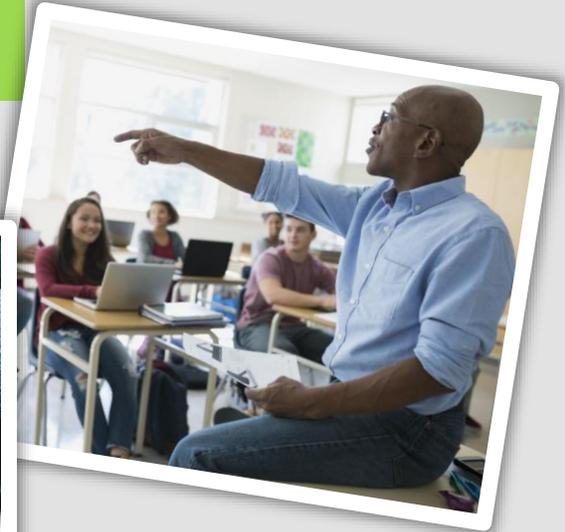


Porter County
Schools
Employees'
Insurance Trust

2023



EMPLOYEE BENEFITS GUIDE

October 1, 2023 – September 30, 2024

IMPORTANT INFORMATION ENCLOSED



**Porter County Schools
Employees' Insurance Trust**



Welcome!

Eligibility

Porter County Schools Employees' Insurance Trust (PCSEIT) recognizes the importance of providing a comprehensive benefits program to all of our benefit eligible employees and their dependents. Please reach out to your school's HR/Benefits department for your specific eligibility date.

Eligible Dependents

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

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PCSEIT Participating Schools: East Porter County School Corp, Griffith Public Schools, Hanover Comm School Corp, Knox Comm School Corp, MSD Boone Township, MSD of New Durham Township, Northwest IN Education Service Center, Northwest IN Special Education Coop, Oregon-Davis School Corp, Porter County Education Services, Porter Township School Corp, River Forest Comm School Corp, School City of East Chicago, School City of Whiting, Union Township School Corp

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, placement for adoption or death of a dependent.
- » Employment status changes including the start or end of employment or a change in work hours resulting in change of eligibility status for you, your spouse or your dependent.
- » Your dependent satisfying or no longer satisfying the eligibility requirements due to age, or other circumstances.

To assist in your Open Enrollment decisions, this Enrollment Guide contains a very high-level overview of the benefits offered and the corresponding cost. Any changes you make during this time will be effective October 1, 2023. The only exception to that is if switching from the PPO plan to one of the High Deductible Health Plans (HDHPs). That change can be delayed until 1/1/2024.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2023/2024 benefit elections until the following Open Enrollment period for 2024/2025 (unless you have a HIPAA qualifying event).

Medical Benefits



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

MEDICAL PLAN	PPO 1 <i>Network/Non-Network</i>	HDHP 2 Through 12/31/2023 <i>Network/Non-Network</i>	HDHP 2 Starting 1/1/2024 <i>Network/Non-Network</i>	HDHP 3 <i>Network/Non-Network</i>
Deductible Single Family	\$500 / \$1,000 \$1,000 / \$2,000	\$3,000 / \$6,000 \$6,000 / \$12,000	\$3,500 / \$7,000 \$7,000 / \$14,000	\$6,000 / \$12,000 \$12,000 / \$24,000
Coinsurance	80% / 60%	100% / 70%	100% / 70%	100% / 70%
Maximum Out-of-Pocket (Including Deductible) Single Family	\$2,000 / \$4,000 \$4,000 / \$8,000	\$3,000 / \$12,000 \$6,000 / \$24,000	\$3,500 / \$14,000 \$7,000 / \$28,000	\$6,000 / \$12,000 \$12,000 / \$24,000
Hospital Services	80% / 60%	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Office Visit	\$0 Clinic \$30 copay / 60%	\$0 Clinic Subject to deductible and coinsurance	\$0 Clinic Subject to deductible and coinsurance	\$0 Clinic Subject to deductible and coinsurance
Urgent Care Facility	\$80 copay / 60%	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Emergency Room	\$300 copay then 100%	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient Facility	80% / 60%	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Preventive Services	\$0	\$0	\$0	\$0
PRESCRIPTION DRUGS				
Annual OOP Maximum Single Family	\$5,100 / \$10,200 \$10,200 / \$20,400	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail Clinic Tier 1 Tier 2 Tier 3	\$0 \$10 \$30 \$40	\$0 Subject to deductible and coinsurance	\$0 Subject to deductible and coinsurance	\$0 Subject to deductible and coinsurance
Mail Order Tier 1 Tier 2 Tier 3	\$20 \$60 \$80	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance

