

See what's  
New for

2023



## **EMPLOYEE BENEFITS SUMMARY**

January 1, 2023 - December 31, 2023

IMPORTANT INFORMATION ENCLOSED





# Welcome!

## Eligibility

East Central Indiana School Insurance Trust (ECIST) 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. In addition, their dependents are eligible for coverage.

## Eligible Dependents

- Legal spouse.
- Children under age 26 for Medical, Dental and Vision.
- Children who are disabled, live with you, and depend on you for support.

## Table of Contents

|  |                       |
|--|-----------------------|
| <a href="#">Eligibility</a>                  | <a href="#">1</a>     |
| <a href="#">Web Benefits</a>                 | <a href="#">2</a>     |
| <a href="#">Medical Plan</a>                 | <a href="#">3-8</a>   |
| <a href="#">Pharmacy Plan</a>                | <a href="#">9-12</a>  |
| <a href="#">Dental Plan</a>                  | <a href="#">13</a>    |
| <a href="#">Vision Plan</a>                  | <a href="#">14</a>    |
| <a href="#">Life and (AD&amp;D) Coverage</a> | <a href="#">15</a>    |
| <a href="#">Employee Assistance Program</a>  | <a href="#">16</a>    |
| <a href="#">First Stop Health</a>            | <a href="#">17-19</a> |
| <a href="#">Additional Benefits</a>          | <a href="#">20</a>    |
| <a href="#">Benefits Quick Reference</a>     | <a href="#">21-22</a> |
| <a href="#">Contacts</a>                     | <a href="#">23</a>    |
| <a href="#">Important Notices</a>            | <a href="#">25</a>    |

ECIST Participating Schools: Blackford County Schools, Centerville-Abington Comm Schools, Cowan Comm School Corp, Daleville Comm Schools, East Central Educational Service Center, Eastern Hancock Comm School Corp, Fayette County School Corp, Nettle Creek School Corp, Northeastern Wayne School Corp, South Henry School Corp, Wes-Del Comm Schools

## 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. You **MUST** complete or review your enrollment on Web Benefits Design to have coverage. Any changes you make during this time will be effective January 1, 2023.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2023 benefit elections until the following Open Enrollment period for 2024 (unless you have a qualified status change).

# Welcome to Your Employee benefits Supersite!

[www.mybensite.com/ecist](http://www.mybensite.com/ecist)

## Step 1

### Know your Benefit Options.

We believe that employees are our greatest resource. We offer a competitive benefit package for you and your family, and the support system to help you make great decisions.

Review your benefit supersite and know your options:

- Benefit Summaries
- Side-by-Side comparisons
- Insurance Carrier Information
- Member Service Information
- Forms and Plan Documents

## Step 2

### Benefit Shopping

Click Enroll Now to shop and elect benefits:

- Step by step enrollment guidance
- Cost per paycheck is displayed for each benefit elected
- Add and manage covered dependents
- Update beneficiaries
- Review and submit final elections
- Print your Benefit Confirmation Statement (BCS) for your records

## New Member Login

**Initial Member Login:** You will be asked to enter your user ID and Password.

**User ID:** ecist

**Password:** benefits

**Second Member login:** Once logged in, select "Enroll Now". You will then be asked to enter your user ID and password.

**User ID:** First 4 letters of your last name and 4-digit birth year

**Password:** 9-digit Social Security Number, no dashes



The image shows a screenshot of the 'Employee Login' form. At the top, it says 'Employee Login' and 'Access Your Employee Benefits'. Below this, there are two input fields: the first for the email address (pre-filled with 'james.bond@demo.com') and the second for the password (masked with '\*\*\*\*\*'). To the right of each field is an icon (an '@' symbol for email and a padlock for password). Below the password field is a checkbox with the text 'I have read and accept the Employee Usage Agreement and Website Use Terms and Conditions.' At the bottom, there is a large blue button labeled 'Employee Login' with a right-pointing arrow icon. Below the button is a link that says 'Forgot Password' with a magnifying glass icon.

