See what's New for

2026







EMPLOYEE BENEFITS SUMMARY

January 1, 2026 - December 31, 2026

IMPORTANT INFORMATION ENCLOSED

SISIT

Southeastern Indiana School Insurance Trust

Important Notice from SISIT About Your Prescription Drug Coverage and Medicare on page 42



Welcome!

Eligibility

Southeastern Indiana School Insurance Trust (SISIT)recognizes the importance of providing a comprehensive benefits program to all of our benefit eligible employees and their dependents. Please reach out to your schools HR/Benefits for your specific eligibility date.

Eligible Dependents

- Legal spouse
- Children up to the end of the year of their 26th birthday for Medical
- 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, and placement for adoption or death of a dependent.

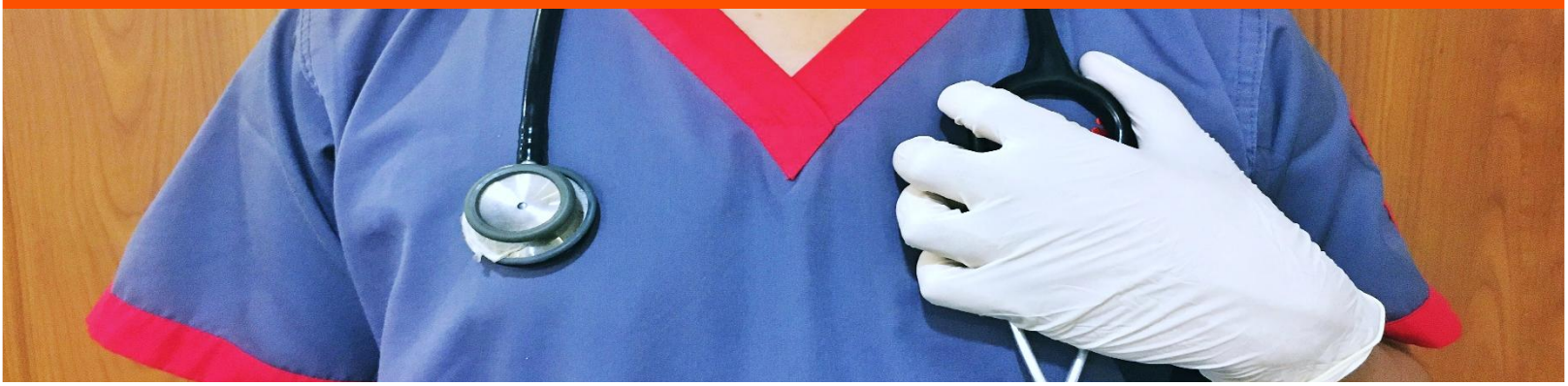
» Employment status changes including the start or end of employment or a change in work hours for you, your spouse or your dependent.

» Your dependent satisfying or no longer satisfying the eligibility requirements due to age, or other circumstances.

To assist in your Open Enrollment decisions, this Enrollment Guide contains a very high level overview of the benefits offered and the corresponding cost. Any changes you make during this time will be effective January 1, 2026.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2026 benefit elections until the following Open Enrollment period for 2027 (unless you have a qualified status change).

Medical Benefits



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

MEDICAL PLAN	PPO 1 Network	HDHP/HSA Plan 1 Network	HDHP/HSA Plan 2 Network
Deductible Individual Family	 $1,500 $3,000	 $3,400 $6,000	 $6,000 $12,000
Coinsurance	20%	0%	0%
Out-of-Pocket Maximum Individual Family	 $2,500 $5,000	 $4,000 $8,000	 $6,000 $12,000
Physician Office Visits / Anthem Live Health Online	$50	$50 - deductible applies first, then copay up to Out-of-Pocket limit	Subject to the medical deductible & coinsurance
First Stop Health (FSH)	$0	$0	$0
Preventive Care	100% In-Network	100% In-Network	100% In-Network
Emergency Room	$250	$250 - deductible applies first, then copay up to Out-of-Pocket limit	Subject to the medical deductible & coinsurance
Urgent Care	$75	$75 - deductible applies first, then copay up to Out-of-Pocket limit	Subject to the medical deductible & coinsurance
PRESCRIPTION DRUGS	**Network Only**		
RX Out-of-Pocket Maximum Individual Family	 $4,350 $8,700	Rx deductible applies first, then co-pays up to Out-of-Pocket limit	Subject to the medical deductible & coinsurance
Tier 1 - Most Generics Tier 2 - Brand Preferred Tier 3 - Brand Non-Preferred	$20 $50 $80	$20 $50 $80	Subject to the medical deductible & coinsurance
Mail Order			
Tier 1 - Most Generics Tier 2 - Brand Preferred Tier 3 - Brand Non-Preferred Preventive Rx	$40 $100 $160 $20	$40 $100 $160 $20	Subject to the medical deductible & coinsurance $20

Deductibles Apply to covered services listed with a percentage (%) coinsurance.

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***See detailed summary plan description for complete benefit information*

Choosing a plan - 3 good questions to ask

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

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

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

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

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

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

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.

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***See detailed summary plan description for complete benefit information*

Pharmacy Benefits



Effective 1/1, your pharmacy coverage will continue with CVS/Caremark, administered by RxBenefits

As part of your pharmacy benefits plan, you will receive:

- Friendly, high-touch service from RxBenefits' professional Member Services Team
- Commitment to issue resolution

Access to My RxBenefits (NEW)

- View pharmacy benefits coverage
- Download and email ID cards
- View 18 months of pharmacy claims (including claims for eligible dependents)
- Establish and manage communications preferences
- Access to online PA status (if they have Enhanced Protect and if RxB is the reviewer)

Access to caremark.com

- Review medication tiers, drug pricing, local pharmacies, plan details, and ways to maximize benefits
- New Members will need to make an account

For Questions or Concerns

Members can contact
RxBenefits Member Services

800.334.8134
Monday through Friday
7:00 a.m. – 8:00 p.m. Central

customercare@rxbenefits.com

How Can We Help?

You have access to our **Member Services Team**, available Monday through Friday, 7:00 a.m. – 8:00 p.m. Central, at **800.334.8134**. Our knowledgeable representatives can assist you with pharmacy-related questions such as:

- Is my drug covered? What will it cost?
- Is my pharmacy in the network?
- Can you help transition my mail order scripts?
- Can you assist me with benefits questions?
- Are there lower cost alternatives?

***See detailed summary plan description for complete benefit information*

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Pharmacy Benefits

PPO Plan Maximum Out of Pocket (MOOP): $4,350 individual, $8,700 family		
Tier	Retail	Mail Order
Tier 1 - Most Generics	$20	$40
Tier 2 - Brand Preferred	$50	$100
Tier 3 - Brand Non-Preferred	$80	$160
Preventive Rx		$20

NOTE:

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

Drugs that fall under the Affordable Care Act are covered at 100% *Deductible waived for preventive drugs, however, copays will apply

HDHP/HSA Plan 1 Maximum Out of Pocket (MOOP): Subject to the medical deductible & coinsurance		
Tier	Retail	Mail Order
Tier 1 - Most Generics	$20	$40
Tier 2 - Brand Preferred	$50	$100
Tier 3 - Brand Non-Preferred	$80	$160
Preventive Rx		$20

NOTE:

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

Drugs that fall under the Affordable Care Act are covered at 100% *Deductible waived for preventive drugs, however, copays will apply

HDHP/HSA Plan 2 Maximum Out of Pocket (MOOP): Subject to the medical deductible & coinsurance		
Tier	Retail	Mail Order
Tier 1 - Most Generics	Subject to the medical deductible & coinsurance	Subject to the medical deductible & coinsurance
Tier 2 - Brand Preferred		
Tier 3 - Brand Non-Preferred		
Preventive Rx		$20

NOTE:

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

Drugs that fall under the Affordable Care Act are covered at 100% *Deductible waived for preventive drugs, however, copays will apply

***See detailed summary plan description for complete benefit information*

Pharmacy Benefits



Specialty Medications

Specialty medications include prescribed drugs that:

- Are generally high in cost, complexity, or touch
- Treat complex, chronic conditions such as cancer, rheumatoid arthritis, and multiple sclerosis
- Require frequent dosing adjustments or intensive clinical monitoring
- Limited distribution
- Require **Special** handling

Specialty medications are covered when purchased though CVS/Caremark' Specialty Pharmacy

CVS Specialty Pharmacy can be contacted at **800.318.6108**. Members can also contact the RxBenefits Member Services team for assistance at **800.334.8134**

90-Day Supply: Home Delivery or CVS/Caremark Pharmacy

You can have a 90-day supply of prescription maintenance medication sent directly to your home or office by the CVS/Caremark Home Delivery. You also have the option to obtain a 90-day maintenance medication at your local CVS/Caremark Pharmacy.

Savings

- Lower copay for 90-day supply than three 30-day supply.

Convenience

- Delivered directly to you.
- Hassle-free switch: call RxB Member Services team to assist.
- One time sign-up.
- Automatic refill options.

