



Health Plan Benefits – Enrollment Packet 2020



Enrollment forms are due within 30 days of hire.

Make sure your form has been turned in to
Leiah Bainter or Ruthann Fisher in the Administration Office by the Deadline.

**Open enrollment for this plan will be
November 1st to November 15th, 2019**

Elections will be effective on January 1st.

Greenfield-Central Community School Corporation

Medical Benefits

The following benefits will be offered to Greenfield-Central Community School Corporation employees and their eligible dependents as of January 1, 2020.

This Schedule of Benefits includes the benefits available, coverage amounts and maximum amounts that apply under the Plan. However, Plan payment is not based solely on the Schedule of Benefits. For a complete understanding of whether a particular charge will be paid and at what level, all provisions outlined in this document must be reviewed. Refer to Summary Plan Description (SPD) for specific details. The SPD is the authoritative document over this brief summary of benefits.

COMPREHENSIVE MEDICAL BENEFITS (Employee and Dependents)

BENEFIT DESCRIPTION	CDHP 1		CDHP 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited
	In and Out-of-Network combine to satisfy same annual maximum.			
Pre-utilization	See pre-utilization section, A reduction in benefits will apply if pre-utilization requirements not met.			
Covered Expenses	80% after deductible	60% after deductible	80% after deductible	60% after deductible
	Unless otherwise stated under Special Conditions.			
Deductible (per calendar yr) <i>S = Single and F = Family</i>	S - \$2,500 F - \$5,000		S - \$1,500 F - \$3,000	
	In and Out-of-Network combine to satisfy the deductible. Under both plans, family coverage has a non-embedded family deductible. Meaning the family deductible must be met before coinsurance applies. The family deductible may be satisfied by 1 individual or a combination of covered family members.			
Coinsurance Limit (per calendar yr)	S - \$1,500 F - \$3,000		S - \$1,500 F - \$3,000	
	In and Out-of-Network combine to satisfy the coinsurance limit.			
Total Out-of-Pocket (per calendar yr)	S - \$4,000 F - \$8,000 An individual covered under Family coverage has an embedded out-of-pocket limit of \$6,750.		S - \$3,000 F - \$6,000	
	In and Out-of-Network combine to satisfy the out-of-pocket limit. CDHP1 has an individual embedded out-of-pocket limit of \$6,750 on any one person. CDHP2 has non-embedded family out-of-pocket limit. Meaning the family out-of-pocket must be met before the plan pays 100%. The family out-of-pocket may be satisfied by a combination of family members.			
Emergency Care (at Hospital/Facility)	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Preventative Care	100% no deductible	60% no deductible	100% no deductible	60% no deductible
	<u>Preventative health care services include:</u> Evidence-based items or services that have a rating of “A” or “B” and are currently recommended by the U.S. Preventive Services Task Force, Immunizations that are currently recommended by the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention (CDCP), Evidence-informed preventive care and screenings (as provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents, Additional preventative care and screenings (as provided for in the comprehensive guidelines supported by the HRSA) for women. Pediatric oral and vision exams will be covered under the preventative benefit in accordance to the recommendation in the PPACA.			

The GCCSC Wellness Program allows for the opportunity to receive reduced premiums with either the CDHP 1 or the CDHP 2 plan in the following year by participating the school Wellness Screenings. To qualify for reduced premiums on family coverage with a covered SPOUSE, both the employee and the SPOUSE must complete the Wellness Screening. Dependent children do not need to complete the Wellness Screening regardless of age.

Greenfield-Central Community School Corporation

Prescription Drug Benefits



This coverage will be administered by TrueRx effective January 1, 2020

BENEFIT DESCRIPTION	CDHP 1	CDHP 2
	Employee Pays	Employee Pays
	Deductible must be met before prescription copays apply* The CDHP plans must follow IRS High Deductible Health Plan HDHP guidelines in order to be used with Health Savings Accounts. No deductible applies to preventive prescriptions – paid at 100%	
Prescription Drug Benefit <u>Retail Program</u> (30-day supply) Generic Drugs Brand Preferred Brand Non-Preferred Preventative (ACA mandate) <u>Mail Order</u> (90-day supply) Generic Drugs Brand Preferred Brand Non-Preferred Preventative (ACA mandate) <u>Specialty Rx</u> (30-day supply)	After Deductible is met \$10 20% Min \$30 Max \$50 40% Min \$50 Max \$70 \$0 \$20 20% Min \$60 Max \$100 40% Min \$100 Max \$140 \$0 40% Min \$75 Max \$150	After Deductible is met \$10 20% Min \$30 Max \$50 40% Min \$50 Max \$70 \$0 \$20 20% Min \$60 Max \$100 40% Min \$100 Max \$140 \$0 40% Min \$75 Max \$150
	Discounts are available through pharmacies participating in the Preferred network. If an insured elects not to purchase a generic drug when available and approved by the physician, the employee will be responsible for the brand copay plus the difference in the cost of the generic and the brand name drug purchased. Contact your Dunn & Associates or your pharmacy benefit manager for additional information regarding specialty rx.	

Greenfield-Central Community School Corporation

Employee Medical Benefits Contributions – January 1, 2020

Greenfield-Central CSC Certified Health Insurance Premiums				
Plan	Coverage	Monthly Premium	Employee Rate per 24 pays (Without Wellness Screening)	Employee Rate per 24 pays (With Wellness Screening)
CDHP 1	Single	\$524.73	\$95.70	\$85.28
	Family	\$1,409.97	\$288.32	\$267.49
CDHP 2	Single	\$713.98	\$190.32	\$179.91
	Family	\$1,945.03	\$555.85	\$535.02

Greenfield-Central CSC Classified Health Insurance Premiums				
Plan	Coverage	Monthly Premium	Employee Rate per 24 pays (Without Wellness Screening)	Employee Rate per 24 pays (With Wellness Screening)
CDHP 1	Single	\$524.73	\$85.07	\$74.66
	Family	\$1,409.97	\$249.49	\$228.65
CDHP 2	Single	\$713.98	\$179.70	\$169.28
	Family	\$1,945.03	\$517.02	\$496.18



It's Time for Open Enrollment!

Dunn & Associates is excited to offer you an easier way to get through the enrollment process quickly.

How to Access Online Enrollment

1. Please visit www.dunnbenefit.com
(Supported browsers: Internet Explorer, Edge, Chrome and Firefox)
2. Click "LOGIN" to open the Health Portal
3. Click the link labeled "Access Open Enrollment"
4. Enter the authorization code provided by your employer. (see below)
5. Complete your online enrollment in

Authorization Code

Please use the appropriate code for your current plan:

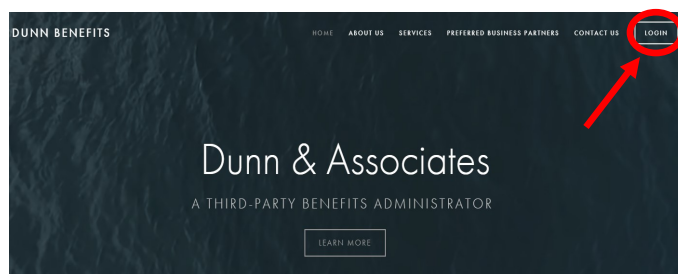
- If currently enrolled in *CDHP 1*,
or do not currently have coverage, please use:

GCCS2020Annual1

- If currently enrolled in *CDHP 2*, please use:

GCCS2020Annual2

*code is not case-sensitive

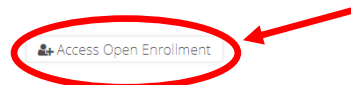


Health Portal

Returning User Login

Username

Password [Forgot Password?](#)



Validate Authorization Code

Authorization Code:



Welcome to True Rx, your new prescription benefit plan. Our goal is to provide excellent customer service to assist you with your medication needs. The following is important information regarding your prescription insurance:

- You will be receiving new insurance ID cards from Dunn and Associates with the True Rx Processing information. It is critical that you present this card to your pharmacy after January 1, 2020 when filling a prescription.
- 90 day supply prescriptions can now be conveniently filled at a retail pharmacy. If you are currently filling through mail order, a new prescription will be required from your healthcare provider. Your provider will submit a new prescription to the retail pharmacy of your choice or to Kroger Mail Order for mail order service.