# Medical Benefits



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

| MEDICAL PLAN   | PPO<br>Network/Non-Network                                     | HDHP 1<br>Network/Non-Network        | HDHP 2<br>Network/Non-Network         |
|--|--|--------------------------------------|---------------------------------------|
| <b>Deductible</b><br>Individual<br>Family                                    | \$1,500/\$4,500<br>\$3,000/\$9,000                             | \$3,000/\$6,000<br>\$6,000/\$12,000  | \$5,000/\$10,000<br>\$10,000/\$20,000 |
| Coinsurance  | 80%/60%  | 100%/60%                             | 100%/60%                              |
| <b>Out-of-Pocket Maximum</b><br>Individual<br>Family                         | \$3,500/\$10,500<br>\$7,000/\$21,000                           | \$3,000/\$12,000<br>\$6,000/\$24,000 | \$5,000/\$10,000<br>\$10,000/\$40,000 |
| Emergency Room Visit   | \$200 then 80%/60%   | 100%/60%                             | 100%/60%                              |
| Urgent Care  | \$75 then 80%/60%  | 100%/60%                             | 100%/60%                              |
| Office Visits  | Network -\$40 PCP/\$50 SCP<br>Other Services – Ded & 80%/60%   | 100%/60%                             | 100%/60%                              |
| Routine Care   | 100%/100%<br>Deductible Waived                                 | 100%/100%<br>Deductible Waived       | 100%/100%<br>Deductible Waived        |
| <b>PRESCRIPTION DRUGS</b>  | Network Only   | Network Only                         | Network Only                          |
| <b>Deductible:</b><br><b>Retail: (30 days)</b><br>Tier 1<br>Tier 2<br>Tier 3 | \$100<br>>of \$20 or 20%<br>>of \$40 or 40%<br>>of \$60 or 60% |                                      |                                       |
| <b>Mail Order: (90 days)</b><br>Tier 1<br>Tier 2<br>Tier 3                   | \$40<br>\$80<br>\$120  | 100% Subject to Deductible           | 100% Subject to Deductible            |
| <b>Out-Of-Pocket Limit**</b><br>Single<br>Family                             | \$3,100<br>\$6,200   |                                      |                                       |

\*Prescription drug deductible is per person/per calendar year – Tier 1, 2 and 3 RETAIL drugs only; Tier 4 drugs are available in a 30-day supply Specialty Pharmacy Only

\*\*PPO Plan - the medical out-of-pocket maximum and prescription drug out-of-pocket maximum do not comeingle. The prescription drug out-of-pocket maximum applies only to in-network benefits

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





**Benefits  
designed  
with care**



**United  
Healthcare**

# Welcome to what care can do



Insurance: It's a good thing to have. It can help protect you from high costs for care and services - whether those costs are planned or unexpected. Another thing it's good for? Keeping you on track through a network of connected care. Use this guide to help you choose a plan that, at the heart of it, works every day to take good care of you.

## 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 [uhc.com/providersearch](http://uhc.com/providersearch) > Medical Directory > Employer and Individual Plans
- Choose the health plan you're considering 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.



**[Justplainclear.com](http://Justplainclear.com)**

For thousands of health care terms defined simply and clearly, this is your site.

## 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

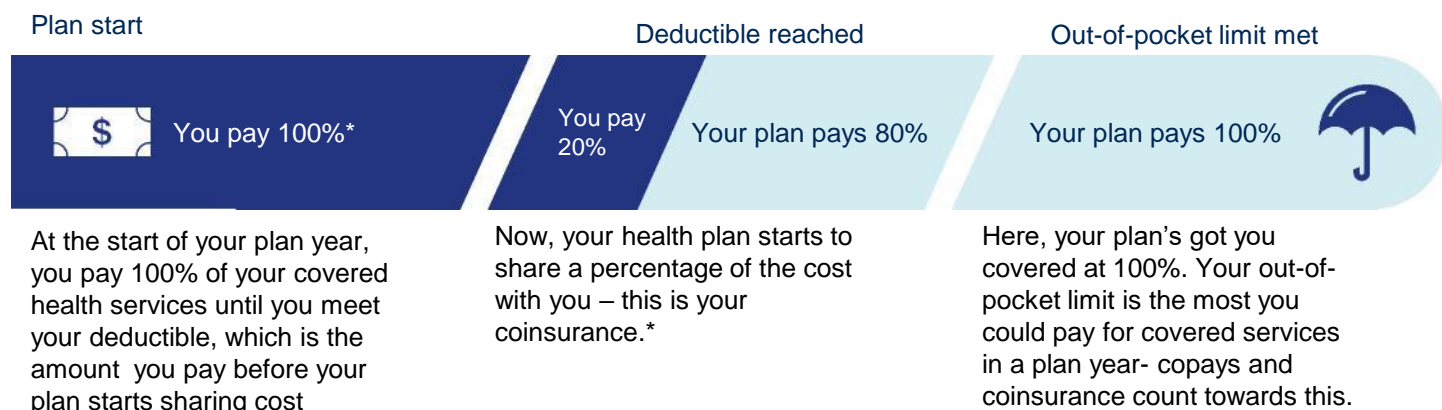
### Out-of-pocket limit

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.

