2025

SOUTH BEND COMMUNITY SCHOOL CORPORATION

Non-Certified Employees

Benefit Guide

TABLE OF CONTENTS

ENROLLMENT

- Benefits Designed to Support You | 3
- Enrollment | 4
- Contribution Rates | 7

MEDICAL

- Summary of Benefits | 10
- Mobile App | 12
- Preventive Care | 14
- TrueRx | 15
- WB Rx Express Mail Order Pharmacy | 16
- Mark Cuban Cost Plus Drugs Program | 17
- SHARx Specialty Prescription Program | 18
- Health Savings Account | 19
- Marathon Health Center | 20

DENTAL | 22

VISION | 23

EMPLOYEE ASSISTANCE PROGRAM | 24

LIFE INSURANCE

- Basic Life and AD&D Insurance | 26
- Supplemental Life and AD&D Insurance | 27

DISABILITY INSURANCE | 28

AMERICAN FIDELITY

- Accident, Cancer, and Hospital Insurance | 29
- Flexible Spending Account | 30

BENEFITS CONTACT INFORMATION | 31

BENEFITS DESIGNED TO SUPPORT YOU

At South Bend Community School Corporation, we know our dedicated employees—YOU—are key to our overall success. Offering a comprehensive benefits package is an important part of your overall compensation. Each year we review our benefits package to ensure that we are providing you and your family with quality plan options at an affordable cost.

This Benefits Guide is designed to help you:

1. Better understand the benefits we offer so that you can choose the plans that are right for you and your family.
2. Know what to expect when you use your benefits (i.e., what your plan covers, how much you will pay, etc.).

Please take the time to carefully review your plan options and be sure to share this guide with your family members if they are or will be covered by any of the plans.

ELIGIBILITY

You must meet the eligibility requirement and be employed in a job classification eligible for insurance benefits.

When to Sign Up for Benefits

New Employees

As a new employee, you have the opportunity to enroll in your medical, dental, and vision coverages. You may also enroll in other benefits explained in this guide. You must make your benefit elections within **30 days** of the end of your new employee waiting period. Your waiting period is based on your employment classification, and it will be explained to you during your orientation. **Elections must be made online no later than 30 days after the end of your new employee waiting period.**

Current Employees

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you can newly-enroll in coverage or make changes to your current elections.

At SBCSC, open enrollment is typically held in November. Any changes you make during open enrollment become effective January 1.

ENROLLING AND MAKING CHANGES

When does coverage end?

Your coverage will end after your employment terminates or once you no longer meet the eligibility requirements of each plan.

- Medical Insurance for you and your dependents terminates at the end of the month following the date your employment terminates, or at the end of your contract period.
    - For your dependent children, coverage ends at the end of the month in which they turn age 26.
- Dental Benefits for you and your dependents terminate at the end of the month following the date your employment terminates, or at the end of your contract period.
    - Your dependent children are covered to the end of the month of their 24th birthday, or their 26th birthday if a full-time student, assuming you remain covered.
- Vision Benefits for you and your dependents terminate at the end of the month following the date your employment terminates, or at the end of your contract period.
    - Your dependent children are covered to the end of the month in which they turn 24, assuming you remain covered.
- Life Insurance coverage ends the day your active employment terminates.
    - For your dependent children covered under Supplemental Life Insurance, coverage ends at the end of the month in which they turn age 26.

Enroll Online

Benefits enrollment is completed online through the Benefits Supersite at www.mybensite.com/sbcsc.

To complete your enrollment, you will need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

Changing Your Benefits During the Year

As stated above, you cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce.
- Birth of a child (including adoption).
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan).

There are other, less common life events that allow you to change your benefits. Please contact the Benefits Department for a complete list of qualifying life events.

To request a benefits change, notify the Benefits Department within 30 days of the qualifying life event. To report a qualified life event, you must log into the Benefits Supersite at www.mybensite.com/sbcsc. Change requests submitted after 30 days cannot be accepted. Please note: You may need to provide proof of the event, such as a marriage certificate or record of birth.

HEALTH PLAN OVERVIEW

South Bend Community School Corporation offers a choice between three health insurance plan options. All plans are administered by Anthem Blue Cross and use the same Anthem Blue Access PPO network.

The **Buy-Up Plan (closed to new enrollment) and the Core Plan** are traditional PPO plans with copayments for office visits and prescription drugs. Both plans include access to the Marathon Health Center with no out-of-pocket cost for services and medications received at the Health Center.

The **HSA Plan** and the **Essential Care Plan** are HSA-qualified high-deductible plans. There are no copayments on either the HSA Plan or the Essential Care Plan because all covered services, including office visits and prescription drugs, apply to the annual deductible and coinsurance. **This means that no benefits are paid (except for preventive care), including prescription drug costs, until the annual deductible has been met.**

The HSA Plan DOES include access to Marathon Health Center. Highlights of the HSA Plan include:

- If you enroll in the HSA Plan, SBCSC will contribute $1,000 annually to your HSA account. The contribution by SBCSC will be pro-rated per pay. If you are hired mid-year, the total contribution from SBCSC will be pro-rated based on your effective date. You must notify the Benefits Department when you have opened your HSA and provide the benefits department with your account number.
- You must open your HSA at Everwise Credit Union. Both your contributions and contributions from SBCSC will be made directly to your ECU HSA.