Choosing a plan - 3 good questions to ask

Is your provider in the network?

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

To find out if your preferred providers are included:

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

What are your health needs?

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

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

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

How do you like to manage your costs?

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



[Justplainclear.com](https://www.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.

Sydney Health makes healthcare easier

Access personalized health and wellness information when you need it

With the Sydney Health mobile app, you can access your medical, pharmacy, dental, vision, life, and disability benefits details in one place. Our simple experience makes it easy to find what you need — with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Find Care

Search for doctors, hospitals, and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location

My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

You can now conveniently connect with care from the comfort of home. Assess your symptoms quickly with the Symptom Checker, and visit a doctor over text or video chat to receive care through Sydney Health.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

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



[Download Sydney Health today](#)

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



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Grow your family with help from WINFertility

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

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

Download the WINFertility Companion app

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

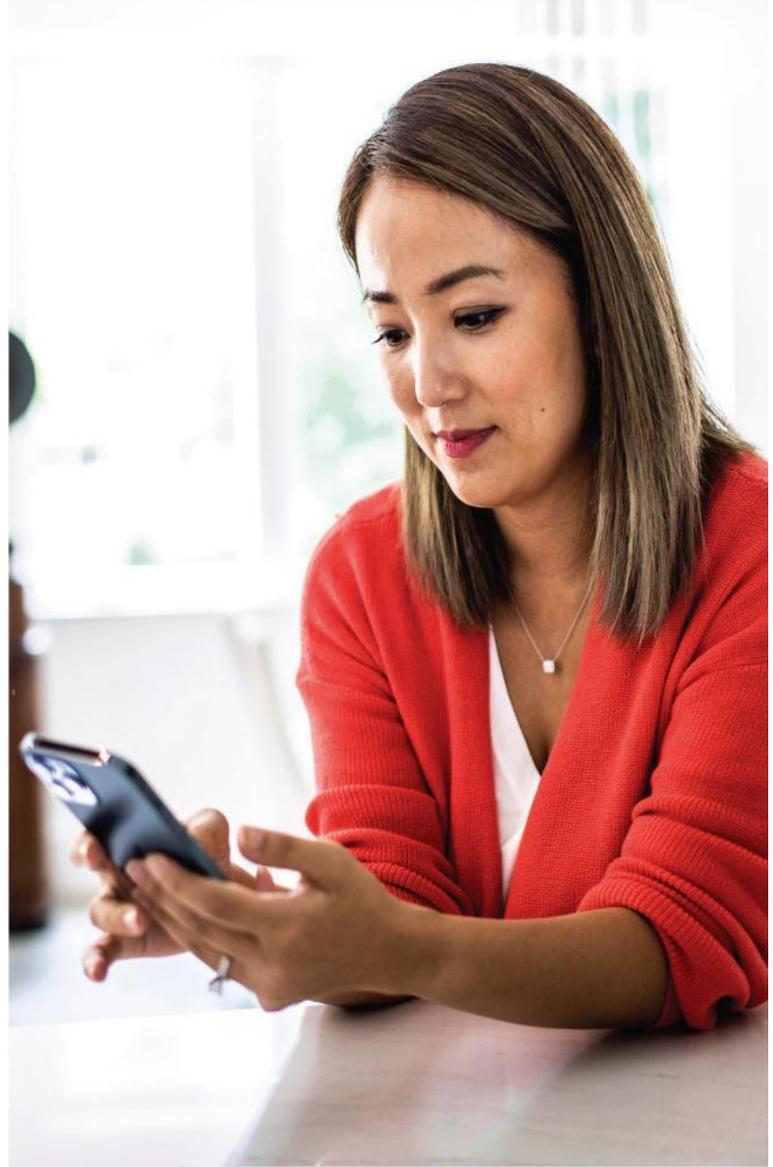
- Talk to a WINFertility nurse care manager by phone, email, or chat anytime.
- Privately track your period and predict your most fertile days, then share cycle
- information with your partner or doctor.
- Set reminders for important events, like doctor appointments and the start of ovulation.