## How health plans work- an example



Along the way, you may also be required to pay a fixed amount- or copay- each time you see a provider.

\*Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. Please refer to your official plan documents for coverage details.

## Quick tips, good info - it's all here

As you get ready to choose a plan for the year ahead, it's a good time to brush up on important info. Watch these short videos and you'll be well on your way to choosing the plan that best fits your needs.



Experience what care can do  
Learn about our large network of providers and the programs and services included in the plans.  
Watch video: [Why UnitedHealthcare](#)



See a plan in action  
Take a closer look at how copays, deductibles and more work together throughout your plan year.  
Watch video: [How a health plan works](#)





# Medical Benefits

## With a PCP, there's a doctor in your corner

Your primary care provider (PCP) is your health guide - someone who can help connect you to the care you need and help you avoid cost surprises. Although your health plan option may not require you and each covered family member to select a PCP, \* it can be a good idea to have one.

More good reasons to have a PCP



They know your health history and health goals



They provide routine care, such as annual checkups, which may help identify potential health issues earlier



They advise you when to see a specialist and provide referrals if needed\*\*



## Look for the blue hearts

To help you find quality and cost-efficient doctors, the UnitedHealth Premium® program uses national, evidence-based, standardized measures to evaluate physicians in various specialties.



## Keep up on preventive care

Preventive care - such as routine wellness exams and certain recommended screenings and immunizations - is covered by most of our plans at no additional cost when you see network providers. A preventive care visit may be a good time to help establish your relationship with your PCP and create a connection for future medical services.

## It's so easy to connect to your plan



### [myuhc.com](https://myuhc.com)

Your personalized member website

Built to help you manage your plan 24/7, [myuhc.com](https://myuhc.com) gives you access to all your plan info in one place, so you can:

- Find and estimate the cost of care
- See what's covered
- View claim details
- Check your plan balances
- Find network doctors



### **UnitedHealthcare app**

Your app for on-the-go access

When your health plan's right at your fingertips, you can manage your benefits anytime, anywhere. Download the UnitedHealthcare® app to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card
- Video chat with a doctor 24/7



# Pharmacy Benefits



**RxBenefits** is your Pharmacy Benefit Optimizer (PBO).

We partner with the country's largest Pharmacy Benefit Managers (PBMs) to bring greater discounts, enhanced access, and improved Member Services Welcome Team to our clients and their employees.

***Your pharmacy benefits coverage will be with CVS/caremark.***

## ***How Can We Help?***

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

Is my drug covered?  
What will it cost?

Can you help  
transition my  
mail order  
scripts?

Can you assist me with  
benefits questions?

Is my pharmacy  
in the network?

Are there lower cost  
alternatives?

**NOTE:** Your benefits are still being provided by CVS/caremark, but **RxBenefits** administers the services for a more personal and manageable approach.

Effective 1/01/23, your pharmacy coverage will continue with CVS/caremark, 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 **caremark.com** to review medication tiers, drug pricing, local pharmacies, plan details and ways to maximize benefits. New members will need to create an account.

There are more than 68,000 pharmacies in the CVS/caremark network, including most national chains and many independent stores



For questions or concerns,  
members can contact RxBenefits'  
Member Services Team

**800.334.8134**

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

**CustomerCare@RxBenefits.com**

# Pharmacy Benefits

## PPO

Deductible: \$100 individual Maximum Out of Pocket (MOOP): \$3,100 individual/\$6,200 family

| Tier                       | 1-30 Day Supply Retail | 90-Day Supply Retail | 90-Day Supply Retail |
|----------------------------|------------------------|----------------------|----------------------|
| Generic/Tier 1             | \$20/20%               | \$40                 | \$40                 |
| Preferred Brand/Tier 2     | \$40/40%               | \$80                 | \$80                 |
| Non-Preferred Brand/Tier 3 | \$60/60%               | \$120                | \$120                |
| Specialty Medications      | N/A                    | 30% 30 days supply   | N/A                  |