The Essential Care Plan does NOT include access to the Marathon Health Center, and participants enrolled in this plan are not permitted to receive services or medications at the Center.

- Spouses may not be enrolled in the Essential Care Plan. If you wish to cover your spouse, you must choose the Core Plan or HSA Plan for yourself and your family.
- Children may be enrolled in the Essential Care Plan, however, this may not be the best plan option if covering children.

PPO Providers

Please go to www.anthem.com or download the mobile app, Sydney, to find participating providers. Although most physicians in this area participate, it is recommended that you verify with your doctor that they participate in the Anthem Blue Access PPO network every time you make an appointment. Both the website and the mobile app, Sydney, allow you to review claims, estimate costs and order ID cards. You can also review innovative tools to help you manage your health and, with Sydney, you can chat 24/7 to get quick answers to your questions. You can also call Customer Service for assistance with any of your health care questions.

Anthem Customer Service: 833-578-4441

Anthem

sydney

GENERAL HEALTH PLAN INFORMATION

Additional information for all four plans:

Pre-Certification and Prior Authorization: The plans require pre-certification for hospital stays as well as for many other tests and procedures. Durable medical equipment also requires pre-approval. Please refer to your Anthem ID card for plan contact information and provide your ID card to your provider. In-network PPO providers are responsible for obtaining pre-certification and/or prior authorization from Anthem. If you utilize an out-of-network provider, you are responsible for obtaining prior authorization.

Health Care Reform Note: All health insurance plans offered meet the minimum coverage requirement under the individual mandate provision of the Patient Protection and Affordable Care Act. Information about the health insurance marketplace coverage options is located on the SBCSC website or you can visit www.healthcare.gov for more information.

Emergency Room Visits

Non-emergency visits to the ER will be covered only if:

- ✓ You are directed to the emergency room by another medical provider
- ✓ Services were provided to a child under the age of 14
- ✓ There is not an urgent care or retail clinic within 15 miles
- ✓ Visit occurs on a Sunday or major holiday

You should always call 911 or seek care from the nearest Emergency Room for life-threatening situations. However, if you seek care for yourself or a dependent during hours when your primary care physician is unavailable, please seek other options such as the Marathon Health Center, urgent care centers, retail health clinics, walk-in doctors' services and online services such as LiveHealth Online® . The LiveHealth Online® app is available on Google Play and Apple. These will provide you with cost effective and time saving medical care. Members are also encouraged to utilize Anthem's online tools like 24/7 NurseLine to help determine the most appropriate care for non-emergencies.

You can call Nurse Line to get started at 800-337-4770.

CONTRIBUTIONS

MEDICAL

Cost per paycheck	Buy-Up Plan	10/11 Month**	12 Month
Employee Only		$156.10	$123.58
Employee + Spouse		$334.36	$264.71
Employee + Children		$254.77	$201.70
Employee + Family		$448.60	$355.14
*Additional Spousal Surcharge		$468.01	$370.51

Cost per paycheck	Core Plan	10/11 Month**	12 Month
Employee Only		$95.58	$75.67
Employee + Spouse		$200.71	$158.90
Employee + Children		$152.93	$121.07
Employee + Family		$277.16	$219.42
*Additional Spousal Surcharge		$481.16	$380.92

Cost per paycheck	HSA Plan	10/11 Month**	12 Month
Employee Only		$85.52	$67.70
Employee + Spouse		$176.10	$139.41
Employee + Children		$138.16	$109.38
Employee + Family		$235.28	$186.27
*Additional Spousal Surcharge		$469.02	$371.31

Cost per paycheck	Essential Care HSA Plan	10/11 Month**	12 Month
Employee Only		$82.28	$65.14
Employee + Spouse		Not Offered	Not Offered
Employee + Children		$296.73	$234.92
Employee + Family		Not Offered	Not Offered
*Additional Spousal Surcharge		N/A	N/A

****Payroll deductions are subject to summer catch up based on changes in the number of pay periods from which deductions are withheld.**

***Spousal Surcharge:**

Employees who choose to cover their spouse will pay the additional surcharge amount shown above in addition to the standard payroll deduction amount shown above, if the spouse is/was eligible to enroll in the health plan offered by the spouse's employer. The spousal verification form can be found here https://issuu.com/docs/91cdae3d818967a3d41093d734a68c47?fr=xIAEoAT3_NTU1 and must be printed, completed, and emailed to services@optavise.com or faxed to Optavise at 1-407-650-3473 by December 3, 2024. Employee who cover a spouse will be required to affirm an affidavit indicating the employment status of their spouse. **Failure to complete the Spousal Coverage Verification form on or during every annual enrollment period will automatically result in the additional surcharge.**

CONTRIBUTIONS

DENTAL

Cost per paycheck	10/11 Month**	12 Month
Employee	$4.05	$3.21
Employee + Family	$10.63	$8.42

VISION

Cost per paycheck	10/11 Month**	12 Month
Employee	$1.51	$1.20
Employee + Family	$3.18	$2.52

****Payroll deductions are subject to summer catch up based on changes in the number of pay periods from which deductions are withheld.**

MEDICAL

SBCSC offers three medical insurance plans through Anthem Blue Cross Blue Shield. Please take the time to understand the features and differences of each plan so that you choose the coverage that is best for you and your family.

