



**ELKHART
PUBLIC
LIBRARY**

2024

Elkhart Public Library
EMPLOYEE BENEFITS GUIDE



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ANNUAL NOTICES

<https://issuu.com/docs/63acde952a29ecbd6b984b25d632be48>

BENEFITS DESIGNED TO SUPPORT YOU

At Elkhart Public Library we know our dedicated employees—YOU—are key to our overall success. Offering a comprehensive benefits package is an important part of your overall compensation. Each year we review our benefits package to ensure that we are providing you and your family with quality plan options at an affordable cost.

This Benefits Guide is designed to help you:

1. Better understand the benefits we offer so that you can choose the plans that are right for you and your family.
2. Know what to expect when you use your benefits (i.e., what your plan covers, how much you will pay, etc.).

Please take the time to carefully review your plan options and be sure to share this guide with your family members if they are or will be covered by any of the plans.

ELIGIBILITY

You are eligible to enroll in the Elkhart Public Library benefits if you are a full-time employee working at least 30 hours per week. Your benefits are effective the first day of the month following 30 days of employment.

Covering Your Family Members

Many of the plans offer coverage for your eligible family members, including:

- Your spouse.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

Your benefits begin the first day of the month following 30 days of employment.



ENROLLING AND MAKING CHANGES

When to Sign Up for Benefits

New Employees

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

Current Employees

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you can newly-enroll in coverage or make changes to your current elections.

Enroll Online

For the 2024 Plan Year, we are having an active Open Enrollment. This means that you must actively enroll in each line of coverage you wish to have for 2024. Each of your current elections should already be loaded into Paycom. Open Enrollment will begin 11/27 and run thru 12/8. **All elections must be completed by End of Day 12/8.**

How to Enroll?

1. Self-enroll – you can self-enroll in benefits using Paycom. Enrollment instructions are available in the help section in Paycom. We will also be sending out these instructions via email.

As a reminder, all benefit elections are due no later than the end of the day on 12/8. If you have any questions, please contact Human Resources.

Changing Your Benefits During the Year

As stated above, you cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce.
- Birth of a child (including adoption).
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan).

There are other, less common life events that allow you to change your benefits. Please contact Human Resources for a complete list of qualifying life events.

To request a benefits change, notify human resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. Please note: You may need to provide proof of the event, such as a marriage certificate or record of birth.

CONTRIBUTIONS

MEDICAL

2024 Semi-Monthly Medical Payroll Deductions	Incentive PPO (Buy-UP)	Non-Incentive PPO (Buy-UP)	Incentive HDHP (Core)	Non-Incentive HDHP (Core)
Employee Only	\$79.07	\$84.68	\$41.50	\$44.46
Employee + Spouse	\$328.19	\$350.92	\$264.68	\$283.02
Employee + Children	\$267.97	\$286.53	\$216.12	\$231.08
Employee + Family	\$372.40	\$398.18	\$300.33	\$321.13

DENTAL

2024 Semi-Monthly Dental Payroll Deductions	Dental Plan
Employee Only	\$10.48
Employee + One	\$32.37
Employee + Family	\$64.91

VISION

2024 Semi-Monthly Vision Payroll Deductions	Vision Plan
Employee Only	\$0
Family	\$3.99

Medical Plan-Incentive

Elkhart Public Library wishes to reward health plan members who are actively managing their own health and conditions. Employees who visited the clinic in 2023 will receive the incentive rate for the 2024 plan year. To continue to have the incentive rate in 2025, employees must visit the Everside clinic for a wellness exam anytime in 2024 year.

Please reach out to Everside Clinic (574) 206-4156 to reserve your spot for a wellness exam sooner than later. Availability will fill up fast. **See page 19 for more information on Everside Clinic.**

PPO (Buy-Up)

Semi-Monthly Premiums	Incentive	Non-Incentive
Employee Only	\$79.07	\$84.68
Employee + Spouse	\$328.19	\$350.92
Employee + Children	\$267.97	\$286.53
Employee + Family	\$372.40	\$398.18

HDHP (Core)

Semi-Monthly Premiums	Incentive	Non-Incentive
Employee Only	\$41.50	\$44.46
Employee + Spouse	\$264.68	\$283.02
Employee + Children	\$216.12	\$231.08
Employee + Family	\$300.33	\$321.13

The Everside mobile app and member website are now available to you.