How the program helps

When you enroll in WINFertility, you will receive the following

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



Sign up today

To enroll in the program:

- 1) Log in at [anthem.com](https://www.anthem.com) and choose the Care tab at the top of the page.
- 2) Select **Discounts** from the options.
- 3) Choose the **WINFertility** special offer. (If it doesn't appear, select **Load More Offers**.) The WINFertility page will list a toll-free number you can call to enroll.

You can also call Member Services at the number on your ID card if you have any questions



Connecting you to world-class care

Receive a complimentary second opinion from Cleveland Clinic specialists

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

Frequently asked questions

Why is this program available?

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

Why Cleveland Clinic?

Cleveland Clinic ranks No. 1 in the nation in cardiology and heart surgery for the 27th year in a row, according to the U.S. News & World Report's 2021-2022 review. Cleveland Clinic also ranks No. 2 among U.S. hospitals overall, with more than 3,900 employed physicians to diagnose and treat your condition. The staff is committed to providing the best care for serious and complex medical conditions.

Who is the ideal candidate for a Complimentary Clinical Review?

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

What happens when I schedule a review?

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

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

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

How much does it cost?

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

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

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



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



Call or email to request your virtual clinical review at no extra cost.

833-355-0454

anthemreferral@ccf.org



Exciting New Rx Program for Porter Trust Members

As a self-insured employer, Porter County Schools Employees' Insurance Trust is on the hook for paying our own medical and pharmacy claims. Prescription drug spend has increased significantly over the last several years. As a part of the Trust's cost containment plan, Porter Trust has partnered with RxProtect to lower your pharmacy costs. This is a voluntary program; however, we strongly encourage you to enroll into the program if taking one or more of the eligible medications. You can save money and get your prescriptions for free (no copays or coinsurance) by using RxProtect.

There are over 107 medications eligible for the program. Visit www.rx-protect.com/portertrust to review the full list of eligible medications. Listed below are a few popular medications available.

- OZEMPIC
- HUMIRA
- IBRANCE
- STELARA
- OTEZLA
- HUMALOG
- ENBREL
- XARELTO
- COSENTYX
- KESIMPTA
- ELIQUIS
- TRULICITY
- And more

To enroll in the **RxProtect** program, visit www.rx-protect.com/portertrust to learn more or click [HERE](#).

Upon enrollment:

- Your monthly co-pays and payments toward your deductible are eliminated
- The medication will be delivered to your doorstep or shipping address of your choice
- You will have direct access to a pharmacist as needed
- You will need to have a current prescription. Simply call your prescribing physician and ask for the script to be faxed to (917) 909-5923, Attn: RxProtect, 9520 Ormsby Station Road, Louisville, Kentucky 40223

Please allow 2-3 weeks to receive the first fulfillment of your medication. Refills will be provided with no delay in shipping.

Contact RxProtect with all questions:
Email your dedicated nurse: nola.hughes@rx-protect.com
Phone: 1-833-279-7877



Specialty Rx- FAQ:

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

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

Who is eligible for the TCC Prime Plus™ Program?

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

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

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

Do I have to change doctors to use the program?

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

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

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

Do I need a passport to use the program?

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

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

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

How much medication will I receive per fill and when?

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



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



Specialty Rx- FAQ:

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

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

Do you offer temperature sensitive specialty medication through your program?