Choosing a Medical Plan

As you review your plan options, it may be helpful to consider the following questions:

- What is the cost to enroll in the plan? This is the amount you pay out of your paycheck.
- How much will you pay out of your pocket when you see your doctor or need other health care services?
- Do you prefer to pay more out of your paycheck each week, but less when you need health care? Or do you prefer to pay less out of your paycheck each week, but more when you need health care?
- Who are you covering, and what are their current medical needs, including prescription drugs taken regularly?

What is the cost to enroll?
How much will I pay?
Who am I covering?

MEDICAL

You will pay less out of your pocket when you choose an Anthem BCBS network provider. Locate an Anthem network provider at www.anthem.com.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Buy-Up PPO Plan*		Core PPO Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Marathon Health Center	$0 Out of Pocket Cost	$0 Out of Pocket Cost	$0 Out of Pocket Cost	$0 Out of Pocket Cost
HSA Employer Contribution	None	None	None	None
Deductible (Individual/Family)	$750/ $1,500	$1,500/ $3,000	$1,500/ $3,000	$3,000/ $6,000
Coinsurance (You Pay)	20%	40%	20%	40%
Out-of-Pocket Max (Individual/Family)	$2,500/ $5,000	$5,000/ $10,000	$4,000/ $8,000	$8,000/ $16,000
Preventive Care	100% Covered	40% after Ded.	100% Covered	40% after Ded.
Physician Services				
Primary Care Physician	$30 Copay	40% after Ded.	$30 Copay	40% after Ded.
Specialist	$60 Copay	40% after Ded.	$60 Copay	40% after Ded.
Urgent Care	$40 Copay	20% after Ded.	$50 Copay	40% after Ded.
Lab/X-Ray				
Diagnostic Lab/X-Ray	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
High-Tech Services (MRI, CT, PET)	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Hospital Services				
Inpatient	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Outpatient	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Emergency Room	$250 Copay	40% after Ded.	$250 Copay	40% after Ded.
Prescription Drugs through TrueRx	**Retail Prescription Drugs Through TrueRx (See Page 15 for More Details)**			
Generic	$10 Copay	Not Covered	$10 Copay	Not Covered
Preferred Brand	$30 Copay	Not Covered	$30 Copay	Not Covered
Non-Preferred Brand	$60 Copay	Not Covered	$60 Copay	Not Covered
Mail Order (Up to a 90-Day Supply) **Filled By WB Rx Express (See Page 16)**	$20 / $60 / $120	Not Covered	$20 / $60 / $120	Not Covered
Specialty & High-Cost Medications **Filled by SHARx (See Page 18)**	Specialty and High-Cost Medications that retails for $350 or more will now be fulfilled by SHARx prescription service, which is part of the TrueRx family. See page 18 for more details.			

*New enrollment into the Buy-Up Plan is no longer permitted. This is a grandfathered plan.

MEDICAL

You will pay less out of your pocket when you choose an Anthem BCBS network provider. Locate an Anthem network provider at www.anthem.com.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	HSA Plan		Essential Care HSA Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Marathon Health Center	$0 Out of Pocket Cost	$0 Out of Pocket Cost	Not Included	Not Included
HSA Employer Contribution	$1,000	$1,000	None	None
Deductible (Individual/Family)	$3,300/ $6,000	$6,000/ $12,000	$4,000/ $8,000	$8,000/ $16,000
Coinsurance (You Pay)	20%	40%	20%	40%
Out-of-Pocket Max (Individual/Family)	$4,000/ $8,000	$8,000/ $16,000	$6,450/ $12,900	$12,900/ $25,800
Preventive Care	100% Covered	40% after Ded.	100% Covered	20% after Ded.
Physician Services				
Primary Care Physician	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Specialist	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Urgent Care	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Lab/X-Ray				
Diagnostic Lab/X-Ray	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
High-Tech Services (MRI, CT, PET)	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Hospital Services				
Inpatient	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Outpatient	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Emergency Room	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
Prescription Drugs	**Retail Prescription Drugs Through TrueRx (See Page 15 for More Details)**			
Generic	20% after Ded.	Not Covered	20% after Ded.	Not Covered
Preferred Brand	20% after Ded.	Not Covered	20% after Ded.	Not Covered
Non-Preferred Brand	20% after Ded.	Not Covered	20% after Ded.	Not Covered
Mail Order (Up to a 90-Day Supply) **Filled By WB Rx Express (See Page 16)**	20% after Ded.	Not Covered	20% after Ded.	Not Covered
Specialty & High-Cost Medications **Filled by SHARx (See Page 18)**	Specialty and High-Cost Medications retails that for $350 or more will now be fulfilled by SHARx prescription service, which is part of the TrueRx family. See page 18 for more details.			

MEDICAL PLAN MOBILE APP

Anthem provides a mobile app, Sydney, to help members make the most of their medical plan benefits.

With the Sydney app, you can find everything you need to know about your medical benefits all in one place.

You can:

- Text with a doctor.
- Find care and check costs.
- See your benefits.
- View claims.
- Access your ID card.

