



# 2022 OPEN ENROLLMENT

**November 1-12, 2021**

**MARK YOUR CALENDAR!**

**November**

Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	



**Action Required or Lose Coverage**

**Review medical plan options  
and complete enrollment for 2022 Benefits**



# OPEN ENROLLMENT November 1-12, 2021

## Benefit Options and Enrollment

### Medical Plan Options

- PPO: Network Deductible (NWD)
- High Deductible Health Plan 1: HDHP1
- High Deductible Health Plan 2: HDHP2 (Min. Value)

### Levels of Coverage Available

- Employee only
- Family

The start date and your cost of coverage depends on your contract with your employer

## GREAT NEWS TO SHARE!

The SEBT Board of Trustees has worked to provide resources that manage your health plans to keep us financially strong.

This year, the Board has shared the financial success of your self-funded health plans by providing a one month premium holiday in 2021.

- ✓ In addition, the Board is holding premiums to a zero percent increase in 2022
- ✓ In addition, the Board is holding and/or reducing the Member Maximum Out-of-Pocket limits in 2022

The FREE Health Centers will also continue to be a valuable partner in serving you and your covered dependents!

Your benefits are an important part of your employment package. Your employer provides for your medical and prescription benefits through the School Employees' Benefit Trust (SEBT).

**ENROLLMENT WINDOW:** All employees eligible for coverage may enroll online for 2022 medical benefits during open enrollment. If you do not enroll during this time frame, you must wait until the next open enrollment period or until you experience a special enrollment/qualifying event.

### WHAT IF I WANT TO KEEP MY PLAN THE SAME?

You must confirm online during open enrollment to keep your coverage for 2022.

### WHAT IF I DECLINE COVERAGE IN THE HEALTH PLAN(S)?

Participation is optional. To decline any or all of the health plans, you are required to complete a waiver online during open enrollment. **A waiver means no enrollment until the next open enrollment or until a qualifying event occurs. See page 4.**

### CAUTION:

*Failure to complete online enrollment may result in an automatic waiver and/or a loss of coverage, if currently enrolled.*

### PLEASE NOTE ADDITIONAL INFORMATION:

*The rest of this brochure provides IMPORTANT information regarding the enrollment process, plan options, and eligibility requirements for coverage under the Plans for you and your dependent spouse and children. If there is any discrepancy between the information in this brochure and any official Plan document, the official Plan document will control.*

*All Plan communications will be provided electronically to you for review throughout the Plan year, or you can contact your Employer's Treasurer/Business Office/Benefit Representative with a request to provide a paper copy of all or some Plan communications.*

# Eligibility

## Dependent Eligibility for Medical Plan

A spouse and dependent children (up to the age of 26) who meet the Plan's eligibility criteria are able to enroll in the School Employees' Benefit Trust (SEBT) for medical coverage.

### [Special Eligibility Requirements for a Spouse Enrolled in the Medical Plan](#)

Spouses that are eligible for enrollment may enroll in SEBT for secondary coverage when they are primary on another plan. However, for a spouse to enroll in this Plan for **primary** medical coverage, the spouse must meet one of the following criteria:

- The spouse is also eligible for the SEBT Plan through his/her participating school corporation.
- The spouse is not eligible for an employer-sponsored medical plan or a retiree medical plan (and is not entitled to employment-related funds or stipends for the purchase of individual/exchange coverage).
  - A spouse who is eligible for another employer-sponsored medical plan or retiree group medical plan (including but not limited to INPRS) must take that coverage on an individual basis as **primary** insurance. This Plan may be secondary.
  - A spouse receiving funds or stipends by a former or current employer must use those funds to enroll in that coverage or purchase coverage through the Exchange or Open Market on an individual basis as **primary** insurance. This Plan may be secondary.
- The other coverage would cost the spouse more than 60 percent of the total premium for single coverage of the lowest cost plan. For those entitled to employment-related funds or stipends, the cost of individual/exchange coverage is reduced by the value of the funds/stipend.
  - Premium does NOT include spousal waiver incentives or other such additional compensation forfeited upon enrollment in their plan.