- Easy appointment scheduling
- Chat feature connects you directly with your care team
- Start video visits within the app or browser
- Mobile app available for iOS and Android (or you can use the web)



Questions?
866-808-6005 or MemberServices@eversidehealth.com

Make appointments online now for Everside!

Features

- More time with your provider
- Little to no wait
- Same-day and next-day appointments for urgent issues
- 24/7 virtual access

Services

- Annual physical exams
- Chronic condition management
- Full-scope family medicine
- Healthy lifestyle coaching
- Mental health
- No cost onsite lab work
- School and sports physicals
- Select medications available onsite at little to no cost
- Sick and urgent care

MEDICAL

Elkhart Public Library offers two medical insurance plans through Auxiant. Please take the time to understand the features and differences of each plan so that you choose the coverage that is best for you and your family.

Choosing a Medical Plan

As you review your plan options, it may be helpful to consider the following questions:

- What is the cost to enroll in the plan? This is the amount you pay out of your paycheck.
- How much will you pay out of your pocket when you see your doctor or need other health care services?
- Do you prefer to pay more out of your paycheck each week, but less when you need health care? Or do you prefer to pay less out of your paycheck each week, but more when you need health care?
- Who are you covering, and what are their current medical needs, including prescription drugs taken regularly?



**What is the cost to enroll?
How much will I pay?
Who am I covering?**

Auxiant
Your Integrated Benefits Partner

HDHP, PPO: Key Plan Features

	HDHP	PPO
In- and out-of-network benefits	✓	✓
In-network benefits only	X	X
Cost per paycheck	\$\$	\$\$\$
Preventive care 100% paid	✓	✓
Copays for	✓	✓
Health savings account (HSA) eligible	✓	X
Health care flexible spending account (HCFSA) eligible	X	✓
Deductible	Highest	Mid-range
Out-of-pocket maximum	Highest	Mid-range
Copays for doctors' office visits	X	✓
Deductible applies to all covered health services except preventive care.	✓	X
Preventive prescriptions drugs are paid for by the plan.	✓	X
You pay copays for all covered health services	X	X
Individual deductible applies even when covering other family members	X	✓
If you cover your spouse and/or children, the individual deductible and out-of-pocket maximum do not apply	✓	X

Which plan is right for me?

If you...

**Want to pay less out of your paycheck
BUT more when you need care, consider:**

HDHP

**Want to pay more out of your paycheck
BUT less when you need care, consider:**

PPO

**Want the flexibility to choose any doctor,
consider:**

HDHP

PPO

**Cover a spouse or child who does not live
in your coverage area, consider:**

HDHP

PPO

**Regularly take preventive medications (if
HDHP covers preventive Rx 100%), consider:**

HDHP

PPO



MEDICAL

You will pay less out of your pocket when you choose an Auxiant network provider. Locate a Sagamore network provider at www.Auxiant.com.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	HDHP Core		PPO-Buy Up	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	\$3,000/ \$6,000	\$8,000/ \$16,000	\$1,500/ \$3,000	\$5,000/ \$10,000
Coinsurance (You Pay)	You Pay 0% After Deductible	50%	20%	50%
Out-of-Pocket Max (Individual/Family)	\$6,250/ \$12,500	\$12,500/ \$25,000	\$7,150/ \$14,300	\$10,000/ \$20,000
Preventive Care	100%-No Deductible	Deductible & Coinsurance	100%-No Deductible	Deductible & Coinsurance
Physician Services				
Primary Care Physician	\$30 Copay; Deductible Applies First	Deductible & Coinsurance	\$15 Copay	Deductible & Coinsurance
Specialist	\$60 Copay; Deductible Applies First	Deductible & Coinsurance	\$50 Copay	Deductible & Coinsurance
Telemedicine	\$49	N/A	No Charge	N/A
Urgent Care	\$100 Copay; Deductible Applies First	Deductible & Coinsurance	\$25 Copay	Deductible & Coinsurance
Emergency Room	\$300 Copay; Deductible Applies First	Covered as In- Network	\$300 + Coinsurance	Same As In- Network
Prescription Drugs				
Generic	\$10 Copay (After Deductible)	Deductible & Coinsurance	\$15 Copay	\$15 Copay
Preferred Brand	\$35 Copay (After Deductible)	Deductible & Coinsurance	\$45 Copay	\$45 Copay
Non-Preferred Brand	\$60 Copay (After Deductible)	Deductible & Coinsurance	\$85 Copay	\$85 Copay
Specialty	See Page 16	Deductible & Coinsurance	See Page 16	\$300 Copay

Medical Plan



[Elkhart Public Library's Medical Plan Uses The Sagamore Plus Network](#)

You can trust the Sagamore network and services.