WHERE TO GO WHEN YOU NEED CARE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care. Locate an Anthem doctor or facility at www.anthem.com.

Medical Services	Cost	Wait Time	Appropriate For
Emergency Room	Highest $$$	Longest	Serious, life-threatening conditions and issues requiring immediate attention
Urgent Care	Medium $$	Moderate	Non-life-threatening but urgent situations
Telemedicine	Lower $	Shortest	Non-emergency conditions like allergies, flu, rash, or pink eye
Doctor's Office/PCP	Variable $	Appointment based	Preventive care, routine check-ups, managing chronic conditions

Save money and time by choosing the right place to go for your health care.

PREVENTIVE CARE

The Anthem medical plans pay 100% of the cost of preventive care when it is provided by a network provider. Preventive care helps detect or prevent serious diseases and medical problems before they can become major.

Examples of preventive health services:

- Annual check-up (1 per year).
- Flu shot (1 per year)
- Mammogram (1 per calendar year, usually after age 40).
- Colonoscopy (1 per 10 years, usually after age 50).
- Vaccinations.

Top 5 reasons to prioritize preventive care:

1. **Early detection:** Preventive care allows for the early detection of health issues before they become serious. Regular screenings can identify diseases like cancer, diabetes, and heart disease in their early stages when they are more manageable, and treatment outcomes are often more successful.
2. **Better health outcomes:** With routine preventive care, you are likely to experience better overall health outcomes. Regular check-ups can help maintain good health and prevent the onset of chronic diseases.
3. **Cost savings:** Preventive care can save you money in the long run. By catching health issues early, you can avoid the high costs associated with treating advanced diseases. It's often less expensive to prevent a disease than to treat it.
4. **Improved quality of life:** Regular preventive care can contribute to an improved quality of life. By maintaining good health and preventing disease, you can enjoy life more fully with less interruption due to illness.
5. **Increased lifespan:** Preventive care can lead to a longer, healthier life. By focusing on prevention, you can reduce the risk of premature death from preventable diseases.

Staying up to date on preventive care can save you money and help keep you feeling your best.

TRUE Rx

Welcome to a pharmacy benefits experience that puts you first!

If you enroll in medical coverage, you may save money on your medications when you use the True Rx pharmacy.

To learn how your medication will be covered, visit the True Rx website and click on Formularies under the member heading.

- A prescription drug formulary is a list that shows what tier level a medication will be covered under by the medical plan.
- Once you know the tier level of your medication, refer to the Benefits Guide for cost information.

Getting started is easy!

1. **Sign into the member portal.**
   Whether you are new to True Rx, or a long-time member, please visit the member portal and click on the "register now" button on the bottom right.
2. Download the latest version of the mobile app. Search "MyRxPlan" in the App Store or Google Play.
3. For mail order delivery, contact WB Rx Express at wbrxexpress.com/mail-order or call 833-391-0126.
4. Bring your insurance card to the pharmacy. Your pharmacist will need important information on your card to process prescriptions.

New for 2025:
South Bend Community Schools has elected to provide several diabetic products at no cost to you. The covered supplies include:

- Infusion Sets
- Insulin Syringes
- Lancet Devices
- Lancets
- Pen Needles

For questions about a specific drug, please contact the Patient Care Team at 866-921-4047 between 8:00 am- 8:00 pm (M-F), or download the "MyRxPlan" mobile app and use the search box for medication.

Please be aware that the medical plans do not cover Tier 4 specialty drugs. However, SBCSC provides the SHARx advocacy program, which can help you save money on your specialty medication and high-cost medications that retails for $350 or more. See page 18 for more information about this program.

WB Rx EXPRESS Mail Order Prescriptions

TrueRx has partnered with WB Rx Express to fill your Mail Order Prescriptions (90-Day Supply). Mail order is a great way to save money on medications you take on a recurring, regular basis. Please not mail-order prescriptions are not automatic; you must request a refill through WB Rx Express.

Get Started With Your Current Prescriptions In Three Easy Steps:

1. Go to wbrxexpress.com and click "Get Started".
2. Use the form to enter your name, address, phone number, email address, message (optional) and click the red Submit button.
3. WB Rx Express will contact you within two business days to verify your account and medication information.

If you prefer to speak with a representative, call WB Rx EXPRESS at 1-833-391-0126

WB Rx EXPRESS

1998 State Street, Washington, IN 47501
Phone: 833-391-0126
Fax: 855-899-3925

MARK CUBAN COST PLUS MAIL-ORDER PHARMACY

TrueRx has partnered with the Mark Cuban Cost Plus Drug Company for an easy option to obtain low-cost generic medications through their mail-order pharmacy. If you have any questions or want to begin the process reach out to TrueRx Patient Care Team at: 866-921-2024.

Prescriptions purchased through this program will be considered in-network with our insurance plan.

Getting started is easy!

1. **Visit www.costplusdrugs.com to check to see if your medication is available. If your medication is available, follow the steps to create an account.**
2. Create your account by using the TrueRx information on your insurance ID card, and your health care provider information.
3. Ask your doctor to send a new prescription through the Cost Plus Drug Company. Select How to Contact Your Doctor for information to help when asking your doctor to send in your prescription.
4. You will then receive a confirmation email to complete your medication order.
    - You will receive an email from Cost Plus Drugs when they receive your prescription.
    - Be sure to check Request Insurance price to have your prescription process under the TrueRx insurance plan.
    - Enter your address and payment information for the shipment of your medication.
    - You medication will then be shipped to your home.