## Retiree Coverage

Upon retirement, eligible retirees may continue coverage under the Plan for themselves or their eligible spouse provided the retiree or spouse elects in writing to continue coverage within 90 days from the date of retirement. The spouse of a retiree must be covered as a dependent under this Plan for twelve (12) months prior to the Employee's retirement in order to be eligible to continue coverage, unless enrollment during that period is a result of a special enrollment event. Open Enrollment does not apply to retiree coverage except to the extent that a covered retiree or spouse decides to change between offered plans.

The retiree and/or dependent spouse may be required to pay the full cost of such coverage. Effective 1-1-18, new retiree's coverage will not cover dependent children and there will be no special enrollment/qualifying events permitting re-entry of a retiree or spouse to the Plan after coverage ends for whatever reason.

**HSA Note:** *If your spouse is currently enrolled in other coverage and contributes to a Health Savings Account (HSA), and you enroll them in your PPO Plan as secondary, IRS rules may preclude them from making or receiving additional HSA contributions. To make or receive HSA contributions, an individual must only be covered by an HSA-qualified health plan. For questions regarding spousal secondary coverage when receiving HSA contributions, please contact the Administrative Support Team (AST) at 855.664.0012 or email [AST@planmanagementservice.com](mailto:AST@planmanagementservice.com).*

# Mid-Year Changes

## Making Changes When a Special Enrollment/Qualifying Event Occurs During the Year

Your enrollment elections will remain in place for all of the calendar year enrolled.

You may only make changes to your plan throughout the year if you have a special enrollment/qualifying event (family status change).

**You need to submit the change within 31 days after the qualifying event (and within 60 days to enroll a newly eligible dependent child).** If you go beyond the time limit, you may have to wait until the next Open Enrollment period. Please contact the Administrative Support Team (AST) at 855.664.0012 for special handling.

Examples of a special enrollment/qualifying event (family status change):

- \* Marriage
- \* Divorce or legal separation
- \* Loss of coverage (not dropping coverage voluntarily)
- \* Death
- \* Qualified Child Medical Support Order (QCMSO)
- \* Legal guardianship
- \* Newborn and adoption

## Submit a Change During the Year

- \* Log in to <https://sebt-optimalhealth.benelogic.com> with your district-specific User ID and Password.
- \* Select *Make a Change*

### Fraud Notice

Misrepresentation of eligibility through enrollment or verification documents may constitute fraud. Coverage under the Plan and/or employment can be terminated. Any claims paid in error due to misrepresentation will be your responsibility.

# Medical Plan Options

## Which Medical Plan is Right For You and Your Family?

<b>PPO (NWD)</b>	Preferred Provider Organization (Network Deductible Plan)	With the PPO Plan, you pay more out of your paycheck to “buy” the coverage, and then less out of your pocket because you pay flat copays for routine office visits and prescriptions. The PPO has the lowest deductible.
<b>HDHP1</b>	Consumer Directed High Deductible Health Plan	With the HDHP1 Plan, you pay less out of your paycheck to “buy” the coverage and more out of your pocket for services.
<b>HDHP2 (Min. Value)</b>	Consumer Directed High Deductible Health Plan (Minimum Value)	The HDHP2 (Min. Value) plan has the highest deductible. Once the deductible is met, the Plan pays at 100%. There are no copays. This plan offers basic coverage and includes additional exclusions, such as: <ul style="list-style-type: none"> <li>• No out-of-network coverage except for emergencies</li> <li>• No coverage for treatment of temporomandibular joint dysfunction (TMJ)</li> <li>• No coverage for chiropractic care</li> </ul>

**IRS tax-deferred vehicle:** The HDHP1 and HDHP2 (Min. Value) options are qualified HDHPs that can be used in conjunction with an HSA (Health Savings Account). This account is owned by the employee and may be acquired through your local banker. This provides a means for the employee to defer tax-free, money into an account to pay for covered services not paid by the Plan and subject to your out-of-pocket expenses. There are IRS stipulations applied when an HSA is used. If you or your employer contribute toward the HSA, you cannot be covered under more than one (1) plan for the tax period the contribution is made. For more HSA information, you may reference the US Department of the Treasury website at [www.home.treasury.gov](http://www.home.treasury.gov).

