobalcore.com or request a form by calling Member Services at the number on your ID card.
- 3 Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center. You can submit them through the mobile app, email, or postal mail.



Traveling? Here's what you need to know:

- Before leaving the country, ask Member Services if your international benefits are different.
- Ask for approval before getting care. This is “preapproval” and helps you find care covered by your plan. To see if you need preapproval, call Member Services at the number on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs, or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill upfront.
- Show your Anthem ID card so the doctor or hospital can check your benefits and send us a claim for processing.

Remember to carry your ID card

The “PPO-in-a-suitcase” symbol shows you can get care from BlueCard PPO program doctors and hospitals.



¹ Blue Cross Blue Shield Association: *The Blue Cross Blue Shield System* (accessed May 20, 2024): bcbs.com.

² You or a family member need to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.

³ GeoBlue: *More than 25 years as a leader in international healthcare* (accessed May 20, 2024): about.geo-blue.com.

⁴ Using the Blue Cross Blue Shield Global Core app itself does not require an internet connection. However, using GPS for mapping or downloading an audio translation does require an internet connection. See bcbsglobalcore.com/home/mobileapp/#features.

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Grow your family with help from WIN

Count on the fertility support and family building program every step of the way

If you're struggling to have a baby, you're not alone. WIN's fertility support and family building program can help you turn your dream into reality with resources and support — all as part of your plan benefits.

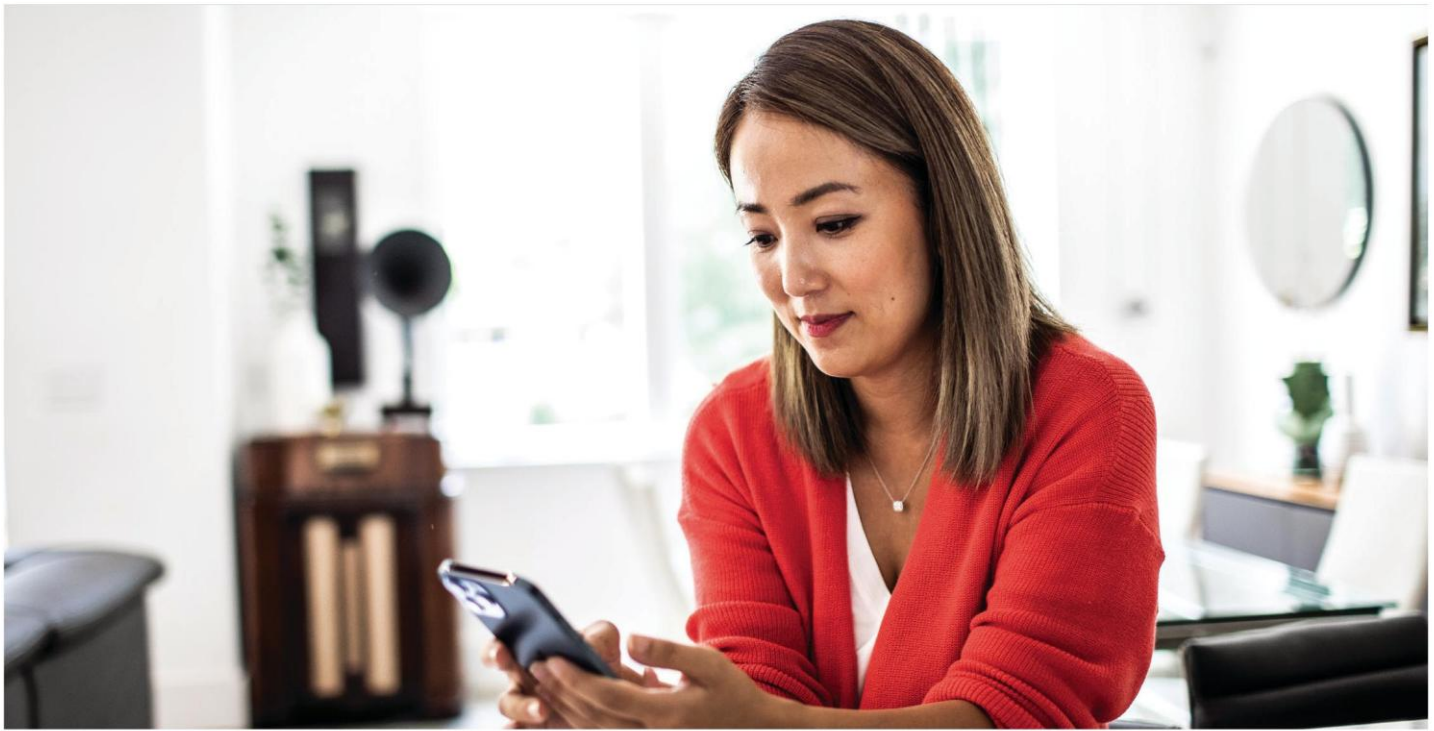
Download the WIN Companion app

Take your family-building benefits on the go with access to the WIN Companion app. You can use it to:

- Talk to a WIN nurse care manager by phone, email, or chat anytime.
- Privately track your period and predict your most fertile days, then share cycle information with your partner or doctor.
- Set reminders for important events, like doctor appointments and the start of ovulation.



***See detailed summary plan description for complete benefit information*



How the program helps

When you enroll in WIN, you will receive the following:

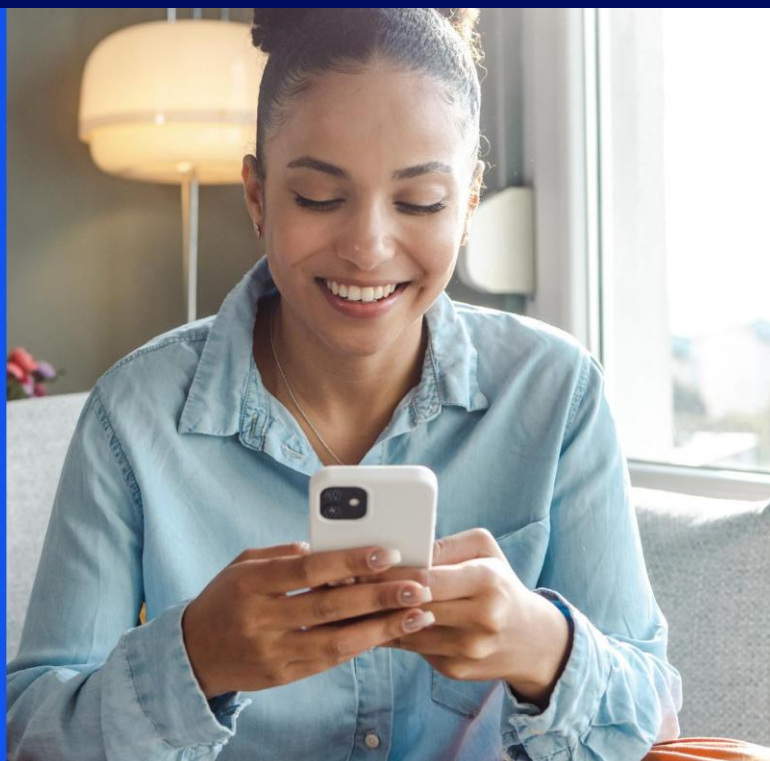
- Information about infertility causes, testing, and different treatment and medication options.
- A personalized care plan with treatment recommendations, including access to reproductive behavioral health and nutrition coaching as needed.
- 24/7 access to specially trained nurse care managers who can answer your questions, help you find doctors, and talk through your concerns.
- Referrals to Anthem's network of high-quality reproductive endocrinologists near you.
- Preapprovals for fertility-related prescription medication, as well as help managing and taking those medications.
- Preapprovals for outpatient and in-office fertility services.
- Guidance through the fertility preservation process, including help finding egg-freezing facilities in your plan's network.
- Education about the adoption and surrogacy process, claims processing, and referrals to one of WIN's surrogacy agency partners.

