NEW ALBANY FLOYD COUNTY
Consolidated School Corporation

2019
Benefits Guide

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WHAT'S INSIDE

Our Benefits Program

New Albany-Floyd County Consolidated School Corporation (NAFCS) offers a comprehensive health care program to meet the needs of you and your family, provided you are in a benefits eligible position. Benefits include:

- Medical, Dental and Vision coverage
- Flexible Spending Accounts (FSAs)
- Health Savings Account (HSA)
- Life and Accidental Death and Dismemberment (AD&D) insurance
- Disability insurance
- Voluntary insurance benefits: Life, Disability, Accident, Critical Care and Cancer
- Retirement Benefits

Make sure to review this guide to learn about the plans available to you, noting any changes taking effect next year. Once you've assessed your coverage needs for 2019, you can select the benefits that are right for you and your family.

Open Enrollment November 5 - December 7, 2018

If you want to enroll or make any changes to your current benefit elections, be sure to complete your enrollment by December 7, 2018. Everyone must actively enroll to elect or waive coverage for 2019 – even if you do not want to make any changes to your current benefit coverage. **If you do not make an election, you will not have coverage in 2019!**

The benefits you elect during open enrollment will become effective January 1, 2019, and will remain in effect through December 31, 2019, unless you have a qualified life event.

Benefit Changes for 2019

- Health Savings Account IRS maximum contributions have increased to $3,500 for individual coverage and $7,000 for family coverage. Be sure to update your contribution amounts during open enrollment.
- Cigna will now be our Voluntary Life and Short-Term Disability carrier. With this move, Cigna is allowing you to enroll in benefits up the guarantee issue amount without Evidence of Insurability. This is a great time to evaluate your needs and take advantage of this special enrollment if you have previously declined coverage in the past.

Open Enrollment Instructions

To enroll in benefits, go to: **www.plansource.com/login** .

Enter your username and password.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.

Homepage
On the Homepage, click “Get Started” to begin.

Profile
First, you’ll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

Shop for Benefits
You can then begin shopping for benefits!
Educational material about the specific plan type is available at the top of the page.

Select Plan
To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you’d like to be on the plan.

Click “Update Cart” to choose the plan.

Shopping Cart
The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you can check out.

Checkout
To finalize your choices, click “Review and Checkout.” You must complete the checkout process in order to be enrolled in benefits

Based on your job classification, all benefits may not be available to you.

Coverage Levels

You can choose from the following coverage levels for medical, dental and vision:

- Employee Only
- Employee & Spouse
- Employee & Child(ren)
- Family

Eligible Dependents

When you enroll yourself in the medical, dental and vision plans, you may also cover your eligible dependents. Eligible dependents include your:

- Legal spouse (including same-sex spouse, if legally married)
- Dependent children up to age 26, including biological and adopted children, stepchildren of your current marriage, including children of your same-sex spouse, and children for whom you are the legal guardian
- Dependent children who cannot support themselves due to a physical or mental handicap that began before they reached age 26

Making Changes During the Year

Open enrollment is the only time you can make changes to your elected benefits or add or remove dependents from coverage, unless you have a qualified life event. Some of these events include:

- Birth, adoption or placement for adoption
- Marriage or divorce
- A change in your dependent's eligibility for benefits
- A change in your, your spouse's, or dependent's employment status
- You, your dependent or your spouse becomes enrolled in Medicare or Medicaid
- Your dependent ceases to satisfy the dependent eligibility requirements

If you experience a qualified life event, you have 31 days to submit the appropriate required documentation to Human Resources to make changes to your current coverage. Otherwise, you will have to wait until the next annual enrollment period to change your benefits.

You have a choice of four medical plans, each administered by Humana:

- **NPOS $500**
- **CoverageFirst® $1,500**
- **HDHP $2,700**
- **HDHP $5,000**

All four options cover the same services and provide 100% coverage for in-network preventive care. You can use any provider you choose, but the plans offer discounted rates when you receive medical care within the plan's network. If you use out-of-network providers, you will be responsible for higher out of pocket costs and potentially paying balances that exceed the plan's usual and customary charges.

NPOS $500

Under this plan, you pay copays for network provider visits and 10% coinsurance for most in-network services after you meet the plan's $500 deductible ($1,000/family). You pay 40% coinsurance for most out-of-network care after you meet the $1,500 out-of-network deductible ($3,000/family). Copays are included in the medical out-of-pocket maximum while prescriptions have an additional out-of-pocket maximum.

CoverageFirst® $1,500

When you receive in-network care under this plan, you pay copays for most provider visits and 20% coinsurance for most other services after meeting the plan's $1,500 deductible ($3,000/family). You pay 50% coinsurance for most out-of-network care after meeting the $4,500 out-of-network deductible ($9,000/family). Copays are included in the medical out-of-pocket maximum while prescriptions have an additional out-of-pocket maximum.

