Hoosier School Benefit Trust

BENEFIT GUIDE

JANUARY 1–DECEMBER 31 | 2026

WELCOME TO YOUR BENEFITS

Your school would not be the success it is today without the dedication of hard-working employees like you. This guide outlines the comprehensive benefits package supporting your physical, mental and financial wellness.

WHAT'S NEW FOR 2026

CARELONRX IS OUR NEW PHARMACY BENEFIT MANAGER!

CarelonRx has digital tools to help you manage your prescriptions. You'll log in to your Anthem portal and use the Sydney Health app to access all things CarelonRx. Look for your new ID card with Anthem and CarelonRx.

Learn more on page 13.

ELIGIBILITY

EMPLOYEES

HSBT offers a comprehensive benefits package to eligible employees. Contact your school's Human Resources department to determine eligibility.

DEPENDENTS

Many plans allow you to cover eligible dependents:

- Legally married spouse
- Dependent children including:
  - Children up to age 26 regardless of student or marital status
  - Disabled children of any age who are (or become) physically or mentally incapable of self-support

DIGITAL GUIDE TIPS

- ☑ Click the icons in the top left corner to jump to these sections:
  - **Table of Contents**
  - **Benefit Contacts**
  - **Find an In-Network Provider**
  - **Benefit Glossary**
- ☑ Bookmark the link or save it to your phone's home screen.
- ☑ To search by key word on mobile, tap the three dots in the bottom menu, then tap "Find in page."

Click here to jump back to this page!

CONTENTS

	CARRIER/VENDOR	HSBT PAYS	YOU PAY	PAGE
ENROLLMENT				
When Can You Enroll? | Qualifying Life Events				4–5
HEALTH BENEFITS				
Choosing Your Medical Benefits	Anthem	✓	✓	7
Medical Benefits	Anthem	✓	✓	8–11
Healthcare on the Go	Anthem	✓	✓	12
Prescription Benefits	CarelonRx	✓	✓	13
Health Savings Account	Contact HR	Contact HR	Contact HR	14
HSBT Health & Wellness Center	Community Health	✓		16
Dental Benefits	Anthem	✓	✓	19
Vision Benefits	Anthem	✓	✓	20
FINANCIAL BENEFITS				
Basic Life and AD&D	OneAmerica	✓		22
Supplemental Life Insurance	OneAmerica		✓	23
ADDITIONAL BENEFITS				
Employee Assistance Program	Community Health	✓		25
Anthem Discounts & Perks	Anthem	✓		26
BENEFIT RESOURCES				
Benefit Contacts | Find an In-Network Provider | Benefit Glossary				28–30

WHEN CAN YOU ENROLL?

NEW HIRE

Enroll within your new-hire enrollment window.

Visit your school's enrollment site

Closely review your options as a new hire

- Check your school's enrollment site to determine when you are eligible
- Some benefits include special enrollment opportunities that are only available when you first enroll, so don't miss out!

OPEN ENROLLMENT

Enroll during the annual benefits open enrollment period.

Visit your school's enrollment site

Your annual opportunity to review & change your benefits

- Your HR team will inform you of the open enrollment dates.
- Benefits begin on Jan. 1

QUALIFYING LIFE EVENT

Enroll within 30 days of a qualifying life event.

Contact Human Resources

Qualifying life events allow you to make a mid-year benefit change

Examples include:

- Marriage or divorce
- Birth or adoption of child
- Loss of coverage
- Turning age 65
- Spouse's open enrollment
- Change in work status (part-time to full-time)

QUALIFYING LIFE EVENTS

You can only make mid-year changes if you have a qualifying life event. See some examples on the previous page.

Here's what to do if you have a qualifying life event.

1. GATHER YOUR BENEFIT INFORMATION

Gather the benefit information that both you and your spouse are eligible for.

Give yourself time to make your decision, as **you must request your change within 30 days of the event**.

2. CONSIDER YOUR OPTIONS

Consider the following to compare your options for coverage.

- What level of coverage does my family need?
- Does it benefit my family financially for my spouse and I to elect our own coverage through our own employers?
- Or is it less expensive for my entire family to be covered by HSBT's plan?
- To evaluate each option, consider premiums, deductibles, and out-of-pocket maximum costs.

3. CONTACT HR

If you've decided to elect HSBT's coverage at any level, contact Human Resources for assistance.

