

Porter County
Schools
Employees'
Insurance Trust

2024
2025



EMPLOYEE BENEFITS GUIDE

October 1, 2024 – September 30, 2025

IMPORTANT INFORMATION ENCLOSED



Porter County Schools
Employees' Insurance Trust

**IMPORTANT NOTICE ABOUT PRESCRIPTION DRUG COVERAGE & MEDICARE INCLUDED ON
PAGE 47**



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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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, 2024.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2024/2025 benefit elections until the following Open Enrollment period for 2025/2026 (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 UnitedHealthcare. Please refer to your plan document for a full description.

MEDICAL PLAN	Health 1 PPO 1 <i>Network/Non-Network</i>	Health 2 Surest PPO Plan <i>Network/Non-Network</i>	Health 3 HDHP 1 <i>Network/Non-Network</i>	Health 4 HDHP 2 <i>Network/Non-Network</i>
Deductible Single Family	\$1,000/\$2,000 \$2,000/\$4,000	\$0	\$3,500 / \$7,000 \$7,000 / \$14,000	\$6,500 / \$13,000 \$13,000 / \$26,000
Coinsurance	80%/60	100% / 100%	100% / 70%	100% / 70%
Maximum Out-of-Pocket (Incl. Ded) Single Family	\$3,000/\$6,000 \$6,000/\$12,000	\$4,000 / \$8,000 \$8,000 / \$16,000	\$3,500 / \$14,000 \$7,000 / \$28,000	\$6,500 / \$26,000 \$13,000 / \$52,000
Hospital Services	80%/60%	100%/100%	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Office Visit	\$0 Clinic \$40 copay / 60%	\$0 Clinic \$10-\$65/\$195	\$0 Clinic Subject to deductible and coinsurance	\$0 Clinic Subject to deductible and coinsurance
Urgent Care Facility	\$100 copay / 60%	\$35/\$105	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Emergency Room	\$300 copay	\$350 copay	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient Facility	80% / 60%	100%/100%	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Preventive Services	\$0	\$0/Not Covered	\$0	\$0
PRESCRIPTION DRUGS				
Annual OOP Maximum Single Family	\$6,350 / \$12,700 \$12,900 / \$25,800	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail Clinic Tier 1 Generic Tier 2 Brand Tier 3 Non-formulary Tier 4 Specialty	\$0 \$20 \$45 \$80 75%, max \$250	\$0 \$10 \$35 \$70 \$10 - \$200	\$0 Subject to deductible and coinsurance	\$0 Subject to deductible and coinsurance
Mail Order Tier 1 Tier 2 Tier 3 Tier 4 Specialty	\$40 \$90 \$160 75%, max \$250	\$25 \$87.50 \$175 Not Covered	Subject to deductible and coinsurance	Subject to deductible and coinsurance



**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 > Medical Directory > Employer and Individual Plans> Select Choice Plus
- 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

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

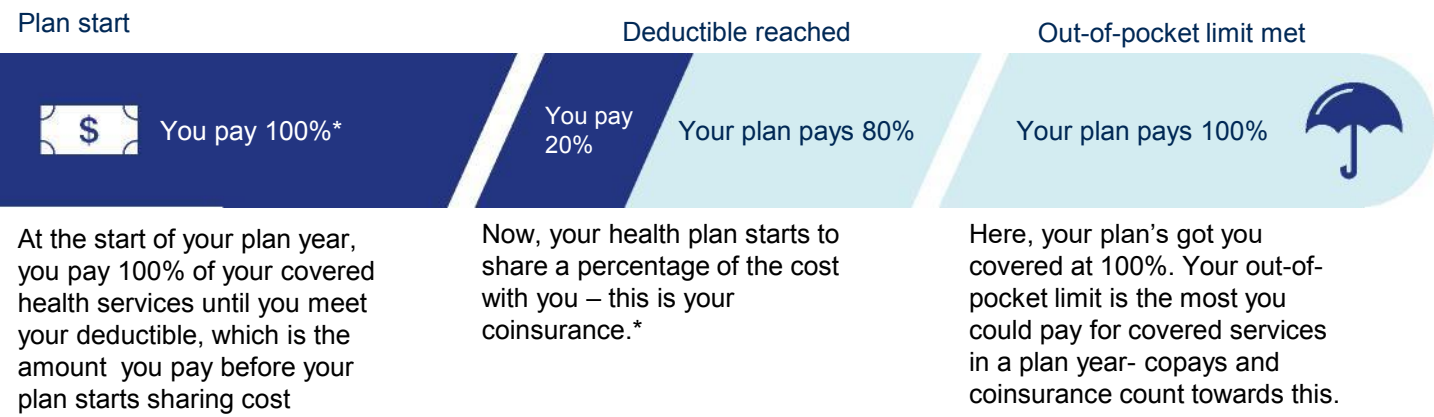
Out-of-pocket limit

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](#)