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

Are there state licensing issues related to telehealth?

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

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

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

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

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

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

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

How is the telemedicine video consultation scheduled?

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

Do I need to download any special apps or programs?

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

How long should I expect the telemedicine consultation to last?

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

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

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



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

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

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

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

- 1** 

Welcome Packet
Member receives PMDs package at their home introducing their personal nurse assigned to them for the duration of their case.
- You may communicate with your Nurse via email, phone, Zoom, or text!*

2 

Nurse Navigator Call
A PMDs Nurse secures a HIPAA release and conducts an initial review of the member's file.
- Required for telemedicine refills. Member will not be traveling.*

3 

Passport Copy
Photocopy of active or expired passport is required for importation of medication. No travel required!
- Teleconferences last between 15-20 minutes and can be scheduled on Evenings and weekends!*

4 

TeleMed Call
Review member case and duplicate the current script in order to source it from a lower cost international provider.
- 4** 

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

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

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

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



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v1-3

BAHAMAS + CAYMAN ISLANDS



**TCC
OPTIONS
AVAILABLE!**



TRAVEL

- Travel Only Option
- Guest Included

PRIME*

- Travel & Telehealth
- Switch Between Travel or Telehealth Anytime

PRIME plus

- Telehealth Only Option
- At Home Delivery



All-Inclusive Treatment Cost Containment (TCC)

TCC is a benefit offered to you by your employer and has two program options:

- 1) You can choose to have your medication delivered directly to your door after completing online telehealth consultations with our physicians
- 2) You can choose to travel for an all-inclusive trip vacation to our participating to meet one of our physicians in person and receive the same brand-name medication. All treatments are coordinated by our highly trained U.S.

Registered Nurses and administered by our U.S. Board Certified physicians. This program does not replace your relationship with your existing doctor.

* Please note with certain drugs and groups travel is an option only once per year

- U.S. Licensed/Board Certified Sub-Specialists
- U.S. Physicians Licensed In Patients' States
- Highly trained U.S. Registered Nurses
- World Famous Destinations For Travel Program
- VIP Concierge On-Island Service & Cash Stipend

- Home Delivery Of Medications For Telehealth
- Specialty Pharmaceutical Freight Forwarder
- Cold Chain Medications Included
- CBP, FDA & USDA Self-Importation Guidelines
- All Regulatory Compliant Solutions

THE LEADER IN HEALTHCARE COST CONTAINMENT SOLUTIONS



Dental Benefits



Staying healthy includes obtaining quality dental care for you and your family. PCSEIT offers a comprehensive dental plan through Anthem. 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.

COVERAGE	In-Network	Out-of-Network
Annual Maximum	\$2,000	\$2,000
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	\$2,000 per person total per lifetime	
Calendar Year Maximum – 1 st year of coverage	\$0	\$0



SERVING PORTER TRUST

Care Without Compromise

We want to give you the best care experience of your life.

In addition to personalized, comprehensive care, there are many more benefits to visiting your Health Center:

- It's affordable. One flat monthly fee covers unlimited services.
- It's efficient. Your time at the Health Center will be spent on what matters – your health. Expect shorter wait times and more time with your provider.
- It's effective. You'll receive broad-scope primary care that addresses every aspect of your health and wellbeing.

Our services

- Basic episodic care (flu, colds, aches, pains)
- Disease management (diabetes, asthma, heart disease)
- Labs & onsite medication dispensing
- Wellness consulting
- Care management
- Preventive care (physicals, health coaching, immunizations)
- Musculoskeletal specialty care

www.proactive.md

New Health Center Hours

Hours of operation are being adjusted to serve you better

New hours will go live on **July 1**.