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

DED \$3,000 individual/\$6,000 family Maximum Out of Pocket (MOOP): \$3,000 individual/\$6,000 family

| Tier                       | 1-30 Day Supply Retail | 90-Day Supply Retail | 90-Day Supply Retail |
|----------------------------|------------------------|----------------------|----------------------|
| Generic/Tier 1             | 0%                     | 0%                   | 0%                   |
| Preferred Brand/Tier 2     | 0%                     | 0%                   | 0%                   |
| Non-Preferred Brand/Tier 3 | 0%                     | 0%                   | 0%                   |
| Specialty Medications      | N/A                    | 30% 30 day supply    | N/A                  |

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 2

Deductible: \$5,000 individual/\$10,000 family Maximum Out of Pocket (MOOP): \$5,000 individual/\$10,000 family

| Tier                       | 1-30 Day Supply Retail | 90-Day Supply Retail | 90-Day Supply Retail |
|----------------------------|------------------------|----------------------|----------------------|
| Generic/Tier 1             | 0%                     | 0%                   | 0%                   |
| Preferred Brand/Tier 2     | 0%                     | 0%                   | 0%                   |
| Non-Preferred Brand/Tier 3 | 0%                     | 0%                   | 0%                   |
| Specialty Medications      | N/A                    | 30% 30 day supply    | N/A                  |

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 are covered when purchased through CVS Specialty Pharmacy



*CVS Specialty Pharmacy can be contacted at 800.318.6108*

*Members can also contact the RxBenefits Member Services team for assistance.*

## The CVS/caremark App

Now on the CVS/caremark mobile app it's more convenient than ever to view and refill all your mail, retail, and specialty prescriptions from one place with the new Integrated Pharmacy App Experience.



**Easy Refills** - Refill all your mail orders and specialty prescriptions in one place

**Manage and Track** – View all your orders in one easy-to-manage list and track the status for all your prescriptions

**Flexible Pick Up and Delivery** – Transfer all your prescriptions to CVS/caremark or choose to pick up at a CVS pharmacy

**View Prescription Spend** – See total costs for yourself and your family in one view to make budgeting easier

Visit [caremark.com](https://caremark.com) or Download the CVS/caremark mobile app today to refill all your prescriptions.





## Frequently Asked Questions

### ***Q: Are my drugs covered?***

**A:** You can access a copy of the most current Preferred Drug List at [www.caremark.com](http://www.caremark.com) or by contacting RxBenefits Member Services Team 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, manageable approach. You should contact RxBenefits for any pharmacy-related questions.

### ***Q: What happens if my questions require contact with CVS/caremark?***

**A:** RxBenefits' Member Services Team reps have access to the CVS/caremark systems. If RxBenefits needs to contact CVS/caremark 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 Team*

**800.334.8134**

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

***CustomerCare@RxBenefits.com***

# Dental Benefits



Staying healthy includes obtaining quality dental care for you and your family. ECIST offers a comprehensive dental plan through Delta Dental. Please note this list is not all inclusive, refer to your plan documents for a full description. The chart below provides an overview of the Dental plan offered to you.

\*For schools participating in the Trust Dental plan option: Blackford County Schools, Centerville Abington Community Schools, Cowan Community School Corp, Daleville Community Schools, East Central Educational Center, Eastern Hancock Community School Corp, Fayette County School Corp, Nettle Creek School Corp, Northeastern Wayne School Corp, South Henry School Corp, Wes-Del School Corp

| COVERAGE  | In-Network                            | Out-of-Network |
|---|---------------------------------------|----------------|
| Deductible  |                                       |                |
| Individual  | \$25                                  | \$25           |
| Family  | \$75                                  | \$75           |
| Diagnostic Preventive Services – exams, cleanings, fluoride and space maintainers | 100%                                  | 100%           |
| Basic Services  | 80%                                   | 80%            |
| Major Services  | 50%                                   | 50%            |
| Orthodontia Services  | 50%                                   | 50%            |
| Orthodontia Lifetime Maximum  | \$1,200 per person total per lifetime |                |
| Calendar Year Maximum – 1 <sup>st</sup> year of coverage                          | \$0                                   | \$0            |

# Vision Benefits



ECIST will continue to offer employees a voluntary vision program through UnitedHealthcare. UnitedHealthcare's preferred providers offer thorough eye exams and a wide variety of quality eye wear. Members pay less out-of-pocket thanks to UnitedHealthcare network discounts.

