



BENEFIT GUIDE

JAN. 1-DEC. 31 | 2026



WELCOME TO YOUR BENEFITS

Greater Clark County Schools would not be the success it is today without you. We are proud to offer a comprehensive benefits package to support your physical, mental, and financial wellness.

This guide highlights your options as a benefits-eligible employee. Please review this guide to make informed decisions and get the most from your benefits.

ENROLL BY OCT. 29!

OPEN ENROLLMENT IS OCT. 17–29

This is your annual opportunity to review and update your benefits. Don't miss out!

After you've reviewed your options, log on to our online system to make your selections. *See page 5.*

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WHEN CAN YOU ENROLL IN BENEFITS?

NEW HIRE

Enroll within your new-hire enrollment window.

Steele.BenSelect.com/gccs

Closely review your options as a new hire

- The benefits you select become effective on the **91st day of employment** (calendar days)
- Some benefits include special enrollment opportunities that are only available when you first enroll, so don't miss out!

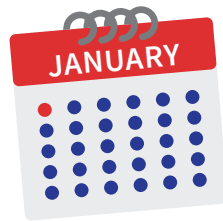
OPEN ENROLLMENT

Enroll during the annual benefits open enrollment period.

Steele.BenSelect.com/gccs

Your annual opportunity to review & change your benefits

- Typically held in the fall
- The benefits you select become effective 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
- You and/or your dependents become eligible or lose coverage with another group health plan
- Spouse's open enrollment
- Change in work status (part-time to full-time)

COVERING YOU AND YOUR FAMILY

EMPLOYEES

Greater Clark County Schools is proud to offer a comprehensive benefits package to eligible, full-time employees who work at least 30 hours per week or meet the requirements for continuing eligibility during an approved leave of absence.

DEPENDENTS

- Many of the plans allow you to cover your eligible dependents, which include:
- 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



ENROLLMENT INSTRUCTIONS



ENROLL ONLINE

Visit | Steele.BenSelect.com/gccs

1. LOG IN

- Enter your 9-digit Social Security number without dashes or spaces
- Enter your 6-digit PIN
 - Last 4 digits of your SSN + last 2 digits of your birth year
 - For example, if the last 4 of your SSN are 1234, and you were born in 1980, your PIN would be 123480

2. REVIEW AND ELECT

- Review your benefits
- Enter your dependent information
- Select your beneficiaries
- Use “Next” to view in sequential order

3. CONFIRM

- Re-enter 6 digit PIN
- Verify your status shows “100% complete”

ENROLL BY PHONE

1. CALL

Call | 463-999-2956

Monday-Friday | 8:30 a.m. to 5 p.m. ET

You'll reach a counselor who knows your benefits.

2. UPDATE

Update your benefits and dependent information and select your beneficiaries.

3. CONFIRM

You'll confirm all elections and beneficiaries.

NO APPOINTMENT NECESSARY

You can use the online option or call in to enroll in your benefits. You can also call in to speak with a benefits counselor if you need assistance.

CALL CENTER HOURS

Monday-Friday | 8:30 a.m. to 5 p.m. ET

NEED A HELPING HAND?

Call the Benefits Enrollment Call Center for Assistance!

Call | 463-999-2956

Monday-Friday | 8:30 a.m. to 5 p.m. ET

BENEFIT COUNSELORS CAN HELP:

- Enroll you in benefits
- Update your beneficiaries
- Add your new dependents
- Review your current benefits
- Direct you to important forms
- Update your address
- Document recent life events

FREQUENTLY ASKED QUESTIONS

CAN THE CALL CENTER HELP ME CHANGE MY BENEFITS?

The IRS only allows mid-year changes when you have a qualifying life event, like marriage, loss of coverage, a newborn, etc.

Should you have a qualifying life event, a Greater Clark County Schools Benefits Specialist can process the event and make desired changes to eligible benefits over the phone.

CAN MY SPOUSE CALL IN FOR ME?

The employee must be present on the recorded call.