Merrillville Health Center

Monday:	7:00am – 4:00pm
Tuesday:	9:00am – 6:00pm
Wednesday:	7:00am – 4:00pm
Thursday:	9:00am – 6:00pm
Friday:	7:00am – 4:00pm

Knox Health Center

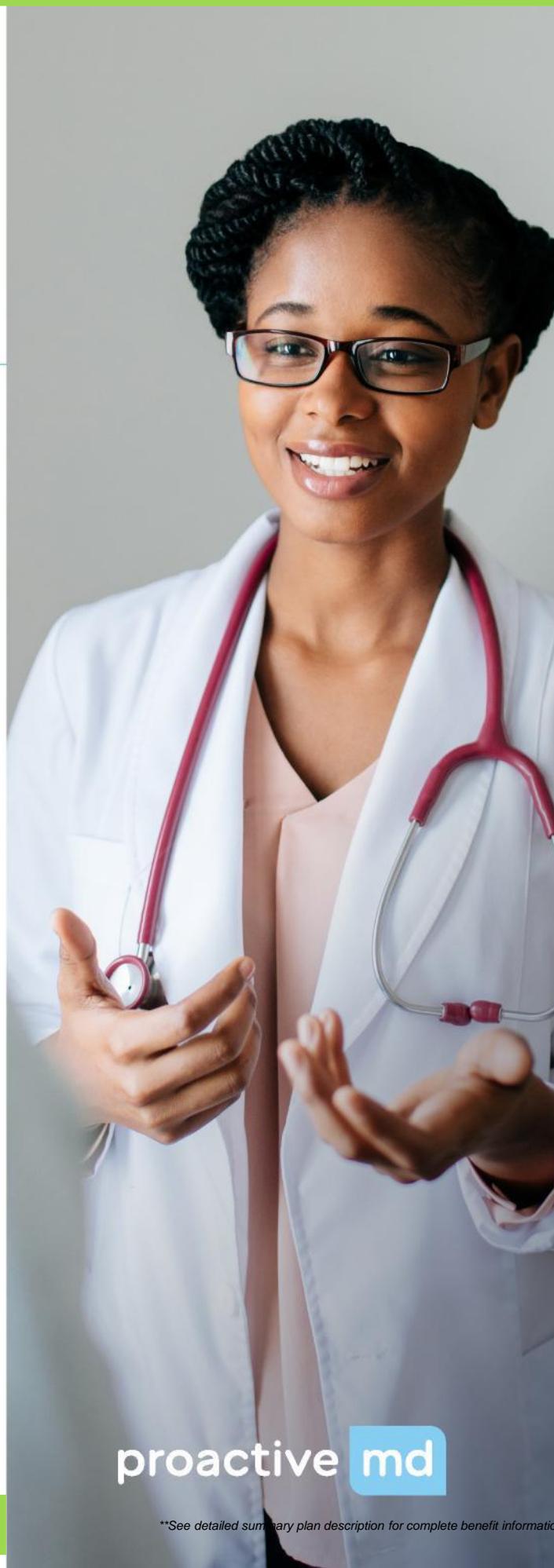
Monday:	9:00am – 6:00pm
Tuesday:	7:00am – 4:00pm
Wednesday:	9:00am – 6:00pm
Thursday:	7:00am – 4:00pm
Friday:	7:00am – 4:00pm

Valparaiso Health Center

Monday:	7:00am – 4:00pm
Tuesday:	9:00am – 6:00pm
Wednesday:	7:00am – 4:00pm
Thursday:	9:00am – 6:00pm
Friday:	7:00am – 4:00pm

East Chicago Health Center

Monday:	7:00am – 4:00pm (Virtual)
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proactive md

Receiving No Cost Medications is as easy as 1,2,3

Ask about our
Retail Pharmacy
Card

- 1) Receive your card from your Proactive MD Provider
- 2) Present paper card, or digital card to pharmacist
- 3) Receive your prescription for \$0 out of pocket