## Which Plan Option is Right for Me?

To compare, enter information from your plan and/or your spouse’s plan ⇨	Plan Name _____		Plan Name _____	
	Worse Case	Likely Case	Worse Case	Likely Case
Annual Payroll Deduction				
Total Copays:				
Office	\$	\$	\$	\$
ER	\$	\$	\$	\$
Urgent	\$	\$	\$	\$
RX-retail	\$	\$	\$	\$
RX-mail	\$	\$	\$	\$
Deductible	\$	\$	\$	\$
Coinsurance	\$	\$	\$	\$
Not to Exceed Max Out-of-Pocket Limit	\$ /person \$ /family	\$	\$ /person \$ /family	\$
Combined Total Annual Cost Estimate	\$	\$	\$	\$
Potential Tax Savings <sup>1</sup>	\$	\$	\$	\$
Net Total Annual Cost Estimate After Tax Savings Estimate	\$	\$	\$	\$

<sup>1</sup> If selecting an HDHP option, you can defer tax-free dollars into an HSA (Health Savings Account). Depending on your income, the amount you defer can be multiplied by your tax bracket (e.g., 15-25%) to see your tax savings estimate. Consulting your tax advisor is the best option.

**HSA 2022 Contribution Limits—For HDHP1 Plan and HDHP2 Plan: \$3,650 for single coverage, \$7,300 for family coverage. HSA catchup contributions for 55 and older is \$1,000.**

# Summary of In-Network Medical Plan Options 2022

Search for in-network UMR/UHC providers at <a href="http://www.umar.com">www.umar.com</a>	PPO NWD	HDHP 1 2	HDHP 2 2,3 (Min. Value)
<b>Medical</b>			
<b>Preventive Care</b> 1	Preventive services covered 100% for all plans as defined under the Affordable Care Act (ACA)		
<b>Annual Deductible</b> <i>This is the dollar amount you must pay first in a year before the plans begin paying specified benefits.</i>	\$1,000 /person \$2,000 /family Copays are not subject to the deductible.	\$3,000 /person \$6,000 /family	\$7,000 /person \$14,000 /family
<b>Doctor Office Visit</b> <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health, chiropractor.</i>	\$30 copay /primary care \$60 copay /specialist 20% / if chiro manipulation	Deductible, then Plan pays 80%; Member 20%	Deductible then Plan pays 100%
<b>Urgent Care</b>	\$30 copay /office visit charge 20% /if no office visit charge	Deductible, then Plan pays 80%; Member 20%	Deductible then Plan pays 100%
<b>Emergency Room</b>	\$200 copay (copay waived if admitted)	Deductible, then Plan pays 80%; Member 20%	Deductible then Plan pays 100%
<b>Inpatient and Outpatient Services</b>	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 80%; Member 20%	Deductible then Plan pays 100%
<b>Prescription Drugs</b>	Deductible does not apply	Deductible applies to Medical and Rx	Deductible applies to Medical and Rx
<b>Retail</b> <i>Up to a 34-Day Prescription</i>	\$15 copay /generic 30% coinsurance /brand (\$40 min/\$75 max)	Deductible, then Plan pays 80%; Member 20%	Deductible then Plan pays 100%
Express Scripts National Pharmacy Network	Nationwide network which includes Walmart, Meijer and more. (Walgreens is excluded.)		
<b>Mail Order or Smart90</b> <i>Up to 90-Day Prescription</i>	\$30 copay /generic \$75 copay /brand	Deductible, then Plan pays 80%; Member 20%	Deductible then Plan pays 100%
Express Scripts Home Delivery or Smart90 Standard Pharmacy Network	Long-term maintenance medication up to 90-day supply filled either through Express Scripts Home Delivery or a Smart90 Standard retail pharmacy which includes Walmart, Meijer and more. (CVS and Walgreens are excluded.)		
<b>Specialty</b> <i>Up to 34-Day Prescription</i>	50% Coinsurance (\$150 min / \$300 max)	Deductible, then Plan pays 80%; Member 20%	Deductible then Plan pays 100%
<b>Annual Maximum Out-of-Pocket</b> <i>Includes medical and rx deductibles, coinsurance, and copays. This is the most you will pay toward your in-network medical and prescription expenses.</i>	<b>\$3,500 /person \$7,000 /family</b>	<b>\$4,500 /person \$9,000 /family</b>	<b>\$7,000 /person \$14,000 /family</b>

## Footnotes:

<sup>1</sup> ACA approved preventative services are found at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Providers must bill under a preventative code.