Sign up today

Call the Customer Service number on the back of your ID card to get started.

Connecting you to world-class care

Receive a complimentary second opinion from Cleveland Clinic specialists



If you are someone with a complex medical condition, you may want to learn as much as possible about your diagnosis and treatment options. Through an exclusive offering for Anthem members, you can now receive a virtual Complimentary Clinical Review from top-ranked specialists at Cleveland Clinic. This second opinion is available to you at no extra cost.

Frequently asked questions

Why is this program available?

For members to have access to leading experts in specialties such as heart, cancer, gynecology, and urology.¹ That's why Anthem partnered with Cleveland Clinic to provide this Complimentary Clinical Review.

Why Cleveland Clinic?

Cleveland Clinic ranks No. 1 in the nation in cardiology and heart surgery for the 29th year in a row, according to the [U.S. News & World Report's 2023–2024 review](#).² Cleveland Clinic also ranks No. 2 among U.S. hospitals overall, with more than 3,900 employed doctors to diagnose and treat your condition. The staff is committed to providing the best care for serious and complex medical conditions.

Who is the ideal candidate for a Complimentary Clinical Review?

You are an ideal candidate if you have been diagnosed with a complex condition and would like a second opinion. You will learn about typical treatment plans that may be right for you and find out if Cleveland Clinic can assist with your care.

What happens when I schedule a review?

A specialty referral team will answer questions you may have and ask for basic information about your condition. Next, Cleveland Clinic will ensure that the right doctor will review your information and share a typical treatment plan based on your medical condition. The doctor may also talk to you about more-advanced treatment options at Cleveland Clinic.

How long is the wait for a clinical review after I request one?

Cleveland Clinic will work with you to obtain the appropriate information and medical records. You will receive feedback within five business days, by phone or email.

How much does it cost?

The review through Cleveland Clinic is currently offered at no cost to Anthem members. Charges will apply if you choose to schedule follow-up visits.

How do I know if my benefits cover follow-up care?

After your Complimentary Clinical Review, you can choose to schedule an appointment with a Cleveland Clinic specialist. Your Anthem benefits will apply for both virtual and in-person visits. For more information on what services are covered, please contact the Anthem Member Services team at the number provided on your health plan ID card.

What is the difference between a clinical review and a scheduled visit?

Complimentary Clinical Review	Scheduled visit
Available at no extra cost.	Billable visit. Copay will apply.
Receive education about typical treatment options based on your medical information.	Receive a diagnosis for your condition and a treatment plan.
Receive advice and information about alternate or advanced treatment options available at Cleveland Clinic.	Schedule follow-up visits or tests.
Feedback from Cleveland Clinic specialty referral team is provided by phone or email.	Feedback is provided in person or virtually.



Request your virtual clinical review at no extra cost

Call 833-355-0454 or email anthemreferral@ccf.org.



¹ Complimentary Clinical Review is available for all healthcare services except primary care, obstetrics, laboratory medicine, radiology, and emergency services. Best Hospitals (2023-2024). health.usnews.com.

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Trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield of Ohio.

Registration. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

****See detailed summary plan description for complete benefit information**

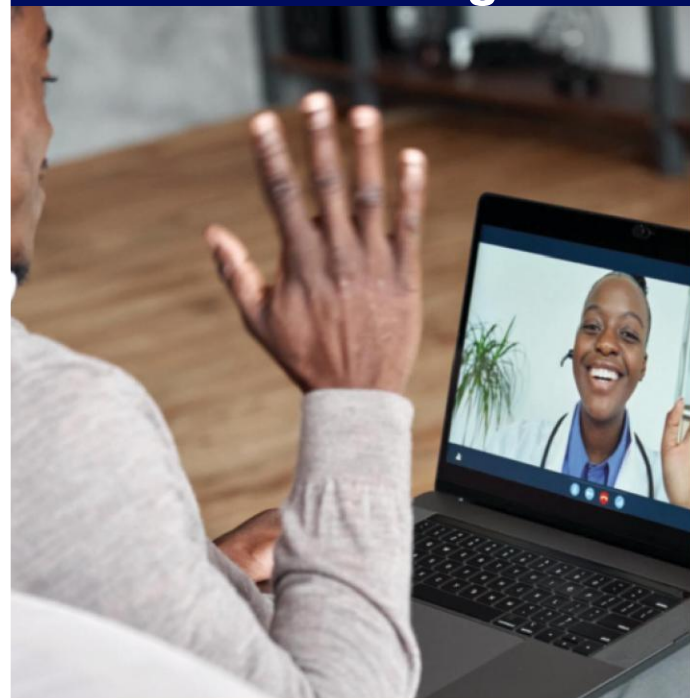
Focus on your health. We'll help with the rest.



The value of a second opinion

You will be matched with an expert physician who will provide you with a second opinion regarding your diagnosis and treatment plan for no extra cost.

Anthem Concierge Cancer Care



How to connect with Concierge Cancer Care

Call your Health Educator at
833-514-1297 Monday through
Friday, 8:00 a.m. to 9:00 p.m. ET.

For a virtual second opinion,
call The Clinic by Cleveland Clinic
at 844-915-4948 Monday through
Friday, 8:00 a.m. to 8:00 p.m. ET.

Expert guidance

- Cancer experts will review your records, diagnosis, and treatment plan to ensure you're on the right path.¹
- A registered nurse will work with you one on one. They'll check in with you throughout your journey to help you get access to the best care possible.

Premier treatment

- We can match you with hospitals that specialize in the care you need through our partnership with Centers of Excellence (COE) across the country. Each COE partner was named a top cancer treatment facility by U.S. News and World Report.²
- We'll connect you with the latest and most promising clinical trials and cutting-edge treatments that fit your specific condition.
- You'll get VIP service to make sure you're as comfortable as possible throughout treatment.

Peace of mind

- Travel expenses and accommodations are fully covered for you and a companion when you travel to a COE for treatment.³ Your care pre-authorizations are also confirmed before you travel anywhere, too.
- Once you complete your Virtual Second Opinion, we'll tell you how to access Tytocare technology. This tool allows you to take your vitals, check your throat, and other ways you can regularly check your symptoms from the comfort of home. You can view Tytocare technology in action [here](#).
- When you use Tytocare, doctors are available 24/7 through LiveHealth Online to review your Tytocare results and guide you to the right care, if needed.



We are here to help

If you have any questions, please call the Member Services number on the back of your ID card for more information.



¹ The course of action recommended by the [VSD vendor] specialist may not be covered under your benefit plan. Please check benefit coverage of the recommended care with Anthem before beginning care.

² U.S. News and World Report website: Best Hospitals for Cancer (August 2019): health.usnews.com.

³ Per IRS rules, amounts paid to you through this program that are above what is tax deductible are included as taxable income on your W-2. You'll receive a report of taxable dollars paid. For HSA plans, travel benefits will be covered at 100% once the deductible is met.

The Clinic by Cleveland Clinic, an independent company, provides the Virtual Second Opinion program on behalf of Anthem.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Care Health Plan of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthChoice HMO, Inc. provides HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Fairfax, and the County of Loudoun. In Pennsylvania: Anthem Health Plans of Pennsylvania, Inc. underwrites the out-of-network benefits in POS policies offered by CompCare Health Services Insurance Corporation and underwrites the out-of-network benefits in POS policies offered by CompCare Health Services Insurance Corporation. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO, HMO, and POS policies. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO, HMO, and POS policies. WDC is a trademark of Anthem Insurance Companies, Inc.

Save money with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers, which can help you save money while taking care of your health.