These medications will be filled by HealthDyne and TruePill.

Standard shipping (5-7 business days) is included as part of the cost of the medication. If expedited shipping (3-5 business days) is chosen, you will pay the difference.

If you have any questions, contact the TrueRx Patient Care team at:
866-921-2024
Mon – Fri, 8am to 8pm ET

SHARx SPECIALTY PRESCRIPTION PROGRAM

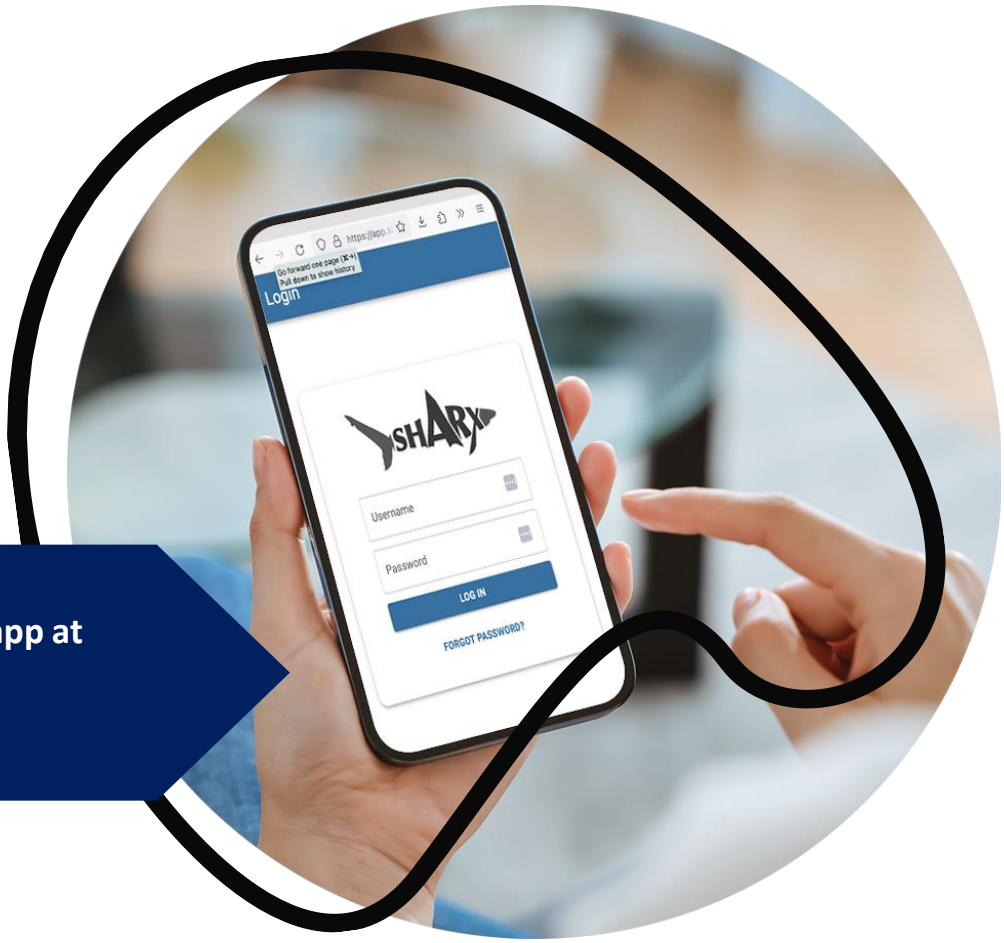
Attack prescription costs!

SHARx is a pharmacy advocacy program that works to save you money on high-cost medications that retails for $350 or more and specialty prescription medications that are not covered by your medical plan. SBCSC provides this program to all medical plan members at no additional cost.

Members often get their medications for FREE! For medications that are not available at no cost, SHARx helps members access these medications through the SHARx interactive portal at a very small fraction of the cost.

Getting started is easy!

1. Create an account.
2. Verify personal and prescription information.
3. Sign HIPAA form.



Try out the SHARx app at
app.sharxplan.com
314-451-3555

HEALTH SAVINGS ACCOUNT

If you enroll in the Anthem high-deductible health plan (HDHP), you may be eligible to open and fund a health savings account (HSA) through Everwise Credit Union.

SBCSC contribution

If you enroll in the Anthem HSA Plan, SBCSC will contribute **$1,000** annually to your HSA account. The contribution made by SBCSC will be pro-rated per pay.

2025 IRS HSA contribution limits

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- Employee-only: $4,300.
- All other coverage levels: $8,550.

If you are age 55+ by December 31, 2025, you may contribute an additional $1,000.

HSA eligibility

- You are eligible to fund an HSA if you are enrolled in the HSA plan and meet additional eligibility requirements.
- Refer to www.everwisecu.com/HSA for more details.

Maximize your savings!