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

Your personalized member website

Built to help you manage your plan 24/7, 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



Download the app
on any device

How the Surest plan creates savings

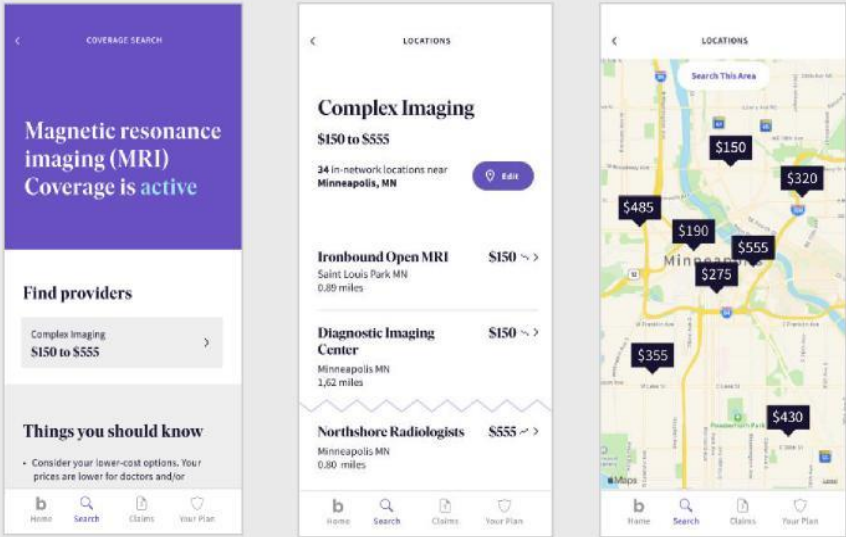
Quick example

The problem

Health care costs vary by treatment, provider, and location, with prices largely unknown at the time of purchase. This lack of price certainty keeps consumers in the dark, wastes plan resources, and does nothing to stop the cost spiral for employers and employees - nor help improve outcomes.

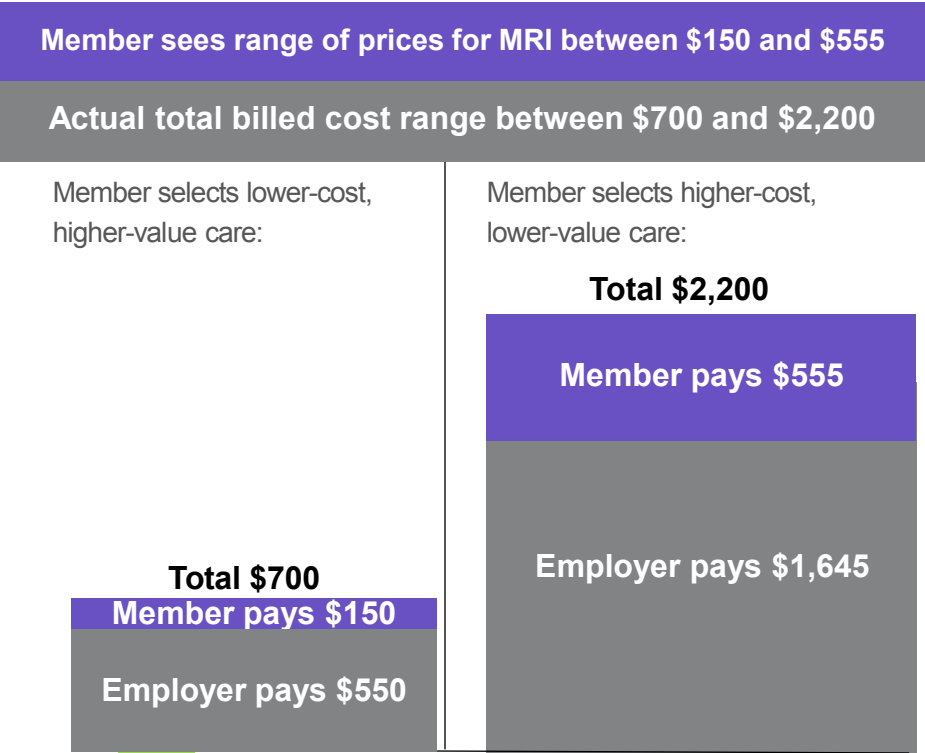
The solution

With the Surest plan, members can see upfront prices in advance of seeking care. Our Surest data scientists have assigned lower prices to the most efficient and high-value providers.