<sup>2</sup> HDHP1 and HDHP2 (Min. Value) may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan). No changes in 2022.

<sup>3</sup> HDHP2 (Min. Value) has unique exclusions (e.g. No benefits for out-of-network services unless emergency. Review list on page 5.

This chart is a summary for comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits.

Services provided at the District's Health & Wellness Centers are offered at no cost to plan members.

Plan changes from 2021 to 2022 in [blue](#)

# Pharmacy Benefit



EXPRESS SCRIPTS®

Our Prescription Plan offers two choices to fill long-term maintenance medications

**A maximum of three fills allowed at retail (up to a 34-Day supply) for a new maintenance drug. After that, a 90-Day supply of the drug must be filled at the Express Scripts Home Delivery Pharmacy or at a retail pharmacy in the Smart90 Standard Retail Pharmacy Network.**

## Express Scripts Home Delivery Pharmacy

You may conveniently fill your long-term maintenance prescriptions through home delivery from Express Scripts Pharmacy.

- FREE standard shipping
- Access to a pharmacist 24/7
- Automatic refill reminders so you're less likely to miss a dose
- Extended Payment Plan available
- Just call 866.275.0044 and they will contact your doctor to get your new prescription or go to [www.express-scripts.com](http://www.express-scripts.com)



## Smart90 Standard Retail Pharmacy Network

If you prefer a retail option to fill your long-term maintenance medications, you may fill at a retail pharmacy in the Smart90 network.

There is a select group of retail pharmacies in the Smart90 network, such as Kroger, Walmart, Meijer, and more.

A 90-Day prescription is required.



Note: CVS is not included in the Smart90 Standard Retail Network; however, CVS can still be used for prescriptions filled on a monthly basis.

## Pharmacy That Goes Farther.<sup>SM</sup>

One less card to carry with the Express Scripts mobile app.

- Locate a Pharmacy
- Switch to Home Delivery
- Drug Information
- Prescription ID Card

Search *Express Scripts* in your mobile app store.



# District Health & Wellness Centers



**SEBT provides access to quality health care that is dedicated to improving and maintaining the health and wellness of the employees, spouses, and dependents eligible to participate**



For more details, visit: [eversidehealth.com](https://eversidehealth.com)

Adams Central

Bluffton-Harrison

North Adams

South Adams

Southern Wells

EVERSIDE Clinic:  
926 W 500 S  
Berne, IN 46711  
260.849.4296

Eastbrook

Mississinewa

Oak Hill

EVERSIDE Clinic:  
2707 S. Western Avenue  
Marion, IN 46953  
765.697.9142

Northern Wells

Region 8

Whitley County

ACTIVATE Clinic:  
2932 West Ludwig Road  
Fort Wayne, IN 46818  
260.755.1304

Mississinewa

EVERSIDE Clinic:  
1500 South B Street, Ste 1  
Elwood, IN 46036  
765.557.8696



Lewis Cass

LOGANSPORT MEMORIAL Clinic:  
3400 E. Market Street  
Logansport, IN 46947  
574.722.9633



We are committed to improving and maintaining the health of employees and their families.

Health Center services include primary/acute care, preventive care, medication dispensing, laboratory services, annual physicals, health coaching, and much more.

Services are offered at no cost to the participant. A \$30 copay may apply for members actively contributing to an HSA.

The Health Center is available to covered employees and their dependent spouses and children over two years old.

Members may keep their existing primary care physician in addition to using the Health Center.

All health information within the Health Center remains confidential.

## HOW TO USE YOUR HEALTH CENTERS

**Call to schedule an appointment. You can usually get an appointment on the same or next day.**



# Enrollment Instructions

## ALERT!

Employees must log in to portal to elect or waive benefits.  
No action may result in an automatic waiver  
and/or a loss of coverage, if currently enrolled.