- Money you put into your HSA is not taxed.
- Tax-free spending when HSA funds are used to pay for eligible health care expenses.
- HSA contributions grow tax free, which means you don't pay taxes on the interest or investment earnings.
- HSA funds roll over from year to use (no use it or lose it policy).
- The money you put into your HSA is yours to keep—even if you change plans or jobs in the future.
- After you reach age 65, your HSA dollars can be spent without penalty on any expense.

Opening your account

- Visit www.everwisecu.com/HSA to open your HSA account online.
- Use Promo Code: **SBCSC**
- For any questions contact:
  Carla Fabio-King, Service Center Manager
  cking@everwisecu.com or 574-232-8012 x5845

An **HSA** is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

MARATHON HEALTH CENTER

The Marathon Health Center formerly known as Everside Health Center is a primary and urgent care center for plan participants covered under the Core Plan, HSA Plan and those grandfathered on the Buy-Up Plan. It provides easy access to high quality care with no out-of-pocket cost. Services at the Health Center for those 3 years and older include:

- Complete adult primary care services
- Urgent care
- Treatment for minor injuries
- Comprehensive physicals
- Labs
- Flu Shots
- Common generic medications for acute and ongoing needs

Please make an appointment before visiting the Health Center, even for an urgent need. The goal of the Center is to respect your time with little waiting when you arrive at your scheduled time. If you have an urgent need, the Center can normally schedule your appointment for the same day or the next morning.

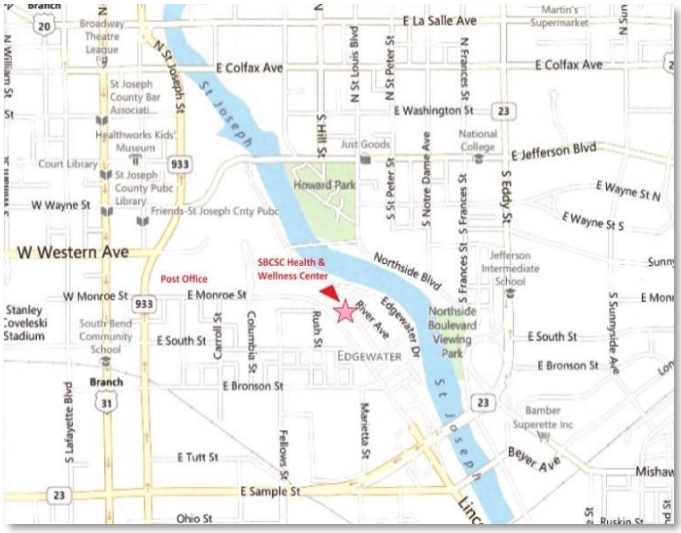
The Center is <u>not</u> a walk-in clinic and is unable to see patients without an appointment.

If you need to cancel or reschedule an appointment, the Center requires 48-hour advance notice.

The Health Center is open by appointment during the following hours:

Monday	6:00AM to 7:00PM
Tuesday	9:00AM to 7:00PM
Wednesday	6:00AM to 7:00PM
Thursday	9:00AM to 7:00PM
Friday	6:00AM to 4:00PM

To make an appointment call: 574-855-1090
**Note: The clinic will not answer phone calls, one hour before closing.*



The Marathon Health Center is located just southeast of the main Post Office in South Bend:

611 Lincoln Way East
South Bend, IN 46601

Nurse Life – If you have an urgent need after hours, please call the after-hours nurse line at **877-447-1244.** A nurse will help direct you to the most appropriate provider. Of course, you should always call 911 if the situation is life-threatening.

For additional information visit:
https://my.marathon-health.com/login

MARATHON HEALTH CENTER

Things to know about the Health Center:

- The goal of the Health Center is to help you and your family members live longer, healthier, and more productive lives.
- It is staffed with a primary care physician, a physician assistant, a nurse practitioner, and several medical assistants.
- The level of staffing at the Health Center allows for longer visits and more personal attention than other medical practices typically offer.

Labs:

The Health Center provides lab tests at no cost to you. You can bring in an order from another doctor for lab tests, and the results will be sent to that doctor. There is no cost to you for blood tests done at the Health Center, even if they were not ordered by a physician at the Health Center.

Medications:

The Health Center stocks and dispenses many common generic drugs. There is no cost to you for medications dispensed by the Health Center. The Center can dispense up to a 90-day supply at a time. Due to medication dispensing laws, the Center is unable to fill prescriptions written by an outside doctor. If you would like to know more about obtaining medications at the Health Center, please call the Health Center.

Health Coaching:

The Health Center is here to help you reach your health and wellness goals. The Center allows for longer visits and more personal attention than typical medical practices. Health coaching is offered to you at no cost in order to help you make healthy lifestyle choices around what is most important to you in order to optimize success to live a longer, healthier life!

Confidential:

Complete confidentiality is required by law and is extremely important to us. Your medical information will not be shared with anyone at SBCSC. The privacy requirements are the same as if you were visiting any other doctor's office. Information can be shared with other physicians, based on your direction and authorization.

DENTAL

SBCSC offers dental insurance through Guardian. This plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose a network dentist. Locate a Guardian network dentist at www.guardiananytime.com.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Type of Service	In Network	Out of Network
Calendar Year Deductible Single Family	 $50 $150	 $100 $300
Annual Dental Maximum per Person	$2,500	$1,000
Preventive Services Oral exams, cleanings, x-rays	100%	100%
Basic Services Fillings, gum treatment, root canals	90%	90%
Major Services Crowns, bridges, dentures	60%	60%
Orthodontia Children to Age 19 Lifetime Max per Individual	 50% $1,000	 50% $1,000

*Dependent children are covered to the end of the month in which they turn age 24, or age 26 (if a full-time student).