An example: MRI

The price the member sees is only a portion of total cost. Surest has assigned prices so that when a member selects high-value care, their employer also saves.



Member
saves \$405

Employer
saves \$1,095

There’s more to the equation than meets the eye

Features you get with Surest



\$0 deductible



No coinsurance



Out-of-pocket limit



Broad, national UnitedHealthcare Choice Plus network



Having a baby



Sinus infection



MRI



Knee scope



Having a baby	\$625
Sinus infection	\$10
MRI	\$75
Knee Arthroscopy	\$900
Total	\$1,610



Scan for a demo and details on the Surest plan



Welcome to the UnitedHealthcare pharmacy program

Medications are important to maintain or improve your health. Our pharmacy programs have resources and personalized support to help you with your condition.



How prescription costs are determined

The **Prescription Drug List (PDL)** is a list of commonly prescribed medications covered by the plan. Medications are placed into tiers that represent the cost you pay out of pocket. Choosing medications in the lower tiers may save you money.

	Copay	HSA	Surest
Tier 1	\$20	Ded/Coin	\$10 / \$10
Tier 2	\$45	Ded/Coin	\$35 / \$100
Tier 3	\$80	Ded/Coin	\$75 / \$200
Tier 4	25% to \$250 Max	Ded/Coin	

[Prescription drug list | OptumRx](#)

What is a specialty medication?

A specialty medication may be injected, infused, taken by mouth or inhaled. It's different from other medication because it:

- May need ongoing clinical oversight and extra education
- Has unique storage or shipping needs
- May not be available at retail pharmacies
- May need infusion or home nursing

What services does the specialty pharmacy provide?

You'll get access to these helpful resources.

Easy prescriptions

- Get medications delivered on time, accurately, and affordably
- Order refills by phone or online*
 - Receive support through virtual visits, calls, live chat, or text

Expert guidance

- Connect with a clinician to help manage your medications
- Find out about financial help for your medication
- Learn more about your condition and treatment through videos

Guiding your health journey under the pharmacy benefit

UnitedHealthcare offers specialty medication support through Optum® Specialty Pharmacy. Managing and living with a complex health condition is challenging. Optum Specialty Pharmacy is here for you when you need them.



Getting started

Call **1-855-427-4682** to switch.

Pharmacists and patient care coordinators are ready 24/7 to help you:

- Transfer your prescription
- Find affordable ways to get your medication
- Explain how to use the specialty pharmacy



Personalized support

Optum Specialty Pharmacy is always ready by phone to answer questions about your medication, side effects and more. You can also use the tools below:

- **Virtual visits** – Set up a video chat with an expert in your condition. Ask questions from the privacy of your home. You can even record your session to review later or to share with your caregivers.
- **Video series** – Watch videos from other patients with specialty conditions. Hear about their treatment and how they are doing.



Working with your pharmacist or nurse

Tell us how your therapy is going, if you're having trouble keeping up, having side effects or forgetting to take your medication.

We can help you find wellness programs to help you stay on track.

If you're part of a clinical management program, follow your care plan and tell us about any new medications you're taking.



Staying on track

A few days before your next fill, Optum Specialty Pharmacy will send you a refill reminder by email, phone or text. Call to sign up for text messages.

Optum Specialty Pharmacy can only fill specialty medications. Use your home delivery or retail pharmacy for your non-specialty prescriptions. You may pay less with home delivery and lower-cost options.

*Some medications for more complex conditions do not qualify for online ordering. Call 1-855-427-4682 and speak with a patient care coordinator to order those refills.

•Optum Specialty Pharmacy is affiliated with Optum Rx, a pharmacy benefits manager. You may not be required to use Optum Specialty Pharmacy for your specialty medication. There may other pharmacies available in your network. Call the customer service number on your member ID card or visit your plan website and use the pharmacy locator to view listings. Your receipt of this communication is acknowledgment of the information provided. You may contact the customer service number on your member ID card for any questions or concerns.

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Get fit. Get results.