This plan includes an up-front "benefit allowance" of $500 per calendar year per member. This allowance covers many services from in-network providers before you start paying toward your deductible. Here's how it works:

- The plan pays the first $500 of eligible expenses from in-network providers. You just pay a copayment.
- If you use the entire $500, you pay most additional expenses until you meet the annual deductible. The plan has a separate $500 allowance and a separate deductible for each family member. Each person's costs also apply to a deductible for the entire family.

The benefit allowance applies to medical services received from participating providers only. It does not apply to member copays. The entire $500 is available for use on the first day of the plan year.

HDHP $2,700

When you need medical care under this plan, you pay for the full cost of your services until you reach your annual deductible of $2,700 ($5,400/family). Once you reach your deductible, the plan covers 100% of the remaining in-network eligible expenses. Preventive care received in-network is covered 100% – with no deductible. If you go out-of-network for care, you pay 30% of the remaining eligible expenses after you meet your out-of-network deductible of $5,400 ($10,800/family).

One advantage of enrolling in the HDHP is that you may be eligible to open a Health Savings Account (HSA), which is an account that you can use to help pay out-of-pocket health expenses.

See page 10 for more on HSAs.

HDHP $5,000

This plan is similar to the HDHP $2,650 plan, but has a higher deductible and a lower premium. When you need medical care under this plan, you pay for the full cost of your services until you reach your annual deductible of $5,000 ($10,000/family). Once you reach your deductible, the plan covers 100% of the remaining in-network eligible expenses. Preventive care received in-network is covered 100% – with no deductible. If you go out-of-network for care, you pay 30% of the remaining eligible expenses after you meet your out-of-network deductible of $15,000 ($30,000/family).

This plan is also compatible with a Health Savings Account (HSA), which is an account that you can use to help pay out-of-pocket health expenses. When you enroll in the HDHP $5,000 plan and open an HSA at MainSource Bank, NAFCS will make a contribution into your account, depending on your plan coverage level.

See page 10 for more on HSAs.

Prescription Drug Benefits

All four medical plans include prescription drug coverage. There is no annual deductible for prescription drugs under the PPO $500 and CoverageFirst $1,500 medical plans, so you begin paying copayments with your first prescription purchase.

Under the two HDHP medical plans, you are responsible for paying the full cost of the prescription drug until you meet your plan's deductible. After that, prescriptions are covered 100%. Even though the prescription drug benefits don't kick in until after you have met your deductible, you still get Humana's discounted price of the drug when you fill your prescription at a network pharmacy.

NOTE: The HDHP pharmacy coverage is considered Non-Creditable coverage. This is important for plan participants at or near Medicare eligibility because it may mean that you will pay a higher premium (a penalty) if you do not join a Medicare Drug Plan when you first become eligible.

NPOS $500 & CoverageFirst $1,500 Plans

MEDICAL BENEFITS	NPOS $500		COVERAGEFIRST $1,500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Up Front Benefit Allowance	N/A	N/A	$500 per calendar year per member	N/A
Annual Deductible	$500 individual $1,000 family	$1,500 individual $3,000 family	$1,500 individual $3,000 family	$4,500 individual $9,000 family
Out-of-Pocket Maximum	$2,500 individual $5,000 family	$7,500 individual $15,000 family	$4,500 individual $9,000 family	$13,500 individual $27,000 family
Preventive Care	Covered in full	After deductible, you pay 40%	Covered in full	After deductible, you pay 50%
Primary Care – Office Visits	$20 copay	After deductible, you pay 40%	$30 copay	After deductible, you pay 50%
Specialist – Office Visits	$40 copay	After deductible, you pay 40%	$50 copay	After deductible, you pay 50%
Outpatient Therapy	$40 copay	After deductible, you pay 40%	$50 copay	After deductible, you pay 50%
Urgent Care	$75 copay	After deductible, you pay 40%	$75 copay	After deductible, you pay 50%
Emergency Room	$200 copay (waived if admitted)	$200 copay (waived if admitted)	$200 copay (waived if admitted)	$200 copay (waived if admitted)
Hospitalization	After deductible, you pay 10%	After deductible, you pay 40%	$200 copayment per day for first 3 days	After deductible, you pay 50%
Outpatient Surgery	After deductible, you pay 10%	After deductible, you pay 40%	At surgery center: $300 copay At hospital: After deductible, you pay 20%	After deductible, you pay 50%
Prescription Drugs - Retail ■ Level 1 ■ Level 2 ■ Level 3 ■ Level 4	After deductible, you pay 40% $15 copay $35 copay $55 copay 25% to $150		$15 copay $35 copay $55 copay 25% to $150	After deductible, you pay 40%
Prescription Drugs - Mail Order ■ Level 1 ■ Level 2 ■ Level 3 ■ Level 4	N/A $30 copay $70 copay $110 copay 25% to $150 maximum		$30 copay $70 copay $110 copay 25% to $150 maximum	N/A

Please review the plan summaries and/or summary of benefits and coverage for complete coverage information online at nafcs.k12.in.us>Staff>Staff Group Benefits or call Humana at **1.800.448.6262**.