For additional information, please visit our Member Portal at truerx.com to:

- Locate participating pharmacies
- View prescriptions
- Check drug pricing

Our customer service team is available
Monday through Friday 8am – 6pm EST.

- Please contact a customer service representative toll free at (866) 921-4047
- You can also email customerservice@truerx.com for assistance

If you need to fill a prescription and have not received your new ID card from Dunn and Associates, please present this document to the pharmacy.
For your member ID number, please contact True Rx's Customer Service Team.
BIN #: 020958 Rx Group #: TRUE1149 PCN: 07960000

Your copay structure is:

	30 Day Supply for CDHP plans	90 Day Supply for CDHP plans
Generic	\$10.00 after deductible	\$20.00 after deductible
Preferred Brand	20% (minimum of \$30 and maximum of \$50) after deductible	20% (minimum of \$60 and maximum of \$100) after deductible
Non-Preferred Brand	40% (minimum of \$50 and maximum of \$70) after deductible	40% (minimum of \$100 and maximum of \$140) after deductible

Please note that some prescription drugs may be covered only if approved by a Prior Authorization. If you're unsure about if a Prior Authorization is required for your medication, please contact the True Rx Customer Service Team at (866) 921-4047.

Frequently Asked Questions

Do I have to use generic medications?

- If you purchase a brand name drug when a direct generic is available, you will pay the brand copay plus the difference in cost between the brand name and the generic drug unless the prescription states "dispense as written" or "no substitution".

What is Step Therapy and how do I know if it affects me?

- The Step Therapy program encourages members to use alternative medications that are recognized as safe and effective but are also lower cost. Under this program, in order for the medication to be covered, you may need to try a "step drug" before filling the more costly treatment. Before starting a new brand medication please contact the True Rx Customer Service Team to find out if your medication is on the Step Therapy drug list.

Am I going to have to change pharmacies?

- No, the True Rx Pharmacy Network is comprised of over 65,000 pharmacies (chains and independent) across the United States. Please contact customer service at 866-921-4047 to locate a contracted pharmacy near you.

How do I file a prescription claim if I didn't use my ID card at the pharmacy?

- You will need to submit a True Rx Drug Claim Form (found at www.truerx.com) and your pharmacy receipts to: True Rx Management Services 7 Williams Bros. Dr., Washington, IN 47501

How do I know if a medication is considered specialty?

- A Specialty Drug is a drug that targets and treats specific complex conditions or illnesses such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and HIV/AIDS. Specialty Drugs require patient-specific dosing and careful clinical management. If you feel your new prescription may be for a specialty drug, please contact the True Rx Customer Service Team for assistance.



Online Member Access & Mobile App

True Rx offers patients secure online **Member Access** with you in mind. This secure internet site and mobile app allows access to prescription profiles and other important prescription information by visiting truerx.com or searching **True Rx** in the app store.

Online Member Access Offers:

- Claim History – allows you to view prescription claims paid by your plan.
- Coverage Limits and Payment Details – enables you to view your pharmacy claim deductible information or coverage phase.
- Drug Information - enables you to access a drug dictionary and search drugs and conditions. It also contains a drug interaction component enabling you to compare drugs and possible interactions or side effects.
- Drug Pricing - prices drugs by applying your specific co-pay or co-insurance that would most accurately reflect what you would pay for the prescription at the pharmacy. You can also compare price across multiple pharmacies.
- Pharmacy Locator – you can identify nearby network pharmacies with addresses and location hours

True Rx's Mobile App

True Rx offers a mobile app for both iPhone and Android devices. This app provides you access to your health information *wherever* you need it, *whenever* you need it.

Through the member mobile app, you can:

- View your prescription card
- View your most current list of prescriptions and claims
- Find drug information
- Locate in-network pharmacies with maps, directions, and pharmacy information
- Price a drug at multiple pharmacies
- Set a preferred pharmacy to be used each time a drug is price

Please search **True Rx** in your phone's app store to download



Mail Order 90-Day Supply

True Rx offers patients the convenience of a 90-day supply of medications delivered right to your door through our mail order pharmacy, Postal Prescription Services (PPS).

Ordering Your 90-Supply is Easy

Create an Online PPS Account

- Select "Register" from the upper right-hand corner of the PPS website, ppsrx.com
- Enter your email address, create a password
- Select "Create Account"

Setting Up & Accessing Patient Information

- Connect account to a patient profile for either yourself or someone you wish to manage on the "Add a Patient" page of the website.
- **New Patients** - If you have not filled a prescription with PPS or The Kroger Family of Pharmacies, you will need to fill out a new patient request form by selecting "Request New Patient".
 - Follow the steps to set up your patient profile and request your first prescription fill(s)
 - Once you enter the medication(s) you need from your doctor or retail pharmacy, PPS will contact the doctor or retail pharmacy to get all the required information
 - Call PPS at (800) 552-6694 to provide your method of payment for your new prescriptions (PPS can't ship your new prescriptions without this information)

Ordering New or Transferred Prescriptions

- Select "Add a Prescription" from the left navigation menu and follow the on-screen steps for PPS to request a new prescription from your doctor or a transferred prescription from another pharmacy
- Your doctor can send a new prescription to PPS by electronic prescribing, fax, phone, or mail
- Or, if your doctor has given you a paper prescription, you should mail it to PPS at:

PPS Prescription Services

PO BOX 2718

PORTLAND, OR 97208-2718

Checking on Order Status

- Select "Prescription History" from the left navigation bar and look under "Recent Prescriptions" for a status or tracking number
 - * Tracking numbers may appear up to 24 hours before tracking information is available on our carriers' websites
 - ** You can only check on an order status if you know your PPS prescription number (new members can call PPS to obtain their new prescription number(s), if you want to check your order status)

Opting into the Refill Reminder Program

- Call PPS at (800) 552-6694 and tell them that you would like to opt-in to the refill reminder program
 - You will need to tell the representative if you prefer text or email notifications
- Once setup, you will receive a notification that includes the last 4 digits of the prescription(s) due to be refilled
- Call PPS at (800) 552-6694 or visit ppsrx.com to refill the prescription(s)

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

Benefit designs may vary with respect to drug coverage, cost, quantity limits, step therapy, days supply and prior authorization. Changes may occur throughout the year and plan exclusions may override this list.