Fitness should be easy, flexible and doable for everyone. Real Appeal® is an online weight management and healthy lifestyle program designed to spark a healthy transformation—at no additional cost to you and eligible family members. It all starts with simple, realistic goals.

Support to get you moving

Fitness on Demand™

Get moving and motivated with hundreds of on-demand workouts, available anytime, anywhere, at no additional cost.

Online coaching

Set fitness goals and track progress with the help of a coach.

Success kit

Start your health journey with scales, a balanced portion plate and access to online fitness content.

You and eligible family members have access to Real Appeal®, a proven program built to help you succeed through workouts, ongoing support and helpful resources — at no additional cost as an eligible member.



Visit enroll.realappeal.com or scan the QR code to sign up today.

The Real Appeal program is available to eligible members at no additional cost as part of your health benefits. The Real Appeal program is educational in nature and is not a substitute for medical advice.

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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 year. If something isn't done to curb this trend, the result could potentially be double digit health insurance premium increases in 2024.

As a part of our 2023 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 Rd, 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





Staying healthy includes obtaining quality dental care for you and your family. PCSEIT 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.

COVERAGE	PPO	Premier	Out-of-Network
Annual Maximum	\$2,000	\$2,000	\$2,000
Deductible			
Individual	\$25	\$25	\$25
Family	\$75	\$75	\$75
Diagnostic Preventive Services – exams, cleanings, fluoride and space maintainers	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	50%	50%	50%
Orthodontia Services	50%	50%	50%
Orthodontia Lifetime Maximum	\$2,000 per person total per lifetime		

Scan the QR code for easy access to information about your Delta Dental coverage.





Welcome!



Delta Dental of Indiana

800-524-0149 | www.deltadentalin.com



Welcome to Delta Dental.

We are pleased to provide your dental benefits coverage, and we look forward to serving you.

Delta Dental provides the advantages of two of the nation's largest networks of participating dentists—our Delta Dental PPO™ network and our Delta Dental Premier® network.

This packet includes general information about what you can expect as a Delta Dental member. It also contains resources to help you understand coverage and learn how to use your benefits. (Please see your Summary of Dental Plan Benefits to review your specific plan details.) In addition, our website (www.deltadentalin.com) is an online resource for locating participating dentists, accessing your plan details, managing your account and finding oral health information.

If you have questions about your new dental benefits, please call our customer service department at 800-524-0149. Our automated inquiry system is available 24/7 and can answer most questions. Customer service representatives are available Monday through Friday from 8:30 a.m. to 8 p.m. ET.



Definitions

Certificate	A standard booklet provided by Delta Dental to subscribers explaining their dental benefit coverage.
Copayment	As provided by your plan, the percentage of the charge, if any, that you will have to pay for covered services.
Covered services	The unique benefits selected in your plan detailed in the Summary of Dental Plan Benefits and Certificate
Summary of Dental Plan Benefits	A description of the specific provisions of your group dental plan.
Deductible	Amount a person or family must pay toward covered services before Delta Dental begins paying for services.
Maximum payment	The maximum dollar amount Delta Dental will pay in any benefit year or lifetime for covered dental services.
Delta Dental PPO dentist fee schedule	The maximum amount allowed per procedure for services rendered by a Delta Dental PPO participating dentist as determined by that dentist's local Delta Dental plan.
Maximum approved fee	A system used by Delta Dental to determine the approved fee for a procedure rendered by a Delta Dental Premier participating dentist.
Nonparticipating dentist fee	The maximum fee allowed per procedure for services rendered by a nonparticipating dentist.
Balance billing	The difference between the submitted fee and the approved fee that can be charged to the patient by a nonparticipating dentist. Delta Dental participating dentists do not balance bill.
Pre-treatment estimate	A written estimate of benefits that may be available under your plan for your proposed dental treatment.



The connection: oral and overall health

Did you know that your mouth holds clues to what's going on with your overall health? During a routine checkup, your dentist can search for clues that may point to other serious health issues. Dentists can detect more than 120 signs and symptoms of nondental diseases by examining your mouth, head and neck. Plus, more than 90 percent of systemic diseases have oral manifestations. This means that if something is wrong in your mouth, then something could be wrong in another part of your body.