High Deductible Health Plans (HDHPs)

MEDICAL BENEFITS	HDHP $2,700		HDHP $5,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
NAFCS Contribution to Eligible HSA	N/A		Varies based on coverage level	
Annual Deductible	$2,700 individual $5,400 family	$5,400 individual $10,800 family	$5,000 individual $10,000 family	$15,000 individual $30,000 family
Out-of-Pocket Maximum	$2,700 individual $5,400 family	$10,800 individual $21,600 family	$5,000 individual $10,000 family	$17,500 individual $35,000 family
Preventive Care	Covered in full	After deductible, you pay 30%	Covered in full	After deductible, you pay 30%
Primary Care Office Visits	After deductible, covered in full	After deductible, you pay 30%	After deductible, covered in full	After deductible, you pay 30%
Specialist Office Visits	After deductible, covered in full	After deductible, you pay 30%	After deductible, covered in full	After deductible, you pay 30%
Outpatient Therapy	After deductible, covered in full	After deductible, you pay 30%	After deductible, covered in full	After deductible, you pay 30%
Urgent Care	After deductible, covered in full	After deductible, you pay 30%	After deductible, covered in full	After deductible, you pay 30%
Emergency Room	After deductible, covered in full	After in-network deductible, covered in full	After deductible, covered in full	After in-network deductible, covered in full
Hospitalization	After deductible, covered in full	After deductible, you pay 30%	After deductible, covered in full	After deductible, you pay 30%
Outpatient Surgery	After deductible, covered in full	After deductible, you pay 30%	After deductible, covered in full	After deductible, you pay 30%
Prescription Drugs	After deductible, covered in full	After deductible, you pay 30%	After deductible, covered in full	After deductible, you pay 30%

Please review the plan summaries and/or summary of benefits and coverage for complete coverage information online at nafcs.k12.in.us>Staff>Staff Group Benefits or call Humana at **1.800.448.6262**.

Humana Value Added Benefits

As part of your Humana medical coverage, you also have access to a number of value added benefits offered through Humana.

Employee Assistance Program (EAP)

Humana's EAP provides you and your family guidance and support to help balance work/life issues you may be facing. Call the EAP's toll-free number to speak with a friendly, compassionate professional about issues such as:

- Stress
- Depression or anxiety
- Child rearing

Services and resources are convenient, confidential and provided at no cost to you and members of your household. If necessary, EAP professionals can connect you with experts that can provide additional assistance. To take advantage of the EAP for any personal, work-related or emotional concerns you may have, call 1.866.440.6556, 24 hours a day, 7 days a week.

For more information, you can also visit humana.com/eap. User name and password are both "eapt".

MyHumana

When you enroll in a Humana medical plan, you have access to the member website, MyHumana at Humana.com. Here you'll find a number of tools at your fingertips to help you make the most of your plan, manage your medical costs and stay on top of your health.

Getting started on the site is easy. Go to **humana.com**, click "Register" on the left side and follow the instructions. Once you're in, here are just some of the resources you can take advantage of:

- View and print claims and a summary of your plan benefits
- Explore symptoms, treatments and tests
- Create and view your personal health record
- Take a health assessment
- Order new ID cards
- Use planning tools to track your spending and estimate costs

Go365™

Offered as part of your health plan benefits through Humana, Go365 is a personalized wellness and rewards program available at no cost to you. Go365 makes getting healthier easier – and more fun – by connecting you to all the tools and resources you need for making healthy choices in your life. You can connect your compatible apps or fitness devices to earn points and rewards for all of your healthy activities.

Once you complete a Health Assessment, activities will be suggested just for you based on your responses. These are simple, attainable things that can have a big impact on your overall health. You earn points for every activity you complete, whether it be tracking your steps, getting a flu shot or going for a bike ride. Earn points for going head-to-head with friends or coworkers and compete for most steps or pounds lost. Your whole family can join in, too. Kids can earn points for activities like playing on sports team or even going in for dental checkups.

Get motivated and rewarded for having fun! The more points you earn, the more you move up in status and earn Go365 Bucks. You can redeem your Bucks in the Go365 Mall for e-gift cards, the latest fitness activity trackers and more. Plus, you can win surprise rewards or enter monthly jackpot drawings for even more chances to win prizes.

To begin the journey to a healthier you, log onto Go365.com and register today!

Physician Finder Plus®

Physician Finder Plus is Humana's online provider look-up tool. To find a participating provider, visit **Humana.com** and click on "Search" under Find a doctor or pharmacy. You can search using your Member ID or use your coverage type and zip code. You will need to enter National Point of Service as the network. This service is also available on MyHumana and on the MyHumana app for your smart phone. If you need more assistance finding a network provider, call the Customer Service number on the back of your Human medical plan ID card.

Doctor On Demand

If you need immediate non-emergency medical care but can't get in to see your primary doctor, you can consult a doctor 24/7 with Humana's Doctor On Demand service. You will be connected with U.S. board-certified doctors who can help resolve many of your medical issues over the phone or through video consults. Doctors can diagnose a condition, recommend treatment and send a prescription directly to your pharmacy.