Specialty drugs have (SP)

2019 CLOSED FORMULARY

A

Tier 1	Abacavir (SP)
Tier 1	Abacavir-Lamivudine (SP)
Tier 3	Abilify (SP)
Tier 1	Acamprosate Calcium
Tier 1	Acetaminophen-Codeine
Tier 1	Acetic Acid
Tier 3	Adacel Tdap
Tier 1	Adapalene-Benzoyl Peroxide
Tier 2	Advair
Tier 3	Adzenys XR-ODT
Tier 1	Albuterol Sulfate
Tier 1	Alendronate Sodium
Tier 1	Alfuzosin HCL ER
Tier 1	Alprazolam
Tier 1	Altavera
Tier 1	Alyacen
Tier 1	Amantadine
Tier 1	Amiloride
Tier 1	Amitriptyline HCL
Tier 1	Amlodipine Besylate
Tier 1	Amlodipine Besylate-Benazepril
Tier 1	Amlodipine-Atorvastatin
Tier 1	Amlodipine-Olmesartan
Tier 1	Amlodipine-Valsartan
Tier 1	Amlodipine-Valsartan-Hctz
Tier 1	Ammonium Lactate
Tier 1	Amnesteem
Tier 1	Amoxicillin
Tier 1	Amoxicillin-Clavulanate
Tier 1	Anastrozole
Tier 3	Angeliq
Tier 2	Anoro Ellipta
Tier 1	Anucort-Hc
Tier 1	Apri
Tier 2	Apriso
Tier 3	Aptensio XR
Tier 1	Aripiprazole
Tier 1	Armodafinil
Tier 3	Armour Thyroid
Tier 2	Arnuity Ellipta
Tier 1	Ascomp With Codeine

Tier 1	Ashlyna
Tier 1	Atazanavir Sulfate (SP)
Tier 1	Atenolol
Tier 1	Atenolol-Chlorthalidone
Tier 1	Atomoxetine HCL
Tier 1	Atorvastatin Calcium
Tier 1	Atovaquone-Proguanil HCL
Tier 1	Aubra
Tier 3	Avapro
Tier 1	Aviane
Tier 1	Azathioprine (SP)
Tier 1	Azelastine HCL

B

Tier 1	Baclofen
Tier 1	Balsalazide Disodium
Tier 1	Balziva
Tier 3	Belsomra
Tier 1	Benazepril HCL
Tier 1	Benazepril-Hydrochlorothiazide
Tier 1	Benzepril
Tier 1	Benzonatate
Tier 3	Bepreve
Tier 3	Besivance
Tier 1	Bimatoprost
Tier 1	Bisoprolol Fumarate
Tier 1	Bisoprolol-Hydrochlorothiazide
Tier 1	Blisovi FE
Tier 3	Boostrix Tdap
Tier 2	Breo Ellipta
Tier 1	Brilinta
Tier 1	Brimonidine Tartrate
Tier 1	Bromocriptine Mesylate
Tier 1	Brompheniramine-Pseudoephed-Dm
Tier 1	Budesonide
Tier 1	Budesonide EC
Tier 3	Bunavail
Tier 1	Bupropion HCL
Tier 1	Buspirone HCL
Tier 1	Butalb-Caff-Acetaminoph-Codein
Tier 3	Butrans
Tier 2	Bydureon

Tier 2	Byetta
Tier 2	Bystolic

C

Tier 1	Cabergoline
Tier 1	Calcipotriene
Tier 1	Calcitriol
Tier 1	Camila
Tier 1	Camrese
Tier 1	Candesartan Cilexetil
Tier 1	Capecitabine
Tier 1	Captopril
Tier 1	Carbamazepine
Tier 1	Carbidopa-Levodopa
Tier 1	Carisoprodol
Tier 1	Cartia XT
Tier 1	Carvedilol
Tier 1	Cefadroxil
Tier 1	Cefdinir
Tier 1	Cefprozil
Tier 1	Celecoxib
Tier 1	Cephalexin
Tier 3	Chantix
Tier 1	Chlordiazepoxide HCL
Tier 1	Chlordiazepoxide-Clidinium
Tier 1	Chlorhexidine Gluconate
Tier 1	Chlorthalidone
Tier 1	Cholestyramine
Tier 1	Cholestyramine Light
Tier 3	Cialis
Tier 1	Ciclopirox
Tier 1	Cilostazol
Tier 1	Cimetidine
Tier 2	Ciprodex
Tier 1	Citalopram HBR
Tier 1	Claravis
Tier 1	Clarithromycin
Tier 1	Clarithromycin ER
Tier 3	Clenpiq
Tier 3	Climara
Tier 2	Climara Pro
Tier 1	Clobetasol Propionate

Tier 1 Clomiphene Citrate
Tier 1 Clonazepam
Tier 1 Clonidine
Tier 1 Clonidine HCL
Tier 1 Clopidogrel
Tier 1 Clorazepate Dipotassium
Tier 1 Clotrimazole
Tier 1 Clotrimazole-Betamethasone
Tier 3 Colchicine
Tier 2 Colcrys
Tier 1 Colesevelam HCL
Tier 1 Colestipol HCL
Tier 2 Combigan
Tier 3 Combipatch
Tier 2 Combivent Respimat
Tier 2 Complera
Tier 2 Contrave
Tier 3 Corlanor
Tier 3 Cotempla XR-ODT
Tier 3 Coumadin
Tier 2 Creon
Tier 1 Cryselle
Tier 1 Cyanocobalamin
Tier 1 Cyclofem
Tier 1 Cyclobenzaprine HCL
Tier 1 Cyclosporine Modified
Tier 1 Cyproheptadine HCL

D

Tier 3 Daliresp
Tier 1 Dapsone
Tier 1 Dasetta
Tier 1 Daysee
Tier 3 Daytrana
Tier 1 Deblitane
Tier 1 Denta 5000 Plus
Tier 1 Desipramine HCL
Tier 1 Desloratadine
Tier 1 Desonide
Tier 1 Desoximetasone
Tier 1 Desvenlafaxine Succinate ER
Tier 3 Dexcom
Tier 2 Dexilant
Tier 1 Dexmethylphenidate HCL
Tier 1 Dexmethylphenidate HCL ER
Tier 1 Dextroamphetamine Sulfate
Tier 1 Dextroamphetamine-Amphet ER
Tier 1 Dextroamphetamine-Amphetamine
Tier 3 Diclegis
Tier 1 Diclofenac Potassium

Tier 1 Diclofenac
Tier 1 Dicloxacillin Sodium
Tier 1 Dilt-XR
Tier 1 Diphenoxylate-Atropine
Tier 1 Disulfiram
Tier 1 Divalproex
Tier 3 Divigel
Tier 1 Dofetilide
Tier 1 Donepezil HCL
Tier 1 Dorzolamide HCL
Tier 1 Dorzolamide-Timolol
Tier 1 Doxazosin Mesylate
Tier 1 Doxepin HCL
Tier 1 Doxycycline Hyclate
Tier 1 Doxycycline Monohydrate
Tier 1 Dronabinol
Tier 1 Drospirenone-Eth Estra-Levomef
Tier 1 Drospirenone-Ethinyl Estradiol
Tier 2 Drysol
Tier 2 Duavee
Tier 1 Duloxetine HCL
Tier 3 Durezol
Tier 1 Dutasteride
Tier 1 Dutasteride-Tamsulosin
Tier 3 Dyanavel XR
Tier 2 Dymista

E

Tier 1 Econazole Nitrate
Tier 3 Edarbi
Tier 3 Edarbyclor
Tier 2 Edurant (SP)
Tier 1 Efavirenz
Tier 1 Eletriptan HBR
Tier 2 Elidel
Tier 1 Elinest
Tier 2 Eliquis
Tier 2 Elmiron
Tier 1 Enoxaparin Sodium (SP)
Tier 1 Enpresse
Tier 1 Enskyce
Tier 2 Entresto
Tier 3 Epiduo
Tier 3 Epiduo Forte
Tier 1 Epinastine HCL
Tier 2 Epipen
Tier 1 Eplerenone
Tier 1 Errin
Tier 1 Escitalopram Oxalate
Tier 1 Estarylla