MEDICAL BENEFITS



PLAN BASICS	HSA MEDICAL PLAN IN-NETWORK*
NETWORK	Blue Access PPO
Deductible Individual Family	\$1,700 \$3,400
Coinsurance Member Pays Plan Pays	0% 100%
Out-of-Pocket Maximum Individual Family	\$1,700 \$3,400
Eligible for Health Savings Account?	Yes! <i>Learn more on page 13.</i>
WHAT YOU PAY WHEN YOU NEED CARE	
Preventive Care	No charge
Care at the Employee Health Center	No charge! <i>Learn more on page 8.</i>
Doctor Visits Primary Care Specialist	0% after deductible
Emergency Care Urgent Care ER	0% after deductible
Inpatient & Outpatient Services	0% after deductible
Diagnostic Imaging (ex: MRI, CT, PET scans)	0% after deductible
WHAT YOU PAY FOR PRESCRIPTION DRUGS	
Retail Pharmacy (up to 30-day supply) Tier 1 2 3 4	0% after deductible
Mail-Order (up to 90-day supply) Tier 1 2 3 4	0% after deductible
YOUR COST PER PAY PERIOD (24 PER YEAR)	
Employee	\$57.09
Employee + Family	\$290.50

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

PRESCRIPTION BENEFITS

TrueScripts
Amazing Care

ELECTRx
Pharmacy Benefit Strategists

AMAZING CARE

TrueScripts provides personalized support to help you manage and reduce your prescription drug costs.

You can contact TrueScripts whenever you have questions or need help navigating your pharmacy benefits. If you find that you're paying a lot for your medications, they can often find ways for you to save!

PRICEPROTECTOR+ POWERED BY GOODRX

TrueScripts ensures you get the greatest savings while getting credit toward your deductible and out-of-pocket maximum.

With PriceProtector+, TrueScripts will automatically apply GoodRx discount card pricing if it is lower than the cost through your medical plan—no shopping around, no forms to send in, no headaches!

TRUESCRIPTS MEMBER PORTAL

Register online to manage your pharmacy benefits.

Visit | MemberPortal.TrueScripts.com

FIND IT IN THE PORTAL:

- Recent claim history
- Network pharmacy locator
- Drug price lookup—check real-time pricing!
- Live chat available
 - Monday–Friday, 8 a.m. to 6 p.m. ET

QUESTIONS?

Call | 844-257-1955

FREE PRESCRIPTIONS

With ElectRx, you can get prescription drugs for free!

ELECTRX INTERNATIONAL MAIL-ORDER PHARMACY

Once you've filled a prescription through our pharmacy plan, you could save with ElectRx. ElectRx allows you to order 90-day supplies of eligible brand-name medications from pharmacies in Canada, Great Britain, Australia, and New Zealand.

AVAILABLE MEDICATIONS INCLUDE:

- Basaglar
- Janumet
- Toujeo
- Brilinta
- Januvia
- Trulicity
- Eliquis
- Jardiance
- Victoza
- Farxiga
- Ozempic
- Xarelto
- Genvoya
- Rybelsus
- Xigduo
- Humira
- Symbicort
- And more!

SEE IF YOU CAN SAVE

1. Call ElectRx Customer Service.
 - Call | 855-353-2879
 - Have your medication list handy
 - Ask any questions regarding your condition
2. Have your doctor write a script with 3 refills and ask them to fax it directly to ElectRx.
 - Fax | 833-353-2879
3. Shipping takes 5–15 days after completing requirements.

QUESTIONS?

Contact TrueScripts for amazing care.



NO-COST MEDICAL CARE

The Greater Clark County Schools Employee Health Center is created for the exclusive use of employees and dependents of Greater Clark County Schools who are covered under the medical plan.

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

Our Health 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 services.

All services at the health center come at **no cost to you!**

SERVICES INCLUDE

- Primary care services
- Personal health coaching
- Immunizations, lab draws, and testing
- Generic prescriptions fills and refills
- Urgent care visits

LOCATION

Greater Clark County Schools Health Center

6200 E. Highway 62, Building 2501, Suite 250
Jeffersonville, IN 47130

HOURS

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

Tuesday | 7 a.m. to 4 p.m.