### Before You Enroll:

- \* If you are enrolling a dependent for the first time, you will need to gather information about you and your dependents:
  - Social Security Number
  - Date of Birth
  - Other medical coverage information that you and your dependents may have
  - Other required documentation to verify eligibility (see page 10)

### Log in to the Employee Portal: <https://sebt-optimalhealth.benelogic.com>

- \* Use your district-specific **User ID** to log in to your account:

**First letter of first name, last name, last 4-digits of Social Security Number @employer**

For Example:

SEBT	ADAMS CENTRAL	jdoe1234@adamscentral
SEBT	BLUFFTON HARRISON	jdoe1234@bhmsd
SEBT	EASTBROOK	jdoe1234@eastbrook
SEBT	MISSISSINEWA	jdoe1234@mississinewa
SEBT	NORTH ADAMS	jdoe1234@northadams
SEBT	NORTHERN WELLS	jdoe1234@nwcs
SEBT	OAK HILL	jdoe1234@oakhill
SEBT	REGION 8	jdoe1234@region8
SEBT	SOUTH ADAMS	jdoe1234@southadams
SEBT	LEWIS CASS	jdoe1234@lewiscass
SEBT	SOUTHERN WELLS	jdoe1234@swraiders
SEBT	WHITLEY	jdoe1234@whitley

- \* Enter your **Password**. If you cannot remember your password, click *Forgot User ID/ Password?*  
If first time to log in, your Initial Password is: Date of birth (For Example, mmddyyyy)  
then change your password and answer security questions

### Instructions to Enroll or Waive Coverage:

- \* Follow the instruction wizard to elect your benefits or to waive coverage
- \* Review your benefit elections
- \* Click the *Submit* button to save your elections
- \* Click *Submit* again to finalize your elections
- \* Click *View Confirmation* to print the Enrollment Summary for your records

### NEED ASSISTANCE?

#### Employee Portal Login

#### Benelogic Client Services

866.324.0818

Email:

[info@sebt-optimalhealth.benelogic.com](mailto:info@sebt-optimalhealth.benelogic.com)

#### Required Documentation

#### Administrative Support Team (AST)

855.664.0012

Email:

[AST@planmanagementservice.com](mailto:AST@planmanagementservice.com)

# Required Documentation for Medical Plan Coverage

Employees are required to verify the eligibility of spouse and dependent(s) enrolled in the medical plans.

Complete the following steps to upload documents to your Employee Portal File Cabinet:  
<https://sebt-optimalhealth.benelogic.com>

## Step 1: Obtain the Required Documentation

### Obtain the Required Documentation to Enroll Your Spouse

Spouse	<p><b>Each year</b>, provide the documentation for <b>medical</b> coverage:</p> <ul style="list-style-type: none"> <li>• Federal Tax Return Form 1040 first page of the current year (blacking out financials and making sure name(s), filing status, and last 4-digits of SSNs show)             <ul style="list-style-type: none"> <li>◆ If recently married and have not yet filed taxes together, provide Marriage Certificate</li> </ul> </li> <li>• Upon initial enrollment and each year during Open Enrollment, you will be required to verify spousal eligibility. The online system may prompt you to provide the following:             <ul style="list-style-type: none"> <li>◆ Spousal Employer Verification Form - Applies to medical coverage only (available in the Employee Portal under the Resources Tab)</li> <li>◆ Coordination of Benefits (provide/update Spouse's primary insurance information)</li> </ul> </li> </ul>
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### Obtain the Required Documentation to Enroll Your Dependent(s)

Birth Child	Upon initial enrollment, provide official Birth Certificate from Health Department
Adopted Child	Upon initial enrollment, provide legal adoption documentation
Legal Guardianship for Child	Upon initial enrollment, or if there is a change, provide proof of legal guardianship or "Qualified Child Medical Support Order"
Step Child	Upon initial enrollment, or if there is a change, provide: <ul style="list-style-type: none"> <li>◆ Official Birth Certificate from Health Department</li> <li>◆ Divorce Decree to identify primary medical coverage for dependent(s)</li> </ul>
Disabled Dependent	Upon initial enrollment, provide: <ul style="list-style-type: none"> <li>◆ Official Birth Certificate from Health Department</li> <li>◆ "Certificate of Disability" required every five years (available in the Employee Portal under the Resources Tab)</li> </ul>