If you have one of the conditions listed below, ask your dentist how you can better manage your oral health to prevent infection and improve your condition. In some cases, Delta Dental covers additional cleanings for individuals that have one of these conditions:

- Diabetes and periodontal (gum) disease
- Pregnancy and periodontal (gum) disease
- Certain heart conditions that put you at high or moderate risk for infective endocarditis
- Kidney failure or undergoing dialysis
- Suppressed immune system due to chemotherapy or radiation treatment, HIV-positive status, organ transplant, or stem cell (bone marrow) transplant

You may even see savings on procedures not covered under your dental plan if you visit a Delta Dental participating dentist. Most non-covered services are still subject to approved fees contracted between the dentist and Delta Dental, so the savings are passed on to you, the patient.

Dental coverage is about more than saving money. Oral health is an essential part of overall health. Delta Dental uses scientific evidence to enhance plan designs in ways that improve health and save money.



Dental Benefits

Save money and stay in network with Delta Dental

With your Delta Dental PPO (Point-of-Service) plan, you may save more money and receive higher levels of coverage when visiting a Delta Dental PPO dentist. Our PPO dentists have agreed to accept lower fees as full payment for covered services. However, if you go to a dentist who doesn't participate in Delta Dental PPO, you can still save money if your dentist participates in Delta Dental Premier. Like our PPO dentists, Delta Dental Premier dentists agree to accept Delta Dental's fee determination as full payment for covered services.

DELTA DENTAL NETWORKS	Delta Dental PPO <ul style="list-style-type: none"> No balance billing on covered services Most significant network discounts with more than 381,800 office locations nationwide* Dentists file claims for member
	Delta Dental Premier <ul style="list-style-type: none"> No balance billing on covered services Significant network discounts with the most office locations nationwide—more than 448,400* Dentists file claims for member
OUT OF NETWORK	Out-of-network dentist <ul style="list-style-type: none"> May be balance billed No discounts May need to file own claims

*National network statistics: Delta Dental Plans Association, December 2020.

Example of how it works

As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO or Delta Dental Premier dentist.

		DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	OUT-OF-NETWORK DENTIST
ADULT CLEANING	Submitted fee	\$80	\$80	\$80
	Maximum allowed fee	\$54	\$77	\$63
	Coverage level	100%	100%	100%
	Amount Delta Dental pays	\$54	\$77	\$63
	AMOUNT YOU PAY	\$0	\$0	\$63
CROWN	Submitted fee	\$1,100	\$1,100	\$1,100
	Maximum allowed fee	\$754	\$989	\$799
	Coverage level	50%	50%	50%
	Amount Delta Dental pays	\$377	\$494.50	\$399.50
	AMOUNT YOU PAY	\$377	\$494.50	\$700.50

•NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do, however, represent how payment is determined.

Dental Benefits

Member Portal—Access your benefit information 24/7

Stay current on your dental benefits with Delta Dental's easy-to-use Member Portal. This secure online tool is designed to give you 24/7 access to important information regarding your dental benefits, including:

Eligibility information

- Current benefits information (such as how much of your yearly benefit has been used to date, how much is still available to use, levels of coverage for specific dental services, etc.)
- Specific claims information, including what has been approved and when it was paid

The site also allows you to elect to receive your EOB statements electronically, print claim forms and identification cards, and browse oral health information.

All users must register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

To start taking advantage of this innovative tool, follow these simple steps:

1. Visit www.memberportal.com.
2. Log in.

- **NOTE:** Member Portal has replaced Consumer Toolkit®. If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.
- If you have already registered, enter your credentials and click the "Login" button.
- If you are new to Member Portal, click the "Sign up!" link to register.

NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID.

3. Complete required fields and follow the on-screen instructions.
4. Select your own username and password to access the site.

Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.

Manage your dental benefits on the go!

The Delta Dental mobile app makes it easy for you to get the most out of your dental benefits anytime, anywhere. Once registered for Member Portal, mobile app users can find a dentist, use a toothbrushing timer, check claims, view coverage and display their ID card. Plus, members can access information for themselves or covered dependents! Visit the App Store (Apple) or Google Play (Android), and search for Delta Dental to download and install the app.

Eligibility

The screenshot shows the 'Home' page of the Delta Dental Member Portal for Winston Churchill. It displays a 'Delta Toolkit, Inc.' logo, a 'Find a Provider' search bar, and a table of family members with their names, birth dates, and status. The page is green and white with a navigation bar at the top.

Up-to-date benefit information

The screenshot shows the 'Coverage for Winston Churchill' page. It includes a 'Major Procedure Categories' section with icons for Preventive, Diagnostic, and Basic Repair. It also displays a 'Deductible and Maximums for Winston Churchill' section with a table of benefit details. The page is green and white with a navigation bar at the top.