Safety

- Reviewed by pharmacists to ensure order is accurate. Medications arrive in private, tamper-resistant and temperature-controlled packaging.
- Promotes better health and adherence.

Your doctor can CALL the CVS/Caremark Home Delivery at 866-885-4944 to submit your 90-day prescription or FAX it to 800-378-0323

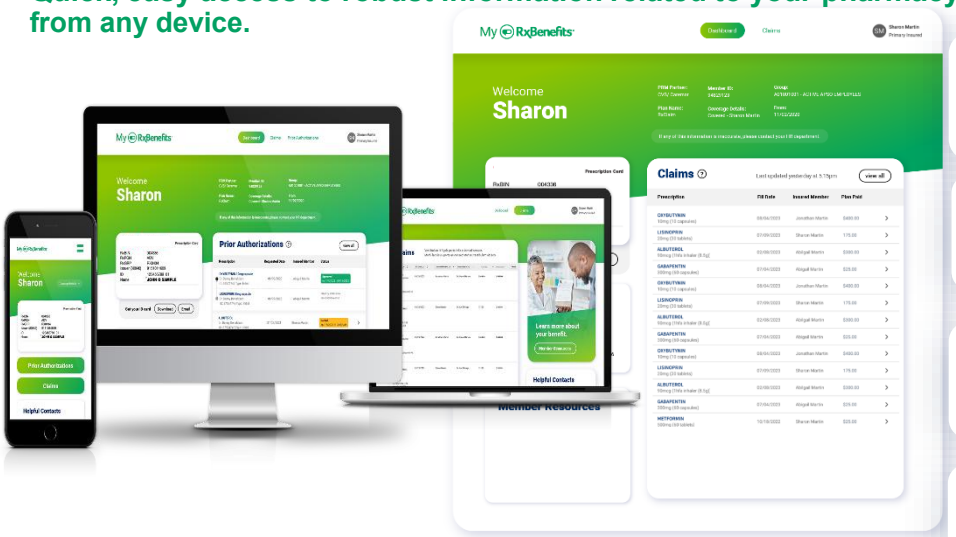
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***See detailed summary plan description for complete benefit information*

Pharmacy Benefits

Making Information Easily Accessible

Quick, easy access to robust information related to your pharmacy benefits. Available anytime, anywhere from any device.



- Establish and manage communications preferences
- View, download and email ID cards for all covered members
- View 18 months of pharmacy claims (including claims for eligible dependents)
- View pharmacy benefits coverage information

Members can register at www.member.rxbenefits.com

Frequently Asked Questions

Q: Are my drugs covered?

A: You can access a copy of the most current Preferred Drug List at caremark.com or by contacting RxBenefits Member Services at **800.334.8134**. Formularies change, so your medications may not be in the same tier level as last year, so please review the preferred drug list since it may provide lower cost alternatives for your medications. Also, discussing generics with your physician could save you money.

Q: If my coverage is with CVS/Caremark, why do I need to call RxBenefits?

A: Your benefits are being provided by CVS/Caremark, but RxBenefits administers the services for a more personal approach. You should contact RxBenefits for any pharmacy-related questions.

Q: What happens if my questions require contact with CVS/Caremark?

A: RxBenefits Member Services reps have access to the CVS/Caremark systems. If RxBenefits needs to contact CVS/Caremark to resolve an issue, they will stay on the line, explain the issue, and continue to monitor your problem until it is resolved.

For Questions or Concerns

Members can contact
RxBenefits Member Services

800.334.8134
Monday through Friday
7:00 a.m. – 8:00 p.m. Central

customercare@rxbenefits.com

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***See detailed summary plan description for complete benefit information*

Anthem BlueCross BlueShield

Your Summary of Benefits
Jennings County Schools
Anthem Blue Cross and Blue Shield Dental Complete

WELCOME TO YOUR DENTAL PLAN!
This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on
Your Anthem Blue Cross and Blue Shield (Anthem) dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits – you get more for your money.
You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
Annual Benefit Maximum – (Calendar Year) • Per insured person • Diagnostic & Preventive Services are not applied to the Annual Benefit Maximum	$1,000	$1,000
Annual Maximum Carryover	Yes	Yes
Orthodontic Lifetime Benefit Maximum • Per eligible insured [Select one]	Not applicable	Not applicable
Annual Deductible – (Calendar Year) • Per insured person • Family maximum	$50 3x single member deductible	$50 3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	90th percentile	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays (twice in 12 mos. for all ages) • Periapical X-rays	100% coinsurance	100% coinsurance	No waiting period
Basic Services • Amalgam (silver-colored) filling • Front composite (tooth colored) filling • Back composite (tooth colored) filling, covered as composite • Simple extractions	80% coinsurance	80% coinsurance	No waiting period
Endodontics • Root canal	80% coinsurance	80% coinsurance	No waiting period
Periodontics • Scaling and root planing	80% coinsurance	80% coinsurance	No waiting period
Oral Surgery • Surgical extractions	80% coinsurance	80% coinsurance	No waiting period
Major Services • Crowns	50% coinsurance	50% coinsurance	No waiting period
Prosthodontics • Dentures • Bridges • Dental implants (covered)	50% coinsurance	50% coinsurance	No waiting period
Prosthetic Repairs/Adjustments	50% coinsurance	50% coinsurance	No waiting period
Orthodontic Services • Not covered	Not covered	Not covered	Not applicable

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. **In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.**

Dental Benefits

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

* The International Emergency Dental Program is managed by an independent company offering dental-management services to Anthem. To learn more about the program, please visit the International Emergency Dental Web site at www.decaredental.com/internationalDentalProgram.do..

Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to anthem.com/mydentalvision
- Call Anthem dental customer service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write	Email
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.	Go to anthem.com or the website listed on the back of your ID card.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) – Limited to two per Calendar Year

Teeth cleaning (prophylaxis) – Limited to two per Calendar Year

Periapical X-rays, single film – Limited to four films per 12-month period

Complete series X-rays – (panoramic or full-mouth) Limited to once every 60 months

Topical fluoride application – Limited to once every 12 months for members through age 18

Sealants – Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services**

Fillings – Limited to once per surface per tooth in any 24 months

Space Maintainers – Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; space maintainers may be covered under Diagnostic and Preventive or Basic Services.

Crowns – Limited to once per tooth in a seven-year period

Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy – Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery – Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing – Limited to once per quadrant in 36 months, when the tooth pocket has a depth of four millimeters or greater

Brush biopsy – (Not covered)

****Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – *if Orthodontia is included as a benefit of your dental plan*

Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of this coverage – Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) – Orthodontic braces, appliances and all related services

Cosmetic dentistry – Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications – Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions – Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem..

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation ("Compcare") or Wisconsin Collaborative In[illegible]"); Compcare underwrites or administers HMO or POS polic[illegible] underwrites or administers Well Priority HMO or POS policies. Independent licensees [illegible]hield Association. ANTHEM is a registered trademark of An[illegible]urance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the reg[illegible]e Cross and Blue Shield Association.

Anthem BlueCross BlueShield

Choice of dentists
While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why…
In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts
Anthem develops an out-of-network dental fee schedule/rate to determine the maximum allowed amount for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

Here's an example of higher costs for out-of-network dental services
This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Say Ted's dental plan allows him 50% coinsurance for either in- or out-of-network services... Ted chooses to get a crown from an out-of-network dentist who charges $1,200 for the service and bills Anthem for that amount. If Anthem's maximum allowed cost for this dental service is $800, this means there will be a $400 difference. The out-of-network dentist can "balance bill" Ted for that amount.

Ted will also need to pay $400 coinsurance. Therefore, the total he will pay the out-of-network dentist is $800. Here's the math:

- Dentist's charge: $1,200
- Anthem's maximum allowed cost: $800
- Anthem pays 50%: $400
- Ted pays 50% (coinsurance): **$400**
- Balance Ted owes the provider: $1,200 - $800 = **$400**
- Ted's total cost: **$400** coinsurance + **$400** provider balance = **$800**

In the example, if Ted had gone to an in-network dentist, his cost would be only $400 for the coinsurance because he would not have been "balance billed" the $400 difference.

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Vision Benefits

Blue View Vision℠
FS.B.10.20.150.140
Jennings County School Corporation
Effective 01/01/2025

Anthem

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at **anthem.com**, or the Sydney app. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Your vision plan includes coverage for routine eye exams and prescription eyewear from your choice of eye care providers.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	$10 Copay	Reimbursed Up To $42	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	$150 Allowance, then 20% off any remaining balance	Reimbursed Up To $45	Once every other calendar year
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses • Single vision lenses • Bifocal lenses • Trifocal lenses	 $20 Copay $20 Copay $20 Copay	 Reimbursed Up To $40 Reimbursed Up To $60 Reimbursed Up To $80	Once every calendar year
Eyeglass Lens Enhancements *When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost*			
• 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 when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses *(instead of eyeglass lenses)* *Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.*			
• Elective conventional (non-disposable) OR	$140 Allowance, then 15% off any remaining balance	Reimbursed Up To $105	Once every calendar year
• Elective disposable OR	$140 Allowance *(no additional discount)*	Reimbursed Up To $105	
• Non-elective (medically necessary)	Covered in full	Reimbursed Up To $210	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package. .