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

Thursday | 6 a.m. to 6 p.m.

Friday | 8 a.m. to 4 p.m.

Saturday | 8–11 a.m.

AFTER-HOURS SUPPORT

The after-hours line is available any time the health center is not open. The on-call provider can help with:

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

SCHEDULE AN APPOINTMENT

Go online and click “Patient Portal” to sign in. If it’s your first time using the patient portal, you’ll need to create an account.

Visit | PMD.center/gccs

Call | 812-214-0460

If you need assistance outside of normal business hours, call and follow the prompt to reach an on-call provider.

HEALTHCARE ON THE GO

If you enroll in our medical benefits, you can visit with a doctor any day, any time, from your smartphone, computer or tablet. Virtual visits are a convenient option when you need care in the middle of the night or while traveling.

USE VIRTUAL VISITS FOR

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

FIND IT ALL IN THE APP

Access virtual visits and more in the Sydney Health app.

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

WHAT DOES IT COST?*

You pay 20% after you meet your deductible.

COSTS BEFORE DEDUCTIBLE*

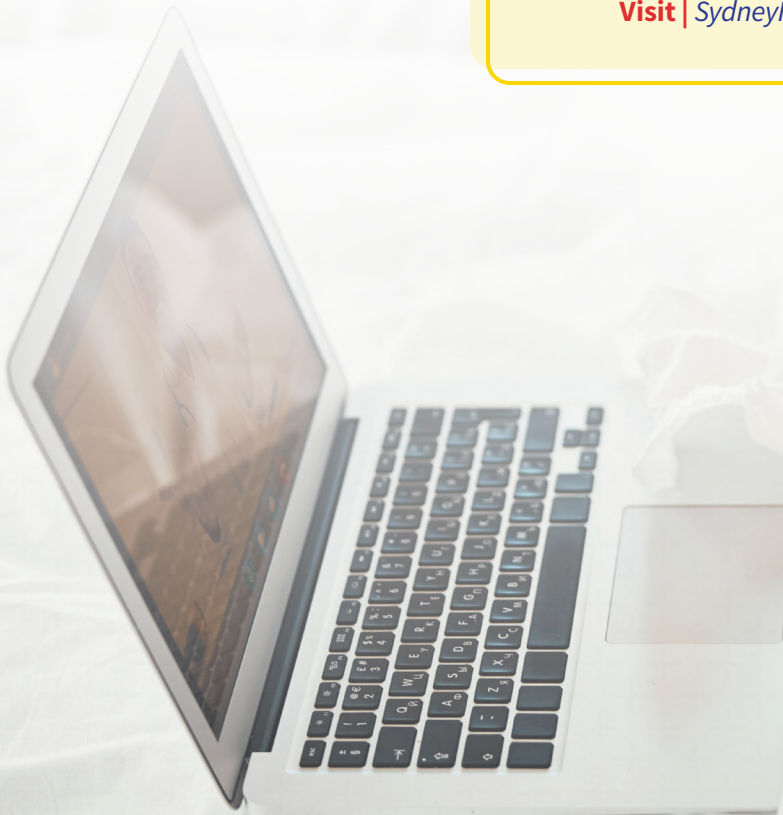
- **Medical visit** | \$55
- **Psychology visit** | \$100/\$85
- **Primary care** | \$80
- **Psychiatry visit** | \$185/\$80
- **Allergy specialist visit** | \$55
- **Dermatology visit** | \$100
- **Pediatrician visit** | \$55
- **Lactation support** | No cost

**Fees subject to change.*

DOWNLOAD THE APP

Go online, and Sydney Health will text you a link to download the app

Visit | SydneyHealth.com



Regenexx uses your body's healing agents to replace the need for up to 70% of elective orthopedic surgeries by using your stem cells and blood platelets to repair and regrow damaged bone, cartilage, muscle, tendon, and ligaments.