Telemedicine is ideal when you need to see a doctor for minor illnesses such as colds, sore throats, flu symptoms, allergies, sinus infections, ear or eye problems or skin conditions.

At a cost of $40 or less, it's an easy and inexpensive alternative to an office visit – and no appointment is needed. Sign up by **visiting doctorondemand.com/humana** or download the Doctor on Demand mobile app available on the App Store and Google Play.

Health Savings Account (HSA)

High Deductible Health Plans (HDHPs) and Health Savings Accounts (HSAs) work together to offer you special advantages. Consider the following to help determine whether this combination is right for you:

- Generally pay lower monthly premiums
- Receive tax-free contributions from NAFCS to your HSA, even if you don't make your own contributions
- Make convenient tax-free contributions to your HSA through payroll deductions
- Grow your HSA balance tax-free—any investment earnings are free from taxes
- Carry forward your HSA balance from year to year since there is no "use-it-or-lose-it" rule
- Use your HSA balance to pay for qualified medical expenses—now and into the future
- Take your HSA balance with you—you own it and it's portable

Opening an HSA

If you enroll in the HDHP $2,700 Plan or the HDHP $5,000 Plan, you can open a Health Savings Account (HSA). An HSA is a bank account into which you can set aside tax-free money to:

- Pay for qualified medical, dental and vision expenses incurred before you meet your annual deductible
- Cover the cost of ongoing out-of-pocket costs
- Build savings to cover future health care expenses

To be eligible for an HSA, you must be enrolled in a high deductible health plan and you cannot:

- Be claimed as a dependent on someone else's tax return
- Have other non-high deductible health plan coverage that provides benefits covered under your HDHP (e.g., a health care flexible spending account, a separate prescription drug plan or a spouse's non-high deductible health plan that covers you)
- Have a spouse with a health care flexible spending account that could reimburse your medical expenses
- Be enrolled in a government health plan, such as Medicare or Medicaid

2019 HSA Contributions

The IRS limits the amount that can be contributed to an HSA each year. If you are age 55 or older, you may make extra catch-up contributions of up to $1,000 per year beyond your maximum contribution amounts listed below. You can start, stop or change the amount of your HSA contributions anytime during the year.

If you enroll in the HDHP $5,000 plan, both you and NAFCS can make contributions into your HSA account. You do not need to make your own contributions in order to receive NAFCS contributions. However, you do need to have an HSA set up at **MainSource Bank** to receive NAFCS contributions or make payroll deductions.

Note: Mainsource charges a $3 monthly fee on the account unless you enroll in online statements. Please work with Mainsource on getting online statements to avoid the fee.

HDHP $2,700 & HDHP $5,000	Your Maximum Contribution
Employee Only	$3,500
All Other Levels	$7,000

Limited Purpose Health Care FSA for HDHP Participants

If you participate in one of the HDHP medical plans and open an HSA, you may also participate in a Limited Purpose FSA. You are not eligible to participate in a regular Health Care FSA. ***See page 14 for more information on FSAs.***

Dental Plan

NAFCS offers dental coverage through the PPO Plan, administered by Delta Dental of Indiana.

Under this plan, you have access to two of Delta Dental's extensive nationwide networks – the PPO network and the Premier network. You can go to any dentist you want, but you will maximize your benefits when you receive care from a Delta Dental PPO or Delta Dental Premier network dentist.

Both networks offer discounted fees, but you will enjoy the greatest savings when you visit a Delta Dental PPO network dentist because they have agreed to the lowest pre-negotiated fees for their services. If you choose to receive care from a non-participating dentist, you will pay higher out-of-pocket costs. After you meet your annual deductible, you pay coinsurance for dental services under this plan.

To find a participating network dentist near you, go to Delta Dental of Indiana's website, **deltadentalin.com**, and click on Find a Dentist. Choose the Delta Dental PPO and Delta Dental Premier network. You can also call Delta Dental at **1.800.524.0149** for more information.

DENTAL COVERAGE	PPO (POINT OF SERVICE) PLAN		
	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
Calendar Year Deductible	$25 individual $75 family	$25 individual $75 family	$25 individual $75 family
Maximum Calendar Year Benefit	$1,000	$1,000	$1,000
CLASS I BENEFITS			
Diagnostic and Preventive Services (routine exams, cleanings & fluoride) ■ X-rays ■ Sealants	Plan pays 100%, no deductible	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Space Maintainers **Palliative Care**	Plan pays 100%, no deductible	Plan pays 100%, no deductible	Plan pays 100%, no deductible
CLASS II BENEFITS			
Oral Surgery **Endodontic Services** **Periodontic Services** **Relines and Repairs** **Minor Restorative Services** (fillings) **Major Restorative Services** (crowns)	After deductible, you pay 50%	After deductible, you pay 50%	After deductible, you pay 50%
CLASS III BENEFITS			
Prosthodontic Services (bridges, dentures)	After deductible, you pay 50%	After deductible, you pay 50%	After deductible, you pay 50%
CLASS IV BENEFITS			
Orthodontic Services (to age 19)	You pay 50%, up to $1,000 lifetime max	You pay 50%, up to $1,000 lifetime max	You pay 50%, up to $1,000 lifetime max

This chart does not describe all covered services. Please review the plan summaries for complete coverage information or call Delta Dental of Indiana at **1.800.524.0149**.