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.
Excess Amounts. Amounts in excess of covered vision expense.
Sunglasses. Plano sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Not Specifically Listed. Services not specifically listed in this plan as covered services.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Orthoptics. Orthoptics or vision training and any associated supplemental testing

Vision Benefits

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam		Not More Than $39

Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	• Transitions lenses (Adults)
	• Standard Polycarbonate (Adults)
	• Tint (Solid and Gradient)
	• UV Coating
	• Progressive Lenses[1]
	  ○ Standard
	  ○ Premium Tier 1
	  ○ Premium Tier 2
	  ○ Premium Tier 3
	• Anti-Reflective Coating[2]
	  ○ Standard
	  ○ Premium Tier 1
	  ○ Premium Tier 2
	• Other Add-ons (i.e. high index lenses, anti-fog coating)
		$20
		$40
		$15
		$15
		
		$65
		$85
		$95
		$110
		
		$45
		$57
		$68
		20% off retail price

Additional Pairs of Eyeglasses **Anytime from any Blue View Vision network provider**	• Complete Pair • Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Conventional Contact Lenses (non-disposable type)	• Discount applies to materials only •	15% off retail price
Contact lens fit and follow-up **A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.**	• Standard contact lens fitting3 • Premium contact lens fitting4	Up to $55 10% off retail price

[1] Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

[4] Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations. Some of our in-network providers include:

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

GLASSES.COM contactsdirect 1800contacts Ray-Ban befitting OAKLEY

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at **anthem.com**, select discounts, then Vision, Hearing & Dental. * Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **anthem.com**, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

TO FAX: 866-293-7373
TO EMAIL: ooonclaims@eyewearspecialoffers.com
TO MAIL: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

...of Transitions Optical, Inc. Anthem Blue Cross and Blue Shield is the trade nam... Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a ...nce Companies, Inc. The Blue Cross and Blue Shield names and symbols are ...rks of the Blue Cross and Blue Shield Association.



Life and AD&D

Basic Life and Accident AD&D

Life insurance is an important part of your financial well-being, especially if others depend on you for support. Your school provides Basic Life and AD&D coverage on all benefit eligible employees, at no cost to you through National Insurance Services. The Basic Life benefit is 1x your annual salary up to a maximum of $150,000. In addition, you have Accidental Death and Dismemberment, which pays your beneficiary an additional benefit equal to your life coverage if your death is the result of an accident.

An employee that declines coverage when first eligible and wishes to apply at a later date will be required to provide evidence of good health for any benefit amount. National Insurance Services administers the Voluntary Life Insurance Plan.

Voluntary Dependent Basic Life

In addition to Basic Life Insurance, employees may also purchase Voluntary Dependent Basic Life Insurance for their spouse and/or their dependent children. All premiums are paid through payroll deductions on an after-tax basis. Additionally, an employee who enrolls in Voluntary Dependent Basic Life Insurance, when they first become eligible, may enroll without providing evidence of good health as long as they select an amount that does not exceed the Guaranteed Issue amount indicated in your summary.

Long-Term Disability (LTD)

Your school believes that long-term disability (LTD) coverage is important because anyone at any age may become injured or ill for an extended period of time. LTD coverage will replace a percentage of your base salary, to a monthly maximum, if you are disabled for more than a certain number of days and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation.

An employee that declines coverage when first eligible and wishes to apply at a later date will be required to provide evidence of good health for any benefit amount. National Insurance Services administers the Voluntary Life Insurance Plan.

Update Your Life Insurance Beneficiary Information!

If you've recently tied the knot, welcomed a baby, adopted a child, undergone a divorce or suffered a death in the family, it's probably time to update your beneficiary. Imagine how your spouse may feel if your Life Insurance benefits were unintentionally left to someone else... your ex-spouse happily receives a large sum of cash while your family helplessly watches. These situations can and do happen. Update your Life Insurance beneficiary today!

For more questions about Life and AD&D please contact your HR representative

***See detailed summary plan description for complete benefit information*



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).

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EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Claimant Assist Services Are Available: 866.472.2734

***See detailed summary plan description for complete benefit information*



SISIT
Southeastern Indiana School Insurance Trust

24/7 care when you need it.

Get convenient care for your body and mind — all via phone or video. SISIT provides First Stop Health to medical enrolled employees and their immediate family members. It costs $0!

On-demand doctor visits

Getting the care you need shouldn't be a pain. Board-certified doctors are available 24/7 via phone or video!

Diagnosis & treatment

Get immediate support, including prescriptions when appropriate* for:

- Sore Throat
- Cough
- Sinus Issues
- Skin Rash
- UTI
- Rx Refill*
- Pink Eye
- Fever
- Earache
- Cold & Flu
- Medical Questions
- And more!

Counseling for your mental health.

Use short-term, solution-focused counseling for anxiety, depression, grief and more.

Activate your account

Use the last 4 digits of your SSN to claim your account!

firststophealth.com | 888-691-7867

*First Stop Health services are not intended to constitute a health plan. *Providers at First Stop Health do not prescribe controlled substances. Costs according to your medical plan may apply for prescriptions. For those under the age of 18, virtual counseling use will be considered on a case-by-case basis.*

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***See detailed summary plan description for complete benefit information*

Center of Excellence (COE) - Orthopedic



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.

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

Will I have to visit Hendricks Regional Health before the surgery, or can this be done virtually?
Some patients will 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 will 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. However, you may incur charges for pre-surgical evaluation and post-operative therapy. These costs are offset by a shared savings check of up to $1,500 which you will receive from your employer within 30 days after surgery.

How do I get the shared savings check?
If you have surgery at the Hendricks Regional Health Orthopedic Center of Excellence, your employer will issue you a shared savings check of up to $1,500 within 30 days 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.

If I live far away, will hotel accommodations be included?
Yes, hotel costs are included in the program. If hotel accommodations are needed, our concierge will assist you in arranging a reservation.

**Subject to applicable taxes*

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***See detailed summary plan description for complete benefit information*

Center of Excellence (COE) - Orthopedic



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

- ACL Repair
- Anterior & Posterior 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
- Trigger Finger Release

Hendricks Regional Health

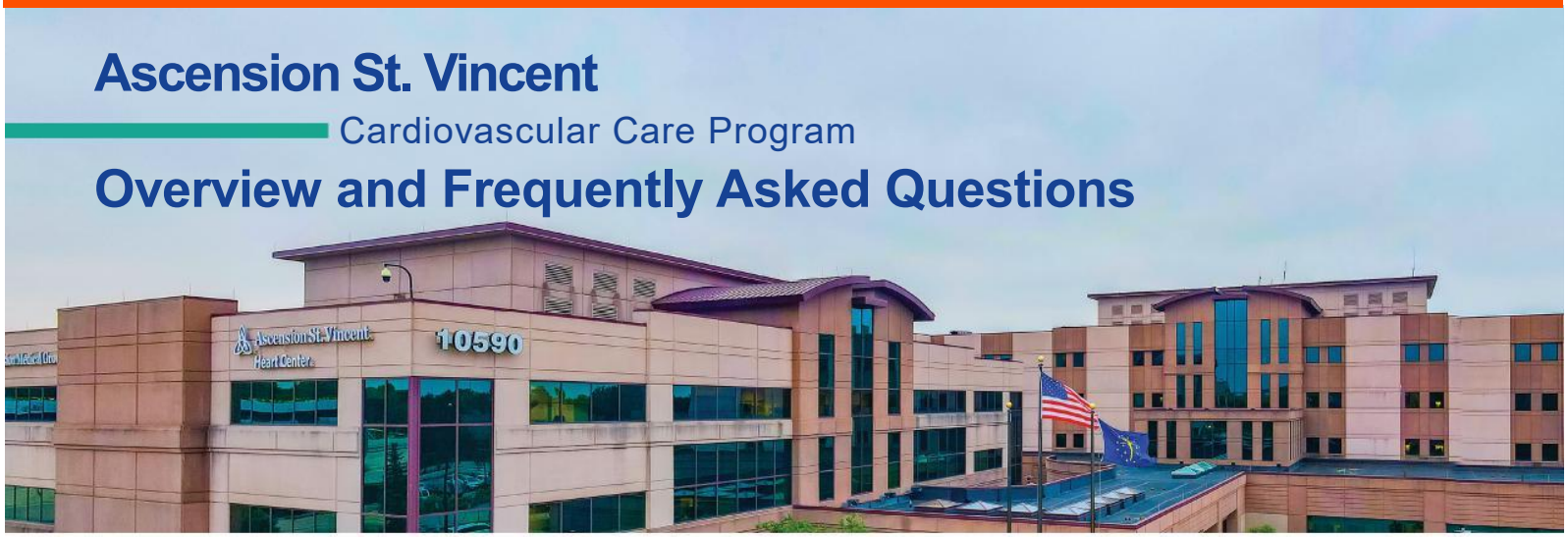
Scan here to visit **Hendricks.org/COE** and learn more.