HOW IT WORKS



TALK TO A PATIENT LIAISON

Patient liaisons will guide you through finding your nearest clinic and scheduling an evaluation.



SCHEDULE AN EVALUATION

After a thorough evaluation by a Regenexx physician, you'll receive a candidacy rating and treatment plan.



THE PROCEDURE EXPERIENCE

A Regenexx physician will perform the procedure. These are injection-based, outpatient procedures.

WHAT DOES REGENEXX TREAT?

Regenexx procedures treat a broad range of chronic and acute orthopedic injuries, including:

Spine | Ruptured or torn disc, disc extrusion

Hand/Wrist/Elbow | Arthritis, tennis elbow, carpal tunnel

Knee | Meniscus tear, ACL/PCL sprain or tear

Shoulder | Rotator cuff tears, labral tear

Hip | Osteonecrosis, bursitis

Ankle/Foot | Instability, bunions

CANDIDATES FOR REGENEXX

Whether you suffer from the lingering aches and pains often associated with aging or a tear or sprain due to activity, Regenexx may be able to help return you to full function without invasive surgery.

SCHEDULING AN EVALUATION

Patient liaisons can chat about your joint condition and know GCCS's benefits to help guide you. Phone evaluations are available if you have recent imaging and do not live close to a clinic location.

THE PROCEDURE EXPERIENCE

Procedures are injection based and will be outpatient. On procedure day, blood and/or stem cells are:

1. Collected in the morning
2. Processed in the Regenexx clinic's on-site lab
3. Re-injected in the afternoon

RECOVERY TIME

Most patients describe only moderate discomfort, and patients are encouraged to re-engage in activity within a week following the procedure.

FIND A PHYSICIAN

Regenexx has physicians at over 100 locations across the county, including Cincinnati and Indianapolis.

ABOUT REGENEXX PHYSICIANS

Each Regenexx physician receives hundreds of hours of hands-on training in proprietary procedures to make sure every patient receives the highest quality of care.

LEARN MORE

Call or chat with a patient liaison to ask questions, discuss your joint condition, or schedule an evaluation!

Visit | [RegenexxBenefits.com/gccschools](https://www.RegenexxBenefits.com/gccschools)

Call | 866-875-9613

PREVENTIVE CARE



MAKE THE MOST OF YOUR PLAN

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 a diagnosed illness, the services are not preventive.

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

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

SEE TESTS AND SCREENINGS RECOMMENDED FOR YOUR AGE

Visit | [Anthem.com/preventive-care](https://www.anthem.com/preventive-care)

Call Anthem to confirm preventive services covered under your plan.

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.

✔ 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 GENERICS

Ask your doctor or pharmacist to give you generic prescriptions instead of brand name. Generic drugs are cheaper and are just as effective.

✔ SHOP AROUND TO FIND THE BEST PRESCRIPTION PRICES

It can pay to shop around. Drug comparison tools like [GoodRx.com](https://www.goodrx.com) and [SingleCare.com](https://www.singlecare.com) can help you find the lowest cost for medication near you.

Good news! TrueScripts automatically applies GoodRx discounts 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 7.](#) ↗

✔ USE THE MAIL-ORDER PHARMACY

Save time and money by using the mail-order prescription drug program for your maintenance prescriptions. Check with Anthem for more details.

✔ TAKE ADVANTAGE OF ELECTRX

Once you've filled your prescription through GCCS's pharmacy plan, you could save even further with ElectRx. [Learn more on page 7.](#) ↗



HEALTH SAVINGS ACCOUNT



By enrolling in the GCCS medical plan, you get access to a Health Savings Account, which can be used to pay 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 plan¹
- ✗ **Not be eligible** to be claimed as a dependent on someone else's tax return

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 limits	UNDER 55	AGE 55+
Individual	\$4,400	\$5,400
Family	\$8,750	\$9,750

The IRS defines family as having at least one dependent on your plan.