We'll help you through the election process and answer any questions you and your family may have about your options.

HEALTH BENEFITS

CHOOSING YOUR MEDICAL BENEFITS

ANTHEM MEDICAL PLAN OPTIONS

Everyone's healthcare needs are different. That's why HSBT offers you choice in your medical, dental and vision benefits.

You may choose from four medical plans through Anthem. All of your plan options include pharmacy coverage and allow you to visit any doctor or hospital of your choice (just keep in mind you'll pay a lot less in-network).

PPO PLANS

PPO Plans I/II and III are traditional Preferred Provider Organization (PPO) plans. These two plans offer some services, such as doctor office visits and prescription drugs, for a flat copay.

HDHP/HSA PLANS

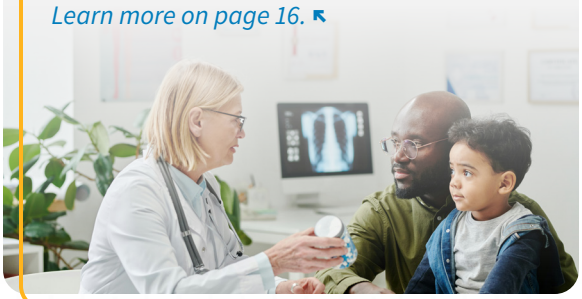
HDHP/HSA Plans IV and V are qualified High-Deductible Health Plans (HDHP) that can be combined with a Health Savings Account (HSA) to give you more control over your healthcare spending.

Both HDHP plans have a lower cost per paycheck, so you can put these savings in a tax-advantaged HSA to pay for the care you need.

HSBT HEALTH & WELLNESS CENTERS

If you enroll in one of the Anthem medical plans, you can access FREE care through the three HSBT Health & Wellness Centers!

Learn more on page 16.



MEDICAL BENEFITS

Anthem

PLAN BASICS	PPO PLAN I/II IN-NETWORK*	PPO PLAN III IN-NETWORK*
NETWORK	**Anthem Blue Access**	**Anthem Blue Access**
Deductible Individual | Family	$1,500 | $3,000	$2,700 | $5,400
Coinsurance Member Pays | Plan Pays	30% | 70%	30% | 70%
Out-of-Pocket Maximum Individual | Family	$6,000 | $10,000	$6,000 | $10,000
Eligible for Health Savings Account?	No	No
WHAT YOU PAY WHEN YOU NEED CARE		
Preventive Care	No charge	No charge
Doctor Visits Primary Care | Specialist	$40 copay | $60 copay	$40 copay | $60 copay
Virtual Visits	$40 copay	$40 copay
Urgent Care	$100 copay	$100 copay
Emergency Room	$250 copay (waived if admitted)	$250 copay (waived if admitted)
Inpatient & Outpatient Services	30% after deductible	30% after deductible
Diagnostic Imaging (ex: MRI, CT, PET scans)	30% after deductible	30% after deductible
Behavioral Health	$40 copay	$40 copay
Hospice Care	No charge	No charge

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.*

Continued on next page

MEDICAL BENEFITS CONTINUED

Anthem

PLAN BASICS	PPO PLAN I/II IN-NETWORK*	PPO PLAN III IN-NETWORK*
WHAT YOU PAY FOR PRESCRIPTION DRUGS		
Retail Pharmacy (up to 30-day supply)		
Tier 1	30%	30%
Tier 2	30%, $40 minimum	30%, $40 minimum
Tier 3	30%, $60 minimum	30%, $60 minimum
Tier 4	30% up to $300 maximum	30% up to $300 maximum
Mail-Order (up to 90-day supply) *See Prescription Benefits on page 13 for more details.*		
Tier 1	$40	$40
Tier 2	$80	$80
Tier 3	$120	$120
Tier 4	30% up to $300 maximum	30% up to $300 maximum