Vision Plan

Vision coverage is offered through the Blue View Vision™ Plan, administered by Anthem Blue Cross Blue Shield. Anthem has a large, national network of providers who have agreed to discounts on covered exams and eyewear. The Blue View Vision Plan is unique in that it allows members to:

- use their in-network benefits at **1-800-CONTACTS**, or
- choose a private practice eye doctor, or
- receive vision care in store locations like LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® stores

You can go to any vision provider, but you will get the best value from your plan benefits when you receive care from a Blue View Vision network provider. If you go to a network provider, copays will apply. If you see an out-of-network provider, you will have to pay in full at the time of service and then submit the claim and your receipts to Blue View Vision for reimbursement up to your out-of-network allowance.

In addition to the benefits listed below, Blue View Vision also includes a number of optional vision items and services available for a copayment or discounted price from in-network providers only, including retinal imaging, lens upgrades, contact lens fit and follow-up visits and discounts on contacts and additional eyeglasses. If you have questions about your vision benefits or need help finding a provider, visit **anthem.com** or call **1.866.723.0515**.

VISION BENEFITS	BLUE VIEW VISION PLAN	
	In-Network	**Out-of-Network**
Routine Eye Exam – once every 12 months	$10 copay	$42 allowance
Frames – once every 24 months	$130 allowance, then 20% off any remaining balance	$45 allowance
Lenses – once every 12 months you may receive any one of the following lens options ■ Standard Plastic Single Vision ■ Standard Plastic Bifocal ■ Standard Plastic Trifocal	$20 copay	$40 allowance $60 allowance $80 allowance
Lens Enhancements ■ Transitions™ Lenses (for a child under age 19) ■ Standard Polycarbonate (for a child under age 19) ■ Factory Scratch Coating	$0 copay $0 copay $0 copay	No allowance on lens enhancements when obtained out-of-network
Adult lens upgrades such as Transitions™, Polycarbonate, Tint/UV coating, and Progressive lenses are available at a discounted cost after lens copay.		
Contact Lenses (in lieu of glasses) **–** once every 12 months ■ Elective Conventional Lenses ■ Elective Disposable Lenses ■ Non-Elective Contact Lenses	$130 allowance, then 15% off any remaining balance $130 allowance (no additional discount) Covered in full	$105 allowance $105 allowance $210 allowance
Additional Savings Available Through Our Special Offers Program – For these offers and more, log in to member services, select "Discounts," then "Vision, Hearing & Dental"		
1-800 CONTACTS (after your benefits for the coverage period have been used, you can save on contacts with this offer)	Save $20 on orders of $100 or more and get free shipping	
Laser Vision Correction Surgery (Lasik refractive surgery)	Receive a discount per eye	

Flexible Spending Accounts (FSAs)

NAFCS offers Flexible Spending Accounts (FSAs) administered by Ameriflex. FSAs allow you to set aside money from your paycheck to pay certain health care and dependent care out-of-pocket expenses. You make contributions to your FSA with pre-tax dollars, so you pay lower taxes. The following types of FSAs are available:

Health Care FSA – You can use this account to pay or reimburse yourself for expenses not covered by the medical, dental or vision plans such as deductibles, copays and coinsurance. The maximum amount you can contribute to this account for 2019 is $2,650.

Limited Purpose FSA – A Limited Purpose FSA is available if you enroll in a NAFCS HDHP medical plan or another HDHP plan. This account works the same as the regular Health Care FSA, except only dental and vision expenses may be reimbursed. Out-of-pocket medical expenses may be reimbursed only after you reach your HDHP plan's deductible. The maximum amount you can contribute to this account for 2019 is $2,650.

Dependent Care FSA – This account can be used to pay for dependent care expenses such as daycare, after school programs or elder care programs, to enable you and your spouse to work or attend school full time. Services cannot be provided by a dependent you claim on your tax return. The maximum amount you can contribute to this account for 2019 is $5,000, or $2,500 if married filing separate tax returns.

You must enroll in the FSAs each year during open enrollment if you wish to participate – even if you are currently participating.

How an FSA Works

- You choose the annual amount you want to contribute, up to the IRS limits, when you establish an FSA.
- This amount is deducted from your paycheck in equal installments before federal and Social Security taxes are withheld.
- The only time you can change your contribution amount during the year is if you have a qualified life event.
- The money in one account cannot be used to pay expenses in the other account.
- Plan your contributions carefully, because these accounts have a "use it or lose it" rule.

Eligible Dependents

To be eligible for reimbursement under the Dependent Care FSA, day care expenses must be for your dependent child under age 13, or any dependent who is physically or mentally unable to care for himself or herself who spends at least eight hours a day in your home and whom you claim as a dependent on your federal income tax return.