Frequently asked questions about Delta Dental coverage

What is required for enrollment in Delta Dental?

Your benefits administrator will provide you with information about how to enroll.

What are my benefits?

You can find this information in your Summary of Dental Plan Benefits and your certificate or by logging in to Member Portal.

Do I need to tell my dentist my coverage has changed?

Yes. At your first dental visit after coverage becomes effective, you should tell your dentist that you have Delta Dental of Indiana coverage.

Do I need an ID card to receive care?

No. It is not necessary to present a personalized ID card to receive treatment. Your dental office will use your Social Security number (or alternate ID) to verify eligibility and benefits, and to submit claims. If you prefer a personalized ID card, you may print one using Member Portal.

How can I find out if my dentist participates with Delta Dental or find a participating dentist?

To find a participating dentist, use the link on our homepage at www.deltadentalin.com or log in to Member Portal. You can also call your dentist's office and ask if he or she participates with Delta Dental PPO or Delta Dental Premier.

Do I have to go to a participating dentist?

No. You may visit any licensed dentist; however, you may pay more money out of pocket at a nonparticipating provider. You'll be responsible for paying the nonparticipating dentist whatever he or she charges at the time of service. You will receive a payment from Delta Dental based on the dentist's submitted fee or Delta Dental's nonparticipating dentist fee, whichever is less. You also may have to submit your own claims if you choose a nonparticipating dentist.

How can I contact Delta Dental's customer service?

Customer service can be reached at 800-524-0149. Our automated inquiry system is available 24/7 and can answer most questions quickly. Representatives are available to assist you Monday through Friday from 8:30 a.m. to 8 p.m. ET. To submit a written inquiry, please send to: Delta Dental, PO Box 9089, Farmington Hills, MI 48333-9089. Please include your name, group name and number, and the subscriber's member ID number when writing.

How do I submit a claim?

Delta Dental participating dentists will file claim forms for you. If you choose to visit a nonparticipating dentist, you may be required to file your own claim forms. Forms can be downloaded at www.deltadentalin.com. Send completed forms to: Delta Dental, PO Box 9085, Farmington Hills, MI 48333-9085.

Where should claims be sent for services rendered prior to my Delta Dental effective date?

Claims for dental services rendered prior to the plan's effective date must be submitted to your previous dental administrator to receive reimbursement.

Dental Benefits

What if I'm in the middle of treatment when my new coverage becomes active?

Delta Dental will cover services completed on or after your effective date.

If my plan includes orthodontia coverage, how will orthodontic claims be processed?

Dentists are required to submit an orthodontic treatment plan. A percentage of the total fee will be paid when orthodontic treatment begins. Payments will be based on the type of treatment or until the lifetime orthodontic maximum is reached.

Please remember to enroll as directed by your benefits administrator in a timely fashion.

Visit www.deltadentalin.com to learn more about Delta Dental.



BRO-6179-IN PPO POS v5 2/21 PA





proactive md

INFORMATION FOR MEMBERS OF

Porter County Schools Employees' Insurance Trust

CARE WITHOUT COMPROMISE

Welcome to Proactive MD

Above and beyond primary care.

Welcome to Proactive MD, the home of innovative primary care. Experience personalized, compassionate, convenient, and affordable care that focuses on what matters most—you.

Our Health Centers offer services such as family medicine, acute care, medication dispensing and prescriptions, lab work, and more. You can also take advantage of our total wellness solutions, including weight loss counseling, diabetes management, stress management, smoking cessation education, and provider-patient coaching.

Our providers and clinical care team practice medicine the way it was meant to be practiced: personally and proactively. We are here to serve you with compassion and transparency.

Come see what Care Without Compromise could mean for you!

proactive **md**

Our Patient Promise:

We are only and always about the patient, and we promise to always fight for their greatest good.



HAVE YOU SCHEDULED YOUR

New Patient Appointment?

Your care team can serve you better when you become an established patient.

Get to know your care team and establish yourself as a patient by scheduling a New Patient Appointment at the Health Center.

Your initial visit is very important! Your care team will review your medical history and complete a thorough examination to assess your current health. Depending on your care needs, this visit may take 45 minutes or longer.

Please bring any existing prescriptions to see how much you can save by filling them at the Health Center.