Since 1985, Sagamore has been committed to providing our customers with flexible network options that offer choice and affordability, access to cost-effective quality care and an expansive provider network.

Sagamore Health Network

- Negotiated discounts with participating providers, which may reduce your out-of-pocket costs
- Dedication to customer service for you and your dependents

Statewide network access

Today, we're proud to be one the largest leased health care provider networks in Indiana, with additional coverage in surrounding states, with more than 90,000 doctors and specialists, and over 250 hospitals located in rural and metropolitan communities.

We continue to seek opportunities to expand each year, adding new doctors, specialists and hospitals, so you have access to care, close by.



Sagamore Health Network, Inc. sagamorehn.com | 1.800.521.6139
11595 North Meridian Street, Suite 600, Carmel, IN 46032

Medical Plan



Medical Plan Details.

Health Insurance Plan:

- Is administered by Auxiant and uses the Sagamore network
- Cover preventive care, such as your annual routine physical and related preventive tests at 100% with no deductible or copayment
- Have an unlimited lifetime maximum benefit
- Meets and exceeds the minimum coverage requirement under the Affordable Care Act

Auxiant Online Services

- Visit www.auxiant.com



GETTING STARTED

To register on the site, use the steps listed below:

1. Go to www.auxiant.com.
2. Click **Register**.
3. Click **Plan Member Registration**.
4. Complete the **Member Registration Form**.
Please have your **group number** and **member ID** available.
5. Click on the **Next** button once the fields are completed.

If you have any problems with the site, please contact **Auxiant** at **1.800.279.6772**

WHERE TO GO WHEN YOU NEED CARE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care. Locate a Auxiant doctor or facility at www.Auxiant.com.

Medical Services	Cost	Wait Time	Appropriate For
Emergency Room	Highest \$\$\$	Longest	Serious, life-threatening conditions and issues requiring immediate attention
Urgent Care	Medium \$\$	Moderate	Non-life-threatening but urgent situations
Telemedicine	Lower \$	Shortest	Non-emergency conditions like allergies, flu, rash, or pink eye
Doctor's Office/PCP	Variable \$	Appointment based	Preventive care, routine check-ups, managing chronic conditions

Save money and time by choosing the right place to go for your health care.



PREVENTIVE CARE

The Auxiant medical plans pay 100% of the cost of preventive care when it is provided by a network provider. Preventive care helps detect or prevent serious diseases and medical problems before they can become major.

Examples of preventive health services:

- Annual check-up (1 per year).
- Flu shot (1 per year)
- Mammogram (1 per calendar year, usually after age 40).
- Colonoscopy (1 per 10 years, usually after age 50).
- Vaccinations.

Top 5 reasons to prioritize preventive care:

- 1. Early detection:** Preventive care allows for the early detection of health issues before they become serious. Regular screenings can identify diseases like cancer, diabetes, and heart disease in their early stages when they are more manageable and treatment outcomes are often more successful.
- 2. Better health outcomes:** With routine preventive care, you are likely to experience better overall health outcomes. Regular check-ups can help maintain good health and prevent the onset of chronic diseases.
- 3. Cost savings:** Preventive care can save you money in the long run. By catching health issues early, you can avoid the high costs associated with treating advanced diseases. It's often less expensive to prevent a disease than to treat it.
- 4. Improved quality of life:** Regular preventive care can contribute to an improved quality of life. By maintaining good health and preventing disease, you can enjoy life more fully with less interruption due to illness.
- 5. Increased lifespan:** Preventive care can lead to a longer, healthier life. By focusing on prevention, you can reduce the risk of premature death from preventable diseases.



Staying up to date on preventive care can save you money and help keep you feeling your best.

Welcome to a pharmacy benefits experience that puts you first!