Tier 1 Estradiol
Tier 1 Estradiol-Norethindrone Acetat
Tier 3 Estring
Tier 1 Estrogen-Methyltestosterone
Tier 1 Estropipate
Tier 1 Eszopiclone
Tier 1 Ethosuximide
Tier 1 Etodolac
Tier 2 Eucrisa
Tier 3 Evekeo
Tier 2 Evotaz
Tier 1 Exemestane
Tier 1 Ezetimibe
Tier 1 Ezetimibe-Simvastatin

F

Tier 1 Falmina
Tier 1 Famciclovir
Tier 1 Felbamate
Tier 1 Femynor
Tier 3 Fetzima
Tier 3 Finacea
Tier 1 Finasteride
Tier 1 Flecainide Acetate
Tier 3 Flector
Tier 2 Flovent Diskus
Tier 2 Flovent HFA
Tier 1 Fludrocortisone
Tier 1 Flunisolide
Tier 1 Fluocinolone Acetonide
Tier 1 Fluocinolone Acetonide Oil
Tier 1 Fluocinonide
Tier 1 Fluorometholone
Tier 1 Fluoxetine HCL
Tier 1 Fluticasone Propionate
Tier 1 Fluvoxamine Maleate
Tier 1 Fluvoxamine Maleate ER
Tier 3 Focalin XR
Tier 1 Frovatriptan Succinate

G

Tier 1 Gabapentin
Tier 1 Gatifloxacin
Tier 1 Gavilyte-G
Tier 1 Gavilyte-N
Tier 1 Gemfibrozil
Tier 1 Gianvi
Tier 1 Glimepiride
Tier 1 Glipizide
Tier 1 Glyburide

Tier 1 Glyburide-Metformin HCL
Tier 2 Glyxambi
Tier 3 Gralise
Tier 1 Guanfacine HCL

H

Tier 1 Halobetasol Propionate
Tier 3 Havrix
Tier 1 Heather
Tier 2 Humalog
Tier 2 Humulin
Tier 1 Hydrochlorothiazide
Tier 1 Hydrocodone-Acetaminophen
Tier 1 Hydrocodone-Chlorpheniramine ER
Tier 1 Hydrocodone-Homatropine Mbr
Tier 1 Hydrocodone-Ibuprofen
Tier 1 Hydrocortisone
Tier 1 Hydrocortisone Acetate
Tier 1 Hydrocortisone Valerate
Tier 1 Hydromet
Tier 1 Hydroxychloroquine
Tier 3 Hylatopicplus
Tier 1 Hyoscyamine Sulfate
Tier 2 Hysingla ER

I

Tier 1 Ibandronate Sodium
Tier 3 Ibrance (SP)
Tier 1 Ibu
Tier 1 Imipramine HCL
Tier 1 Imiquimod Cream Packet
Tier 2 Incruse Ellipta
Tier 1 Indapamide
Tier 3 Innopran XL
Tier 2 Insulin Syringe
Tier 2 Intelence
Tier 3 Intrarosa
Tier 1 Introvale
Tier 2 Invokamet XR
Tier 2 Invokana
Tier 1 Ipratropium Bromide
Tier 1 Irbesartan
Tier 1 Irbesartan-Hydrochlorothiazide
Tier 2 Isentress (SP)
Tier 1 Isibloom
Tier 1 Isosorbide Mononitrate
Tier 1 Isosorbide Mononitrate ER
Tier 1 Isotretinoin
Tier 1 Itraconazole
Tier 1 Ivermectin

J

Tier 1 Jantoven
Tier 2 Janumet
Tier 2 Janumet XR
Tier 2 Januvia
Tier 2 Jardiance
Tier 1 Jencycla
Tier 1 Jolessa
Tier 1 Juleber
Tier 1 Junel

K

Tier 2 Kaletra Tablet (SP)
Tier 1 Kariva
Tier 1 Kelnor 1-35
Tier 1 Ketoconazole
Tier 1 Kurvelo

L

Tier 3 Lamictal XR
Tier 1 Lamivudine
Tier 1 Lamivudine-Zidovudine
Tier 1 Lamotrigine
Tier 1 Lansoprazole
Tier 2 Lantus
Tier 1 Larin
Tier 1 Larissia
Tier 1 Latanoprost
Tier 3 Latuda
Tier 1 Layolis FE
Tier 1 Leflunomide
Tier 1 Lessina
Tier 2 Letairis
Tier 1 Letrozole
Tier 1 Leucovorin Calcium
Tier 1 Levocetirizine Dihydrochloride
Tier 1 Levonest
Tier 1 Levonorgestrel-Eth Estradiol
Tier 1 Levonorg-Eth Estrad Eth Estrad
Tier 1 Levoxyl
Tier 1 Lillow
Tier 2 Linzess
Tier 1 Liothyronine
Tier 1 Lisinopril
Tier 1 Lisinopril-Hydrochlorothiazide
Tier 1 Lithium Carbonate
Tier 3 Livalo
Tier 3 Lo Loestrin FE
Tier 1 Loperamide

Tier 1 Lorazepam
Tier 1 Loryna
Tier 1 Losartan Potassium
Tier 1 Losartan-Hydrochlorothiazide
Tier 3 Lotemax
Tier 1 Lovastatin
Tier 1 Low-Ogestrel
Tier 2 Lumigan
Tier 2 Lyrica Capsule
Tier 3 Lyrica CR

M

Tier 1 Meclizine HCL
Tier 1 Medroxyprogesterone Acetate
Tier 1 Mefloquine HCL
Tier 1 Megestrol Acetate
Tier 1 Melodetta 24 FE
Tier 1 Memantine HCL
Tier 1 Mercaptopurine
Tier 1 Mesalamine
Tier 1 Metaxalone
Tier 1 Methimazole
Tier 1 Methyldopa
Tier 1 Methylphenidate
Tier 1 Metolazone
Tier 1 Mibelas 24 FE
Tier 1 Microgestin
Tier 2 Microlet
Tier 1 Midodrine HCL
Tier 1 Mimvey
Tier 3 Minivelle
Tier 1 Minocycline
Tier 1 Minoxidil
Tier 1 Mirtazapine
Tier 1 Misoprostol
Tier 1 Modafinil
Tier 1 Moexipril HCL
Tier 1 Mometasone Furoate
Tier 1 Mono-Linyah
Tier 1 Mononessa
Tier 1 Montelukast Sodium
Tier 3 Moviprep
Tier 3 Multaq
Tier 1 Mupirocin
Tier 1 Mycophenolate Mofetil
Tier 1 Mycophenolic Acid
Tier 3 Mydayis
Tier 1 Myorisan
Tier 2 Myrbetriq

N

Tier 1	Nabumetone
Tier 1	Nadolol
Tier 1	Naltrexone HCL
Tier 1	Naproxen
Tier 1	Naratriptan HCL
Tier 2	Narcan
Tier 3	Nascobal
Tier 2	Natazia
Tier 3	Nature-Throid
Tier 1	Necon
Tier 1	Nefazodone HCL
Tier 1	Neomycin Sulfate
Tier 1	Neomycin-Polymyxin-Dexameth
Tier 1	Neomycin-Polymyxin-Hc
Tier 1	Neomycin-Polymyxin-Hydrocort
Tier 3	Neupro
Tier 1	Niacin ER
Tier 1	Nifedipine
Tier 1	Nikki
Tier 1	Nitrofurantoin
Tier 1	Nitrofurantoin Mono-Macro
Tier 1	Norethindrone
Tier 1	Norethindron-Ethinyl Estradiol
Tier 1	Norethin-Eth Estra-Ferrous Fum
Tier 1	Norlyda
Tier 1	Nortrel
Tier 1	Nortriptyline HCL
Tier 2	Novofine 32
Tier 1	Np Thyroid
Tier 2	Nuvaring
Tier 1	Nyamyc
Tier 1	Nystatin
Tier 1	Nystatin-Triamcinolone
Tier 1	Nystop