3 REASONS TO LOVE YOUR HSA

1. TRIPLE TAX SAVINGS²

- Tax deductions when you contribute to your HSA
- 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 year after year.

3. USE IT FOR RETIREMENT

When you reach a certain balance, you can invest your HSA. After age 65, you can use your savings as retirement income without penalty.³

¹Because Medicare Part A enrollment is backdated by six months, you should stop your HSA contributions six months before you enroll to avoid penalties. Consult your tax advisor for guidance.

²State taxes still apply in some states.

³Normal income tax still applies.

LEARN MORE

Learn about eligible expenses, tax advantages, and how to use your HSA to its full potential.

Browse Videos | [Engage.TheMJCos.com/bootcamp/hsa](https://engage.themjcos.com/bootcamp/hsa)

Explore Articles | [HSASore.com/learning-center](https://hsastore.com/learning-center)

DENTAL BENEFITS



PLAN BASICS	HIGH PLAN IN-NETWORK*	MID PLAN IN-NETWORK*	LOW PLAN IN-NETWORK*
NETWORK	Dental Complete		
Calendar-Year Deductible Individual Family	\$50 \$150	\$50 \$150	\$50 \$150
Maximum Benefit for Basic & Major Services Per Person Per Year	\$1,500	\$1,500	\$1,000
Maximum Orthodontia Benefit Per Child Per Lifetime	\$1,500	\$1,500	Not covered
WHAT YOU PAY FOR SERVICES			
Preventive Services (cleanings, exams, x-rays)	No charge (deductible waived)	No charge (deductible waived)	No charge (deductible waived)
Basic Services (fillings, extractions)	20% after deductible	50% after deductible	50% after deductible
Endodontics (root canal treatment)	50% after deductible	50% after deductible	Not covered
Periodontics (scaling and root planning)	50% after deductible	50% after deductible	Not covered
Major Services (crowns, bridgework)	50% after deductible	70% after deductible	Not covered
Orthodontia (for children up to age 18)	You pay 50%	You pay 50%	N/A
YOUR COST PER PAY PERIOD (24 PER YEAR)			
Employee	\$16.44	\$14.39	\$7.29
Employee + One Dependent	\$32.80	\$26.04	\$14.86
Employee + Family	\$58.92	\$43.77	\$31.69

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

BE AWARE OF BALANCE BILLING

Save money by staying in-network!

If your dentist is out-of-network and they charge more than what the plan allows, you are responsible for the extra charges. [Learn more on page 22.](#) ↗

VISION BENEFITS



PLAN BASICS	BLUE VIEW VISION PLAN
	IN-NETWORK
NETWORK	Blue View Vision
Eye Exam Once every calendar year	\$25 copay
Eyeglass Lenses Single Bifocal Trifocal Once every calendar year	\$10 copay
Frames Once every calendar year	\$100 allowance + 20% discount on remaining amount
Contact Lenses —instead of glasses Once every calendar year	\$110 allowance + 15% discount on remaining amount
Medically Necessary Contact Lenses Once every calendar year	Covered in full
YOUR COST PER PAY PERIOD (24 PER YEAR)	
Employee	\$1.04
Employee + Spouse	\$2.09
Employee + Child(ren)	\$2.13
Employee + Family	\$3.18

DISCOUNTS & SAVINGS

Just for being a Anthem Blue View member, you are eligible for extra discounts and savings when you visit in-network providers!

LEARN MORE

Visit | [Anthem.com](https://www.Anthem.com)



BASIC LIFE AND AD&D

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

Varies based on employee class

AD&D COVERAGE*

Varies based on employee class

BENEFIT REDUCTION

Benefits reduce by 50% at age 70.

**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 cases, such as loss of sight or paralysis. See plan summary for details.*

SUPPLEMENTAL LIFE AND AD&D

COVERAGE OPTIONS

Supplemental life and AD&D insurance provides a layer of financial security for your family. You can give your loved ones greater peace of mind by purchasing voluntary coverage at competitive group rates.