Dental, hearing, and vision

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames from other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Anthem Discounts

Health and fitness

Health

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable health trackers, and health products such as vitamins and nutrition bars.

LifeMart®

Receive deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Fitness

Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that fit your lifestyle and budget.

Garmin®

Discounts are available on select Garmin wellness devices.

Husk Wellness

Discounts are available for gym memberships, fitness equipment and technology, and fitness and nutrition coaching.

Family and home

Family

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Course Series

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

▶ Learn more about SpecialOffers

Log in to [anthem.com](https://www.anthem.com), choose Care, and select Discounts.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trademark of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross and Blue Shield of Wisconsin, Inc. underwrites or administers PPO and indemnity policies and underwrites the out of network benefits of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Pharmacy Benefits

Effective 10/1, your pharmacy coverage will continue with Express Scripts, administered by RxBenefits

As part of your pharmacy benefits plan, you will receive:

- Friendly, high-touch service from RxBenefits' professional Member Services Team
- Commitment to issue resolution

Access to My RxBenefits (NEW)

- View pharmacy benefits coverage
- Download and email ID cards
- View 18 months of pharmacy claims (including claims for eligible dependents)
- Establish and manage communications preferences

Access to Express-Scripts.com

- Review medication tiers, drug pricing, local pharmacies, plan details, and ways to maximize benefits
- New Members will need to make an account

For Questions or Concerns

Members can contact
RxBenefits Member Services

800.334.8134

Monday through Friday
7:00 a.m. – 8:00 p.m. Central

customer care@rxbenefits.com

How Can We Help?

You have access to our **Member Services Team**, available Monday through Friday, 7:00 a.m. – 8:00 p.m. Central, at **800.334.8134**. Our knowledgeable representatives can assist you with pharmacy-related questions such as:

Is my drug covered?
What will it cost?

Is my pharmacy
in the network?

Can you help
transition my mail
order scripts?

Can you assist me with
benefits questions?

Are there lower cost alternatives?

Pharmacy Benefits

PPO 1 & PPO 2 Maximum Out of Pocket (MOOP): \$2,600 individual, \$5,200 family			
Tier	Retail	90 Day Supply Retail	90 Day Supply Mail
Generic	\$20	\$40	\$40
Preferred Brand	\$40	\$80	\$80
Non-Formulary	\$80	\$160	\$160
NOTE: Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization. Drugs that fall under the Affordable Care Act are covered at 100% *Deductible waived for preventive drugs, however, copays will apply			

HDHP 1 & HDHP 2 Maximum Out of Pocket (MOOP): Subject to the medical deductible & coinsurance			
Tier	Retail	90 Day Supply Retail	90 Day Supply Mail
Generic	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Preferred Brand	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Non-Formulary	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
NOTE: Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization. Drugs that fall under the Affordable Care Act are covered at 100% *Deductible waived for preventive drugs, however, copays will apply			



Specialty Medications

Specialty medications include prescribed drugs that:

- Are generally high in cost, complexity, or touch
- Treat complex, chronic conditions such as cancer, rheumatoid arthritis, and multiple sclerosis
- Require frequent dosing adjustments or intensive clinical monitoring
- Limited distribution
- Require **Special** handling

accredo®

Specialty medications are covered when purchased through Express Scripts' Specialty Pharmacy, known as Accredo

Accredo can be contacted at **800.922.8279**. Members can also contact the RxBenefits Member Services team for assistance at **800.334.8134**

90-Day Supply: Home Delivery or Express Scripts Pharmacy

You can have a 90-day supply of prescription maintenance medication sent directly to your home or office by the Express Scripts Home Delivery. You also have the option to obtain a 90-day maintenance medication at your local Express Scripts Pharmacy.

Savings

- Lower copay for 90-day supply than three 30-day supply.

Convenience

- Delivered directly to you.
- Hassle-free switch: call RxB Member Services team to assist.
- One time sign-up.
- Automatic refill options.

Safety

- Reviewed by pharmacists to ensure order is accurate. Medications arrive in private, tamper-resistant and temperature-controlled packaging.
- Promotes better health and adherence.

Your doctor can CALL the Express Scripts Home Delivery at 1-877-834-4441 to submit your 90-day prescription or FAX it to 1-800-837-0959

Pharmacy Benefits

Making Information Easily Accessible

Quick, easy access to robust information related to your pharmacy benefits. Available anytime, anywhere from any device.



Establish and manage communications preferences

View, download and email ID cards for all covered members

View 18 months of pharmacy claims (including claims for eligible dependents)

View pharmacy benefits coverage information

Members can register at www.member.rxbenefits.com

Frequently Asked Questions

Q: Are my drugs covered?

A: You can access a copy of the most current Preferred Drug List at www.Express-Scripts.com or by contacting RxBenefits Member Services at **800.334.8134**. Formularies change, so your medications may not be in the same tier level as last year, so please review the preferred drug list since it may provide lower cost alternatives for your medications. Also, discussing generics with your physician could save you money.

Q: If my coverage is with CVS/Caremark, why do I need to call RxBenefits?

A: Your benefits are being provided by CVS/Caremark, but RxBenefits administers the services for a more personal approach. You should contact RxBenefits for any pharmacy-related questions.

Q: What happens if my questions require contact with Express Scripts?

A: RxBenefits Member Services reps have access to the Express Scripts systems. If RxBenefits needs to contact Express Scripts to resolve an issue, they will stay on the line, explain the issue, and continue to monitor your problem until it is resolved.

For Questions or Concerns

Members can contact
RxBenefits Member Services

800.334.8134

Monday through Friday
7:00 a.m. – 8:00 p.m. Central

customercare@rxbenefits.com



Meet your new favorite health plan benefit!

During open enrollment it's important to know all your options. As an Anthem member, you'll have SmartShopper®. It's a simple-to-use tool that compares locations so you can save money and earn cash rewards on routine medical care.

Earn cash rewards up to \$500 with SmartShopper

Since SmartShopper is part of your benefits, there are no extra steps or fees. It's quick and easy to compare costs and cash reward amounts before scheduling your procedure. And the best part? Your cash reward will be sent automatically.

It's Simple To Use



Compare locations at **SmartShopper.com** or call the Care Concierge Team at **866-285-7078**.



Go to a reward-eligible location for your procedure.



Earn a cash reward up to **\$500!**



The Care Concierge Team is here to support you. Not only can they help you compare costs, but they can even take care of prior authorizations and scheduling your procedure for you. Call today!

Go green by going paperless! Scan the QR code or contact us to register your email today.

The Care Concierge Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.*



SmartShopper®

*Summer hours: The Care Concierge Team closes at 3 p.m. ET on Fridays from Memorial Day to Labor Day.

The SmartShopper program is offered by MDX Medical, LLC, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. MDX Medical, LLC, a Zelis company, does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



SAVE MONEY WITH SMARTSHOPPER

Earn a reward check every time you and your family choose an eligible lower-cost, high-value doctor or facility for the health services listed below. Keep this list for reference of procedure categories that could earn you reward dollars through SmartShopper.

To learn more, call 1-866-285-7078 or visit SmartShopper.com to log in and use SmartShopper.