*To check your FSA account balance, download forms or request reimbursement, visit Ameriflex's website at **www.myameriflex.com** or call **1.888.868.3539**.*

NAFCS provides Basic Term Life, Accidental Death and Dismemberment (AD&D), Long-Term Disability (LTD), Voluntary Life, Voluntary AD&D, and Voluntary Short Term Disability(STD) insurance coverage administered by Cigna for all eligible employees. Benefit amounts for these insurance coverages vary based on your employee class.

Be sure to keep up-to-date beneficiary designations for your life and AD&D insurance policies.

Basic Life and AD&D Insurance

Basic Life and AD&D insurance provides a benefit in the event that you die or are injured in an accident. The AD&D portion of the insurance pays all or a portion of the full benefit based on the loss you suffer.

Voluntary Term Life Insurance

This extra coverage provides additional financial security for your family in the event of your death. You can also choose to cover your spouse and eligible dependent children. Coverage is available in increments of $1,000 for:

- **You –** from $10,000 up to a maximum of five times your salary, or $500,000
- **Your Spouse –** from $10,000 to $500,000 not to exceed 100% of employee amount
- **Your Dependent Child(ren) –** $10,000 per dependent child; each dependent child is covered for the same amount, except children from live birth to age six months for whom the death benefit is $1,000

Voluntary Short Term Disability Insurance

Short Term Disability Insurance helps replace a portion of your income if you are disabled and unable to work due to a covered accident or illness. You can use the benefit to help pay expenses such as:

- Mortgage or rent
- Car payments or other transportation costs
- Credit card bills
- Food, clothing and other necessities
- Utility bills

Under this insurance, benefits are paid directly to you, regardless of any other insurance you may have. At enrollment, you can choose various amounts of disability coverage. The maximum benefit cannot exceed 60% of your weekly earnings. Your premium is based on your current age and the amount of coverage you are eligible to buy.

LTD Insurance

LTD insurance is designed to help replace a portion of your monthly income if you are unable to work for an extended period of time due to illness or injury. The plan replaces a percentage of your salary, up to a maximum amount per month after you have been disabled for 120 days.

Special Notes! Cigna is offering a one-time open enrollment for Voluntary Term Life with an effective date of 1/1/19. This special enrollment offers guaranteed issue* (no health questions) up to $100,000 for employees and $25,000 for spouses.

*Any benefit amounts above the guaranteed issue are subject to full medical underwriting unless you currently have coverage with Colonial that is above the guarantee issue amount. Also, please note that Short Term Disability has a 6-month pre-existing condition clause unless you currently have coverage with Colonial.

Cigna Value Added Benefits

Available with your Cigna insurance plans, the following programs can offer peace of mind – and savings – during a difficult time. These benefits are offered at no cost to you.

Life Assistance Program (LAP)

Cigna's Life Assistance Program (LAP) is available to help you and your family when you are faced with a challenge. The LAP works as a voluntary counseling program and offers information and support for many of the questions and issues you face in your day-to-day life. Some of the services available through the Cigna LAP include:

- 24-hour crisis intervention and phone consultation with licensed behavior health clinicians
- Consultation and referrals for work-related issues, including coping with work stress, working with difficult people, time management and talking with your manager
- An online resource library with a variety of health and emotional well-being content, as well as interactive tools, behavioral health provider search capabilities
- Cigna's Healthy Rewards® program, with discounts on a range of complementary and alternative care services and products

Will Preparation

Cigna provides you and your spouse with access to a secure online website that allows you to create a customized will or other legal document, such as a living will or power of attorney document.

Visit CignaWillCenter.com or call 1.800.901.7534 for more information.

Cigna Secure Travel

If you experience an emergency while traveling, you can call Cigna Secure Travel®. Representatives are available 24 hours a day, 365 days a year whenever you travel more than 100 miles from home. Services include:

- **Pre-Trip Planning –** Visa, passport and immunization requirements, foreign exchange rates
- **Travel Assistance –** Interpreter and translation services, referrals to medical facilities and legal assistance, help with lost or stolen luggage
- **Emergency Assistance –** Arrangements for transportation and travel if you experience a medical emergency

From the U.S. and Canada, call 1.888.226.4567. From other locations, call collect 202.331.7635 or email cigna@worldwideassistance.com.

Cignassurance® Program for Beneficiaries

If the unexpected happens, the Cignassurance Program can help. This program provides financial, bereavement and legal support for your loved ones during their time of need. As a beneficiary of your plan, they'll get:

- Free, confidential bereavement services over the phone, available 24/7
- Two free face-to-face counseling sessions with a Cigna Behavioral Health experts and two free phone calls with grief counselors
- Up to 30 minutes each of free legal consultation services
- Referrals to discounted, professional legal services
- Access to a Cignassurance account – a free, interest-bearing account for proceeds over $5,000. This account keeps their insurance proceeds in a safe place and gives them time to deal with more pressing issues.