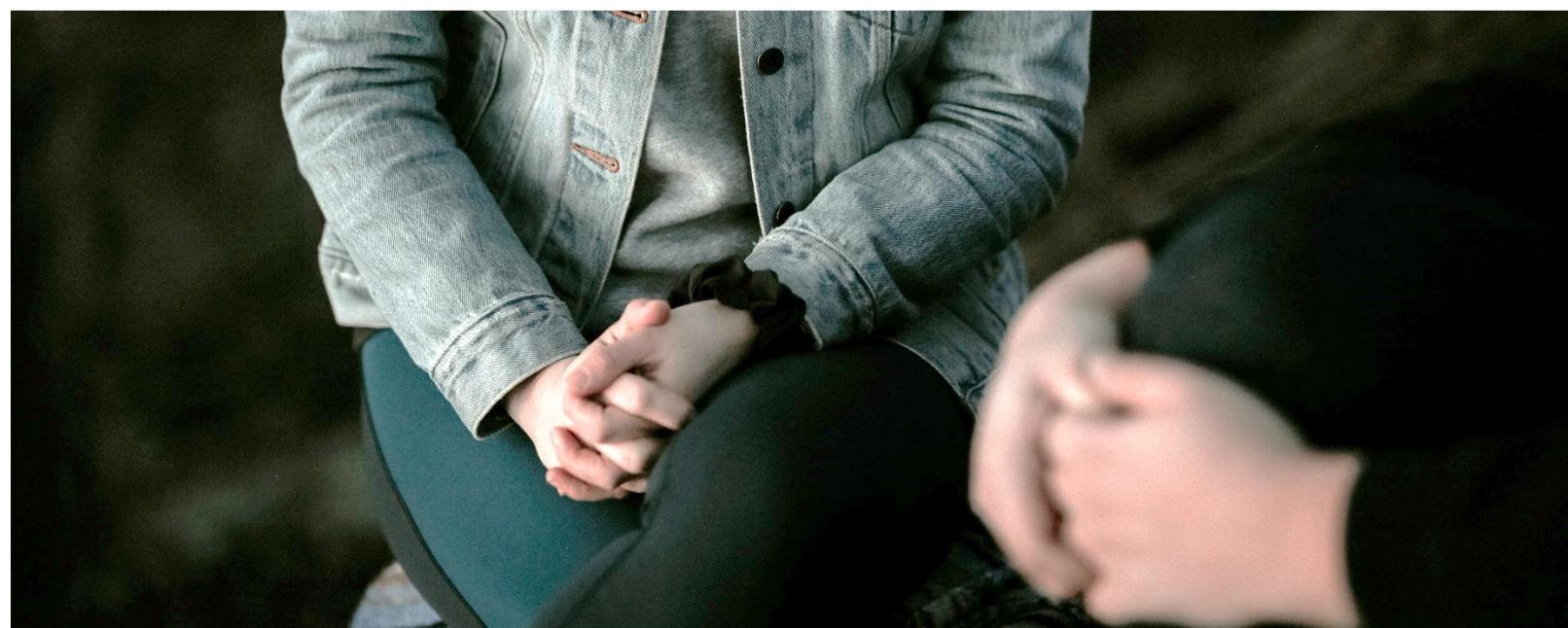
Details:

- Local network pharmacy look-up available at SavRx.com—Pharmacy Locations—use group id from your card and your zip code
- Prescription must be written by a Proactive MD Provider
- Medication must be on Proactive MD formulary, ask your Provider if your medication is available

\$0 out of pocket
cost

Sample Retail Pharmacy Card

<p>proactive md SAV-RX PRESCRIPTION DRUG CARD 800-228-3108 Pharmacist: See back of card for instructions</p>	<p>For plan and other general information call Sav-Rx at 800-228-3108.</p> <p>Participating pharmacies must transmit prescription claims on-line to Sav-Rx. For electronic claim submission problems, pharmacies call Sav-Rx at 800-228-3108. This card is owned by Sav-Rx and is not transferrable. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law.</p> <p>Pharmacist Instructions: Process through NDC Use BIN 006558</p>
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Employee Assistance Program (EAP)

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

Call Us Any Time, Any Day

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

Eldercare Assistance

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

Financial Assistance

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

Achieve Work/Life Balance

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

Legal Consultation

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

Childcare Assistance

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

Memorial Planning Assistance

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

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Claimant Assist Services

Are Available:

866.472.2734

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.