Employee Benefit	\$10,000 increments up to \$500,000 Guarantee Issue: \$150,000
Spouse Benefit	\$10,000 increments up to \$500,000 (cannot exceed 100% of employee's election) Guarantee Issue: \$50,000
Child Benefit	Birth to 6 months: \$500 6 months–26 years: \$10,000
Benefit Reduction	Benefits reduce by: 50% at age 70

Note: Your cost for voluntary life and AD&D 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.

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).

Guarantee issue amounts only apply during the 31 days following your initial enrollment period when hired.

If you wish to enroll in the Voluntary Life and AD&D plan or increase your coverage after your initial eligibility period, you will be required to complete the EOI health questionnaire.



NEW EMPLOYEES

Don't miss your guaranteed issue opportunity!

KEEP YOUR BENEFICIARIES 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!

You can change your beneficiary information at any time by contacting Human Resources.

DISABILITY INSURANCE

Disability benefits replace part of your income if you're unable to work due to a non-work-related injury or sickness. Greater Clark County Schools provides long-term disability coverage at no cost to you. You may also choose to purchase short-term disability coverage, so you don't have a gap in coverage before your long-term benefits kick in.

SHORT-TERM DISABILITY EMPLOYEE-PAID

ELIGIBILITY

Short-term disability insurance is available to all full-time certified employees and classified administrators who work more than 18.75 hours per week.

OPTIONS	OPTION 1	OPTION 2
Benefit amount	2/3 of your salary up to \$6,000 per month	2/3 of your salary up to \$6,000 per month
When are benefits payable?	After 14 days of disability due to an accident, illness or pregnancy	After 30 days of disability due to an accident, illness or pregnancy
Max benefit duration	11 weeks	9 weeks

Pre-existing condition exclusion (12/12): If you have been diagnosed or treated for a condition 12 months prior to your benefit effective date, that condition will not be covered until you have been enrolled on the plan for 12 months.

LONG-TERM DISABILITY NO COST TO YOU!

ELIGIBILITY

Long-term disability insurance is available to all full-time certified employees and classified administrators who work more than 18.75 hours per week.

COVERAGE	DETAILS
Benefit amount	60% of your earnings up to the maximum monthly amount in plan summary
When are benefits payable?	After 90 days of disability due to an accident or illness
Maximum benefit duration	Until you recover or up to your Social Security Full Retirement Age

Pre-existing condition exclusion (3/12): If you have been diagnosed or treated for a condition 3 months prior to your benefit effective date, that condition will not be covered until you have been enrolled on the plan for 12 months.



SUPPLEMENTAL BENEFIT OPTIONS



PROTECT YOUR PAYCHECK

You can supplement your benefits with these additional coverages through MetLife. These benefits offer additional protection from surprise expenses. **The benefits are paid directly to you, so you can use the money to pay medical bills or however else you need it.** See your enrollment materials for cost information.

ACCIDENT INSURANCE

When you, your spouse or child has a covered accident, like a bicycle fall requiring medical attention, you can receive cash benefits to help cover unexpected costs.

While medical plans may cover direct costs associated with an accident, you can use accident benefits to help cover other related expenses as well, like lost income, child care, deductibles and copays.

EXAMPLES INCLUDE	
ICU Admission	\$2,000
Hospital Admission	\$1,500
Emergency Room	\$250

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance helps you pay your bills due to a hospitalization. You can use the benefit to meet the out-of-pocket expenses and extra bills that can occur.

Indemnity lump-sum benefits are paid directly to you based on the amount of coverage listed for the service (not based on the actual cost of treatment).

EXAMPLES INCLUDE	
Hospital Admission	\$1,000
Hospital Confinement	\$100
ICU Confinement	\$100

CRITICAL ILLNESS INSURANCE

Protect your savings in case of a serious illness. An illness can lead to unexpected costs not covered by your health plan. Deductibles and copays, or other costs like travel and child care can reduce your savings. Critical illness insurance provides a cash benefit when you or a covered family member is diagnosed with a covered condition.