Or call: **317-386-5630**

**Subject to applicable taxes*

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***See detailed summary plan description for complete benefit information*



Ascension St. Vincent cardiovascular care program overview and frequently asked questions

What is the Ascension St. Vincent cardiovascular care program?
- High-quality specialty care offered through your employer at no cost to you as part of your health benefit plan.
- Comprehensive cardiovascular care, including testing, surgeries and procedures performed at designated locations.
- A program available to active members of participating employer health plans.

What services are included through the cardiovascular care program?
- Appointments, testing, surgeries and procedures at approved facilities.
- Advanced cardiac imaging, including computed tomography (CT) and magnetic resonance imaging (MRI).
- State-of-the-art catheterization labs and operating rooms.
- Emergency heart services and complex surgical care.

What is not included in the program?
- Testing done at unapproved facilities or offices.
- Services at other Ascension hospitals, such as those in Fishers, Indianapolis, Evansville or other locations.

Why should I participate in the cardiovascular care program?
- Experience world-class service and the highest quality cardiovascular care available in Indiana.
- Excellent procedural and surgical outcomes, decreased hospital time and quicker recovery.
- Comprehensive post-surgical care to ensure quality of life is restored.
- Lower costs for you and your family.
- Zero deductible, copay or coinsurance costs.
- Potential for incentive payments from your employer for choosing the Ascension heart care team.

Do I have to use this program?
- This is not a mandatory program. You always have the choice to use this program or seek care elsewhere through your primary health benefits.

What if I already have a non-Ascension cardiologist?
- Their services are not covered under this program, your regular deductibles and costs will apply for their services.
- Explain our incentive benefits program to your provider.
- Your current cardiologist can collaborate with our team at the Heart Center.
- You can request a referral to the Ascension St. Vincent heart care team.

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***See detailed summary plan description for complete benefit information*

Center of Excellence (COE) - Cardiovascular

Do I need a referral from my primary care provider?
- No referral is needed, you may directly call the concierge line to schedule an appointment.

How much will services in this program cost me?
- Deductible and coinsurance costs are waived for eligible care under this program.
- Incentive payments may be available for participation in the program when utilizing services.

What if I am having symptoms of a cardiovascular emergency?
- Go directly to the closest ER or dial 911.

To access services, follow these steps:

Step One

Call 855-782-0946 to schedule an appointment with an Ascension St. Vincent cardiologist, identifying yourself as a member of the Cardiovascular Care Program through your health plan. You will be connected to the office of your choice for direct scheduling with the appropriate doctor

Step Two

Complete your consultation with the Ascension St. Vincent doctor for guidance on your recommended care plan. This consultation step will be billed to your primary commercial health plan and is subject to normal office deductibles and copays. The doctor's office will help you schedule your services at the Heart Center, which are provided at no cost to you through this program.

Step Three

The Ascension St. Vincent Heart Center team will work with you on all scheduling, education and preparation for your upcoming procedure or surgical event. It's always a good idea to remind them to verify that your services will be fully covered under the Cardiovascular Care Program.

Step Four

Complete recommended testing, imaging, or other required evaluations prior to your procedure or surgery at Ascension St. Vincent Heart Care Center, to be followed by scheduling of any recommended procedure or surgical event.

Where is the Ascension St. Vincent Heart Center located?

The Heart Center is centrally located just north of Indianapolis in Carmel, Indiana, with easy access from I-465, just off of US 31.
Our address is:
10580 N Meridian St.
Carmel, IN 46290

For scheduling, Please call 855-782-0946.

To learn more, scan the QR code or visit Ascension St. Vincent Cardiovascular Care Program

If you are experiencing chest pain, especially in combination with jaw or arm pain, lightheadedness, nausea, vomiting or difficulty breathing, you might be having a heart attack. Call 911 or go to the nearest emergency room right away.

Ascension St. Vincent Heart Center

***See detailed summary plan description for complete benefit information*

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Additional Benefits

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. 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

$3,400 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

$7,500 pre-tax dollars per family per year is the maximum that you may designate for dependent care. Expenses must be incurred before you are eligible to receive reimbursements. Pre-payment of expenses is not acceptable for reimbursements. Before you use your Visa debit card for dependent care, check the balance on the card.

Health Savings Account (HSA)

Employees who enroll in the HDHP/HSA plan are eligible to open a Health Savings Account (HSA). Following are the Annual IRS Contribution limits for 2026:

- For an individual with self-only coverage - $4,400.
- For an individual with family coverage - $8,750



YOUR HEALTH

Your Schneck Clinic Access

SCHNECK FAMILY CARE North Vernon

Appointment + Walk-in

Location: 2145 N State Hwy 3, North Vernon

Phone: 812-346-6010

Hours: Monday-Thursday 8:00 a.m.-5:00 p.m., Friday 7:00 a.m.-4:00 p.m.

Services: Primary Care + Preventative Care + Urgent Care + Pharmacy + Labs + X-ray (most days)

Providers: Dr. Samuel Borcherding, Dr. Brad Morin, Dr. Scott Murphy, Greg Comstock, PA

WELLLIFE BY SCHNECK Seymour

Appointment + Same-day Appointment

Location: 100 N Walnut St, 1st Floor, Seymour

Phone: 812-523-5185

Hours: Monday-Thursday 7:00 a.m.-5:00 p.m. and Friday 7:00 a.m.-4:00 p.m.

Services: Primary Care + Preventative Care + Pharmacy + Labs + Smoking Cessation + Lifestyle Medicine

Providers: Michelle Michael, PA-C, Melissa Anderson, FNP-C, Brilyn Banister, PA-C

SCHNECK URGENT CARE Seymour

Walk-in + Reserve Your Spot

Location: 1124 Medical Place, Seymour

Phone: 812-519-1552

Hours: Monday-Friday, 8:00 a.m.-8:00 p.m., Saturday-Sunday 8:00 a.m.-5:00 p.m.

Services: Urgent Care + Limited Pharmacy + Labs

Reserve Your Spot by visiting SchneckUrgentCare.com

Providers: Dr. Thomas Roberts, Teresa Guernsey, FNP-C, Amy Jackson, PA-C

7 days per week + access to physicians + multiple locations

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***See detailed summary plan description for complete benefit information*

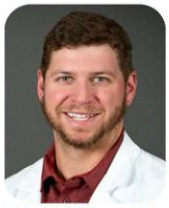
YOUR PROVIDERS



YOUR HEALTH

SCHNECK FAMILY CARE North Vernon

Location: 2145 N State Hwy 3, North Vernon
Phone: 812-346-6010
Hours: Monday-Thursday, 8:00 a.m.-5:00 p.m., Friday, 7:00 a.m.-4:00 p.m.
Services: Primary Care + Preventative Care + Urgent Care + Pharmacy + Labs + XRay (most days)


Samuel Borcherding, MD


Bradley Morin, MD


Scott Murphy, MD


Greg Comstock, PA-C

WELLLIFE BY SCHNECK Seymour

Location: 100 N Walnut St, 1st Floor, Seymour
Phone: 812-523-5185
Hours: Monday-Thursday 7:00 a.m.-5:00 p.m. and Friday 7:00 a.m.-4:00 p.m.
Services: Primary Care + Preventative Care + Pharmacy + Labs + Smoking Cessation + Lifestyle Medicine


Melissa Anderson, NP


Brilyn Banister, PA-C


Michelle Michael, PA-C

SCHNECK URGENT CARE Seymour

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Hours: Monday-Friday, 8:00 a.m.-8:00 p.m., Saturday-Sunday 8:00 a.m.-5:00 p.m.
Services: Urgent Care + Limited Pharmacy + Labs
Reserve Your Spot by visiting SchneckUrgentCare.com


Thomas Roberts, MD


Teresa Guernsey, NP


Amy Jackson, PA-C

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***See detailed summary plan description for complete benefit information*

YOUR HEALTH
PHARMACY SERVICES

Schneck Family Care—North Vernon
WellLife by Schneck—Seymour

Patient Cost: $0

Albuterol Inhaler	Escitalopram	Nitrofurantoin
Allpurinol	Fluconazole	Ofloxacin
Amoxicillin	Fluticasone/Salmeterol	Omeprazole
Amoxicillin/Clavulanate	Furosemide	Ondansetron
Amlodipine	Gemfibrozil	Oseltamivir
Atorvastatin	Glimepiride	Oxybutynin
Azithromycin	Hydrochlorothiazide	Pantoprazole
Bacitracin	Hydroxyzine	Pioglitazone
Benzonatate	Levothyroxine	Prednisone
Betamethasone Dipropionate	Lisinopril	Sertraline
Bupropion XL	Losartan	Sulfamethoxazole/Trimethoprim
Cefdinir	Meloxicam	Sumatriptan
Cefuroxime	Metformin ER	Tamsulosin
Cephalexin	Metoprolol Succinate	Tizanidine
Cetirizine	Metoprolol Tartrate	Topiramate
Ciprofloxacin	Metronidazole	Triamcinolone Cream
Clopidogrel	Mometasone Cream	Valacyclovir
Cyclobenzaprine	Montelukast	Venlafaxine
Doxycycline	Mupirocin	
Duloxetine	Naproxen	

REMINDER: To receive a prescription, your medication must be prescribed and managed by a provider at Schneck Family Care, Schneck Urgent Care, or WellLife. Our providers ensure your medication is appropriate for your condition and will oversee your treatment moving forward.