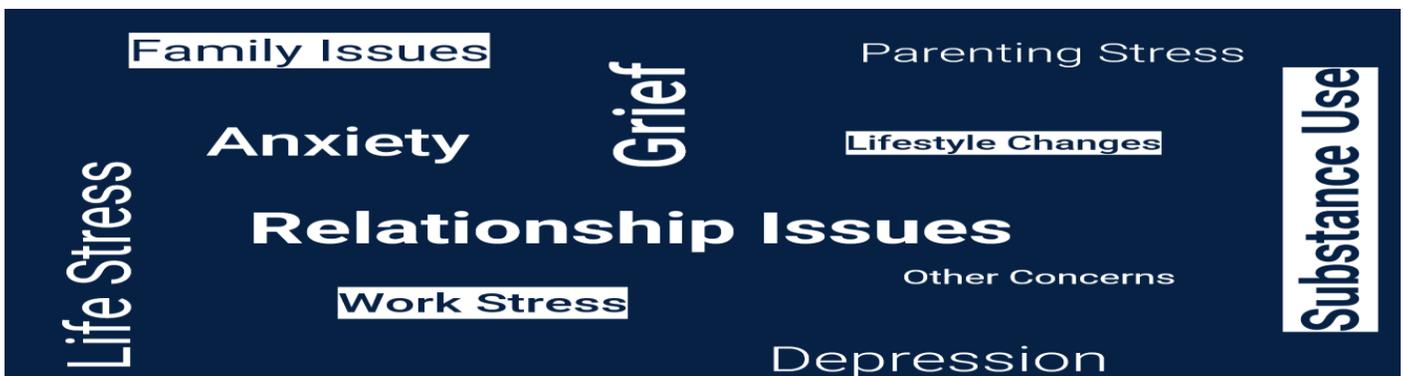
When appropriate, a doctor may prescribe a **medication**.



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



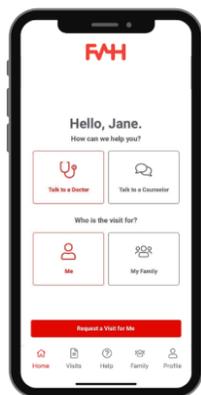
No cost to you or your covered dependents!



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

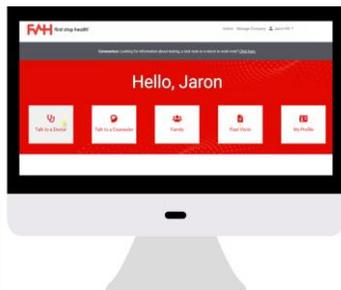


Mobile App

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

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

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

\$3,050 pre-tax dollars per employee per year starting in 2024 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 2024:

- » For an individual with self-only coverage - \$4,150.
- » For an individual with family coverage - \$8,300.



Hendricks Regional Health Orthopedic Center of Excellence



What is the Hendricks Regional Health Orthopedic Center of Excellence?

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

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

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

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

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

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

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

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

How much will the surgery cost me?

The surgery itself has no out-of-pocket cost (the most expensive part), but check with your trust for details. You may incur charges for pre-surgical evaluation and post-operative therapy. Costs may be partially offset by shared savings ranging from \$500 to \$1,500* which you will receive from your trust after the surgery.

How do I get the shared savings check?

If you have surgery at the Hendricks Regional Health Orthopedic Center of Excellence, your trust will issue you a shared savings check ranging from \$500 to \$1,500* after surgery.

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

No, we have a statewide network of physical therapy partners that are happy to care for you close to your home. Physical therapy services will apply toward your existing health plan coverage. However, you may have one therapy session at Hendricks Regional Health the day after your procedure.

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

A one-night hotel stay may be provided and arranged by our Concierge when determined necessary by your surgeon.