O

Tier 1	Ocella
Tier 3	Odefsey (SP)
Tier 1	Ofloxacin
Tier 1	Ogestrel
Tier 1	Olanzapine
Tier 1	Olmesartan Medoxomil
Tier 1	Olmesartan-Amlodipine-Hctz
Tier 1	Olmesartan-Hydrochlorothiazide
Tier 1	Olopatadine HCL
Tier 3	Onexton
Tier 3	Onfi
Tier 1	Orsythia

Tier 1	Oseltamivir Phosphate
Tier 3	Osphena
Tier 3	Otovel
Tier 1	Oxcarbazepine
Tier 1	Oxybutynin Chloride
Tier 1	Oxycodone HCL
Tier 3	Oxycodone HCL ER
Tier 1	Oxycodone-Acetaminophen
Tier 1	Oxymorphone HCL ER
Tier 2	Ozempic

P

Tier 1	Paliperidone ER
Tier 1	Paroxetine ER
Tier 1	Paroxetine HCL
Tier 3	Pataday
Tier 2	Pen Needle
Tier 3	Pentasa
Tier 1	Pentoxifylline
Tier 1	Permethrin
Tier 1	Phenazopyridine HCL
Tier 1	Phentermine HCL
Tier 1	Pilocarpine HCL
Tier 1	Pindolol
Tier 1	Pioglitazone HCL
Tier 1	Pioglitazone-Metformin
Tier 1	Pirmella
Tier 1	Piroxicam
Tier 3	Pneumovax 23
Tier 1	Polyethylene Glycol 3350
Tier 1	Polymyxin B Sul-Trimethoprim
Tier 1	Portia
Tier 2	Pradaxa
Tier 1	Pramipexole Dihydrochloride
Tier 1	Prasugrel HCL
Tier 1	Pravastatin Sodium
Tier 1	Prazosin HCL
Tier 1	Prednisone
Tier 2	Prempro
Tier 2	Prenatal Plus
Tier 2	Preplus
Tier 1	Previfem
Tier 3	Prevnar 13
Tier 2	Prezcobix
Tier 2	Prezista
Tier 1	Primidone
Tier 2	Proair
Tier 1	Probenecid
Tier 1	Proctosol-Hc
Tier 1	Proctozone-Hc

Tier 1	Progesterone
Tier 1	Progesterone In Oil
Tier 2	Prolensa
Tier 1	Promethazine HCL
Tier 1	Promethazine-Codeine
Tier 1	Promethazine-Dm
Tier 1	Propafenone HCL
Tier 1	Pyridostigmine Bromide

Q

Tier 3	QNASL
Tier 1	Quetiapine Fumarate
Tier 3	Quillichew ER
Tier 3	Quillivant XR
Tier 1	Quinapril HCL
Tier 1	Quinapril-Hydrochlorothiazide

R

Tier 1	Rabeprazole Sodium
Tier 1	Raloxifene HCL
Tier 1	Ramipril
Tier 2	Ranexa
Tier 1	Ranitidine HCL
Tier 2	Rapaflo
Tier 1	Rasagiline Mesylate
Tier 3	Relpax
Tier 2	Restasis
Tier 3	Revlimid (SP)
Tier 3	Rexulti
Tier 3	Reyataz Capsule (SP)
Tier 3	Rhofade
Tier 1	Risedronate Sodium
Tier 1	Risperidone
Tier 1	Ritonavir
Tier 1	Rizatriptan
Tier 1	Ropinirole ER
Tier 1	Rosuvastatin

S

Tier 3	Savella
Tier 3	Saxenda
Tier 1	Scopolamine
Tier 2	Selzentry (SP)
Tier 2	Serevent Diskus
Tier 1	Sertraline HCL
Tier 1	Sharobel
Tier 3	Shingrix
Tier 1	Sildenafil
Tier 1	Simvastatin
Tier 1	Sirolimus

Tier 3 Sklice
Tier 3 Solodyn
Tier 1 Spinosad
Tier 2 Spiriva
Tier 2 Spiriva Respimat
Tier 1 Spironolactone
Tier 1 Sprintec
Tier 1 Sronyx
Tier 2 Stiolto Respimat
Tier 3 Strattera
Tier 3 Stribild (SP)
Tier 2 Suboxone
Tier 1 Sucralfate
Tier 1 Sulfacetamide Sodium
Tier 1 Sulfacleanse 8-4
Tier 1 Sulfasalazine
Tier 1 Sulfatrim
Tier 1 Sulindac
Tier 1 Sumatriptan
Tier 3 Suprep
Tier 3 Sustiva (SP)
Tier 1 Syeda
Tier 2 Symbicort
Tier 2 Synjardy
Tier 3 Synthroid

T

Tier 1 Tacrolimus
Tier 1 Tadalafil
Tier 1 Tamoxifen Citrate
Tier 1 Tamsulosin HCL
Tier 3 Taytulla
Tier 1 Tazarotene
Tier 1 Telmisartan
Tier 1 Telmisartan-Hydrochlorothiazid
Tier 1 Temazepam
Tier 1 Tenofovir Disoproxil Fumarate
Tier 1 Terazosin HCL
Tier 1 Terbinafine HCL
Tier 1 Terconazole
Tier 1 Timolol Maleate
Tier 1 Tinidazole
Tier 3 Tirosint
Tier 2 Tivicay (SP)
Tier 1 Tizanidine HCL
Tier 1 Tolterodine Tartrate
Tier 1 Tolterodine Tartrate ER
Tier 1 Torsemide
Tier 2 Toujeo Solostar
Tier 3 Toviaz

Tier 2 Tradjenta
Tier 1 Trandolapril
Tier 1 Tranexamic Acid
Tier 3 Transderm-Scop
Tier 2 Travatan Z
Tier 1 Trazodone HCL
Tier 2 Trelegy Ellipta
Tier 1 Tri Femynor
Tier 1 Triazolam
Tier 1 Tri-Estarylla
Tier 1 Trihexyphenidyl HCL
Tier 1 Tri-Legest FE
Tier 1 Tri-Linyah
Tier 1 Tri-Lo-Estarylla
Tier 1 Tri-Lo-Marzia
Tier 1 Tri-Lo-Sprintec
Tier 1 Trimethoprim
Tier 1 Trinessa
Tier 1 Trinessa Lo
Tier 3 Trintellix
Tier 1 Tri-Previfem
Tier 1 Tri-Sprintec
Tier 1 Trivora-28
Tier 2 Trueplus Insulin Syringe
Tier 2 Trueplus Pen Needle
Tier 2 Trulicity

U

Tier 2 Uloric
Tier 2 Ulticare Pen Needle
Tier 2 Unifine Pentips
Tier 1 Unithroid
Tier 1 Urea
Tier 3 Uribel
Tier 1 Ursodiol

V

Tier 1 Valacyclovir
Tier 1 Valproic Acid
Tier 1 Valsartan
Tier 1 Valsartan-Hydrochlorothiazide
Tier 2 Vascepa
Tier 2 Ventolin HFA
Tier 2 Vesicare
Tier 3 Viberzi
Tier 2 Victoza
Tier 1 Vienva
Tier 3 Viibryd
Tier 3 Vimpat
Tier 1 Violele

Tier 2 Viracept (SP)
Tier 2 Vitapearl
Tier 2 Vp-Pnv-Dha
Tier 3 Vraylar
Tier 1 Vyfemla
Tier 2 Vyvanse