Save on these health care services	Reward Amount (lowest-cost)	Reward Amount (2nd lowest-cost)	Reward Amount (3rd lowest-cost)
ACL Repair by Arthroscopy	\$250	\$100	\$50
Back Surgery - Laminectomy	\$500	\$250	N/A
Bladder Repair For Incontinence (Sling)	\$250	\$100	\$50
Bladder Scope with Stent	\$150	\$75	\$50
Bone and Joint Scan of Whole Body	\$50	\$25	N/A
Bone Density study of Spine or Pelvis	\$50	\$25	N/A
Breast Biopsy Percutaneous w/Imaging	\$250	\$100	\$50
Breast Lumpectomy	\$150	\$75	\$50
Bronchoscopy	\$200	\$100	\$50
Bunionectomy	\$250	\$100	\$50
Carpal Tunnel	\$150	\$75	\$50
Cataract Removal	\$150	\$75	\$50
Chest X-Ray	\$50	\$25	N/A
Colonoscopy	\$200	\$100	\$50
CT Angiography with and without Contrast	\$150	\$75	\$50
CT Scan with and without Contrast	\$150	\$75	\$50
Gall Bladder Removal	\$250	\$100	\$50
Hammertoe Correction	\$150	\$75	\$50
Hernia Inguinal Repair (Age 5+, Non-Laparoscopic)	\$250	\$100	\$50
Hip Replacement	\$500	\$250	N/A
Hysterectomy	\$500	\$250	N/A
Hysteroscopy with Removal of Lesion(s) or Uterine Lining (e.g. Endometrial)	\$250	\$100	\$50
Knee Arthroscopy with Cartilage Repair	\$250	\$100	\$50
Knee Replacement	\$500	\$250	N/A
Labs	\$25	N/A	N/A
Laminectomy - Inpatient	\$500	\$250	N/A
Lithotripsy - Fragmenting of Kidney Stones	\$250	\$100	\$50
Mammogram	\$50	\$25	N/A
MRI with and without Contrast	\$150	\$75	\$50



SAVE MONEY WITH SMARTSHOPPER

To learn more, call 1-866-285-7078 or visit SmartShopper.com to log in and use SmartShopper.

Save on these health care services	Reward Amount (lowest-cost)	Reward Amount (2nd lowest-cost)	Reward Amount (3rd lowest-cost)
Nasal/Sinus - Corrective Surgery - Septoplasty	\$250	\$100	\$50
Nasal/Sinus - Endoscopy - Sinus Surgery	\$250	\$100	\$50
PET Scan Image with CT	\$150	\$75	\$50
Physical Therapy*	\$150*	N/A	N/A
Removal of Ovaries and/or Fallopian Tubes (Laparoscopic)	\$250	\$100	\$50
Removal of Plaque Build-Up in the Major Neck (Carotid) Arteries	\$150	\$75	\$50
Removal of Prostate Gland and Surrounding Tissue	\$150	\$75	\$50
Repair of Umbilical Hernia (Age 5+)	\$250	\$100	\$50
Revision of Total Hip or Total Knee Replacement	\$500	\$250	N/A
Shoulder Arthroscopy with Rotator Cuff Repair	\$250	\$100	\$50
Spinal Fusion	\$500	\$250	N/A
Tonsillectomy and Adenoidectomy	\$250	\$100	\$50
Total Thyroid Removal	\$250	\$100	\$50
Tubal Block or Tubal Ligation (Laparoscopic)	\$250	\$100	\$50
Tympanostomy and Myringotomy	\$250	\$100	\$50
Ultrasound	\$50	\$25	N/A
Upper GI Endoscopy	\$200	\$100	\$50
Urethra and Bladder Scope	\$150	\$75	\$50

THE PERSONAL ASSISTANT TEAM IS AVAILABLE MONDAY THROUGH THURSDAY FROM 8 A.M. TO 8 P.M. AND FRIDAY FROM 8 A.M. TO 6 P.M. ET.

*\$150 cash reward per full course of treatment at the same PT facility

The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

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Health & Wellness Centers

What are the QuadMed Health and Wellness Centers?

QuadMed Health and Wellness Centers are full-service health centers that provide employees, spouses and dependents with exclusive access to convenient, high-quality, affordable health care.

QuadMed is a nationwide leader in employer-sponsored, onsite healthcare with nearly 30 years of experience in providing superior care for employees at or near their workplace.



Where are the QuadMed Health and Wellness Centers?

Employees and their dependents can visit any of the following locations across Indiana:

- **Cambridge City -Golay Center**
1005 E. Main St. Cambridge City, IN 47327
- **East Muncie**
2900 E. McGalliard Road Muncie, IN 47303
- **Liberty**
400 E. State Road 44 Liberty, IN 47353
- **Peru**
19 Park Drive Peru, IN 46970
- **Winchester**
123 W. Franklin St., Suite 301 Winchester, IN 47394
- **Yorktown**
2005 S. Tiger Drive Suite 2 Yorktown, IN 47396

Who can use the the QuadMed Health and Wellness Centers?

The health centers are open to all North Central employees, spouses and dependents on the employer health plan.

How can I schedule an appointment?

You can schedule an appointment by calling (888)417-1001.

Do I have to schedule an appointment?

The goal of the center is to provide every patient with a positive experience. One of the keys to achieving this goal is making sure there is little to no wait time for anyone, by maintaining scheduled appointment times.

We prefer you make an appointment ahead of time, however we know that illness is never predictable. We will always attempt to honor your urgent needs when possible.

How long will my appointment take?

Appointment times vary depending on symptoms. We have appointments available in 15-, 30-, 45- and 60-minute time frames to accommodate your needs.

What are the advantages of using the QuadMed Health & Wellness Centers?

There are many advantages, including full primary care services at multiple health center locations and same-day appointments for last-minute health.

If I use the QuadMed Health & Wellness Centers, does that mean I will need to stop seeing my current Primary Care Provider (PCP)?

The provider you visit is completely your choice. You have options:

- You can make the center your primary source of health care and make the QuadMed provider your PCP; or
- You can continue to see your current PCP and use the center whenever it is convenient for you

Is there a fee for QuadMed Health & Wellness Centers?

No. QuadMed Health & Wellness Centers offer the same primary and acute care services you'd find at large health care clinics in the community, though appointments are no cost and exclusively for you and your dependents.

What is the difference between a sick/acute care visit and a preventive visit?

An acute care visit provides immediate attention for symptoms such as a sore throat, fever or cough. A preventive visit is meant to avoid a future illness by methods such as an annual physical.

Do I have to use the QuadMed Health & Wellness Centers?

No. Use of the center is completely voluntary and confidential.

What types of labs can I have drawn?

The center offers a range of basic lab services, including urinalysis, strep throat screening, pregnancy testing, and cholesterol, glucose, potassium and thyroid checks. You can also bring in orders from outside providers and have that lab work done at the center.

Health & Wellness Centers

Will I be able to get prescriptions at the QuadMed Health & Wellness Centers?

Selected medications will be available in the center. Your QuadMed provider can also prescribe medications to be filled at your local pharmacy.

How does QuadMed handle specialist referrals?

When additional expertise is needed for your care, your QuadMed health care provider will work with you and your health plan to determine the best specialist referral. Your QuadMed provider will make a referral to the specialist. Then, after you see the specialist for your care, your QuadMed provider and the specialist will work together to enhance your care.

What if I have an emergency?

Please follow standard emergency procedures and contact 911 as appropriate.

Health information is personal. How do I know my information will remain confidential?

Confidentiality is vital in a health care setting, and health care providers are held to strict patient confidentiality rules. All patient medical information will be maintained in the strictest confidence and is not accessible to your employer. Your health information is also protected by the federal law restricting release of medical information.

Who can I contact for more information?

To learn more about the QuadMed Health & Wellness Centers call (888) 417-1001 or visit www.quadmedical.com.

What types of services are offered?