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.*

Continued on next page

MEDICAL BENEFITS CONTINUED

Anthem

PLAN BASICS	HDHP/HSA PLAN IV IN-NETWORK*	HDHP/HSA PLAN V IN-NETWORK*
NETWORK	**Anthem Blue Access**	**Anthem Blue Access**
Deductible Individual | Family	$3,500 | $7,000	$5,700 | $11,400
Coinsurance Member Pays | Plan Pays	30% | 70%	30% | 70%
Out-of-Pocket Maximum Individual | Family	$6,900 | $11,500	$6,900 | $13,800
Eligible for Health Savings Account?	Yes! *Learn more on page 14.*	Yes! *Learn more on page 14.*
WHAT YOU PAY WHEN YOU NEED CARE		
Preventive Care	No charge	No charge
Doctor Visits Primary Care | Specialist **Virtual Visits** **Urgent Care** **Emergency Room** **Inpatient & Outpatient Services** **Diagnostic Imaging** (ex: MRI, CT, PET scans) **Behavioral Health** **Hospice Care**	30% after deductible	30% after deductible

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.*

Continued on next page

MEDICAL BENEFITS CONTINUED

Anthem

PLAN BASICS	HDHP/HSA PLAN IV IN-NETWORK*	HDHP/HSA PLAN V IN-NETWORK*
WHAT YOU PAY FOR PRESCRIPTION DRUGS		
Retail Pharmacy (up to 30-day supply) Tier 1 | 2 | 3 | 4	30% after deductible	30% after deductible
Mail-Order (up to 90-day supply) Tier 1 | 2 | 3 | 4	30% after deductible	30% after deductible

***Out-of-network coverage is available on this plan.** Please refer to the benefit summary for more information.*

HEALTHCARE ON THE GO

If you enroll in our medical benefits, visit with a doctor any day, any time. Virtual visits are easy for care whenever you need it.

USE VIRTUAL VISITS FOR

- Allergies
- Cold & flu symptoms
- Fever
- Mental health therapy
- Pink eye
- Psychiatry
- Sinus problems
- Skin problems
- Urinary tract infection
- And more!

WHAT DOES IT COST?

PPO PLAN I/II AND PPO PLAN III

Primary Care: $40 copay | **Specialist:** $60 copay

HDHP/HSA PLAN IV AND HDHP/HSA PLAN V

All visits | 30% after deductible

BEFORE-DEDUCTIBLE COSTS*

General Visit | $55

Primary Care | $80

Allergy Specialist Visit | $55

Dermatology Visit | $100

Pediatrician Visit | $55

Psychology Visit | $100/$85

Psychiatry Visit | $185/$80

Lactation Support Visit | no cost

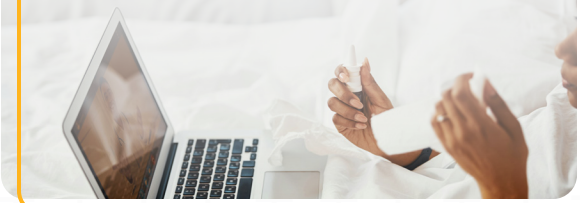
**Fees subject to change*

FIND IT ALL IN THE APP

Access 24/7 virtual visits and more in the Sydney Health app.

- Find in-network care options
- See claim details
- View progress toward your deductible
- Find and share your plan ID card

Get a link to download the app



PRESCRIPTION BENEFITS

CarelonRx has digital tools to help you manage your prescriptions.

MAIL-ORDER OPTIONS

Have your long-term medications sent to your home with CarelonRx Pharmacy. It's convenient, safe and gives you peace of mind.

Mail-order saves you money! A 90-day mail-order prescription fill is cheaper than three 30-day fills.

GET STARTED

- Log in to your Anthem account and go to "Prescriptions Home"
- Click "View Prescriptions" to switch to CarelonRx pharmacy
- On the Sydney Health app, select "Pharmacy"

YOU HAVE THE LOWEST COST ON GENERICS

Save money while getting credit toward your deductible and out-of-pocket maximum!

1. With EnsureRx, CarelonRx compares prices for generic drugs across different discount cards and online shops.
2. CarelonRx will automatically apply the lowest possible pricing to your generic prescriptions, even if it's lower than the cost through your medical plan.

REACH OUT USING YOUR ANTHEM TOOLS

If you need help with anything prescription related, reach CarelonRx through your Anthem account or the Sydney Health app.

Visit | *Anthem.com*

Download | *SydneyHealth.com*

Call | 833-396-0309

Back to your medical plan options

HEALTH SAVINGS ACCOUNT

By enrolling in the HDHP/HSA Plan IV or HDHP/HSA Plan V, you get access to a Health Savings Account, which you can use for qualified healthcare expenses.