W

Tier 1 Warfarin Sodium
Tier 3 Welchol

X

Tier 3 Xifaxan
Tier 2 Xiidra
Tier 1 Xulane

Y

Tier 3 Yasmin 28
Tier 1 Yuvaferm

Z

Tier 1 Zafirlukast
Tier 1 Zaleplon
Tier 1 Zarah
Tier 1 Zenchent
Tier 2 Zenpep
Tier 3 Zenzedi
Tier 1 Ziprasidone HCL
Tier 1 Zolmitriptan
Tier 1 Zolpidem
Tier 1 Zonisamide
Tier 1 Zovia 1-50E
Tier 2 Zubsolv
Tier 3 Zytiga (SP)

Excluded Medications

A

Acanya
Accu-Chek Meters & Strips
Adderall XR
Advanced Glucose Meters & Strips
Airduo Respiclick
Ajoy
Aktipak
Alvesco
Ambien
Amitiza
Amrix
Apidra
Aranesp
Arymo ER
Asmanex
Auvi-Q
Axiron

B

Basaglar Kwikpen U-100
Benicar
Benicar HCT
Bevespi Aerosphere
Beyaz
Breeze 2

C

Cambia
Celebrex
Clindagel
Concerta
Contour
Crestor
Cymbalta
Cytomel

D

Delzicol
Depo-Testosterone
Dextrose In Water
Diovan
Doryx Mpc
Duexis
Dulera

E

Easy Touch Test Strip
Effexor XR
Embrace Meters & Strips
Emgality

F

Epipen Jr
Farxiga
Fiasp
Fortesta
Freestyle Meters & Strips

G

Gel-One
Glucocard Expression
Grafix

H

Halog
Humana

I

Ilevro
Inflectra

J

Jivi
Jublia

K

Kombiglyze XR
Kybella

L

Levalbuterol Tartrate HFA
Levemir
Levemir Flextouch
Levicyl
Levitra
Lexapro
Lialda DR
Lipitor
Lovaza

M

Midazolam HCL Vial
Minastrin 24 FE
Miochol-E
Movantik

N

Nesina
Nevanac
Nitrostat
Noritate

O

Norvasc
Novolin
Novolog
Nucynta
Nuvigil
Omnipod
Onglyza
Onzetra Xsail
Opana ER
Orilissa
Ortho Tri-Cyclen
Oseni
Oxtellar XR

P

Pancreaze
Pitocin
Plegriy Pen
Precision Xtra
Prevacid DR
Pristiq
Prodigy Meters & Strips
Proventil HFA
Prozac

Q

Qbrexza
Qvar

R

Rayos
Relion Prime Meters & Strips
Relistor
Rhopressa

S

Sancuso
Sebuderm
Sidestream
Sprix
Staxyn
Steglatro
Stendra
Sumavel Dosepro

T

Tanzeum
Topicort Spray
Toprol XL

Excluded Medications

Tresiba Flextouch
Tribenzor
Trokendi XR
True Metrix
Trulance
Tudorza Pressair

U

Ultiva
Utibron Neohaler

V

Valium
Veltin
Viagra
Vimovo
Vivelle-Dot
Voltaren
Vytorin

W

Wavesense Presto
Wellbutrin

X

Xigduo XR
Xopenex HFA
Xtampza ER
Xylocaine With Epinephrine

Y

Yaz

Z

Zembrace Symtouch
Zetia
Ziana
Zioptan
Zohydro ER
Zoloft
Zorvolex

How do I reach PPS?	The PPS Customer Service Center can be reached at (800) 552-6694. Customer Service hours are Monday-Friday, 6am-6pm PST, and Saturday, 9am-2pm PST.
Why should I create an online PPS account?	An online account makes managing your prescriptions much easier! You can order refills, review convenient expense reports, and view prescription histories for yourself and others.
What are my payment options?	PPS accepts MasterCard, Visa, Discover, American Express, personal checks, and money orders. If you are paying by check or money order, PPS must receive these forms of payment prior to shipping your order. You can add or update credit card information from your "Cart" when checking out. You may also contact PPS at (800) 552-6694 to update your billing information.
How do I add or update my credit card information?	You can either contact PPS at (800) 552-6694 to update your billing information or you can add/update credit card information while checking out. Once you have added refills to your cart and select "Checkout", there will be an option to "Add a New Credit Card" (under the "Billing Information" section). You must include your name in the designated field when adding the credit card or the card will not process correctly and you will receive an error message. You can only update your billing information from the cart if you are in the process of ordering a prescription. If you do not have a registered prescription number, you will have to call PPS to add credit card information.
When will my prescriptions be ready to ship?	If you have remaining refills, your prescription will be ready for shipping within 24-48 hours. New, transferred, and prescriptions out of refills will require extra time to process, as PPS will need to contact your doctor or transferring pharmacy in order to verify your prescription information.
What if I have an urgent need for my medication and can't wait for my prescription to be filled?	If you have an urgent need for your prescription refill for any reason, you can pay for expedited shipping. PPS may be able to transfer your prescription to a local pharmacy to be filled immediately, if you need it the same day. You can call PPS Customer Service at (800) 552-6694 and speak with a Customer Service Representative for additional help. Customer Service hours are Monday-Friday, 6am-6pm PST, and Saturday, 9am-2pm PST.
Can I set up Online Prescription Management if I don't have a prescription number?	You need a prescription number with PPS or The Kroger Family of Pharmacies to set up Online Prescription Management. Once you receive your first prescription from PPS, you can use the prescription number from the label to link the prescription to your profile, using the "Add Online Prescription Management" feature.
Does PPS offer refill reminders?	PPS does offer a refill reminder program. You can call PPS at (800) 552-6694 and tell the representative that you would like to opt-in for refill reminders. You will need to tell the representative if you prefer text or email notifications. Once setup, you will receive a notification that includes the last 4 digits of the prescription(s) due to be refilled and you will need to call PPS at (800) 552-6694 or visit ppsrx.com to refill the prescription(s).

GREENFIELD CENTRAL COMMUNITY SCHOOL CORPORATION

2020 WELLNESS BENEFIT

OPTIONS	EARNINGS	<h3>HOW THE PLAN WORKS!</h3> <p>Credits earned in 2020 by participation in the Wellness program events will be deposited in your HRA or HSA.</p> <p>This money will be available January 1, 2021 to reimburse you for Out of Pocket expenses. Eligible expenses include deductible, copay, and coinsurance cost for Medical, Dental, and Vision expenses.</p> <p>NOTE:</p> <ul style="list-style-type: none"> ✓ Expenses must be incurred January 1, 2021 or later to be eligible for HRA/HSA reimbursement. ✓ HRA/HSA money may accumulate and roll over from year to year if not used! Credits earned during the year will be available on January 1 of the following year. Maximum credit earned per year is \$250 for covered employees or retirees and \$250 for covered spouses. Family maximum = \$500 per year. ✓ If you or your spouse participate in Section 125 Flexible Spending Account, please notify Dunn & Associates. ✓ We will coordinate HRA payments with your FSA payments. <p>Hancock Regional Hospital's Wellness Program will notify Dunn & Associates when an event is completed. Dunn & Associates will track your participation and credit your account on January 1 of each year. If you participate in the HRA account, Dunn will process any eligible claims and reimburse the employee.</p> <p><i>If a plan participant is unable to participate in the Health Screenings due to health issues, please contact Dunn & Associates to discuss a reasonable alternative solution.</i></p>
Health Screening	<i>Participate to earn Premium Reduction incentive. Mandatory to be eligible for 2020 employee contribution reduction.</i>	
Health Screening and Health Risk Assessment	\$50	
Health Standards Met 3 out of 5 4 out of 5 5 out of 5	\$50 \$75 \$100	
Diabetes Prevention Program	\$100 if program completed	
Fitness Program Participation. Includes: gym, Fitness center, group exercise classes, personal training by certified instructor. Minimum of 8 X month.	\$25 month Maximum \$100 per year	
Participate in sanctioned events such as runs, walks, and bikes.	\$15 each Maximum \$60 per year	
Flu Shot	\$15	
Preventative Screenings appropriate for age/gender such as Physical, Pap test, Mammogram, PSA test, Colonoscopy	\$25 each Maximum \$75 per year	
Smoking Cessation (Quit Line or Quit Now)	\$40	
Monthly Fitness Challenge or Health Seminar (through Hancock Regional Wellness)	\$20 each Maximum \$120 per year	
Other events to be announced at a later date.		