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***See detailed summary plan description for complete benefit information*

YOUR HEALTH
PHARMACY SERVICES

Schneck Urgent Care—Seymour

Patient Cost: $0

Albuterol inhaler	Hydroxyzine
Amoxicillin	Meloxicam
Amoxicillin/Clavulanate	Metronidazole
Azithromycin	Mupirocin
Bacitracin	Naproxen
Benzonatate	Nitrofurantoin
Betamethasone cream	Ofloxacin
Cefdinir	Ondansetron
Cefuroxime	Oseltamivir
Cephalexin	Prednisone
Ciprofloxacin	Sulfamethoxazole/Trimethoprim
Cyclobenzaprine	Tizanidine
Doxycycline	Triamcinolone Cream
Fluconazole	Valacyclovir
Fluticasone/Salmeterol	

REMINDER: To receive a prescription, your medication must be prescribed and managed by a provider at Schneck Family Care, Schneck Urgent Care, or WellLife. Our providers ensure your medication is appropriate for your condition and will oversee your treatment moving forward.

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***See detailed summary plan description for complete benefit information*

Anthem

Register with us

for quick, secure, digital access to all your plan information

Keep on top of your health, dental, and vision benefits with 24/7 access to your plan details. Register on our Sydney℠ Health app or through our website at **anthem.com/register** so your account is ready to use when you need it. **There is no cost, and it only takes a few minutes.**

Once you're registered, you'll have one place you can go for all your plan and benefits information. You can review coverage and claims, find care, estimate cost of care, manage your prescriptions, and access your digital plan ID card.



Have your plan ID card ready to get started

1. Download our free Sydney Health app and select **Register new account** *or* go to **anthem.com/register**.
2. Select your identification type (in most cases, this is your member ID).
3. Enter your plan ID number, full name, and date of birth.
4. Follow the one-time security prompt and create a username and password. (You'll use the same login information when you log in to either the app or website.)
5. Review your information to complete your registration.

Scan this QR code with your phone's camera to **download our Sydney Health app** today.

sydney℠

Download on the App Store

GET IT ON Google Play

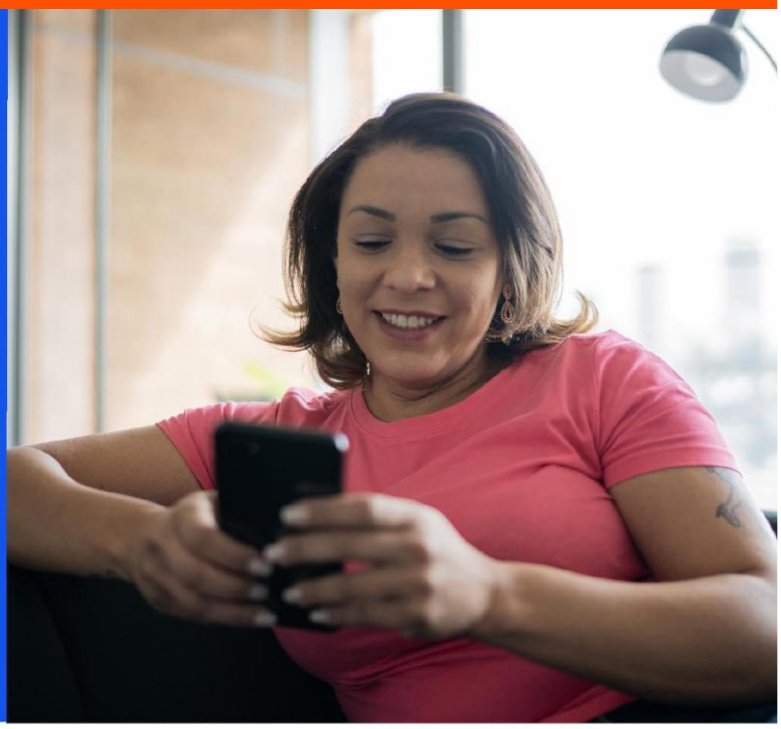
On-screen experiences may vary due to personalization, benefit plans, and ongoing enhancements.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024

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***See detailed summary plan description for complete benefit information*

Digital health coaching from Lark



Roughly 98 million Americans (1 in 3) are living with prediabetes, but 81% aren't even aware they have it.[1] The good news is we're here to help. We've partnered with Lark to offer you the Diabetes Prevention Program, which can help you take steps to lower your risk.

This program can help you:

- Lose weight
- Eat healthier
- Increase activity
- Reduce stress



Extra support for weight loss and lifestyle changes

Lark's unique approach to weight loss and lifestyle changes not only helps lower the risk of type 2 diabetes, but also makes it possible for program participants to lose an average of 5.3% of their body weight within 12 months.[2]

If you qualify and enroll in this program, coaches can also help guide you to reach your weight loss goals and give you tips to make changes that count.

Anthem

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***See detailed summary plan description for complete benefit information*

Anthem Lark

You can take advantage of:

- Personalized support and motivation, covering topics from prediabetes to stress management.
- A program to fit your lifestyle and food preferences.
- 26 Centers for Disease Control and Prevention (CDC)-recognized educational lessons to build knowledge on prediabetes and diabetes prevention.
- A complimentary smart scale that connects and syncs to the Lark app to track your progress.
- The chance to earn a Fitbit activity tracker by completing engagement milestones.
- A community of like-minded people working toward the same overall goals as you.

You are in charge of your health. Prevent diabetes and improve your overall health and well-being today.



See if you qualify for the program

Scan the QR code with your phone's camera to take the one-minute survey.

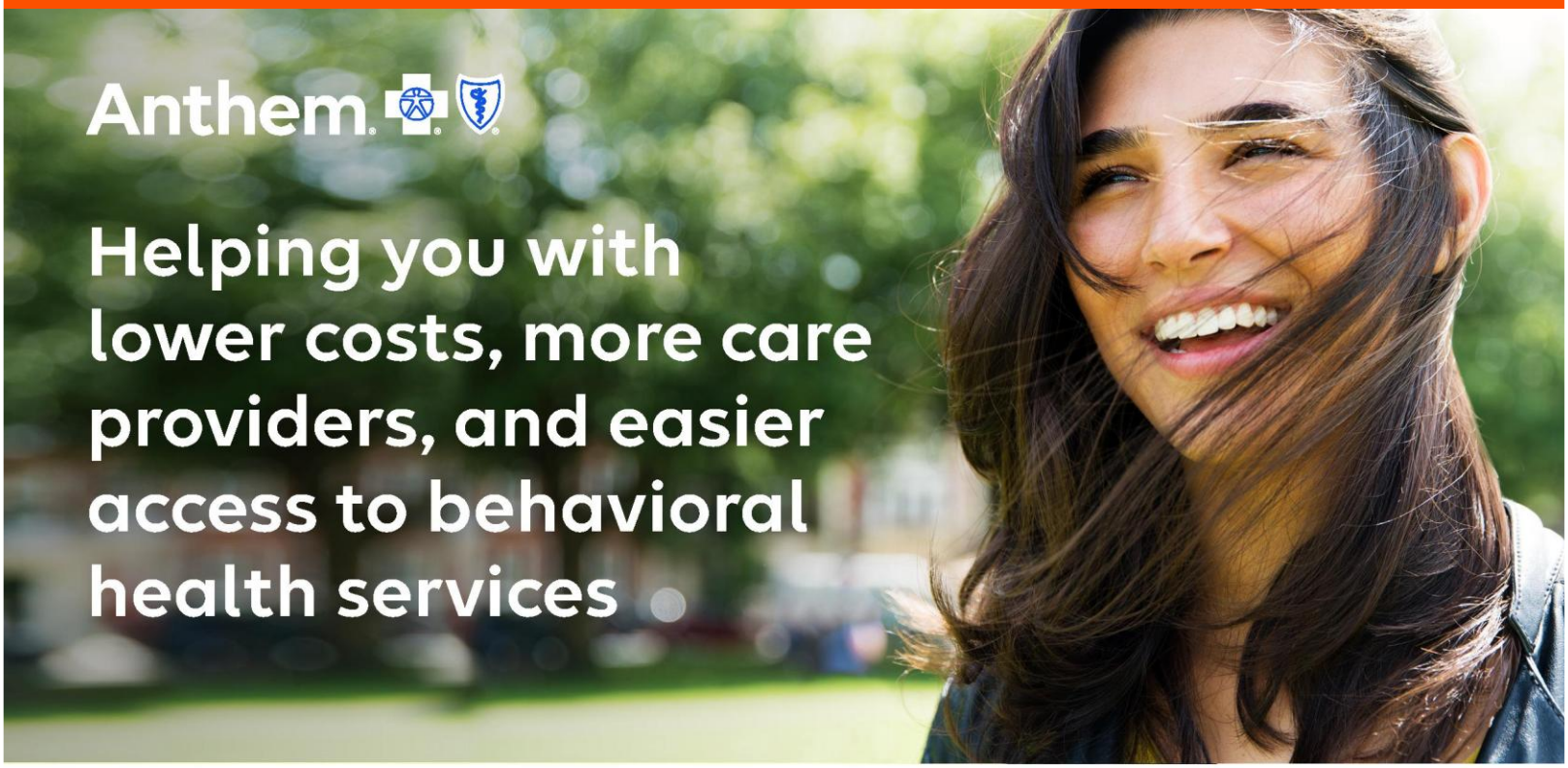
1 Centers for Disease Control and Prevention: *Do I Have Prediabetes? Campaign* (May 15, 2024): cdc.gov.