If you enroll in medical coverage, you may save money on your medications when you use the True Rx pharmacy.

To learn how your medication will be covered, visit the True Rx website and click on [Formularies](#) under the member heading.

- A prescription drug formulary is a list that shows what tier level a medication will be covered under by the medical plan.
- Once you know the tier level of your medication, refer to the Benefits Guide for cost information.

Getting started is easy!

1. Sign into the member portal.

Whether you are new to True Rx, or a long-time member, please visit [the member portal](#) and click on the "register now" button on the bottom right.

2. Download the latest version of the mobile app. Search "MyRxPlan" in the [App Store](#) or [Google Play](#).

3. For mail order delivery, contact WB Rx Express at wbrxexpress.com/mail-order or call 833-391-0126.

4. Bring your insurance card to the pharmacy. Your pharmacist will need important information on your card to process prescriptions.

Please be aware that the medical plans do not cover Tier 4 specialty drugs. However, Auxiant provides the SHARx advocacy program, which can help you save money on your high-cost specialty medications. See page 16 for more information about this program.



SHARx SPECIALTY PRESCRIPTION PROGRAM

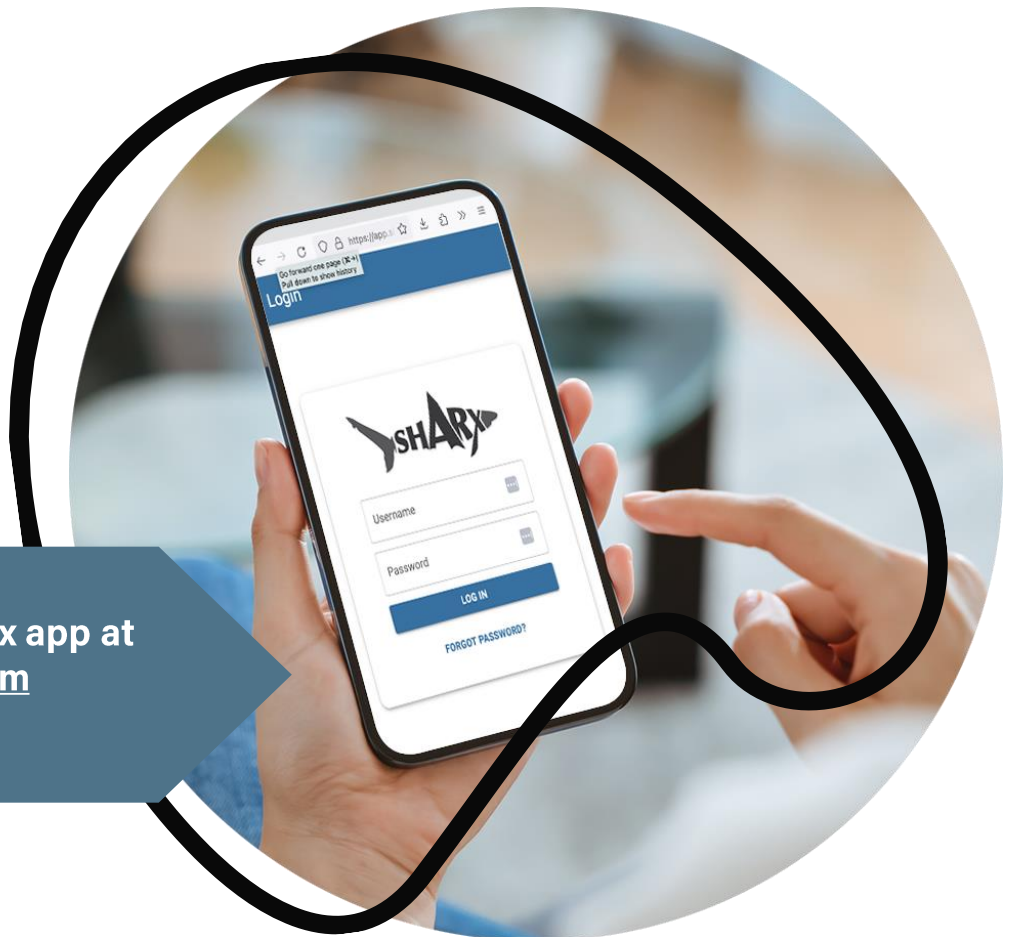
Attack prescription costs!