Greenfield Central Community Schools

Wellness Benefit Claim Form

Part 1

Please type or print clearly

Employee's Name: _____

Address: _____

Telephone #: _____

Part 2

SIGN/DATE

I certify that the expenses for which reimbursement is requested under the Wellness Benefit were incurred by myself or my eligible spouse. I further certify that these expenses are not reimbursable under any other plan, including a plan of another employer that covers me.

Employee Signature

Date

Part 3

COMPLETED ACTIVITIES

Attach verification and, if applicable, proof of attendance for any Wellness Plan activity or program event to earn wellness credits.

Description of Eligible Activity or Event	Person Completing the Activity or Event	Date of Completion or Service Date	Total Amount of Credits Earned
			\$
			\$
			\$
			\$

TOTAL CREDITS EARNED:

\$ _____

When an event or activity is completed, fill out the Wellness Benefit Claim form, attach proof of participation and submit the information to Dunn & Associates to receive your HRA credit.

Mail: P O Box 2369 Columbus, IN 47202-2369

Fax: 812-378-9967

Email: dayers@dunnbenefit.com

Using the Lab Card program is as easy as 1-2-3...

1 – When your physician orders laboratory work for you, show your Lab Card or Healthcare ID card with the Lab Card logo on it and **verbally request** to use the Lab Card Program. Your physician will then collect your specimen and send to Quest Diagnostics under the Lab Card benefit.

2 – **Any** physician can collect specimens and call Quest Diagnostics Lab Card Client Services at (800) 646-7788 for courier pick-up and supplies. In the event your physician does not participate with the Lab Card Program, simply take your test orders to an approved Lab Card collection site for the draw. Collection site locations can be found by calling Lab Card

Client Services or by going to the website at www.labcard.com.

3 – Your specimens will be processed through the Lab Card program at an approved Quest Diagnostics facility and results sent back to your physician (usually within 24 - 48 hours).

For the most current listing of collection sites available, please go to the website at www.labcard.com. The website also provides you with other information and capabilities:

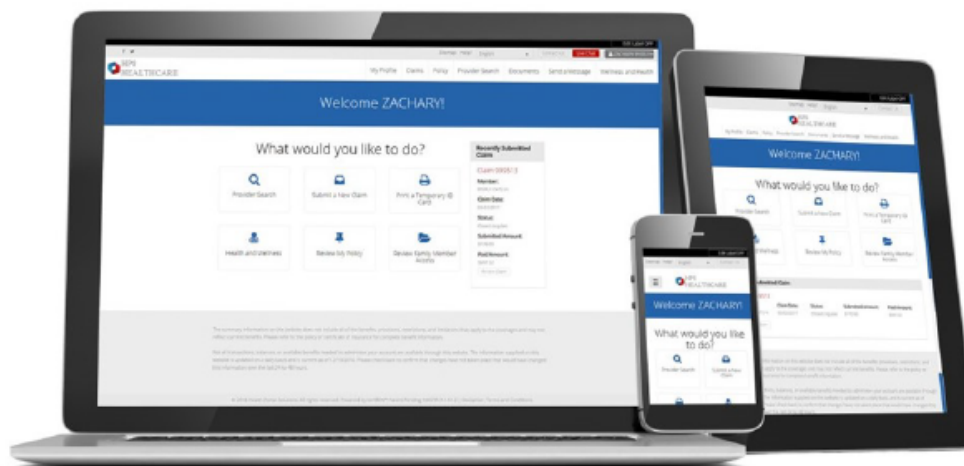
- Ability to print a temporary Lab Card / order a replacement Lab Card
- Instructions on how to use the Lab Card
- Printable Q&A for physicians
- “Contact my physician” feature to provide information on the Lab Card

Program

To receive the benefits of the Lab Card program, you **must present** your Lab Card and **request** the Lab Card program at the time of service. The physician’s office and collection sites will need a copy of your Lab Card or Healthcare ID card with the Lab Card logo on it each time you go for services.

Visit www.labcard.com to find a draw site near you.

NOTE: IF YOU ARE COVERED BY A HIGH DEDUCTIBLE HEALTH PLAN, YOUR DEDUCTIBLE WILL APPLY BEFORE ANY BENEFITS ARE PAID.



Check out your new member portal!

Easily manage your healthcare and plan benefits online.

- **Mobile Access:** No app needed! Just log in from the browser on your mobile device, and the portal will resize to fit your screen.
- **Print ID Card:** Whether it's printing or showing your ID card from your phone, this tool will save you time and space in your wallet.
- **New User-Friendly Design:** It's easier to navigate our portal and find the information you need.
- **Personal Health Record:** Upload all your important medical documents into our secure, HIPAA-compliant portal. You can even share them with your doctor.
- **Online Enrollment:** No more sifting through stacks of forms! Our online tool gets you through the enrollment process in minutes.

Create Your Account Today!

Log in: www.dunnbenefit.com

Or scan this code with your mobile device:



Your Online Benefits Center

The Dunn & Associates portal is **your go-to place** for your important benefit-related information, including:

1. Claims
2. Benefit Plan Details
3. Prescription Info
4. Telemedicine
5. Daily Health & Wellness Videos



The Dunn & Associates portal is **accessible from your mobile device** and saves you from remembering multiple usernames and passwords.

Save Time Online!

Your new member portal is a big **time-saver** when it comes to managing your benefits. Take care of all these benefit-related tasks with one login:

1. Enroll Online
2. Search for a Doctor
3. Request an ID Card
4. Access Plan Documents
5. Email us or your HR



What are you waiting for? **Create your account today** and begin experiencing an easier way to manage your benefits!

SwiftMD Telemedicine



Healthcare on Demand

SwiftMD is a telemedicine service that delivers quality health care directly to patients in need. SwiftMD Members enjoy access to high-quality, convenient medical care over the phone or videoconference, 24 hours a day, seven days a week — while saving you money.

Benefits that SwiftMD members enjoy include:

- 24/7/365 nationwide access to U.S. Board-Certified physicians
- Consults with doctors via phone or videoconference; Doctor makes diagnosis and recommends treatment
- Doctor calls in prescription when appropriate
- Members can avoid unnecessary visits to the ER, or long waits for an appointment at your doctor's office.
- **No Co-Pays and No Cost to You!** Your employer is paying for your membership!

Member Testimonials:

- "The doctor that I spoke with was kind and had an excellent bedside manner."
- "This service is amazing and convenient. I love it!"
- "Especially on the occasion you are unable to get in to see your primary physician, SwiftMD is a tremendous service. Prompt service and professional knowledgeable staff that let you know you are in good hands."

To Access your SwiftMD Account:

- When your Membership becomes active on **January 1, 2018**, simply call our Toll-Free Phone Number (1-877-999-7943) when seeking health advice. Your membership will be verified, and then your appointment will be scheduled! Receive a call back within 30 minutes of scheduling your appointment!