As a supplement to the benefits you already receive, NAFCS offers the following voluntary benefits through Colonial Life:

- Group Accident Insurance
- Critical Care Insurance
- Cancer Insurance

You pay premiums for these coverages through payroll deductions. For additional information about these benefits, visit **coloniallife.com** or speak with a Colonial Life Customer Service representative at **1.800.325.4368**, Monday through Friday, 8 a.m. to 8 p.m., ET.

Group Accident Insurance

When an accidental injury happens, having a financial safety net in place to help cover unexpected costs like emergency care and rehab can be a lifesaver. Injuries covered under Colonial Life's Group Accident Insurance policy may include:

- Broken bones
- Lacerations
- Burns
- Back or knee injuries
- Concussions
- Other accidental injuries that send you to the ER, Urgent Care or doctor's office

Benefit amounts are preset and are not based on the medical expenses you are charged. You receive a lump sum payment specific to the injury or treatment you require.

Critical Care Insurance

Your NAFCS medical plan provides comprehensive benefits for most illnesses, but you may still have to pay associated deductibles, coinsurance, copayments and other charges. Colonial Critical Care Insurance helps you pay these out-of-pocket expenses not covered by your medical plan so you can focus on your treatment and recovery.

If you have a major illness that is covered under the plan, such as a heart attack or stroke, you will receive a lump-sum benefit paid directly to you. You can use the money however you choose to help cover medical or non-medical expenses resulting from your illness. You can use this coverage more than once for different conditions. If you receive a benefit and are later diagnosed with the same critical illness (with some exceptions), you will receive 25% of the original face amount of the benefit. Coverage may also be available for your spouse and dependent child(ren).

Cancer Insurance

In the unfortunate event you are diagnosed with cancer, having insurance protection in place can help with the cost of your treatment and other medical expenses not covered by your medical plan, such as:

- Deductibles and coinsurance
- Treatments and prescriptions
- Travel and lodging to and from a treatment facility
- Childcare

The plan pays a benefit for a number of different services and treatments. Benefits are paid directly to you, regardless of any other insurance you have. Coverage also includes a cancer screening benefit that you can use even if you are never diagnosed with cancer.

Retirement Benefits

NAFCS offers a 403(b) Retirement Plan to help you save for retirement.

For 2018, you can contribute pre-tax dollars up to the IRS annual maximum of $18,500. If you are age 50 or older, you can make an additional catch-up contribution of $6,000.

You can choose from a variety of investment options that meet your personal investment goals. Call an Edward Jones Financial Agent to get started!

Kevin Boehnlein
1401 Veterans Parkway Suite 400
Clarksville, IN 47130
812-284-4963
(FCHS, Georgetown, ASC, ESC, FSC)

Bill Kaiser
146 East Elm Street
New Albany, IN 47150
812-944-5100
(NAHS, Hazelwood, Slate Run)

Robert Ritz
2441 State Street Suite B
New Albany, IN 47150
812-949-2198
(Green Valley, Mt. Tabor, Transportation)

Greg Nash
133 East Spring Street
New Albany, IN 47150
812-944-8312
(CANA, Fairmont, SEJ)

Brad Rumple
710 Highlander Point Drive
Floyd Knobs, IN 47119
812-923-6596
(FKE, Greenville, Highland Hills)

Todd Klinglesmith
3833 Charlestown Road
New Albany, IN 47150
812-949-0667
(Grant Line, Prosser, Scribner

Enrollment steps:

New Hires

1. New hires will contact one of the agents listed above and complete the enrollment application.
2. Complete a Salary Reduction Agreement to open your account.
3. Submit the Salary reduction form to Human Resources at the Central Administration Office.

Current Employees

1. Complete a Salary Reduction Agreement to open your account.
2. Submit the Salary reduction form to Human Resources at the Central Administration Office.

Effective January 1, 2019:
Employees are allowed to make four (4) changes at any time per year.

QUESTIONS? Contact:

Melissa Gream
1401 Human Resources Assistant
812-542-2119
mgream@nafcs.k12.in.us

Contact Information

BENEFIT	CARRIER	PHONE	WEBSITE
Medical Plans	Humana	1.800.448.6262	www.humana.com
Health Savings Account	MainSource Bank	1.812.948.5503	www.mainsourcebank.com
Dental Plan	Delta Dental of Indiana	1.800.524.0149	www.deltadentalin.com
Vision Plan	Anthem BlueCross BlueShield	1.866.723.0515	www.anthem.com
Flexible Spending Accounts	Ameriflex	1.888.868.3539	www.myameriflex.com
Life, AD&D and Disability Insurance	Cigna	1.800.362.4462	www.cigna.com
Voluntary Benefits	Colonial Life	1.800.325.4368	www.coloniallife.com
EAP/Work-Life Services	Humana	1.866.440.6556	www.humana.com/eap
Human Resources	NAFCS	Deena Burks - 812.542.2123	nafcs.k12.in.us>Staff>Staff Group Benefits

Notes

Summary of Material Modifications

The NAFCS Guide to Benefits Enrollment constitutes a Summary of Material Modifications ("SMM") which describes changes to your health care program effective January 1, 2018.