2 Sage Journals: *Weight loss in a digital app-based diabetes prevention program powered by artificial intelligence* (October 9, 2022): journals.sagepub.com.

Diabetes Prevention Program is provided by Lark, an independent company.

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Mental health is part of your overall well-being

It's important to get the right support for behavioral health concerns.

Youth suicide rates

Suicide is the second leading cause of death for children between 10 and 14 years old in the U.S., and 11th overall.[1]

Complex needs

21.5 million U.S. adults experience both mental illness and a substance use disorder.[2]

Whole-health impact

Adults experiencing depression are at higher risk of chronic diseases, including heart disease, diabetes, and stroke.[3]

We're here to help

If you or a loved one needs help with a mental health or substance use concern, you're not alone. Through your Anthem Blue Cross and Blue Shield benefits, you can quickly find expert, compassionate, and confidential care — often at low or no extra cost. You have access to a wide range of programs and services online, on the phone, in person, or through video — whatever is most convenient for you.

Virtual visits

You can schedule virtual visits with psychologists and therapists within seven days using our Sydney℠ Health app — half the time needed for scheduling in-person appointments.[4]

90% of individuals were able to find all the behavioral health services they needed.[5]

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Anthem Behavioral Health

Enhancing behavioral health support in Indiana

Reduced copays
Providing lower copays for virtual and in-person office visits.

Expanded networks
Using larger networks with more than 100 care providers added through Carelon Behavioral Health and more LiveHealth® Online virtual care providers.[6]

Support options
Offering innovative whole-health programs and services that provide support to children, teens, and adults — with virtual or in-person options.

Specialized benefits
Including:

- Eating disorder treatment
- Autism Spectrum Disorder family outreach
- Behavioral health case management
- Emotional well-being resources
- Virtual care through LiveHealth Online
- Outreach for children, adolescents, families, and guardians

Our caring team helps you find the right support

If you have questions about your benefits or need help finding a behavioral health professional or program, chat with us live on the Sydney Health app or at anthem.com, or call Member Services at the number on your health plan ID card.

Download the **Sydney Health** app or sign up at anthem.com. Scan the QR code using your phone's camera.

For help with ...	This program is available	How to access[7]
General behavioral health conditions.	LiveHealth Online (LHO) (Amwell) offers video visits with board-certified doctors, therapists, or psychiatrists from the comfort of your home.	**LiveHealth Online (LHO)(Amwell):** virtual Visit sydneyhealth.com.
Substance use disorders such as opioid and alcohol.	Aware Recovery Care provides long-term substance use treatment, including withdrawal management, medication-assisted treatment, and care and support in the privacy and security of your home.	**Aware Recovery Care: virtual** Visit **Find Care** at anthem.com. Learn more at awarerecoverycare.com.
General behavioral health and medication management for ages 1 and older.	Headway matches individuals with therapists based on their needs. Offering an easy-to-use scheduling platform on their website, the average new-patient appointment is available in less than five days.	**Headway: virtual and in person** Visit **Find Care** at anthem.com. Learn more at headway.co.
General mental and behavioral health concerns	Talkspace offers video, text, and phone sessions for individuals, teens, and couples to connect with a licensed therapist through live sessions, ongoing messaging, or both.	**Talkspace: virtual** Visit talkspace.com/anthem.
General behavioral health, psychiatric care, medication management for ages 5 and older.	Rula offers services for individual therapy, medication management, couples therapy, family therapy, and psychiatric care. They offer an easy-to-use online scheduling platform.	**Rula: virtual** Visit rula.com.

1 National Institute of Mental Health: *Suicide* (February 2024): nimh.nih.gov.
2 Substance Abuse and Mental Health Services Administration: *Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (November 2023): https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf.
3 National Institute of Mental Health: *Understanding the Link Between Chronic Disease and Depression* (2024): nimh.nih.gov.
4 Appointments subject to availability. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please text, chat, or call 988 (Suicide and Crisis Lifeline), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.
5 Internal data: *Behavioral Health Case Management Member Satisfaction Survey*, Q1–Q3 2022.
6 Internal data: Carelon Behavioral Health, 2022.

...based on the status of provider participation. To verify provider availability to you as a ...es. In addition to using a telehealth service, you can receive in-person or virtual care from y... ...der in your plan's network. If you receive care from a doctor or healthcare provider not in you... ...s may be higher. You also may receive a bill for any charges not covered by your health plan.

Therapymatch, Inc. d/b/a/ Headway is a separate company providing behavioral health services on behalf of your health plan.

Headspace Inc. is a separate company providing behavioral health services on behalf of your health plan.

Aware Recovery Care, Inc. is a separate company providing in-home addiction treatment services on behalf of your health plan.

Path CCM, Inc. d/b/a Rula Health is a separate company providing behavioral health services on behalf of your health plan.

Virtual text and video visits powered by K Health. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan. Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

...them Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and ...e Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Wellbeing Solutions

Supporting your whole health matters



We want to support your whole health the best way possible. That's why your health plan includes Wellbeing Solutions, a suite of programs to help you with everyday health and your overall well-being.

Use the **Sydney℠ Health** mobile app and **anthem.com** anytime to access Wellbeing Solutions programs and resources that meet your healthcare needs.

Making your well-being a priority

Explore Wellbeing Solutions programs on the Sydney Health app

Proactive support

MyHealth Check-in. By taking a short health assessment, you will receive personalized health tips and resources to support your needs. We will offer details on programs that can help you lower health risks, reach your personal goals, and prevent future health problems.

MyHealth Advantage. We provide you with a confidential health summary that includes reminders for checkups, tests, and exams; lists of claims and prescriptions; and general health tips.

24/7 NurseLine. Talk to a trained, registered nurse without leaving your home. Convenient, 24/7 care means you can quickly get the answers to common health concerns.

Mental health resources

Behavioral Health Advantage (BHA). If you're trying to manage a behavioral health condition or cope with substance use disorder, you don't have to face it alone. Our behavioral health case managers are licensed mental health professionals. They offer caring support for you and your family, including 24/7 drug and alcohol assistance, to improve your quality of life. Tap into our knowledge hub, featuring tools, articles, and webinars on topics like suicide awareness and support, autism, attention deficit hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). We're here to help guide you on the path to better mental health and well-being.

Emotional Wellbeing Resources. Learn effective ways to develop resilience, reduce stress, and practice mindfulness through online programs and personalized coaching. Digital tools help you identify thoughts and behavior patterns that affect your emotional well-being.

Autism Spectrum Disorder Program. Receive support for a covered family member with an autism spectrum disorder. Our licensed behavior analysts can help you navigate the healthcare system and address any unique family challenges. We focus on the whole family and work with all of you to help you understand services and access care.

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Condition-based support

Concierge Care. This program pairs you with a personal health advocate to provide coaching and digital resources on health conditions, such as type 2 diabetes and heart failure, as well as when you are being discharged from an inpatient setting.

Case Management. After an illness or hospital stay, you can receive one-on-one support and care coordination from our team of medical professionals. They partner with you and your family to help guide you through the healthcare system and make the most of your benefits. Their goal is to understand your needs from all angles and help you get the best care possible.

Building Healthy Families. Whether you're planning for a family, are pregnant, or are postpartum, you can access digital tools and educational resources to support the needs of your growing family.

ConditionCare. Receive one-on-one, digital support from a healthcare professional for a chronic condition, like asthma or diabetes, to help you reach your health goals.

Cancer Care. If you or a family member is facing a cancer diagnosis or have started treatment, the Cancer Care Navigator program can provide one-on-one guidance and digital support when it matters most.



Connect with Sydney Health

Sydney Health offers useful health and wellness tips and personalized action plans that can help you reach your unique well-being goals. Use Sydney Health for a convenient way to find care and details about your health plan coverage along with Wellbeing Solutions benefits.

Download, open, register, and/or sign into the Sydney Health mobile app.

1. Go to homepage > Scroll down > Choose Personalize Your Care (for web and mobile).
2. Browse the wellness programs included in your plan.

Scan this QR code with your smartphone to download the Sydney Health app.

We care about you

With Wellbeing Solutions, you can work toward your health goals, knowing you are supported and cared for at every step. If you have any questions, call Member Services or visit **anthem.com**.