YOUR SWIFTMD PROGRAM START DATE:

January 1, 2018

SOME OF THE CONDITIONS WE TREAT:

- Allergies
- Fever & Flu
- Headache
- Insect bites & stings
- Pink Eye
- Prescriptions when appropriate
- Rashes
- Sore Throat
- Upper Respiratory Infections
- Upset Stomach
- Urinary Tract Infections
- Vomiting
- Your individual medical concerns

ONLINE PASSCODE: GRNFLDCTRL

The *Patient Protection and Affordable Care Act* (PPACA) include health insurance market reforms that will bring immediate benefits to millions of Americans, including those who currently have coverage.

Extension of Dependent Coverage to Age 26

The adult child will be eligible under this plan, regardless of whether the adult child is eligible to enroll in another employer-sponsored health plan. A plan that covers the adult child as an employee or spouse will be primary to this plan which covers the adult child as a dependent child.

Patient Protection Disclosure

This plan does not require the designation of a primary care provider. You have the right to seek care from any primary care provider of your choice. Designation of a primary care physician is not required for children. You do not need prior authorization from this plan or Dunn and Associates Benefit Administrators, Inc. or from any other person (including a primary care physician) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in primary care, pediatrics, obstetrics, or gynecology, contact Dunn and Associates Benefit Administrators at 800-880-9960 or visit www.dunnbenefit.com.

Grandfathered Plan Status

This plan is considered to be a “Non-Grandfathered Plan” under the PPACA. Being a non-grandfathered plan means that the Plan includes certain consumer protections of the Affordable Care Act. Questions regarding which protections apply and which protections do not apply to a non-grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Dunn and Associates Benefit Administrators at 812-378-9960 or 800-880-9960. The Plan participant may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa.

Prohibition on Rescissions

PPACA prohibits a group health plan from rescinding health coverage except in the case of fraud or intentional misrepresentation of a material fact.

Prohibition on Preexisting Condition Exclusions

PPACA prohibits group health plans from denying coverage based on an applicant’s preexisting condition.

Preventative Care:

Preventative health care services will be payable at 100% no deductible, according to Schedule A and B of Health Care Reform preventative care services. Visit www.healthcare.gov for these schedules or call Dunn & Associates.

Emergency Services:

Non-grandfathered plans must pay for emergency services at the same rate for in-network and out-of-network providers claims that are considered to be emergencies. Non-emergency care received at a hospital emergency room will not be subject to this provision.

Clinical Trials:

This plan will comply with the clinical trials process. Non-grandfathered plans must cover routine expenses for clinical trials for cancer and other life-threatening diseases and cannot discriminate against individuals for participating in the trial.

Revised Appeals Process:

This plan will comply with the updated internal appeals process and will provide participants with information about the process. This plan will also adopt an external appeals process that, at a minimum, meets the Uniform External Review Model Reform promulgated by the National Association of Insurance Commissioners. The new procedures will include claims benefit determination (whether or not adverse) involving urgent care as soon as possible, but not later than 24 hours after the plan or insurer receives the claim.

Important Noticed about Your Prescription Drug Coverage and Medicare

(both plans)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage. Medicare prescription drug coverage became available in 2007 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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.

Your employer has determined that the prescription drug coverage they offer is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage. Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to enroll in a Medicare prescription drug plan and drop your employer's prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose the coverage with your employer and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

Contact our office for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if the coverage through your employer changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage, visit www.medicare.gov.

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 prescription drug plans. For more information about Medicare prescription drug plans:

Call your State Health Insurance Assistance Program (see your copy of the Medicare & Your handbook for their telephone number) for personalized help,

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	November 2019
Name of Entity/Sender:	Greenfield-Central Community School Corporation
Contact--Position/Office:	RuthAnn Fischer or Leiah Bainter
Address:	110 W North St. Greenfield, IN 46140
Phone Number:	317-462-4434

Women's Health & Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) was signed into law on October 21, 1998. The law requires that Employees are notified of the Maternity and Mastectomy benefits it encompasses periodically.

Maternity Benefits (Precertification)

The Department of Labor (DOL) has issued an interim regulation that modifies the Newborns' and Mothers' Health Protection Act of 1996. The Newborns' and Mothers' Health Protection Act generally prohibits health insurance issuers and group health plans from restricting benefits for hospitalization in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. The DOL's interim regulation further clarifies (or modifies) this act by stating that Federal law generally does NOT prohibit the mother or newborn's attending health provider from discharging the mother or her newborn earlier than 48 hours after vaginal delivery or 96 hours after cesarean section when the provider has consulted with the mother first.

Mastectomy Surgery (*Related Services Covered*)

The Women's Health and Cancer Rights Act of 1998, enacted as part of the Omnibus Budget Bill, requires that group health plans providing coverage for a mastectomy to also cover additional related charges. We are pleased to say that your plan does provide coverage for mastectomies; therefore, the following related services are now also covered under your plan:

Breast reconstruction of a surgically removed breast

Surgery and reconstruction of the other breast to produce a symmetrical appearance

Prostheses and treatment for physical complications from all stages of mastectomy, including lymphedemas

Applicable copayments and deductibles apply to these services as indicated in your Summary Plan Description.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.hip.in.gov>
Phone: 1-877-438-4479

Notice Regarding Wellness Program

Greenfield-Central Community School Corporation (GCCSC) wellness program is a voluntary program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs to seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for glucose, cholesterol and PSA (optional). Employees who choose to participate in the biometric screenings will receive an incentive of reduced premiums for employee only and family coverage. Although you are not required to participate in the biometric screening, only employees who do so will receive the premium reduction. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting **Leiah Bainter or Ruthann Fisher at the Greenfield-Central Community School Corporation, 110 W North St, Greenfield, IN 46140 or 317-462-4434**. The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as new options or additional activities to earn more credits. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and **GCCSC** may use aggregate information it collects to design a program based on identified health risks in the workplace, **GCCSC** will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the staff of **Hancock Regional Hospital** in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Limited information will be shared with the staff of **Dunn and Associates** in order to track and apply wellness credits. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **Leiah Bainter or Ruthann Fisher at the Greenfield-Central Community School Corporation, 110 W North St, Greenfield, IN 46140 or 317-462-4434**.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Leiah Bainter or RuthAnn Fisher.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Greenfield-Central Community Schools		4. Employer Identification Number (EIN) 35-1100181	
5. Employer address 110 W North St.		6. Employer phone number 317-462-4432	
7. City Greenfield		8. State IN	9. ZIP code 46140
10. Who can we contact about employee health coverage at this job? Leiah Bainter or RuthAnn Fisher			
11. Phone number (if different from above) 317-462-4434		12. Email address lbainter@gcsc.k12.in.us or rfisher@gcsc.k12.in.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

Please refer to the Eligibility section of your Summary Plan Description booklet. If you do not have an SPD, one can be found at www.dunnbenefit.com or you may request one from your Employer.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Please refer to the Eligibility section of your Summary Plan Description booklet. If you do not have an SPD, one can be found at www.dunnbenefit.com or you may request one from your Employer.

☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

HHS Non-Discrimination Notice

The U.S. Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws and does not discriminate on the base of race, color, national origin, age, disability, or sex. HHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HHS provides free aids and services to people with disabilities to communicate effectively with us such as;

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English such as;

- Qualified interpreters
- Information written in other languages

If you need these services, contact HHS at 1 (877) 696-6775.

If you believe HHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights compliant portal, by mail or phone.

US Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1 (800) 368-1019 or 1 (800) 537-7697 (TDD)

Complaint forms are also available at <http://www.hhs.gov/ocr/office/file/index.htm>