SHARx is a pharmacy advocacy program that works to save you money on your specialty prescription medications that are not covered by medical insurance. Elkhart Public Library provides this program to all medical plan members at no additional cost.

Members often get their medications for FREE! For medications that are not available at no cost, SHARx helps members access these medications through the SHARx interactive portal at a very small fraction of the cost.

Getting started is easy!

1. Create an account.
2. Verify personal and prescription information.
3. Sign HIPAA form.



Try out the SHARx app at
app.sharxplan.com
314-451-3555



KISx CARD

Surgery simplified. The KISx Card, or Keep It Simple Surgery, is a surgical and imaging program that is available to Auxiant medical plan members at no additional cost.

KISx Card covers over 400 different procedures, including:

- Orthopedic surgery.
- General Surgery.
- Colonoscopies.
- MRI, CT, and PET scans.

If you believe you need any procedure, call the KISx Card first!

Step 1: Call a KISx Card Nurse at **877.438.5479** to find out more about your procedure and how the program works. They will assist you in finding the right facility close to home.

Step 2: Your KISx Card Nurse will help you **schedule your procedure**. Upon scheduling, they will provide you with a voucher to take to your initial consultation.

Step 3: Save! You will not pay anything out of pocket when you choose a KISx Card provider. Your entire procedure is covered through the KISx Card.

By choosing a KISx Card provider, you will always pay \$0 out of your pocket!



HEALTH SAVINGS ACCOUNT

Understanding A Health Savings Account

What is an HSA?

It is your personal tax-exempt account used to pay for out-of-pocket medical expenses.

Am I eligible to establish an HSA?

You cannot open an HSA or make contributions to an HSA if you are enrolled in a health plan that is not a qualified “High Deductible Health Plan” (“HDHP”) as defined by the IRS. A qualifying HDHP is one that does not reimburse covered medical expenses until a maximum annual deductible established by the IRS is met.

You are not eligible for an HSA if you are:

- Covered under another medical plan that is not an HDHP;
- Entitled to (eligible for AND enrolled in) Medicare benefits; or
- Eligible to be claimed on another person’s tax return.

How and when do I make contributions to my HSA?

You may have contributions direct deposited from your paycheck on a pre-tax basis. You may also make contributions directly into your HSA on an after-tax basis. You will receive a Form 1099 from your HSA bank annually that will show your annual HSA contribution. You then report your HSA contribution by completing Form 8889 with your annual federal income tax return.

What can I spend my HSA funds on?

The IRS allows you to use your HSA funds to pay for your out-of-pocket costs for qualified medical, dental, and vision expenses that are incurred after your HSA is established. Qualified expenses are those as defined by IRC Section 213(d). Visit <https://www.irs.gov/pub/irs-pdf/p502.pdf> for a list of allowed expenses. Amounts distributed from your HSA for any other reason are subject to income tax and an additional 20% penalty tax.

How do I access my HSA funds?

The bank will provide you with a debit card and check book (if requested). Remember, in the event of an IRS audit, you are responsible for providing your receipts for services and other items purchased with money from your HSA.

What if I don’t have enough money in my HSA account to pay for my medical expenses during the year which apply toward my deductible and coinsurance out-of-pocket?

The good thing about an HSA is that it is flexible and allows you to add additional money (up to the maximum below) if your medical claims are more than you had anticipated. You can either request a change in the amount of your pre-tax payroll deduction during the year, or you can deposit after-tax money and generally take a deduction when you file your taxes. Talk to your tax advisor about this option.

How much can I contribute to an HSA?

The annual HSA contribution limits for 2024 are:

- \$4,150 for individual coverage and \$8,300 for family coverage
- Individuals age 55 or older may be eligible to make a catch-up contribution of \$1,000.

What if I enroll in an HSA in the middle of the year?

Your HSA contributions are generally determined on a monthly basis. However, if you enroll in an HSA mid-year, you are allowed to make a full year’s contribution, provided you are eligible on Dec. 1 of that year and you remain eligible for HSA contributions for at least the 12-month period following that year.

Who is eligible to use my HSA funds?

You can use your HSA funds to reimburse Qualified Medical Expenses incurred by you, your spouse, and your tax dependents, as long as the expenses are incurred after the date that your HSA is established.

What happens to my HSA funds if I leave?