Examples of covered illnesses include:

Invasive Cancer | Organ Failure | Kidney Failure | Heart Attack | Stroke

COVERAGE OPTIONS	EMPLOYEE	SPOUSE	CHILD(REN)
Benefit Amount Range	\$10,000–\$30,000	\$10,000–\$30,000	\$5,000–\$15,000
Guaranteed Issue	\$30,000	\$30,000	\$15,000

EMPLOYEE ASSISTANCE PROGRAM



HERE TO HELP YOU

MENTAL HEALTH SUPPORT AND REFERRALS FOR A WELL-BALANCED LIFE

Through our partnership with OneAmerica, you and your household members can access ComPsych's GuidanceResources Employee Assistance Program (EAP). This program is designed to help you with the everyday challenges of life that may affect your health, family life and desire to excel at work.

HOW IT WORKS

You and the members of your household have unlimited access to consultants by telephone and resources and tools online, and up to **three face-to-face** counseling sessions per year, per person, per problem.

FOR 24/7 ASSISTANCE

Call | 855-387-9727

Visit | [GuidanceResources.com](https://www.guidanceresources.com)

Company Web ID: ONEAMERICA3

AN EAP CAN ADDRESS:



EMOTIONAL WELL-BEING



FAMILY & RELATIONSHIPS



FINANCIAL WELLNESS



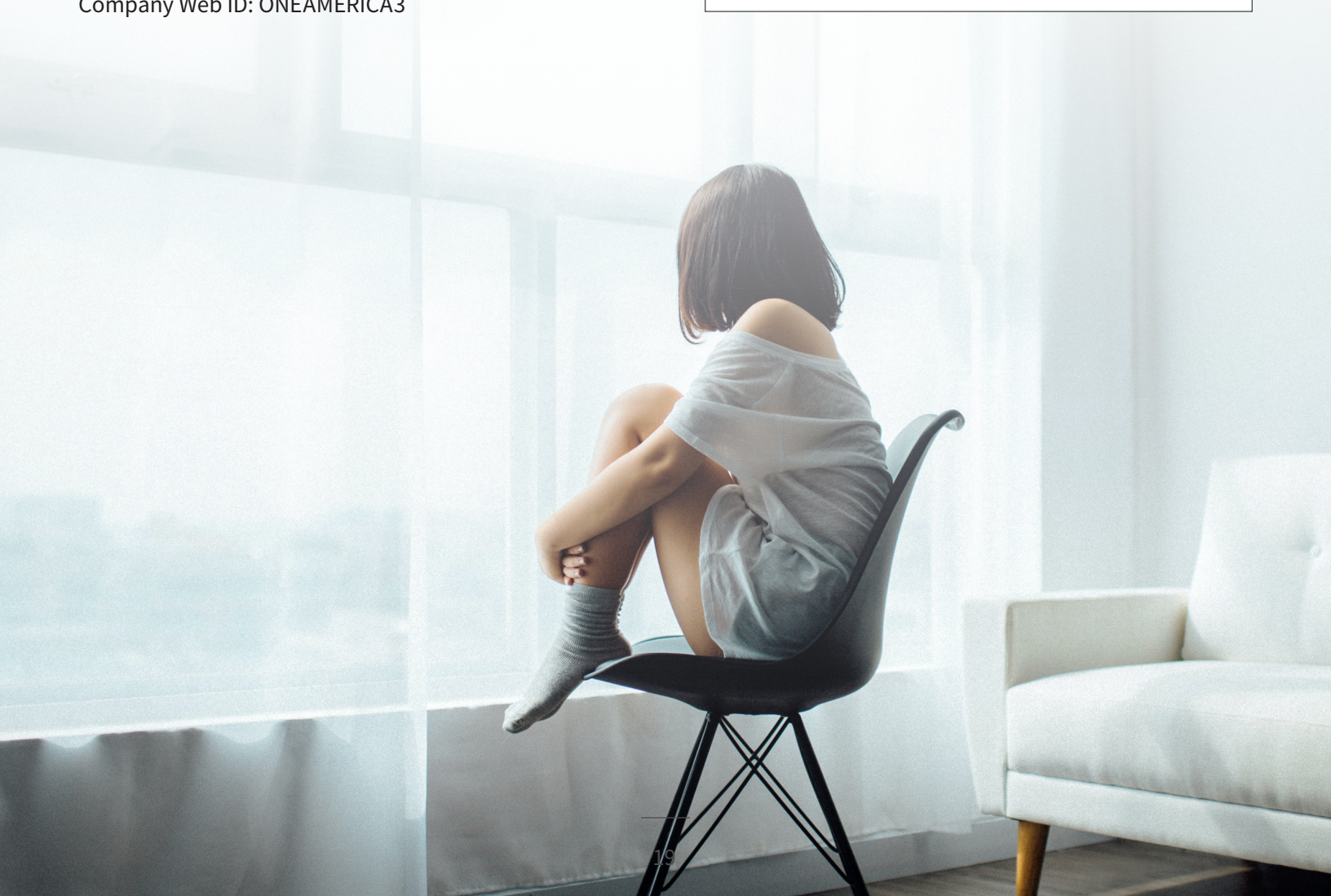
LEGAL ASSISTANCE



SUBSTANCE ABUSE & ADDICTION



WORK & CAREER



BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical	Anthem	800-826-9781	Anthem.com
Pharmacy	TrueScripts	844-257-1955	MemberPortal.TrueScripts.com
Internat'l Mail-Order Pharmacy	ElectRx	833-353-2879	MemberPortal.TrueScripts.com
Employee Health Clinic	Proactive MD	812-214-0460	Proactive-MD.com
Virtual Visits	Anthem	800-826-9781	SydneyHealth.com
Orthopedic Surgery Alternative	Regenexx	866-875-9613	RegenexxBenefits.com/gccschools
Health Savings Account	UMB	866-520-4472	UMB.com
Dental	Anthem	866-947-9398	Anthem.com
Vision	Anthem	866-723-0515	Anthem.com
Life and AD&D Insurance	OneAmerica	855-517-6442	OneAmerica.com
Disability Insurance	OneAmerica	855-517-6442	OneAmerica.com
Supplemental Accident, Critical Illness and Hospital Indemnity	MetLife	800-438-6388	MetLife.com/mybenefits