Bi-Weekly Dental Payroll Deductions	10/11 Month**	12 Month
Employee	$4.05	$3.21
Employee + family	$10.63	$8.42

**Payroll deductions are subject to summer catch up based on changes in the number of pay periods from which deductions are withheld.

VISION

SBCSC offers vision insurance through VSP. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at www.vsp.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

In-Network Vision Benefits		Copay
Well Vision Exam	• One every calendar year (one per year for dependent children*)	$10
Frame	• $150 allowance + 20% off amount over your allowance • Every other calendar year (one per year for dependent children*)	$10 (without an exam)
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses • Every calendar year (more frequent lenses for children may be covered in full if prescription changes*)	Included
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35-40% off other lens enhancements	Discounts Available
Contacts	• Contact lens exam (fitting and evaluation) • $120 allowance for contacts (no copay) • Every calendar year (in lieu of glasses)	Included

*Dependent children are covered to the end of the month in which they turn age 24.

Bi-Weekly Vision Payroll Deductions	10/11 Months**	12 Months
Employee	$1.51	$1.20
Employee + family	$3.18	$2.52

**Payroll deductions are subject to summer catch up based on changes in the number of pay periods from which deductions are withheld.

EMPLOYEE ASSISTANCE PROGRAM

New Avenues
Midwest Behavioral Health Network

SBCSC provides all **full-time employees** and your household family members with an employee assistance program (EAP) through New Avenues at no cost to you. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

This is a confidential program available 24 hours a day, 7 days a week, to help you and your family members handle the stresses involved with everyday issues and/or crisis situations.

- Services are accessible through toll-free phone calls and online access.
- Each member can receive up to **5** free face-to-face counseling sessions, per incident, per year.
- Employees also have access to **Structured Telephonic Counseling (STC)**, where they may speak directly with a counselor no matter where they are, 24/7 by calling 855-492-3625.
- Access to the Online Work-Life Program offering a wealth of information and resources on many topics. Check out the Work-Life Resource Center using the password: **COMPLETEEAP**
- No personal information is ever shared with SBCSC.

The free EAP can support you.
Call 24/7 at **800-731-6501**
or visit
www.NewAvenuesOnline.com

EMPLOYEE ASSISTANCE PROGRAM

SBCSC provides **all employees** and your household family members with an employee assistance program (EAP) through New York Life at no cost to you. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

This is a confidential program available 24 hours a day, 7 days a week, to help you and your family members handle the stresses involved with everyday issues and/or crisis situations.

- Services are accessible through toll-free phone calls and online access.
- Each member can receive up to **3** free face-to-face or virtual counseling sessions, per incident, per year.
- Employees will also have access to up to **5** well-being coaching sessions (via phone or virtually**)** per year with a certified coach. They will work with you one on one to address health and well-being issues such as burnout, time management, goal setting, finding motivation, improving sleep, and coping with stress, etc.
- Visit www.guidanceresources.com for resources and tools on topics such as health & wellness, legal support, family & relationships, work & education, money & investments, and home & auto.
- No personal information is ever shared with SBCSC.

The free EAP can support you.
Call 24/7 at 800-344-9752
or visit: www.guidanceresources.com
WEB ID: NYLGBS

LIFE INSURANCE

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support..

Basic Life and AD&D Insurance

SBCSC offers basic life and AD&D insurance through New York Life.

- **Employee life insurance benefit:** $20,000.
- **Employee AD&D insurance benefit:** $20,000 (combined with life benefit).

REMINDER: Keep your beneficiary information up to date with the Benefits Department.

LIFE INSURANCE

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support.

Supplemental Life and AD&D Insurance

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. SBCSC provides you the option to purchase additional life and AD&D insurance at group rates through New York Life. You may also purchase coverage for your spouse and eligible children. You must purchase additional coverage for yourself in order to purchase coverage for your spouse and/or child(ren).

Use the calculator at www.newyorklife.com to determine how much coverage you need.

Coverage options:

- **Employee:** $50,000 increments up to $200,000; guarantee issue: $200,000.
- **Spouse:** $25,000 or $50,000; amount elected is guarantee issue.
- **Dependent children:** $5,000 or $10,000; amount elected is guarantee issue.
    - *Dependent children are covered until end of the month they turn 26.*

Supplemental life rates are based on age. Benefits will reduce to 65% at age 65 and to 50% at age 70.

If you purchase life and AD&D insurance when you are first eligible to enroll, you may purchase up to the guarantee issue amounts without completing a statement of health (evidence of insurability).

If you do not enroll when first newly eligible, you will not be able to elect Supplemental Life coverage in the future. This option is only available for employees when you are first newly eligible.

DISABILITY INSURANCE

Disability insurance can help you meet your financial needs if you become unable to work due to an illness or injury.