This SMM is a summary of the changes made to the program and the partial terms of NAFCS's medical, dental, vision, flexible spending accounts, health savings account, life and accident insurance and disability plans. The SMM is not an official plan document. The actual terms of the plans are contained in the plan documents. In the event of any discrepancy, or any conflict between this SMM and the official plan documents, the official plan documents will govern. This SMM should be retained with your other benefits information.

NAFCS reserves the right to change, amend, or cease these benefits at any time.

Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Newborns' and Mothers' Health Protection Act

Under federal law, health care plans may not restrict any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a Cesarean section. Federal law, however, generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother and with the mother's consent, from discharging the mother or her newborn earlier than 48 hours (96 hours as applicable).

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Humana for more information.

Termination of Health Coverage for Cause, Including Fraud or Intentional Misrepresentation

NAFCS reserves the right to terminate health care coverage for you and/or your dependent prospectively without notice for cause (as determined by the Plan Administrator), or if you and/or your dependent are otherwise determined to be ineligible for coverage under the plan. In addition, if you or your covered dependent commits fraud or intentional misrepresentation in an application for health coverage under the plan, in connection with a benefit claim or appeal, or in response to any request for information by NAFCS or its delegees (including the Plan Administrator or a claims administrator), the Plan Administrator may terminate your coverage retroactively upon 30 days notice. Failure to inform any of such persons that you or your dependent are covered under another group health plan or knowingly providing false information in order to obtain or continue coverage for an ineligible dependent are examples of actions that constitute fraud under the plan.

COBRA Rights Notice

If you enroll in medical, dental or vision coverage, or a Health Care Flexible Spending Account, you should be aware of your rights under COBRA (the Consolidated Omnibus Budget Reconciliation Act, as amended). Among other things, COBRA mandates that an employer give employees the ability to continue those same coverages, on a self-paid basis, after leaving employment.

YOUR RIGHTS UNDER USERRA

The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

Right to be Free from Discrimination and Retaliation

If you:

- are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

then an employer may not deny you:

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment

because of this status.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer- based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service -connected illnesses or injuries.

Enforcement

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at http://www.dol.gov/vets. An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid
http://myalhipp.com/
1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
http://myakhipp.com/
1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
http://myarhipp.com/
1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991 / State Relay 711

FLORIDA – Medicaid
http://flmedicaidtplrecovery.com/hipp/
1-877-357-3268

GEORGIA – Medicaid
http://dch.georgia.gov/medicaid
- Click on Health Insurance Premium Payment (HIPP)
1-404-656-4507

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
http://www.in.gov/fssa/hip/
1-877-438-4479
All other Medicaid
http://www.indianamedicaid.com
1-800-403-0864

IOWA – Medicaid
http://dhs.iowa.gov/hawk-i
1-800-257-8563

KANSAS – Medicaid
http://www.kdheks.gov/hcf/
1-785-296-3512

KENTUCKY – Medicaid
http://chfs.ky.gov/
1-800-635-2570

LOUISIANA – Medicaid
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
1-888-695-2447

MAINE – Medicaid
http://www.maine.gov/dhhs/ofi/public-assistance/index.html
1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
http://www.mass.gov/eohhs/gov/departments/masshealth/
1-800-862-4840

MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
1-800-657-3739

MISSOURI – Medicaid
https://www.dss.mo.gov/mhd/participants/pages/hipp.htm
1-573-751-2005

MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov
1-855-632-7633
Lincoln: 1-402-473-7000
Omaha: 1-402-595-1178

NEVADA – Medicaid
https://dhcfp.nv.gov
1-800-992-0900

NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/ombp/nhhpp/
1-603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
1-609-631-2392
CHIP: http://www.njfamilycare.org/index.html
1-800-701-0710

NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/
1-800-541-2831

NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov/
1-919-855-4100

NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/
1-844-854-4825

OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org
1-888-365-3742

OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
1-800-699-9075

PENNSYLVANIA – Medicaid
http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
1-800-692-7462

RHODE ISLAND – Medicaid
http://www.eohhs.ri.gov/
1-855-697-4347

SOUTH CAROLINA – Medicaid
https://www.scdhhs.gov
1-888-549-0820

SOUTH DAKOTA – Medicaid
http://dss.sd.gov
1-888-828-0059

TEXAS – Medicaid
http://gethipptexas.com/
1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov/
CHIP: http://health.utah.gov/chip
1-877-543-7669

VERMONT – Medicaid
http://www.greenmountaincare.org/
1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid: http://www.coverva.org/programs_premium_assistance.cfm
1-800-432-5924
CHIP: http://www.coverva.org/programs_premium_assistance.cfm
1-855-242-8282

WASHINGTON – Medicaid
http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
http://mywvhipp.com/
Toll-free: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
1-800-362-3002

WYOMING – Medicaid
https://wyequalitycare.acs-inc.com/
1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa • 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)

NEW ALBANY FLOYD COUNTY
Consolidated School Corporation