QuadMed Health & Wellness Centers offer a wide range of primary care, acute care and preventive care services for patients of all ages. Visit the centers for any of the following:

- Abdominal pain
- Allergic reaction
- Allergies and allergy shots
- Annual physical exams and well-woman exams (including pap smears)
- Anxiety/stress
- Asthma/breathing difficulty
- Athlete's foot
- Blood pressure check
- Body aches/pains
- Cholesterol management
- Cough/upper respiratory infection
- Diabetes screening
- Diabetes management
- Diarrhea
- EAP referrals
- Ear infection, pain and ear wax removal
- Eye infections (including pink eye)
- Flu or cold symptoms
- Foot pain
- Glucose checks
- Headaches/migraines
- Hypertension management
- Lab draws
- Minor procedures including skin tag, cyst, mole and wart removal, suturing and suture removal
- Muscle strains/sprains
- Pregnancy testing
- Screenings including strep throat, influenza, urinary tract infection, bladder infection and prostate
- Shortness of breath
- Sinus infection
- Skin conditions including eczema, scabies, ringworm, rashes, hives and shingles
- Stomach pain including nausea, vomiting, indigestion and constipation
- Thyroid checks
- Weight management

Call (888) 417-1001 to schedule an appointment



QuadMed Health & Wellness Centers

QuadMed Health & Wellness Centers offer the same primary and acute care services you’d find at large health care clinics in the community, though appointments are no cost and exclusively for you and your family.

SERVICES

- Physicals such as preventive, school, sports and well-child exams
- Tdap and flu vaccinations
- Lab testing including orders from outside providers
- Minor procedures such as removals of skin tags, moles and warts
- Comprehensive well-woman exams
- Treatment for illnesses and injuries such as sore throats, ear/eye infections, headaches, minor burns, coughs, cuts and bruises
- DOT physicals
- Weight and blood pressure checks
- Care for chronic conditions such as diabetes, high blood pressure, asthma and thyroid problems

HEALTH & WELLNESS CENTER LOCATIONS AND HOURS

Location	Address	Hours
Cambridge City	Golay Center, 1005 E. Main St. Cambridge City, IN 47327	 Scan here to view hours for all health center locations.
East Muncie	2900 E. McGalliard Road Muncie, IN 47303	
Liberty	400 E. State Road 44 Liberty, IN 47353	
Peru	19 Park Drive Peru, IN 46970	
Winchester	123 W. Franklin St., Suite 301 Winchester, IN 47394	
Yorktown	2005 S. Tiger Drive Suite 2 Yorktown, IN 47396	

ELIGIBLE PATIENTS

The health centers are open to all North Central employees, spouses and dependents on the employer health plan.

TO SCHEDULE AN APPOINTMENT

Visit myquadmed.com/indiana or call (888) 417-1001



Life and AD&D

Basic Life and Accident AD&D

Life insurance is an important part of your financial well-being, especially if others depend on you for support. Your school provides Basic Life and AD&D coverage on all benefit eligible employees, at no cost to you through National Insurance Services. The Basic Life benefit is 1x your annual salary up to a maximum of \$150,000. In addition, you have Accidental Death and Dismemberment, which pays your beneficiary an additional benefit equal to your life coverage if your death is the result of an accident.

An employee that declines coverage when first eligible and wishes to apply at a later date will be required to provide evidence of good health for any benefit amount. National Insurance Services administers the Voluntary Life Insurance Plan.

Voluntary Dependent Basic Life

In addition to Basic Life Insurance, employees may also purchase Voluntary Dependent Basic Life Insurance for their spouse and/or their dependent children. All premiums are paid through payroll deductions on an after-tax basis. Additionally, an employee who enrolls in Voluntary Dependent Basic Life Insurance, when they first become eligible, may enroll without providing evidence of good health as long as they select an amount that does not exceed the Guaranteed Issue amount indicated in your summary.

Long-Term Disability (LTD)

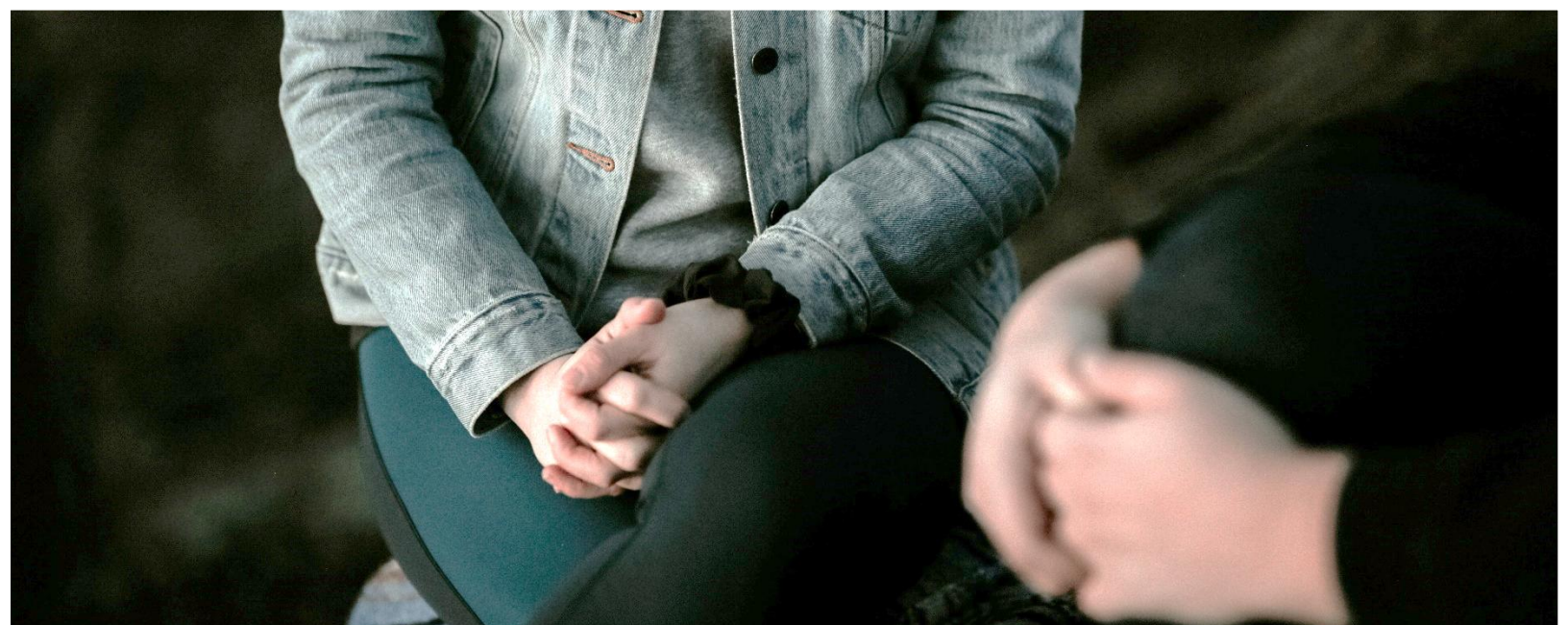
Your school believes that long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time. LTD coverage will replace a percentage of your base salary, to a monthly maximum, if you are disabled for more than a certain number of days and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation.

An employee that declines coverage when first eligible and wishes to apply at a later date will be required to provide evidence of good health for any benefit amount. National Insurance Services administers the Voluntary Life Insurance Plan.

Update Your Life Insurance Beneficiary Information!

If you've recently tied the knot, welcomed a baby, adopted a child, undergone a divorce or suffered a death in the family, it's probably time to update your beneficiary. Imagine how your spouse may feel if your Life Insurance benefits were unintentionally left to someone else... your ex-spouse happily receives a large sum of cash while your family helplessly watches. These situations can and do happen. Update your Life Insurance beneficiary today!

For more questions about Life and AD&D please contact your HR representative



Employee Assistance Program (EAP)

Just when you think you have it figured out, along comes a challenge. Whether those challenges are big or small, your Life Assistance & Work/Life Support Program is available to help you and your family find a solution and restore your peace of mind.