As an established patient, you will receive:

- Quicker access to appointments
- The ability to use after hours line
- Same-day sick appointments
- Less than 5-minute wait times
- Select medications and labs for free
- Disease and illness prevention
- Treatment for common illnesses & infections
- Physicals
- Wellness consulting



A man with short dark hair and a light beard is sitting on a grey couch, smiling at a laptop. He is wearing a dark blue t-shirt. The background shows a bright room with white curtains, a green plant, and a modern lamp.

CONNECTED CARE

Your Health Center Hub

Stay connected to your Health Center by visiting your dedicated Health Center website. Using the website, you can:

- Call the Health Center
- Check out upcoming events
- Learn about your care team
- Review Health Center services
- Access the Patient Portal
- Get Health Center directions
- See Health Center hours of operation
- Browse helpful resources
- And more!

www.pmd.center/porter-trust

Care Without
Compromise is
only a click away!

Click the link below
to access the website
and bookmark this
page for future use.

proactive **md**

SERVING PORTER TRUST

EMPLOYEES

Care for every concern.

Your care team works together to make sure you are healthy in every way. With skilled clinical teams working at the Health Centers and a compassionate Patient Advocate who meets you where you are. You have a trusted partner to help you meet your healthcare goals!



As a benefit of being covered by the Porter Trust's health plan, all services are provided at no cost to you.

Jamie Brookhouse BSN, RN

Porter Trust Patient Advocate

219-973-4696 ext. 4315

jbrookhouse@proactive.md

Patient Advocacy

- **Community resource navigation:** Locating food assistance, support groups
- **Care coordination:** Helping with referrals or hospital stays
- **Health literacy:** Explaining benefits or medical terms
- **Social support:** Helping with social or relationship concerns

Primary Care

- **Acute care:** Colds, stomach pains, minor injuries, headaches, skin irritation, etc.
- **Chronic condition management:** Diabetes, high blood pressure, high cholesterol, etc.
- **Preventive care:** Physicals and recommended screenings
- **Lower-cost prescriptions & labs**

Proactive MD care team members serving:

Valparaiso Health Center

Merrillville Health Center

Knox Health Center

Phone: 844.458.2800



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.

Schedule an appointment and let us serve you!

Our services

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

Health Center Hours & Contact Information

The Health Center should be your first stop for healthcare - whether for routine care, minor illnesses, or injuries. Your Proactive MD Team will assess your symptoms and help you understand the best course of action.

Visit: <https://healthcenters.proactive-md.com/porter-trust/>

Knox Health Center

307 Carlson Drive, Knox, IN 46534

Phone: 844.458.2800 **Fax:** 833.638.0123

Hours:

Mon: 9:00am - 6:00pm Thu: 7:00am - 4:00pm
Tue: 7:00am - 4:00pm Fri: 7:00am - 4:00pm
Wed: 9:00am - 6:00pm

Valparaiso Health Center

2801 Bertholet Blvd. STE 201, Valparaiso, IN 46383

Phone: 844.458.2800 **Fax:** 833.638.0146

Hours:

Mon: 7:00am - 4:00pm Thu: 9:00am - 6:00pm
Tue: 9:00am - 6:00pm Fri: 7:00am - 4:00pm
Wed: 7:00am - 4:00pm

Merrillville Health Center

387 E. 84th Drive, Merrillville, IN 46410

Phone: 844.458.2800 **Fax:** 833.638.0128

Hours:

Mon: 7:00am - 4:00pm Thu: 9:00am - 6:00pm
Tue: 9:00am - 6:00pm Fri: 7:00am - 4:00pm
Wed: 7:00am - 4:00pm

Monticello Health Center

303 N. Main St., Monticello, IN 47960

Phone: 574.297.5527 **Fax:** 574.808.4680

Hours:

Mon: 7:00am - 5:00pm Thu: 7:00am - 5:00pm
Tue: 8:00am - 6:00pm Fri: 7:00am - 4:00pm
Wed: 7:00am - 4:00pm

Plymouth Health Center

504 Colonial Ct., Plymouth, IN 46563

Phone: 574.935.0127 **Fax:** 574.808.4680

Hours:

Mon: 7:00am - 5:00pm
Tue: 7:00am - 5:00pm
Wed: 7:00am - 5:00pm
Thu: 8:00am - 6:00pm
Fri: 7:00am - 4:00pm

CARE WITHOUT COMPROMISE

What to Expect at Your Appointment

Welcome to Proactive MD! We're honored to be a part of your healthcare story and can't wait to get started. At Proactive MD, we raise the standard for patient experience by providing prestige care at every point along your patient journey. Guided by our Patient Promise, we designed each aspect of your Health Center appointment with you in mind.