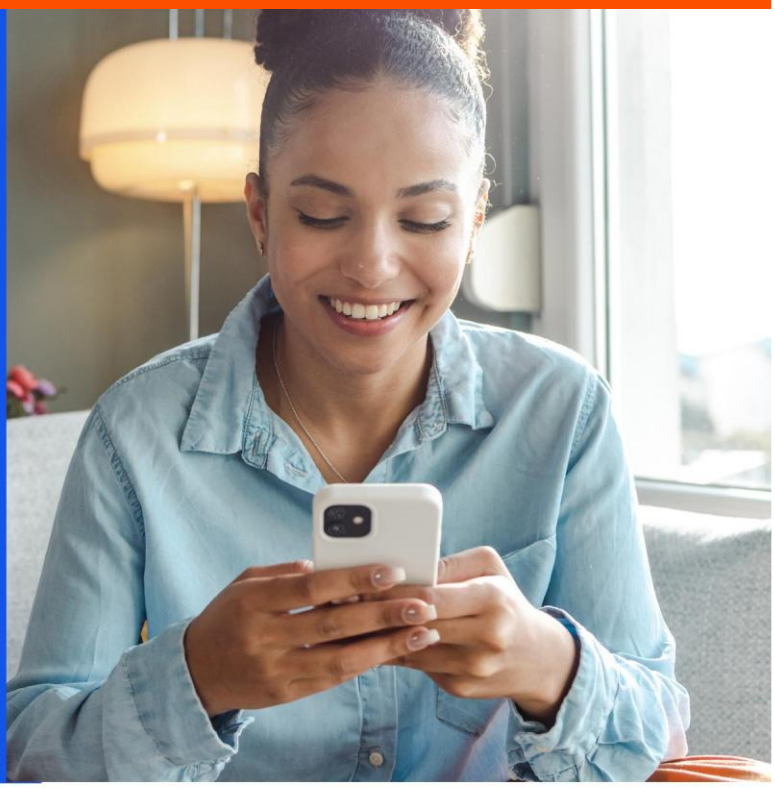
Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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Connecting you to world-class care

Receive a complimentary second opinion from Cleveland Clinic specialists



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

Frequently asked questions

Why is this program available?

For members to have access to leading experts in specialties such as heart, cancer, gynecology, and urology.[1] That's why Anthem partnered with Cleveland Clinic to provide this Complimentary Clinical Review.

Why Cleveland Clinic?

Cleveland Clinic ranks No. 1 in the nation in cardiology and heart surgery for the 29th year in a row, according to the U.S. News & World Report's 2023–2024 review.[2] Cleveland Clinic also ranks No. 2 among U.S. hospitals overall, with more than 3,900 employed doctors to diagnose and treat your condition. The staff is committed to providing the best care for serious and complex medical conditions.

Who is the ideal candidate for a Complimentary Clinical Review?

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

What happens when I schedule a review?

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

Anthem | Cleveland Clinic

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

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

How much does it cost?

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

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

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

What is the difference between a clinical review and a scheduled visit?

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



Request your virtual clinical review at no extra cost

Call 833-355-0454 or email anthemreferral@ccf.org.

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for all healthcare services except primary care, obstetrics, laboratory medicine, radiology, and ices.
t Hospitals (2023–2024): health.usnews.com.
ade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blu ation. Anthe

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Anthem

Concierge Cancer Care

Focus on your health. We'll help with the rest.



If you've been diagnosed with cancer, it may be difficult to know your next steps or which treatment plan is right for you. The Concierge Cancer Care program can help by walking you through each step of your cancer journey with the support and resources you need. We'll go over your options, answer your questions, check in with you along the way, and take as much of the burden off you as we can so you can focus on what matters most — your health and recovery.

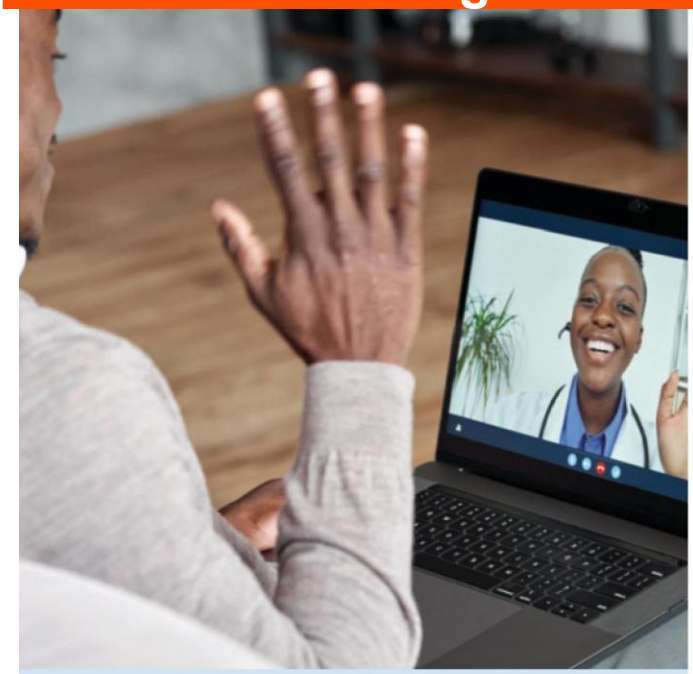
The value of a second opinion

You will be matched with an expert physician who will provide you with a second opinion regarding your diagnosis and treatment plan for no extra cost.

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Anthem Concierge Cancer Care



How to connect with Concierge Cancer Care

Call your Health Educator at **833-514-1297** Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

For a virtual second opinion, call The Clinic by Cleveland Clinic at 844-915-4948 Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

Expert guidance

- Cancer experts will review your records, diagnosis, and treatment plan to ensure you're on the right path.[1]
- A registered nurse will work with you one on one. They'll check in with you throughout your journey to help you get access to the best care possible.

Premier treatment

- We can match you with hospitals that specialize in the care you need through our partnership with Centers of Excellence (COE) across the country. Each COE partner was named a top cancer treatment facility by U.S. News and World Report.[2]
- We'll connect you with the latest and most promising clinical trials and cutting-edge treatments that fit your specific condition.
- You'll get VIP service to make sure you're as comfortable as possible throughout treatment.

Peace of mind

- Travel expenses and accommodations are fully covered for you and a companion when you travel to a COE for treatment.[3] Your care pre-authorizations are also confirmed before you travel anywhere, too.
- Once you complete your Virtual Second Opinion, we'll tell you how to access Tytocare technology. This tool allows you to take your vitals, check your throat, and other ways you can regularly check your symptoms from the comfort of home. You can view Tytocare technology in action here.
- When you use Tytocare, doctors are available 24/7 through LiveHealth Online to review your Tytocare results and guide you to the right care, if needed.

We are here to help

If you have any questions, please call the Member Services number on the back of your ID card for more information.

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1 The course of action recommended by the [VSO vendor] specialist may not be covered under your benefit plan. Please check benefit coverage of the recommended care with Anthem before beginning care.
2 U.S. News and World Report website: Best Hospitals for Cancer (August 2019): health.usnews.com.
3 Per IRS rules, amounts paid to you through this program that are above what is tax deductible are included as taxable income on your W-2. You'll receive a report of taxable dollars paid. For HSA plans, travel benefits will be covered at 100% once the deductible is met.

The Clinic by Cleveland Clinic, an independent company, provides the Virtual Second Opinion program on behalf of Anthem.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

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Save money

with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers, which can help you save money while taking care of your health.



Vision, hearing, and dental

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost of similar frames from other retailers. You also can receive additional savings on orders of $100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers. They also offer a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and receive ongoing service and support for your hearing aids.

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.

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Anthem SpecialOffers & Discounts

Fitness and Health

Fitness

Active&Fit Direct™

Choose from thousands of participating gyms nationwide with no long-term contracts or annual fees, or get fit at home with access to 12,000+ on-demand workout videos at no cost.

Fitbit®

Work toward your fitness goals with Fitbit trackers and find smartwatches that fit your lifestyle and budget.

Garmin®

Discover discounts available on select Garmin wellness devices.

Husk Wellness

GlobalFit, by Husk Wellness, offers discounts on gym memberships, fitness equipment and technology, nutrition and mental health services, and virtual wellness solutions.

Health

Ahara

With a personalized nutrition plan, you can improve your health by discovering key nutrients your body needs along with hidden health risks. This includes a personalized meal plan tailored to your health goals and symptoms.

ChooseHealthy®

Find discounts on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable health trackers, and health products such as vitamins and nutrition bars.

LifeMart®

Receive deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Learn more about SpecialOffers

Log in to **anthem.com**, choose **Care**, and select **Discounts.**

Family and home

Family

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products, such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Courses

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

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Where to Get Care?