Call Us Any Time, Any Day

We're just a phone call away whenever you need us - at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools. This is a completely confidential program.

Eldercare Assistance

Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filling your retirement days with meaningful activities.

Financial Assistance

Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.

Achieve Work/Life Balance

Get extra support for handling life's demands. Call for a referral to a service in your community or advice on topics.

Legal Consultation

Counselors may refer you to a telephone and/or one in-person consultation with an attorney.

Childcare Assistance

Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.

Memorial Planning Assistance

Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

EAP Services Are Available to You Two Ways:

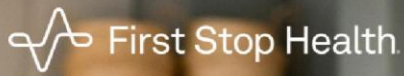
Phone: 866.451.5465

Online: www.niseap.com

Claimant Assist Services

Are Available:

866.472.2734



24/7 care when you need it.

Get convenient care for your body and mind — all via phone or video. North Central Indiana School Insurance Trust provides First Stop Health to medical enrolled employees and their immediate family members. It costs \$0!



On-demand doctor visits

Getting the care you need shouldn't be a pain. Board-certified doctors are available 24/7 via phone or video!



Diagnosis & treatment

Get immediate support, including prescriptions when appropriate* for:

- Sore Throat
- Cough
- Sinus Issues
- Skin Rash
- UTI
- Rx Refill*
- Pink Eye
- Fever
- Earache
- Cold & Flu
- Medical Questions
- And more!



Therapy for your mental health.

Use short-term, solution-focused therapy for anxiety, depression, grief and more.

Activate your account



Use the last 4 digits of your SSN to claim your account!

firststophealth.com | 888-691-7867

First Stop Health services are not intended to constitute a health plan. *Providers at First Stop Health do not prescribe controlled substances. Costs according to your medical plan may apply for prescriptions. For those under the age of 18, therapy use will be considered on a case-by-case basis.

Hendricks Regional Health

Orthopedic Center of Excellence

FAQs



What is the Hendricks Regional Health Orthopedic Center of Excellence?

The Center is an orthopedic and spine surgery program that brings high-quality, award-winning care together with nationally recognized patient experience.

What steps do I need to take to start the surgery process?

Step 1: See a healthcare provider to have your joint or muscle pain evaluated. This can be through your primary care office or your employer Wellness Clinic. You may also contact Hendricks Regional Health for an appointment with a sports medicine physician at (317) 718-4263.

Step 2: If your provider recommends you for surgery, you will call the concierge line at (317) 386-5630 and give your name, date of birth, employer name and other clinical information to schedule a virtual or in-person visit with a Hendricks provider.

Will I have to visit Hendricks Regional Health before the surgery, or can this be done virtually?

Some patients will have the option to be seen virtually for their pre-surgical appointment. This depends on the type of surgery needed and the patient's medical history.

If I have already received testing from another health system or another provider, will you need to redo all the lab, imaging services and evaluations?

If you've had medical tests or evaluations to assist in determining a diagnosis recent enough, and we can get your records, you will not have to be re-tested or re-evaluated. If we don't have enough information, we may request follow up testing and evaluations as necessary to determine if surgery is your best option.

How much will the surgery cost me?

The surgery itself has no out-of-pocket cost. However, you may incur charges for pre-surgical evaluation and post-operative therapy. These costs are offset by a shared savings check of up to \$1,500 which you will receive from your employer within 30 days after surgery.

How do I get the shared savings check?

If you have surgery at the Hendricks Regional Health Orthopedic Center of Excellence, your employer will issue you a shared savings check of up to \$1,500 within 30 days after surgery.

If I live far away, will I have to come back for physical therapy at Hendricks Regional Health?

No, we have a statewide network of physical therapy partners that are happy to care for you close to your home. Physical therapy services will apply toward your existing health plan coverage.

If I live far away, will hotel accommodations be included?

Yes, hotel costs are included in the program. If hotel accommodations are needed, our concierge will assist you in arranging a reservation.

Center of Excellence (COE) - Orthopedic



What orthopedic surgeries and procedures are included through the Center of Excellence program?

- ACL Repair
- Anterior & Posterior Cervical Fusion
- Carpal Tunnel Release
- Cubital Tunnel Release
- Foot & Ankle Procedures:
 - » Ankle Exostectomy
 - » First Ray Procedures
 - » Hammertoe
- Ganglion Cyst Excision
- Gastrocnemius Recession
- Joint Replacement Procedures:
 - » Ankle
 - » Hip
 - » Knee
 - » Shoulder
- Knee Arthroscopy
- Ligament & Tendon Repair
- Lumbar Decompression Laminectomy
- Muscle Repair
- Posterior Lumbar Fusion
- Rotator Cuff Repair
- Shoulder Arthroscopy
- Trigger Finger Release



Scan here to visit **Hendricks.org/COE** and learn more.

Or call: **317-386-5630**



Ascension St. Vincent

Cardiovascular Care Program

Overview and Frequently Asked Questions



Ascension St. Vincent cardiovascular care program overview and frequently asked questions

What is the Ascension St. Vincent cardiovascular care program?

- High-quality specialty care offered through your employer at no cost to you as part of your health benefit plan.
- Comprehensive cardiovascular care, including testing, surgeries and procedures performed at designated locations.
- A program available to active members of participating employer health plans.

What services are included through the cardiovascular care program?

- Appointments, testing, surgeries and procedures at approved facilities.
- Advanced cardiac imaging, including computed tomography (CT) and magnetic resonance imaging (MRI).
- State-of-the-art catheterization labs and operating rooms.
- Emergency heart services and complex surgical care.

What is not included in the program?

- Testing done at unapproved facilities or offices.
- Services at other Ascension hospitals, such as those in Fishers, Indianapolis, Evansville or other locations.

Why should I participate in the cardiovascular care program?

- Experience world-class service and the highest quality cardiovascular care available in Indiana.
- Excellent procedural and surgical outcomes, decreased hospital time and quicker recovery.
- Comprehensive post-surgical care to ensure quality of life is restored.
- Lower costs for you and your family.
- Zero deductible, copay or coinsurance costs.
- Potential for incentive payments from your employer for choosing the Ascension heart care team.

Do I have to use this program?

- This is not a mandatory program. You always have the choice to use this program or seek care elsewhere through your primary health benefits.

What if I already have a non-Ascension cardiologist?

- Their services are not covered under this program, your regular deductibles and costs will apply for their services.
- Explain our incentive benefits program to your provider.
- Your current cardiologist can collaborate with our team at the Heart Center.
- You can request a referral to the Ascension St. Vincent heart care team.

Center of Excellence (COE) - Cardiovascular

Do I need a referral from my primary care provider?

- No referral is needed, you may directly call the concierge line to schedule an appointment.

How much will services in this program cost me?

- Deductible and coinsurance costs are waived for eligible care under this program.
- Incentive payments may be available for participation in the program when utilizing services.

What if I am having symptoms of a cardiovascular emergency?

- Go directly to the closest ER or dial 911.

To access services, follow these steps:

Step One



Call 855-782-0946 to schedule an appointment with an Ascension St. Vincent cardiologist, identifying yourself as a member of the Cardiovascular Care Program through your health plan. You will be connected to the office of your choice for direct scheduling with the appropriate doctor

Step Two



Complete your consultation with the Ascension St. Vincent doctor for guidance on your recommended care plan. This consultation step will be billed to your primary commercial health plan and is subject to normal office deductibles and copays. The doctor's office will help you schedule your services at the Heart Center, which are provided at no cost to you through this program.

Step Three



The Ascension St. Vincent Heart Center team will work with you on all scheduling, education and preparation for your upcoming procedure or surgical event. It's always a good idea to remind them to verify that your services will be fully covered under the Cardiovascular Care Program.