## Step 2: Scan and save required documentation

- Documentation must be saved to a computer for upload or a photo can be taken from a mobile device
- Must be saved and uploaded as a PDF, PNG or JPG

## Step 3: Upload documents to your Employee Portal File Cabinet

- From computer or mobile device, login at <https://sebt-optimalhealth.benelogic.com> with your district-specific User ID and Password
- Select *Upload a Document*, then click *Upload Document*
- Locate your file on your computer or mobile device, add a description to the file name
- Documents are required to remain in your Employee Portal File Cabinet

### Fraud Notice:

- Only an eligible dependent(s) may be enrolled in your benefit plan. Refer to your Plan Benefit Book or Employer's Treasurer/Business Office/Benefit Representative if unsure of guidelines. Proof of eligibility for spouse and/or dependents(s) is required (see applicable section above)
- Misrepresentation of eligibility through facts or verification documents may constitute fraud
- Coverage under the Plan and/or employment can be terminated and the employee will be responsible for the refund of claims paid in error

# Who To Contact



<p><b>Medical Plan</b> Coverage, claims, find a medical doctor or other healthcare provider, and view or print ID cards</p>	<p><b>UMR</b> 800.207.3172 Accessing the UMR Network For claims incurred prior to 1/1/2020, contact <a href="http://www.alliedbenefit.com">www.alliedbenefit.com</a></p>	<p>Website: <a href="http://www.umar.com">www.umar.com</a> App: Search <i>UMR</i> app on your mobile device</p>
<p><b>Prescription Drug</b> Coverage, claims, and preferred formulary</p>	<p><b>Express Scripts, Inc.</b> 866.275.0044</p>	<p>Website: <a href="http://www.express-scripts.com">www.express-scripts.com</a> App: Search <i>Express Scripts</i> on your mobile device</p>
<p><b>Benelogic</b> SEBT Employee Portal: Enrollment, changes, and login help</p>	<p><b>Benelogic Member Services</b> 866.324.0818</p>	<p>Email: <a href="mailto:info@sebt-optimalhealth.benelogic.com">info@sebt-optimalhealth.benelogic.com</a> Employee Portal: <a href="https://sebt-optimalhealth.benelogic.com">https://sebt-optimalhealth.benelogic.com</a></p>
<p><b>SEBT Plan Management Support</b> Benefit options, claim issues, or benefit questions</p>	<p><b>Tony Zickgraf</b> 260-244-5830  <b>Rebecca Kohler</b> 855.664.0012 Ext 2589</p>	<p><a href="mailto:tzickgraf@planmanagementservice.com">tzickgraf@planmanagementservice.com</a>  <a href="mailto:rkohler@planmanagementservice.com">rkohler@planmanagementservice.com</a></p>
<p><b>Employee Assistance Program (EAP)</b> Confidential counseling, financial resources, legal support, work-life solutions</p>	<p><b>ComPsych</b> 855.387.9727</p>	<p><a href="http://www.Guidanceresource.com">www.Guidanceresource.com</a> Company Wed ID: ONEAMERICA3</p>
<p><b>AST</b> Enrollment and Eligibility</p>	<p><b>Administrative Support Team</b> 855.664.0012</p>	<p>Email: <a href="mailto:AST@planmanagementservice.com">AST@planmanagementservice.com</a></p>

## Review Your Benefit Book and Certificate to Preserve Coverage

### Medical Coverage

Please refer to the Resources tab on the SEBT Employee Portal, <https://sebt-optimalhealth.benelogic.com>:

- Annual Member Notices
- Summary of Benefits and Coverage (SBC)
- Medical Benefit Book

All Plan communications will be provided electronically to you for review throughout the Plan Year, unless you notify your Employer's Treasurer/Business Office/Benefit Representative with a request to provide all or some Plan communications in paper hard-copy.

### Life Insurance Coverage

Please visit your local Treasurer or Business Office for information of your Life Insurance, including the Life Insurance Certificate.

**Link to all resources and updates**

**[www.sebtoptimalhealth.com](http://www.sebtoptimalhealth.com)**