Before your appointment:

Accessible Scheduling

Choose between calling, coming by the Health Center in person, or simply use the portal to select an appointment date and time.

Inviting Environment

Step into a space designed for physical, mental, and emotional healing and receive a warm and prompt greeting from a member of your care team.

Quick Response

Spend less time in the waiting room and more time receiving care. Within moments of arriving, your nurse will begin performing your patient intake.



During your appointment:

Quality Time

Enjoy care that is thorough and unhurried with 30-45 minutes of one-on-one time with your provider.

Convenient Care

Skip the lines and save time. Take care of medication needs and lab services during your appointment.

Thorough Communication

Address any questions or concerns with a quick patient education conversation prior to discharge.



After your appointment:

Care Coordination

Receive support throughout the entire healthcare continuum, from referral navigation, to benefits exploration, and beyond.

Your **Patient Advocate, Kristen Krupa**, will assist with referrals and follow ups.

Constant Connection

Experience care that won't quit as your care team continues to serve you post-appointment. Expect check-ins and follow ups in between your Health Center visits.

Satisfaction Survey

Let us know how we did by filling out your post-visit survey.

proactive md

6-Month Medication Consultations



Medications are dispensed for free through your Health Center when you visit the Proactive MD provider at least once every six months.

Because our providers dispense medications using their personal medical licenses, they must have an established relationship with any patient who uses their dispensing services. This ensures that they are prescribing the appropriate medications at the appropriate doses. Even if you are seeing an outside provider, you must visit the Proactive MD provider at least once every six months to continue receiving medications through the Health Center.

Call your Health Center today to schedule your next medication consultation.



After-Hours Line

ACCESS TO A PROVIDER, 365 DAYS A YEAR

An on-call provider is available any time that your clinic is not open, including after Health Center hours, on the weekends, and on holidays, at no additional cost.

The on-call provider can help you with:

- Understanding symptoms
- Treating minor illnesses, cuts & injuries
- Medication advice & dosing
- And much more!

1 Call the
Health
Center
[844.458.2800](tel:844.458.2800)

2 Select an
option
[Provider, Med Refill,
Voicemail, or
Information and Hours](#)

3 If you select Provider...
[The phone will ring to your
Health Center Provider first.
If there is no answer, it will
transfer to the on-call provider.](#)

*No controlled substances will be filled after hours.

*Please only use the after-hours line outside of regular clinic hours.

Contact your clinic during regular hours to refill a medication or schedule an appointment.

BETTER
CARE
BEGINS
NOW

**We can't wait
to care for you**



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 filing 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.



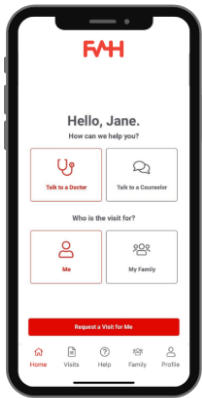
No cost to you or your covered dependents!



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

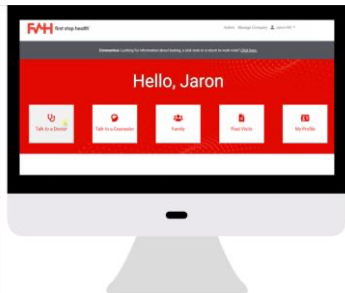


Mobile App

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 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

\$3,200 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.

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.

Following are the Annual IRS Contribution limits for 2025:

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



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

<https://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



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
- And much more!



**Download the app
on any device**



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

<https://www.deltadentalin.com/oe-pos>

Group #: 10498

www.deltadentalin.com



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



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.



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	Carrier	Phone #	Web
Medical	United Healthcare	Please see the back of your ID card	myuhc.com
Specialty Medication Programs	RxProtect	1-833-279-7877	rx-protect.com/portertrust
	PriceMDs	N/A	www.pricemds.com
Dental	Delta Dental	800-524-0149	www.deltadentalin.com
Clinic	Proactive MD	Please see website for location numbers	proactive-md.com/porter-trust
Telemedicine	First Stop Health	888.691.7867	fshealth.com
EAP	National Insurance Services	1.866.451.5465	Niseap.com
Orthopedic Center of Excellence	Hendricks Regional Health	1.317.386.5630	hendricks.org/coe
Real Appeal			enroll.realappeal.com

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, 2024

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 46032
(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.