Step Four



Complete recommended testing, imaging, or other required evaluations prior to your procedure or surgery at Ascension St. Vincent Heart Care Center, to be followed by scheduling of any recommended procedure or surgical event.

Where is the Ascension St. Vincent Heart Center located?

The Heart Center is centrally located just north of Indianapolis in Carmel, Indiana, with easy access from I-465, just off of US 31. Our address is:

10580 N Meridian St.
Carmel, IN 46290



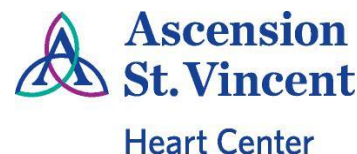
For scheduling, Please call 855-782-0946.



To learn more, scan the QR code or visit [Ascension St. Vincent Cardiovascular Care Program](#)



If you are experiencing chest pain, especially in combination with jaw or arm pain, lightheadedness, nausea, vomiting or difficulty breathing, you might be having a heart attack. Call 911 or go to the nearest emergency room right away.





Specialty Rx- FAQ:

What is PriceMDs Treatment Cost Containment Prime Plus™ Program (TCC Prime Plus™)?

A program that significantly reduces expensive specialty drug costs for patients and employers. Approximately 175 specialty drugs are available through the program. Patients will have live tele-consultations with U.S. Board Certified, U.S. educated, and U.S. trained physicians who will prescribe the same medications for which you are already receiving treatment. A 90-day supply of your medication will be delivered to your home or office after completion of telemedicine consultations and all other necessary steps. All 50 states are covered!

Who is eligible for the TCC Prime PLUS™ Program?

Members who are on specialty medications are eligible for the TCC Prime Plus™ shipping refill program. Members must possess a valid U.S. passport as per U.S. Customs shipping requirements. Your employer will decide which specialty medications are included in the TCC Prime Plus™ program.

Are the specialty drugs that I will receive the same as the specialty drugs I receive through my local pharmacy or facility?

Yes, these are the same brand name drugs from the same manufacturers that supply drugs to U.S. pharmacies and healthcare facilities

Do I have to change doctors to use the program?

No, the patient's treatment plan and care will continue to be handled by his/her U.S. based doctor(s). This program allows patients and employers to save on the high costs of specialty drug treatments; it does not replace the patient's relationship with his/her U.S. based physician(s).

Am I required to participate in TCC Prime PLUS™ Program for my specialty drug treatment?

The program can be voluntary, opt-out or even mandatory. Your employer selects what is best for the company. Your dedicated Registered Nurse will explain how using the program benefits you.

Do I need a passport to use the program?

Yes, a passport is required. Although there is no travel in TCC Prime Plus, a copy of your passport is required for personal importation of medication. TCC Prime Plus™ follows current CBP, FDA & USDA self-importation guidelines. A PriceMDs dedicated Registered Nurse Navigator will provide details.

What is required for the TCC Prime Plus™ program refill?

Patients must have up to date medical records and prescription for their specialty medication. A Nurse Navigator will organize a 30-minute video teleconference with our U.S. trained, U.S. Board Certified non-U.S.-based physician to confirm medical regimen. Once that's complete, a second teleconference with a U.S.-based Board-Certified specialist, licensed in your state will write you the prescription.

How much medication will I receive per fill and when?

Usually, you will receive a 90-day supply of your medication with each shipment in about 30 days or less from your telemedicine appointment.



To learn more, contact a Nurse Navigator email: TCCnurse@pricemds.com or call: (813) 833-7158 or (727) 348-4414.



Specialty Rx- FAQ:

How will I know it is time to schedule my next fill?

A dedicated Registered Nurse Navigator tracks each fill and contacts patients approximately 60 days before it is time for their next treatment. Just like the initial fill, a dedicated nurse navigator will assist the patient every step of the way. So, expect to be contacted by your dedicated Registered Nurse Navigator ahead of time.

Do you offer temperature sensitive specialty medication through your program?

Yes, cold chain (refrigerated) shipping is our specialty. From ambient room temperatures, to controlled room temperatures (20°C to 25°C), to refrigerated (2°C to 8°C), all medication shipments arrive in facilities and shipping hubs that provide temperature control. All pharmaceutical packages ship via World Courier, YourWay or DHL Global Express and are tracked and monitored to ensure the least amount of time in transit, while allowing for clearances by Customs & Border Patrol, FDA, and USDA.

Are there state licensing issues related to telehealth?

States require providers using telehealth technology across state lines to have a valid state license in the state where the patient is located. We have physicians licensed to practice in all 50 states!

Do I need to have access to the internet for telemedicine?

A secure broadband internet connection is crucial to having a successful telehealth visit. Members without internet access may find it easier to connect through their cellular phone carrier.

How does a video visit work? Do I need special equipment?

For a video visit, you can use any of these devices:

- An Android phone or tablet
- An iPhone or iPad
- A desktop or laptop computer (Mac or PC)

We recommend headphones or earbuds that have a microphone, but you can also use the speakers and microphone on your device.

How is the telemedicine video consultation scheduled?

Your telemedicine consultations are all scheduled for you by your Registered Nurse Navigator after coordinating and confirming a suitable time and date between you and the physician.

Do I need to download any special apps or programs?

No, that is not necessary. At all times you will be in direct contact with your dedicated Registered Nurse Navigator and prior to your telemedicine consultation your RNN will email you a link to join.

How long should I expect the telemedicine consultation to last?

Your telemedicine consultation is scheduled for a 30-minute time slot however in most cases, expect to be done sooner than that.

How do I get started with PriceMDs Treatment Cost Containment Prime Plus™ Program?

To learn more, please discuss with your employer and contact one of our Registered Nurse Navigators.



To learn more, contact a Nurse Navigator [email: TCCnurse@pricemds.com](mailto:TCCnurse@pricemds.com) or call: (813) 833-7158 or (727) 348-4414.

Welcome to PriceMDs! A QUICK AND EASY ON-BOARDING PROCESS

A Nurse Navigator will assist in each step of the process:

PriceMDs provides 90-day refills of specialty medication by sourcing from the European manufacturer and shipping to the patient's home address.

- 1**



Welcome Packet
Member receives PMDs package at their home introducing their personal nurse assigned to them for the duration of their case.
- 2**



Nurse Navigator Call
A PMDs Nurse secures a HIPAA release and conducts an initial review of the member's file.

You may communicate with your Nurse via email, phone, Zoom, or text!
- 3**



Passport Copy
Photocopy of active or expired passport is required for importation of medication. No travel required!

Required for telemedicine refills. Member will not be traveling.
- 4**



TeleMed Call
Review member case and duplicate the current script in order to source it from a lower cost international provider.

Teleconferences last between 15-20 minutes and can be scheduled on Evenings and weekends!
- 4**



Script Written and Meds Sourced
Rx meds are sourced from authorized and certified pharmaceutical suppliers internationally. Final case review and confirmation that all FDA, USDA and CPB protocols have been satisfied.
- 5**



Meds are Shipped
All meds, including cold chain, are shipped via best-in-class courier while following all protocols. Shipping times vary between 2-4 weeks.
- 7**



Member Receives Meds
Delivered to their door in 90-day fills. Cold chain meds include humidity/temp sensors to ensure quality.
- 8**



Member Follow Up
Their assigned Nurse Navigator contacts the member to confirm delivery and answer any questions.



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Flexible Spending Accounts (FSA)

You may reduce your taxable income by signing up for a flexible spending account. Putting money into this account reduces your taxable income and allows you to use the money for either qualifying medical expenses or dependent care expenses, tax-free. You may choose either plan, or both. Take time to estimate your annual expenditures and save tax dollars on the amount designated. Total designated amount(s) are divided equally among the pay periods for the following year. Plan wisely. If you don't use the money, you lose it.