First Choice

Schneck Wellness / First Stop Heath

- Sports physicals (excluding labs)
- Mild flu-like symptoms
- Cough and congestion symptoms
- Sore throat
- Ear pain
- Eye redness, discharge or itchiness
- Painful urination
- Rashes without fever
- Vaccinations
- SCHNECK Urgent Care Facilities

FREE



Second Choice

Primary Care Doctor

- Anything under First Shop Heath
- Minor Sprains and strains
- Rashes, minor burns

$$



Third Choice

ALL other Urgent Care Centers

- Fever without a rash
- Vomiting or persistent diarrhea
- Abdominal pain
- Wheezing or shortness of breath
- Dehydration
- Moderate flu-like symptoms
- Sever sprains and strains
- Cuts that may require stitches

$$$



Fourth Choice

Emergency Room

- Any life-threatening or disabling condition
- Chest pain; numbness in the face, arm or leg; difficulty speaking
- High fever with stiff neck, mental confusion or difficulty breathing
- Coughing up or vomiting blood
- Cut or wound that won't stop bleeding
- Sudden or unexplained loss of consciousness
- Possible broken bones

$$$$



Emergency

When to call 911?

- Any symptoms of a heart attack, including chest pain, pain in the left arm or the jaw, sudden weakness or dizziness
- Signs of a stroke such as slurred speech, severe headache, weakness or numbness on one side of the face or body, or loss of consciousness
- Life-or limb-threatening injury

$$$$$

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SISIT
Southeastern Indiana School Insurance Trust

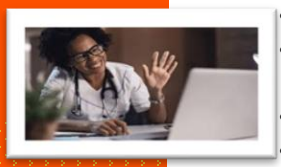
Navigating your Healthcare Options



mybensite.com/southeastern
View All Your Benefit Plan Documents
Medical · Dental · Vision · Life · Disability · Employee Assistance Program · And more!
ALL YOUR BENEFITS IN ONE LOCATION

First Stop Health

Telemedicine & Virtual Counseling



- Telemedicine, Virtual Counseling are available via phone or video, 24/7
- Saves you time and money! Doctors can diagnose and treat you from the comfort of your home or wherever you are
- No cost to you or dependents
- 3 ways to request a visit, download the app, log into fshealth.com or call 888-691-7867

Hendricks Regional Health ORTHOPEDICS

Orthopedic Center of Excellence



- High-quality, award-winning care for your orthopedic & spine surgery services
- Surgery has not out of pocket cost to you or your eligible dependents
- Incentive to you ranging from $500-$1,500
- Call the HRH Concierge at (317) 386-5630 to get started or scan the QR code

Ascension St. Vincent Heart Center

Cardiovascular Center of Excellence



- High-Quality, top of class Cardiovascular care
- Appointments, testing, surgeries and procedures at approved facilities are covered
- Zero deductible, copay or coinsurance costs.
- Potential for incentive payments from your employer for choosing the Ascension heart care team.
- Call 855-782-0946 to schedule an appointment with an Ascension St. Vincent cardiologist

Anthem

Health Insurance Company



Download it from the App Store or Google Play
- Check Claims & EOBs
- Check Deductibles, Out-of-Pocket Maximums
- Find a Provider, Shop for Services and Estimate Your Costs
- Real Time, Real Convenient

RxBenefits®

Pharmacy Insurance Company



- Review Medication Tiers
- Drug Prices, Find a Pharmacy
- Plan Details , Refill a Prescription
- Order an ID Card

Members can register at
www.member.rxbenefits.com

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Who to Call?

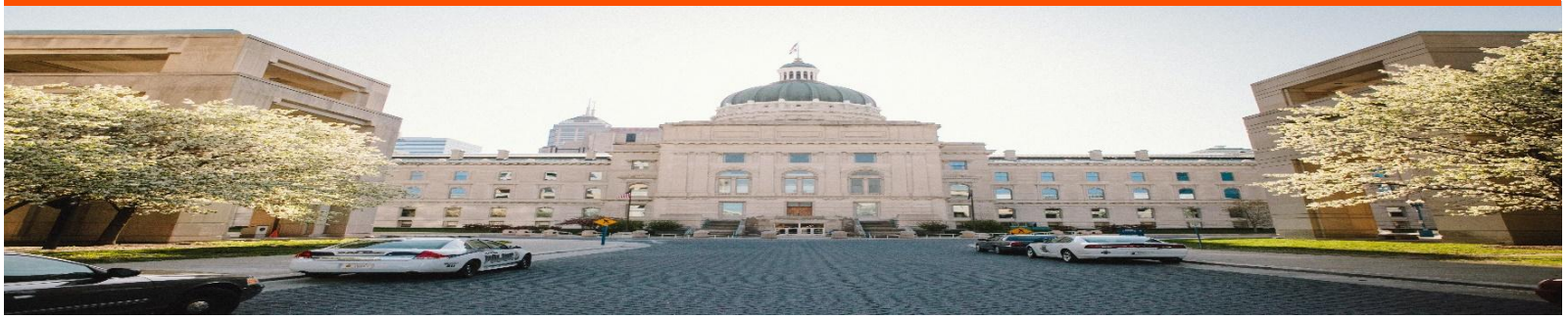
SISIT partners with the following Insurance carriers and vendors to strive to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier/vendor listed below or your Human Resources Department.

Benefit	Carrier	Phone #	Web
Medical	Anthem	(833) 578-4441	Anthem.com
Pharmacy	RxBenefits	(800) 334-8134	caremark.com
Dental	Anthem	(833) 578-4441	Anthem.com
Vision	Anthem	(833) 578-4441	Anthem.com
First Stop Health		(888) 691-7867	fshealth.com
Health & Wellness Centers	Schneck	Numbers very by location	
EAP	National Insurance Services	(866) 451-5465	Niseap.com
COE – Orthopedic	Hendricks Regional Health	(317) 386-5630	hendricks.org/coe
COE - Cardiovascular	Ascension St Vincent	(855) 782-0946	Ascension St. Vincent Cardiovascular Care Program

NOTICE:
This brochure provides only a highlight of the benefit plans offered to you by SISIT 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.

***See detailed summary plan description for complete benefit information*

Important Notices



Federal regulations require SISIT 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

SISIT 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 SISIT 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

***See detailed summary plan description for complete benefit information*

Important Notices



Important Notice from Southeastern Indiana School 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 Southeastern Indiana School Insurance Trust (SISIT) 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two 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. Southeastern Indiana School Insurance Trust (SISIT) has determined that the prescription drug coverage offered by Plans PPO,HDHP 1&2 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a 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 through December 7th.

However, if you lose your current creditable prescription drug coverage, 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.

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

If you decide to join a Medicare drug plan, your current Southeastern Indiana School Insurance Trust (SISIT) coverage will be affected. You will have the option to retain your existing coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your current Southeastern Indiana School Insurance Trust (SISIT) coverage.

If you do decide to join a Medicare drug plan and drop your current Southeastern Indiana School Insurance Trust (SISIT) coverage, be aware that you and your dependents will be able to get this coverage back, subject to eligibility and enrollment guidelines.

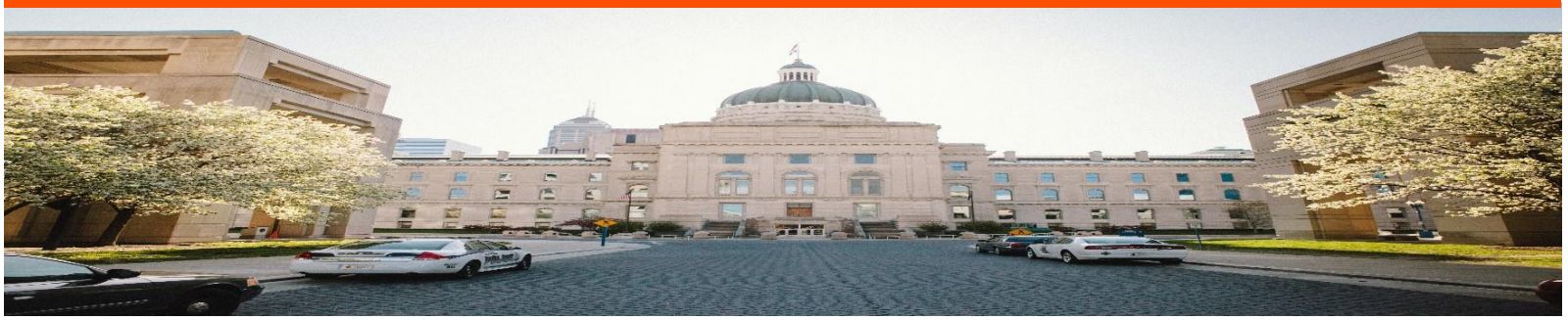
When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Southeastern Indiana School Insurance Trust (SISIT) 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.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

***See detailed summary plan description for complete benefit information*

Important Notices



For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Southeastern Indiana School Insurance Trust (SISIT) changes. You also may 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).

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).

October 1, 2025
Southeastern Indiana School Insurance Trust (SISIT)
11711 N Meridian St, Ste 100
Carmel, IN 46032
(317) 574-5009

Disclaimer

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.



SISIT
Southeastern Indiana School Insurance Trust

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11711 N Meridian St, Ste 100
Carmel, IN 46032
(317) 574-5009

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.