ELIGIBILITY

To contribute to an HSA, you must:

- ✓ **Be enrolled** in an HSA-eligible medical plan
- × **Not be enrolled** in Medicare, TRICARE, Medicaid or a non-HSA eligible plan*
- × **Not be eligible** to be claimed as a dependent on someone else's tax return

**To avoid penalties, stop your HSA contributions six months before enrolling in Medicare Part A. Consult your tax advisor for guidance.*

HSA CONTRIBUTIONS

You can contribute up to the IRS annual maximum, which is based on your age and enrollment in the HSA medical plan.

2026 IRS Contribution Limits	UNDER AGE 55	AGE 55+
Individual	$4,400	$5,400
Family (one or more dependents)	$8,750	$9,750

Browse | *Video Library* ↖

Explore | *HSA Learning Center* ↖

THREE REASONS TO LOVE YOUR HSA

1. TRIPLE TAX SAVINGS[1]

- Tax deductions when you contribute
- Tax-free withdrawals to pay for qualified expenses
- Tax-free earnings

2. FLEXIBILITY

You can use the money in your HSA for eligible expenses or save it and let it grow. Your savings roll over each year.

3. USE IT FOR RETIREMENT

After age 65, you can use your HSA funds as retirement income without penalty.[2]

[1]State taxes still apply in some states.

[2]Normal income tax still applies.

PREVENTIVE CARE

Your medical plan covers in-network preventive care services at no cost to you! Preventive care can help keep you healthy and identify minor issues early, when they're easier—and less costly—to treat.

☑ WHAT IS PREVENTIVE CARE?

Preventive care includes a range of services to help keep you healthy. While regular (diagnostic) medical care focuses on treating illness, preventive care aims to keep you from getting sick in the first place.

☒ WHAT IS NOT PREVENTIVE CARE?

If you see a doctor because you have symptoms or have been diagnosed with an illness, the services you receive are not preventive.

Your medical plan still provides coverage for these services, but they are not covered at 100%.

Your medical plan may charge a fee if you receive services from an out-of-network provider or if the preventive service is not the primary purpose of your office visit.

SEE PREVENTIVE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | *Anthem.com/preventive-care* ↖

Call Anthem to confirm which preventive services are covered under your plan.

Back to your medical plan options ↖

HSBT HEALTH & WELLNESS CENTER

Community Health Network

NO-COST MEDICAL CARE

The HSBT Health & Wellness Center is created for the exclusive use of employees and dependents of HSBT who are covered under an HSBT Anthem medical plan.

The Health & Wellness Center is staffed by primary care providers who can evaluate and treat your entire family for a wide variety of ailments.

The Center offers all of the services provided in a typical primary care office, including physical evaluation and treatment for everything from the flu to complicated chronic diseases, physical examinations, immunizations, and lab draws at **NO COST**.

SERVICES INCLUDE

- Personal health coaching
- Immunizations, lab draws, and testing
- **Some generic prescriptions fills and refills**
- Urgent care visits

LOCATIONS

Harding Street | 6925 South Harding St., Ste. B1, Indianapolis, IN 46217

East Washington | 7910 East Washington St., Ste. 350, Indianapolis, IN 46219

MAKE AN APPOINTMENT

Schedule an appointment at a Center online or by phone. Create an account for visit notes, lab results and more.

Visit | *MyWebAhead.com/hsbt*

Call | 317-497-6140

HOURS

HARDING STREET

Monday | 9 a.m. to 6 p.m.

Tuesday | 8 a.m. to 5 p.m.

Wednesday | 8 a.m. to 5 p.m.

Thursday | 8 a.m. to 5 p.m.

Friday | 6:30 a.m. to 3:30 p.m.

Closed daily from noon to 1 p.m.

EAST WASHINGTON

Monday | 6:30 a.m. to 6:30 p.m.

Tuesday | Closed

Wednesday | 6:30 a.m. to 6:30 p.m.

Thursday | Closed

Friday | 11 a.m. to 5 p.m.

Closed daily from 12:30–1:30 p.m.

Click here to find an in-network provider!