Employee Assistance Program	ComPsych	855-387-9727	GuidanceResources.com Company Web ID: ONEAMERICA3
Greater Clark County Schools	Tricia Helton, Director of HR	812-288-4802 ext. 50146	—
Enrollment Assistance	Steele Benefits	463-999-2956	Steele.BenSelect.com/gccs

FIND AN IN-NETWORK PROVIDER

MEDICAL

ANTHEM

[Anthem.com](https://www.anthem.com)

1. Select “Find Care”
2. Log in or select “Basic search 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 “**Blue Access PPO**”
7. Select “Continue”
8. Enter your City, County or ZIP and search by doctor, hospital, procedure and more

DENTAL

ANTHEM

[Anthem.com](https://www.anthem.com)

1. Select “Find Care”
2. Log in or select “Basic search as a guest”
3. If you continue as a guest, select your type of plan: Dental Plan or Network
4. Select your state
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](https://www.anthem.com)

1. Select “Find Care”
2. Log in or select “Basic search as a guest”
3. If you continue as a guest, select your type of plan: Vision Plan or Network
4. Select your state
5. Select “Vision”
6. Select “**Blue View Vision**”
7. Select “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 amount, expenses are covered by the plan based on the coinsurance percentage. 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.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a special, tax-advantaged, interest-bearing savings account you can use for qualified healthcare expenses such as your deductible, copayments, and other out-of-pocket expenses.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan with a higher deductible than a traditional insurance plan. You pay more health care costs yourself before the insurance company starts to pay its share (your deductible).

An HDHP can be combined with a HSA, allowing you to pay for certain medical expenses with money free from federal taxes.

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.



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.