**Subject to applicable taxes*



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

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



Scan here to visit Hendricks.org/COE and learn more.
Or call: (317) 386-5630



**Subject to applicable taxes*

Your Benefit Website

www.mybensite.com/porter

Username: porter

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



(844) 458-2800

www.healthcenters.proactive-md.com/porter-trust

Convenient Locations

East Chicago · Knox · Merrillville
Monticello · Plymouth · Valparaiso
Open Monday through Saturday
Hours Varying by Location

NO COST TO MEMBERS

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

After Normal Business Hours Call

(844) 458-2800 (same number)

Press 1 for Urgent or 2 for Non-Urgent
Your call will be returned within 15 minutes

Porter County Schools Employees' Insurance Trust

Anthem[®]

MEDICAL & PRESCRIPTION

www.anthem.com

Medical (833) 578-4441

Prescriptions (833) 267-2133

Benefit Plan Documents
Explanation of Benefits (EOBs)
Deductibles
Out-of-Pocket Maximums
Refill a Prescription
Find a Provider
Order an ID Card



Download the Anthem Sydney App
for Tools and a Digital ID Card

sydney



Members being prescribed certain high-cost medications will qualify to receive eligible medications for free and the medication will be delivered to the members' doorstep.

Members and providers have full access to a pharmacist to ensure the highest level of care continuum and medication management.

To enroll in the RxProtect program, visit www.rx-protect.com/portertrust to learn more.



LIFE & DISABILITY & EMPLOYEE ASSISTANCE PROGRAM

www.mybensite.com/porter

Username: porter

Password: benefits

(800) 356-9601 (Life/LTD)

www.niseap.com

Password: NISenhanced

(866) 451-5465 (EAP)



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>

Porter County Schools Employees' Insurance Trust



International Specialty Drug Program

A program that significantly reduces expensive specialty drug costs for patients and employers.

Patients will either travel to the Bahamas or exercise virtual telehealth options free of charge to receive treatment including a physician consultation and their specialty drugs.

Medication refills will be shipped directly to the member's home. For more information, please visit their website at:

www.pricemds.com



Telemedicine and Virtual Counseling
(888) 691-7867 / www.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/Relationship
- 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

Who to Call?

PCSEIT 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	Vendor	Phone #	Web
Medical Insurance	Anthem	1-833-578-4441	anthem.com
Specialty Rx Program	RxProtect	1-833-279-7877	rx-protect.com/portertrust
International Rx Importation Program	PriceMDs	813-833-7158	pricemds.com
Dental Insurance	Anthem	1-844-729-1565	anthem.com
Clinic	Proactive MD	844-458-2800	proactive-md.com/porter-trust
Telemedicine	First Stop Health	888-691-7867	fshealth.com
Employee Assistance Program (EAP)	National Insurance Services	1-866-451-5465	Niseap.com
Orthopedic Center of Excellence (COE)	Hendricks Regional Health	317-386-5630	hendricks.org/coe

NOTICE:

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



Federal regulations require PCSEIT 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

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

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

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

Individual Coverage Mandate

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

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

Indiana - Medicaid

Healthy Indiana Plan for low-income adults 19-64

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

Phone: 1-877-438-4479

All all-other Medicaid:

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

Phone: 1-800-457-4584



Important Notice from Porter County Schools Employees' Insurance Trust About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Porter County Schools Employees' Insurance Trust (PCSEIT) 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. PCSEIT has determined the prescription drug coverage offered by the Trust for all medical plans, on average, is expected to pay out equal to or better than standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable, you can keep this coverage and not pay a higher premium (penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

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

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

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

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

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

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



NOTE:

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

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

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

For more information about Medicare prescription drug coverage:

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

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

August 1, 2023

Porter County Schools Employees’ Insurance Trust
11595 N Meridian, Ste 250
Carmel, IN 46038
(317) 574-5008

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

Disclaimer

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.



**Porter County Schools
Employees' Insurance Trust**

Porter County Schools Employees' Insurance Trust
11595 N. Meridian Street, Suite 250
Carmel, IN 46038
(317) 574-5008

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.