WHERE TO GO FOR CARE

Community Health Network

Anthem

HSBT HEALTH & WELLNESS CENTER	VIRTUAL VISITS	PRIMARY CARE	URGENT CARE	EMERGENCY ROOM
COST				
FREE	$	$$	$$$	$$$$
WHEN TO GO				
Use for preventive and regular care	When you need care now	Use for preventive and regular care	When you need care now	When you need care now **and** your condition is life-threatening
TYPES OF CARE/SYMPTOMS				
Routine checkups, preventive care, general health management. The clinic can be used as your primary care provider!	Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, other non-emergency symptoms	Routine checkups, preventive care, general health management Mild asthma, flu-like symptoms, fever, sprains, eye or sinus infection, sore throat, earache, other non-emergency symptoms	Sprain and strains, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, urinary tract infection	Signs of a heart attack, difficulty breathing, severe burn or bleeding, and any other symptoms that are life-threatening
HOW TO FIND CARE				
Schedule your appointments ahead of time. 317-497-6140 *MyWebAhead.com/hsbt*	When you request an appointment, you'll get a call back from a provider usually within an hour. *Use the Sydney Health app!*	Schedule your appointments ahead of time by contacting your provider.	Find an in-network urgent care center.	Find an emergency room.

TIPS TO SAVE MONEY

SAVE THE EMERGENCY ROOM FOR TRUE EMERGENCIES

Only visit the emergency room if you have a life- or limb-threatening emergency. If you need care when your doctor's office is closed, check your area for an urgent care location or use virtual care instead.

USE IN-NETWORK PROVIDERS

Your medical, dental and vision costs increase greatly when you visit a provider who is not in your plan's network. Always confirm your provider is in your network, especially when being referred to another provider or facility for services.

GET YOUR ANNUAL CHECKUP

You and your dependents should visit the doctor annually for health screenings and tests. Your plan covers preventive services at 100%.

CHOOSE GENERIC PRESCRIPTIONS

Ask your doctor or pharmacist to give you generic prescriptions instead of brand-name if possible. Generic drugs are usually cheaper and can be just as effective.

SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES

It can pay to be a savvy shopper. Look up your prescription on your Anthem account to find the lowest cost pharmacy.

Good news! CarelonRx automatically applies discount card pricing to your generic prescriptions. The amounts you pay will be automatically credited to your deductible and out-of-pocket maximum where appropriate. *Learn more on page 13.*

TAKE ADVANTAGE OF THE MAIL-ORDER PHARMACY PROGRAM

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Log in to your Anthem account to contact CarelonRx for more details.

DENTAL BENEFITS

Anthem

PLAN BASICS	ENHANCED PLAN IN- AND OUT-OF-NETWORK*	CORE PLAN IN- AND OUT-OF-NETWORK*
NETWORK	**Dental Complete**	**Dental Complete**
Calendar-Year Deductible Individual | Family	$50 | $150	$50 | $150
Maximum Benefit for Basic & Major Services Per Person Per Year	$2,500	$1,000
Maximum Orthodontia Benefit Per Child Per Lifetime	$1,500	$1,000
WHAT YOU PAY FOR SERVICES		
Preventive Services (cleanings, exams, X-rays)	No charge (deductible waived)	No charge (deductible waived)
Basic Services (fillings, extractions)	20% after deductible	20% after deductible
Major Services (crowns, bridgework, root canals)	50% after deductible	50% after deductible
Orthodontia (for children up to age 18)	You pay 50%	You pay 50%

***Be aware of balance billing if you use an out-of-network dentist.** *If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. Save money by staying in-network! See Benefit Glossary on page 30 for more details.*

Click here to find an in-network provider!

VISION BENEFITS

Anthem

PLAN BASICS	CORE VISION PLAN IN-NETWORK*
NETWORK	**Blue View Vision**
Eye Exam *every calendar year*	$10 copay
Eyeglass Lenses Single | Bifocal | Trifocal *once every 12 months*	$10 copay
Frames *once every 24 months*	$130 allowance + 20% discount on remaining amount
Elective Contacts—instead of glasses *once every 12 months*	$130 allowance + 15% discount on remaining amount

***Out-of-network coverage is available on this plan.** Refer to the benefit summary for more information.*

DISCOUNTS & SAVINGS

You are eligible for extra discounts and savings when you visit in-network providers!

EXTRA SAVINGS

Some lens enhancements for children are included at no additional cost.

Save on additional pairs of glasses and sunglasses as well as lens enhancements from an in-network provider.