\*For schools participating in the Trust Vision plan option: Centerville Abington Community Schools, East Central Educational Center, Eastern Hancock Community School Corp, Fayette County School Corp, Nettle Creek School Corp, Northeastern Wayne School Corp, South Henry School Corp, Wes-Del School Corp

| COVERAGE  | In-Network  | Out-of-Network | Frequency       |
|---|-------------|----------------|-----------------|
| <b>Eye Exam</b>   | 100%        | Up to \$40     | Every 12 months |
| <b>Eye Exam Co-pay</b>  | \$10        | Not Applicable |                 |
| <b>Material Co-pay</b>  | \$20        | Not Applicable |                 |
| <b>Base Lenses</b> <i>(one pair per frequency)</i>                          |             |                |                 |
| Single Vision Lenses  | 100%        | Up to \$40     | Every 12 months |
| Bifocal Lenses  | 100%        | Up to \$60     | Every 12 months |
| Trifocal Lenses   | 100%        | Up to \$80     | Every 12 months |
| Lenticular Lenses   | 100%        | Up to \$80     | Every 12 months |
| <b>Frames</b> <i>(one per frequency)</i>                                    | Up to \$150 | Up to \$45     | Every 24 months |
| <b>Contact Lenses</b> <i>(in lieu of lenses and/or frame per frequency)</i> |             |                |                 |
| Elective  | Up to \$150 | Up to \$125    | Every 12 months |
| Medically Necessary   | 100%        | Up to \$210    | Every 12 months |



## 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. ECIST 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 ECIST 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 below. The voluntary spouse life benefit can be purchased in \$2,000, and voluntary child life benefit can be purchased in \$1,000

### Long-Term Disability (LTD)

ECIST 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!





## 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.

Learn about challenges and solutions associated with caring for an aging loved one.

### 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.

### Visit a Specialist

For face-to-face assistance, you have three sessions available to you and your household members. Call us to request a referral.

### Reward Yourself

Access your Health Rewards amenities program for discounts on a range of health and wellness services and products from participating providers.

### 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 such as:

#### Legal Consultation

Receive a 30-minute free consultation and up to a 25 percent discount on select fees.

#### Parenting

Receive guidance on child development, sibling rivalry, separation anxiety and much more.

## Telemedicine and Virtual Mental Health Solution



Confidential diagnosis and treatment are provided conveniently via **phone and video**.



Get connected to a doctor or counselor in **MINUTES!** Available at any time, **24/7**.



**Easy to use mobile app!**  
Get help at home, work, or when traveling.



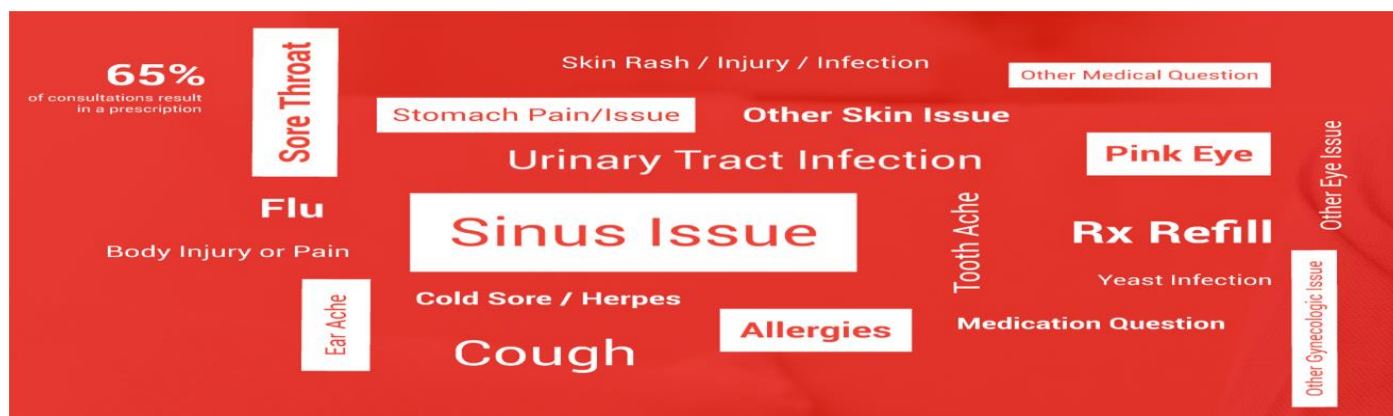
When appropriate, a doctor may prescribe a **medication**.