Long-Term Disability Insurance—PAID FOR BY SBCSC

SBCSC automatically provides long-term disability (LTD) insurance through New York Life to all benefits-eligible employees at no cost. Coverage is offered if you are also enrolled in the Basic Life Plan. LTD insurance is designed to help you meet your financial needs as long as you are disability, until you reach age 65.

- **Benefit:** 66.67% of base monthly pay up to $6,000.
- **Elimination period:** 180 days.
- **Benefit duration:** Social security normal retirement age.

Help to meet financial needs when you can't work due to illness or injury.

SUPPLEMENTAL INSURANCE PLANS

AMERICAN FIDELITY
a different opinion

SBCSC offers cancer, accident, and hospital insurance through American Fidelity. You can **ONLY** enroll in these coverages during **American Fidelity's** open enrollment period, **not** during SBCSC's annual open enrollment period. These plans provide financial protection to you and your family members in cases of unexpected illness or injury—and can fill in gaps not covered by health insurance. You may purchase coverage for yourself, your spouse, and your dependent children under the age of 26.

All three plans pay cash benefits that can be used for any expenses, including copays and deductibles, mortgage payments, groceries, utility bills, and day care. The money is yours to use—however you would like.

Cancer Insurance

- Pays you a cash benefit if you or a covered family member is diagnosed cancer after the policy becomes effective.

Accident Insurance

- Pays you a cash benefit if you or a covered family member is injured in an accident.

Hospital Insurance

- Pays you a set amount for a hospital admission.

You can ONLY enroll in these coverages during American Fidelity's enrollment period.

Visit the following link to schedule your one-on-one meeting to enroll in your American Fidelity products:
https://enroll.americanfidelity.com/A723F2FA

FLEXIBLE SPENDING ACCOUNTS

AMERICAN FIDELITY
a different opinion

SBCSC offers two flexible spending account (FSA) options through American Fidelity. The money you put into an FSA is deducted from your paycheck before taxes are taken out, meaning you pay less in taxes because your taxable income is lower.

Plan carefully!

Any funds left in the account after the plan year grace period will be forfeited. Thus, while an FSA can save you money on taxes and health care and dependent care costs, it's important to not contribute more than you think you'll spend on eligible expenses in a single year. **Please note, the IRS does not allow you to contribute to both an HSA and an FSA Health Care Account in the same plan year.**

Health care flexible spending account (HCFSA)

- Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.
- Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.
- Total amount for the year is available on January 1, 2025.

The health care FSA maximum contribution is **$3,300** for the 2025 calendar year.

Dependent care flexible spending account (DCFSA)

- Pay for eligible dependent day care expenses with pre-tax dollars.
- Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself.
- Funds are deposited into your account on a per-pay-period basis.

You may contribute up to **$5,000** to the dependent care FSA for the 2025 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $2,500 for the 2025 plan year.

Log into your account at americanfidelity.com/support/hcfsa/ to:

- View your account balance(s).
- Calculate tax savings.
- View eligible expenses.
- Submit claims.
- Download forms.
- View transaction history.
- And more!

Paying with an FSA is like using a 20%* off coupon for your health care and dependent care expenses.

*Actual savings varies based on tax bracket.

IMPORTANT CONTACT INFORMATION

CARRIER CONTACT INFO	PHONE NUMBER	WEBSITE
Medical—Anthem Blue Cross Blue Shield	833-578-4441	www.anthem.com
Prescriptions— TrueRx WB Rx Express Mark Cuban SHARx	866-921-4047 833-391-0126 866-921-2024 314-451-3555	www.truerx.com www.wbrxexpress.com www.costplusdrugs.com www.sharxplan.com
Health advocacy—Marathon Health Center	574-855-1090	my.marathon-health.com/login
Health Savings Account—Everwise Credit Union	574-232-8012	www.everwisecu.com/HSA
Dental—Guardian	800-541-7846	www.guardiananytime.com
Vision—VSP	800-877-7195	www.vsp.com
Employee Assistance Program—New Avenues	800-731-6501	www.NewAvenuesOnline.com
Employee Assistance Program—New York Life	800-344-9752	www.guidanceresources.com
Life Insurance—New York Life	800-225-5695	www.newyorklife.com
Disability Insurance—New York Life	800-225-5695	www.newyorklife.com
Accident, Cancer, and Hospital Insurance-American Fidelity	800-662-1113	www.americanfidelity.com
Flexible Spending Account- American Fidelity	800-662-1113	www.americanfidelity.com

Christine Timmons – Benefits for Last Names **A-L** | **P** 574-393-6072 **E** ctimmons@sbcsc.k12.in.us
Samillia Williams – Benefits for Last Names **M-Z** | **P** 574-393-6070 **E** swilliams10@sbcsc.k12.in.us
Katie Johnson– Director of Benefits | **E** kjohnson4@sbcsc.k12.in.us

Please refer to the official plan documents for more complete descriptions of the benefit plans. In the event of any inconsistencies or discrepancies between the information provided in this guide and the official plan documents, the official plan documents will prevail. SBCSC reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time without notice, including making changes to comply with and exercise its options under applicable laws. The authority to make such changes rests with the Plan Administrator. To view the summary plan descriptions and certificates of coverage, visit www.sbcsc.k12.in.us. You may request a no-cost printed copy of the summary plan description and other official plan or program documents from the Benefits Department.