LEARN MORE

Visit | *Anthem.com*

FINANCIAL BENEFITS

LIFE INSURANCE

OneAmerica Financial

BASIC LIFE AND AD&D
EMPLOYER-PAID

To help provide financial security for your family in the event of death or dismemberment, we provide basic term life and accidental death & dismemberment (AD&D) coverage **at no cost to you.**

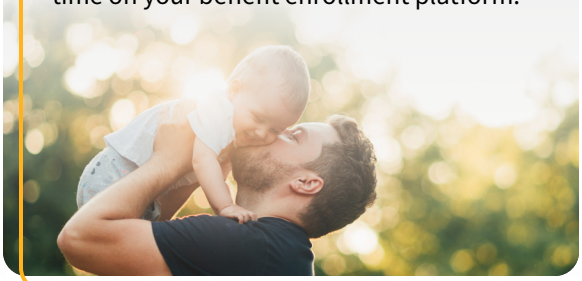
Life Coverage Amount	Benefit is based on employment classification
AD&D Coverage Amount*	Benefit is based on employment classification

**The AD&D benefit is paid in addition to the life benefit if your death is due to an accident. A partial AD&D benefit may be paid in some instances such as loss of sight or paralysis. See plan summary for details.*

KEEP YOUR BENEFICIARY INFO UP TO DATE!

Life and AD&D benefits are paid to the beneficiary on file, so make sure you keep your beneficiary information up to date!

Change your beneficiary information any time on your benefit enrollment platform.



SUPPLEMENTAL LIFE INSURANCE

OneAmerica Financial

Supplemental life insurance provides an extra layer of financial security for your family. You can give your loved ones greater peace of mind in the face of unforeseen circumstances by purchasing voluntary coverage at competitive group rates.

COVERAGE OPTIONS

Employee Benefit	$1,000 increments up to $500,000 **Guarantee Issue:** $200,000
Spouse Benefit	$5,000 increments up to 100% of employee's election **Guarantee Issue:** $50,000
Child Benefit	**6 months and up:** $10,000
Benefit Reduction	**Benefits reduce by:** 45% of original amount at age 70 61% of original amount at age 75 69% of original amount at age 80 73% of original amount at age 85 76% of original amount at age 90

Note: *Your cost for voluntary life insurance varies by age and coverage amount (Spousal rates are based on the age of the employee). You can see your cost when you enroll online. Franklin Township Schools supplemental coverage includes Accidental Death & Dismemberment coverage.*

THE GUARANTEED ISSUE

A **"guaranteed issue" amount** is the dollar amount of coverage you can be approved for without completing a health questionnaire—also commonly referred to as Evidence of Insurability (EOI).

2026 OPEN ENROLLMENT

OneAmerica is offering a guaranteed issue of $50,000 for employees only!

During this year's open enrollment, any eligible employee can elect up to $50,000 without completing the EOI.

If you do not currently have supplemental life coverage, you can enroll and elect up to $50,000 without completing the EOI.

If you are currently enrolled with less than $50,000 of coverage, you can elect up to $50,000 without completing the EOI.

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

You and your household have access to Community Health's Employee Assistance Program (EAP) to help with the everyday life challenges that may affect your health, family life and desire to excel at work.

Your use of the EAP is confidential. Your school will not know if you use the EAP.

You and your household have up to **six face-to-face** counseling sessions per year, per person, per issue.

These six sessions may be used at any time of the year and are not based on a calendar year, but rather, a rolling year starting on the date you make your first appointment.

FOR 24/7 ASSISTANCE

Call | 800-543-4158 or 317-621-7742
Visit | *MyWebAhead.com/hsbt*

Community Health Network

AN EAP CAN ADDRESS:

- EMOTIONAL WELL-BEING
- FINANCIAL WELLNESS
- FAMILY & RELATIONSHIPS
- LEGAL ASSISTANCE
- SUBSTANCE ABUSE
- WORK & CAREER

ANTHEM DISCOUNTS & PERKS

Anthem provides those enrolled in an HSBT medical plan with discounts on products and services for your health and well-being.