Doctors and counselors licensed in **50 states**. Use FSH from home, work, or when traveling.



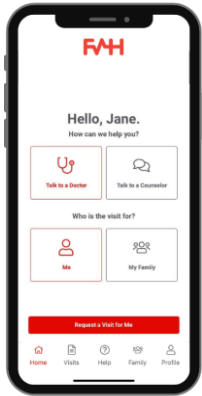
**No cost** to you or your covered dependents!



## Not sure if it can be treated?

- Err on the side of care!
- Request a visit to ask medical questions to a certified doctor.
- Doctors can advise on next steps for your medical concern.

## 3 Ways to Request a Visit

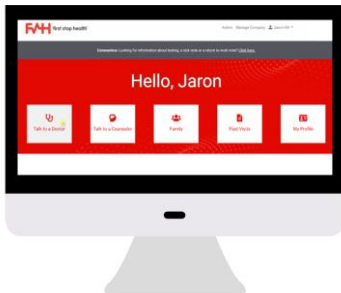


### Mobile App

With the app, you can:

- Request a telemedicine or counseling visit
- Manage family members
- Update preferences and information
- Contact FSH
- Rate your visit

### Dashboard



[www.fshealth.com](http://www.fshealth.com)

Same features as on app!



### Just Call!

Call 888-691-7867  
Save our number now!

### Need help troubleshooting?

For pharmacy questions, issues logging in, and any help you may need, our team is available.

**App:** Click the “Help” tab

**Call:** 888-691-7867 and press 2

**Email:** [member\\_services@fshealth.com](mailto:member_services@fshealth.com)

## After Your Visit

Through the app or website, you can find:

- Instructions from your doctor
- A recording of your visit
- A sick note, if you requested one during your visit
- Which pharmacy you selected to use
- What medication you were prescribed (if any)

Obtaining your prescription:

- Your prescription should take < 30 minutes to be filled
- Prescription costs are not covered by First Stop Health

## Patient FAQs

### How much does it cost?

Both virtual counseling and telemedicine appointments are FREE!

Prescriptions are available when appropriate; costs applicable to your medical plan.

### Who can use this service?

Telemedicine and counseling services are provided to medical-enrolled employees and your covered dependents.

### Who will I be speaking to?

Doctors are licensed in all 50 states and are board certified. Licensed, experienced counselors hold masters-level degrees or higher and are available nationwide.

### How long will it take to speak to a doctor or counselor?

For telemedicine, a doctor will call within a few minutes of requesting an appointment.

For virtual counseling, an operator will call immediately. They will help you to schedule an appointment with a counselor in your related area of concern, typically Mon-Fri between 8am-8pm.

### Can I use this when I'm traveling?

Yes! You can use First Stop Health from all 50 states.

### Will I get anything from First Stop Health?

Yes! If you have a valid address on file, you will receive a welcome letter about one month after your membership start date. From time to time, you may also receive educational emails and/or text messages from First Stop Health.



## 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 26 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 VISA debit card for making qualifying purchases. Your initial card, plus any additional cards, are included at no charge.

### *Flexible Spending for Medical Expenses*

\$2,550 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 2023:

- » For an individual with self-only coverage - \$3,850.
- » For an individual with family coverage - \$7,750.





### 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.

**Learn more [hendricks.org/coe](https://hendricks.org/coe)**

### Wellness Center

Your employer Wellness Center offers comprehensive services and programs that focus on the health and well-being of you and your dependents. The Wellness Center was designed not just to help you meet your health goals, but also to help you save on out-of-pocket medical expenses.

**Learn more [mybensite.com/ecist/Clinics](https://mybensite.com/ecist/Clinics)**

## Your Benefit Website

[mybensite.com/ecist](http://mybensite.com/ecist)

Username: ecist

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](http://www.myquadmed.com/indiana)

**(888) 417-1001**

### NO COST TO MEMBERS

Primary Care • Acute Care • Generic RX • Labs  
Personal Health Coach • Smoking Cessation •  
Etc.