Strict IRS regulations require receipts to verify purchases. You may receive a debit card for making qualifying purchases

Flexible Spending for Medical Expenses

For 2025 \$3,300 pre-tax dollars per employee per year is the maximum that you may designate for qualified medical, dental or vision expenses, not covered by insurance, in our Flexible Spending Account. Receive the amount spent as you use it, up to the amount you designated in the account. Elective, cosmetic surgery is not a reimbursable expense. Certain OTC drugs may qualify as an eligible expense with a doctor's prescription.

Flexible Spending for Dependent Care

\$5,000 pre-tax dollars per family per year is the maximum that you may designate for dependent care. Expenses must be incurred before you are eligible to receive reimbursements. Pre-payment of expenses is not acceptable for reimbursements. Before you use your Visa debit card for dependent care, check the balance on the card.

Health Savings Account (HSA)

Employees who enroll in the HDHP/HSA plan are eligible to open a Health Savings Account (HSA). Following are the Annual IRS Contribution limits for 2025:

- » For an individual with self-only coverage - \$4,300.
- » For an individual with family coverage - \$8,550.



Your Benefit Website

mybensite.com/northcentral

Username: northcentral

Password: benefits

View All Your Benefit Plan Documents

Medical · Dental · Vision

Life · Disability

Employee Assistance Program

Enrollment & Claim Forms

Medical & Prescription Forms

Links to TRF & PERF

Contact Information

Trust Newsletters

ALL YOUR BENEFITS IN ONE LOCATION



www.myquadmed.com/indiana

(888) 417-1001

NO COST TO MEMBERS

Primary Care · Acute Care · Generic RX · Labs
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Etc.

Convenient Locations

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Cambridge City · East Muncie
Winchester · Yorktown

Open Monday through Friday
Hours Varying by Location

North Central Indiana School Insurance Trust



PRESCRIPTION

Express-scripts.com

(800) 334- 8134

Review Medication Tiers
Drug Prices, Find a Pharmacy
Plan Details , Refill a Prescription
Order an ID Card

SPECIALITY PRESCRIPTION

Accredo
1 (800) 922-8279

Anthem[®]

Anthem Sydney

Download it from the App Store or Google Play
Digital Insurance Card While On The Go
Check Claims & EOBs
Deductibles
Out-of-Pocket Maximums
See What You've Spent to Date
Find a Provider
Shop for Services and Estimate Your Costs
Use Tools to Track Your Wellbeing
Real Time, Real Convenient



Use your smartphone camera
to scan this QR code

SmartShopper

SmartShopper helps you shop around for medical care and find in-network locations near you that offer cash rewards. Because when you make smart decisions about your health care, you deserve to share in the savings!

As an employee of NCISIT, you're already enrolled in SmartShopper! Log on to their website to browse the 70+ procedures included in your plan. You can also call their Personal Assistant Team to learn more about your benefits (and they can help you schedule your appointments, too).

<https://www.smartshopper.com>

First Stop Health

Telemedicine and Virtual Counseling

(888) 691-7867 / fshealth.com

Talk to a counselor

Sometimes, you just need someone to talk to. Talk to a licensed counselor to work through:

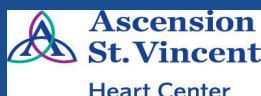
- Anxiety
- Depression
- Marital/Relations hip
- Substance Use
- Work/Life Stress

Talk to a doctor 24/7

Get treatment within minutes for minor injuries, illnesses, and prescriptions.

Cough & Sore Throat
Infection (Sinus, Ear, UTI, etc.)
Skin Rash
Muscle/Joint Pain
Medication Refill

North Central Indiana School Insurance Trust



Cardiovascular Center of Excellence

Ascension St. Vincent Cardiovascular Care Program. This exceptional specialty care, available through your health benefit plan at no cost to you, ensures your heart is in the best hands.

At the heart of it all is the Ascension St. Vincent Heart Center in Carmel, Indiana, where comprehensive testing, surgeries, and procedures are all covered. Say goodbye to deductibles and coinsurance costs for eligible care within this program. Plus, your employer might even offer an incentive payment to help with any extra expenses you might face. Choose the Ascension St. Vincent Cardiovascular Care Program and put your heart's well-being first.

Ascension St. Vincent Cardiovascular Care Program



Orthopedic Center of Excellence

The Hendricks Regional Health (Hendricks) Orthopedic Center of Excellence is the premier destination in Indiana for comprehensive orthopedic and spine care. Our Center of Excellence provides non-trauma surgical services to our partners' employees.

Employees receive exceptional, personalized care, rooted in Hendricks' values and unique culture — all with little or no out-of-pocket costs and a seamless experience. Plus, when employees travel to Hendricks for their procedure, a one-night hotel stay may be provided and arranged by our Concierge when determined necessary by their surgeon.

<https://www.hendricks.org/coe>

Who to Call?

NCISIT partners with the following Insurance carriers and vendors to strive to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier/vendor listed below or your Human Resources Department.

Benefit	Carrier	Phone #	Web
Medical	Anthem	(833) 578-4441	Anthem.com
Pharmacy	RxBenefits	(800) 334-8134	express-scripts.com
Specialty Pharmacy	Accredo	(800) 922-8279	
Health & Wellness Centers	QuadMed	(888) 417-1001	myquadmed.com/indiana
SmartShopper		(866) 285-7078	www.smartshopper.com
First Stop Health		(888) 691-7867	fshealth.com
EAP	National Insurance Services	(866) 451-5465	Niseap.com
COE – Orthopedic	Hendricks Regional Health	(317) 386-5630	hendricks.org/coe
COE - Cardiovascular	Ascension St Vincent	(855) 782-0946	Ascension St. Vincent Cardiovascular Care Program
PriceMDs			www.pricemds.com

NOTICE:

This brochure provides only a highlight of the benefit plans offered to you by NCISIT and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. We reserve the right to modify any or all of these plans at anytime.

Important Notices



Federal regulations require NCISIT to provide benefit eligible employees with the following notices:

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This PHI, and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources or the medical plan directly.

Women's Health And Cancer Rights Act

NCISIT medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

You can contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. All questions about the pre-existing condition limitation and creditable coverage should be directed to the HR Department.

Individual Coverage Mandate

Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in NCISIT health plan, or you may want to consider visiting www.healthcare.gov for more information on health plans available through the Healthcare Marketplace in your area.

Premium Assistance Under Medicaid And Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If

you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact your local state Medicaid or CHIP office for more information.

Indiana - Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <https://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All all-other Medicaid:

Website: <https://www.in.gov/medicaid/>

Phone: 1-800-457-4584



Important Notice from North Central Indiana School Insurance Trust

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with North Central Indiana School Insurance Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join a Medicare Drug Plan?

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

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

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

If you decide to join a Medicare drug plan and still meet the eligibility for the North Central Indiana School Insurance Trust health plan, your current employee coverage through the Trust will not be affected. You may continue your North Central Indiana School Insurance Trust employee coverage and elect Medicare part D and this plan will coordinate with Part D coverage. The North Central Indiana School Insurance Trust plan will be primary and Medicare will be secondary if a member is enrolled in both.

If you decide to join a Medicare drug plan and drop your current North Central Indiana School Insurance Trust coverage, be aware that you and your dependents may only be able to re-enroll in the North Central Indiana School Insurance Trust Plan at the next open enrollment, subject to eligibility and enrollment guidelines.

For More Information About This Notice Or Your Current Prescription Drug Coverage, contact your Human Resource Department.

Important Notices



NOTE:

You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if the coverage through the Trust changes. You may also request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

August 1, 2025

North Central Indiana School Insurance Trust
11711 N Meridian, Ste 100
Carmel, IN 46032
(317) 574-5008

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

Disclaimer

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.



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This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.