FAMILY AND HOME

23andMe | Health + Ancestry kit discounts

WINFertility® | Family planning discounts

Pet Insurance | Pet insurance discounts from Nationwide and ASPCA

MEDICINE AND TREATMENT

Allergy products | Allergy control products and National Allergy® Supply discounts

Brevena | Skin care discount

Living Well courses | Online coaching courses for weight loss, tobacco cessation, diabetes management and more

Puritan's Pride | Vitamin discounts

FITNESS AND HEALTH

Active&Fit Direct™ | Gym discounts

FitBit | Device discounts

Garmin | Wellness device discounts

Husk Wellness | Gym membership, fitness equipment, coaching discounts and more

VISION, HEARING AND DENTAL

Glasses.com™ and 1-800-CONTACTS® | Vision discounts

EyeMed | Glasses and sunglasses discounts

TruVision | LASIK eye surgery discounts

Hearing Aids | Nations Hearing, Hearing Care Solutions and Amplifon hearing aid discounts

START SAVING

Log in to your Anthem account, choose "Care" then choose "Discounts."

Visit | *Anthem.com*

BENEFIT RESOURCES

BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical & Pharmacy	Anthem	800-295-4119	*Anthem.com* *Use the Sydney Health app*
Healthcare on the Go *includes Virtual Visits*	Anthem	—	Download the app *SydneyHealth.com*
Mail-Order Prescription Assistance	CarelonRx	833-396-0309	*Anthem.com* *Use the Sydney Health app*
HSBT Health and Wellness Centers	Community Health	317-497-6140	*MyWebAhead.com/hsbt*
Dental	Anthem	877-604-2142	*Anthem.com*
Vision	Anthem	866-723-0515	*Anthem.com*
Health Savings Account	Contact HR	Contact HR	Contact HR
Life and AD&D Insurance	OneAmerica	800-249-6269	*OneAmerica.com*
Employee Assistance Program	Community Health	800-543-4158 or 317-621-7742	*MyWebAhead.com/hsbt*

FIND AN IN-NETWORK PROVIDER

MEDICAL

ANTHEM

Anthem.com

1. Click “Find Care”
2. Log in or continue as a guest
3. If you continue as a guest, select your type of plan: “Medical Plan or Network”
4. Select “Indiana”
5. Select “Medical (Employer-Sponsored)”
6. Select **“Anthem Blue Access”**
7. Select “Continue”
8. Enter your City, County or ZIP and search by doctor, hospital, procedure and more

DENTAL

ANTHEM

Anthem.com

1. Click “Find Care”
2. Log in or continue as a guest
3. Select “Dental Plan or Network”
4. Select “Indiana”
5. Select “Dental”
6. Select **“Dental Complete”**
7. Select “Continue”
8. Enter your City, County or ZIP and search by doctor, hospital, procedure and more

VISION

ANTHEM

Anthem.com

1. Click “Find Care”
2. Log in or continue as a guest
3. Select “Vision Plan or Network”
4. Select “Indiana”
5. Select “Vision”
6. Select **“Blue View Vision”**
7. Click “Continue”
8. Enter your City, County or ZIP and search by doctor, hospital, procedure and more

BENEFIT GLOSSARY

BALANCE BILLING
When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical, dental or vision plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply toward your out-of-pocket maximum.

COINSURANCE
The percentage of the cost you pay for covered services after you meet your deductible.

COPAYMENTS (ALSO CALLED COPAYS)
A flat fee you pay for a covered healthcare service. You will typically pay your copay at the time of service, and then the plan will pay any remaining amount.

DEDUCTIBLE
The amount you are required to pay each year before certain benefits are paid for by the plan. Once you meet the deductible, expenses are covered by the plan based on the coinsurance. The deductible resets on Jan. 1 each year.

EXPLANATION OF BENEFITS (EOB)
A packet, usually mailed to you, that explains how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.

NETWORK
The doctors, hospitals, and other healthcare providers your insurance company has contracted with to provide services at discounted rates. You will pay less when you use in-network providers. Some plans will not cover the care you get outside of the network.

OUT-OF-POCKET MAXIMUM (OOPM)
The most you pay in a calendar year for covered services. If you reach the OOPM, the plan pays 100% of covered expenses for the rest of the plan year.

PLAN YEAR
The plan year refers to Jan. 1 through Dec. 31.

USUAL, CUSTOMARY, AND REASONABLE (UCR) CHARGES
Healthcare charges determined by your health insurance provider and based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges do not apply. You are responsible for amounts over UCR for out-of-network care.

Hoosier School Benefit Trust

The information in this enrollment guide is based on information provided by the employer and various benefit documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

Guide prepared by The MJ Companies.

Back to beginning