### Convenient Locations

Alexandria • Peru

Cambridge City • East Muncie

Winchester • Yorktown

Liberty

Open Monday through Friday

Hours Varying by Location

## East Central Indiana School Trust



### PRESCRIPTION

[Caremark.com](http://Caremark.com)

**(800) 334- 8134**

Review Medication Tiers

Drug Prices, Find a Pharmacy

Plan Details , Refill a Prescription

Order an ID Card

### SPECIALITY PRESCRIPTION

CVS Specialty

1 (800) 818-6108



**UnitedHealthcare**  
[myuhc.com](http://myuhc.com)

When your health plan's right at your fingertips,  
you can manage your benefits anytime,  
anywhere. Download the UnitedHealthcare app  
to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card

# Benefits Quick Reference

## Vision

UnitedHealthcare

UnitedHealthcare offers you one of the largest vision care networks, with a wide selection of ophthalmologist, optometrist and options  
[myuhc.com](http://myuhc.com)

## Dental

Delta Dental

Delta Dental is one of America's largest, most experienced dental Benefit companies. As a leader they deliver unmatched Quality and Value and provide millions of Americans with affordable access to oral health care  
Group #: 10180  
[www.deltadentalin.com](http://www.deltadentalin.com)



Telemedicine and Virtual Counseling  
(888) 691-7867 / [fshealth.com](http://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

# East Central Indiana School Trust



## 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?

ECIST 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           | UnitedHealthcare            | Please see the back of your ID card | <a href="http://myuhc.com">myuhc.com</a>                         |
| Rx                | RxBenefits                  | 1.800.334.8134                      | <a href="http://caremark.com">caremark.com</a>                   |
| Dental            | Delta Dental                | 1.800.524.0149                      | <a href="http://www.deltadentalin.com">www.deltadentalin.com</a> |
| Vision            | UnitedHealthcare            |                                     | <a href="http://myuhc.com">myuhc.com</a>                         |
| First Stop Health |                             | 888.691.7867                        | <a href="http://fshealth.com">fshealth.com</a>                   |
| EAP               | National Insurance Services | 1.866.451.5465                      | <a href="http://Niseap.com">Niseap.com</a>                       |
| HRH COE           |                             | 1.317.386.5630                      | <a href="http://hendricks.org/coe">hendricks.org/coe</a>         |

## NOTICE:

This brochure provides only a highlight of the benefit plans offered to you by ECIST 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 ECIST 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

ECIST 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](http://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 ECIST health plan, or you may want to consider visiting [www.healthcare.gov](http://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 Notices



## Important Notice from East Central Indiana School 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 East Central Insurance School Trust (ECIST) 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. ECIST has determined the prescription drug coverage offered by the Trust on the PPO, HDHP 1 and HDHP 2 Plans, on average, are expected to pay out as much as standard Medicare prescription drug coverage pays and are 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 15<sup>th</sup> to December 7<sup>th</sup>.

If you lose your current creditable prescription drug coverage under the PPO, HDHP 1 or HDHP 2 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 that includes prescription drug coverage 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 ECIST health plan, your current employee coverage will not be affected. You may continue your ECIST employee coverage and elect part D and this plan will coordinate with Part D coverage.

| Single | PPO Option                 | HDHP 1  | HDHP 2  |
|--------|----------------------------|---|---|
|        | Subject to \$100 Rx Deduct | Combined Medical Deduct & Max Out-of-Pocket Applies - \$3,000 | Combined Medical Deduct & Max Out-of-Pocket Applies - \$5,000 |
| Tier 1 | ➤ of \$20 or 20%           | 0%  | 0%  |
| Tier 2 | ➤ of \$40 or 40%           | 0%  | 0%  |
| Tier 3 | ➤ of \$60 or 60%           | 0%  | 0%  |
| Tier 4 | \$100                      | 0%  | 0%  |

If you decide to join a Medicare drug plan and drop your current ECIST coverage, be aware that you and your dependents may be able to reenroll in the ECIST Plan, 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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

November 1, 2022  
East Central Indiana School Trust  
11595 N Meridian, Ste 250  
Carmel, IN 46038  
(317) 574-5009

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

*The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.*





East Central Indiana School Trust  
11595 N Meridian, Ste 250  
Carmel, IN 46038  
(317) 574-5009

*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.*