You take your HSA account and funds with you because it’s your personal bank account. Remaining HSA funds may continue to be spent on qualified out-of-pocket medical, dental, and vision expenses.

Everside Clinic



The Everside Health & Wellness Center is a primary and urgent care center dedicated to Elkhart Public Library Employees who are covered under one of the medical plans. Services are also available to spouses and dependents covered under the Elkhart Public Library Medical plans as well.

The clinic provides easy access to high quality care with no out-of-pocket cost. Services at the Health and Wellness Center include:

- Complete adult primary care services
- Urgent Care
- Treatment for minor injuries
- Comprehensive physicals
- Some Labs (check with center on which labs are covered)
- Common generic medications for acute and ongoing needs

The Health & Wellness Center provides complete primary care, labs, and many common prescription drugs at **no out-of-pocket cost to you.** The clinic is not able to fill prescriptions written by doctors outside the clinic.

Children ages 3 and up may use the clinic. From ages 3 to 11, we encourage you to maintain your child's relationship with their pediatrician for routine preventive care and immunizations.

Please make an appointment before visiting the Health and Wellness Center, even for an urgent need. The goal of the clinic is to respect your time with little waiting when you arrive at your scheduled time. If you have an urgent need, the clinic can typically schedule your appointment for the same day or next morning.

The clinic is not a walk-in clinic and is unable to see patients without an appointment.

The Health and Wellness Center is open by appointment during the following hours:

Monday: 7:00 AM to 4:00 PM
Tuesday: 9:00 AM to 6:00 PM
Wednesday: 7:00 AM to 4:00 PM
Thursday: 9:00 AM to 6:00 PM
Friday: 7:00 AM to 11:00 AM

To make an appointment call: (574) 206-4156 or visit eversidehealth.com/EPL

The Everside Health and Wellness Center is located at:
1621 W. Beardsley Ave.
Elkhart, IN 46514



DENTAL

Elkhart Public Library offers dental insurance through Paramount Dental. This plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose a Paramount Dental network dentist. Locate a Paramount Dental network dentist at www.insuringsmiles.com.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

Type of Service	In Network	Out of Network
Calendar Year Deductible		
Single	\$0	\$0
Family		
Annual Dental Maximum per Person	\$1,500	Combined with In-Network
Preventive Services		
Oral exams, cleanings, x-rays	100%	100%
Basic Services		
Fillings, gum treatment, root canals	80%	80%
Major Services		
Crowns, bridges, dentures	50%	50%
Orthodontia		
Children to Age 19	50%	50%
Lifetime Max per Individual	\$1,000	

The below premium amounts are based on 24 deductions.

2024 Semi-Monthly Dental Payroll Deductions

Employee	\$10.48
Employee + One	\$32.37
Employee + family	\$64.91



VISION

Elkhart Public Library offers vision insurance through Vision Service Plan (VSP). This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at www.vsp.com. . No ID Card is necessary for your provider to file claims with VSP.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

In-Network Vision Benefits		Copay
Well Vision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • One every calendar year 	\$20
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • Every other calendar year 	\$20
Lenses	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • Every other calendar year 	Included in Prescription Glasses
Contacts	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year 	

The below premium amounts are based on 24 deductions.

2024 Semi-Monthly Vision Payroll Deductions	
Employee	\$0
Family	\$3.99



LIFE INSURANCE

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support. This benefit provided to employees does follow the benefit age reduction rule.

Basic Life and AD&D Insurance

Elkhart Public Library provides you with basic life and AD&D insurance at no cost to you.

- **Employee life insurance benefit: \$20,000**
- **Employee AD&D insurance benefit: \$20,000**



**Elkhart Public Library
provides \$20,000 at no
cost to employee.**



LIFE INSURANCE

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support.

Supplemental Life and AD&D Insurance

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. Elkhart Public Library provides you the option to purchase additional life and AD&D insurance at group rates through Reliance Standard. You may also purchase coverage for your spouse and eligible children. You must purchase additional coverage for yourself in order to purchase coverage for your spouse and/or child(ren).

Use the calculator at [Life Insurance Calculator \(reliancestandard.com\)](https://reliancestandard.com) to determine how much coverage you need.

Coverage options:

- **Employee:** \$10,000 increments up to \$500,000; guarantee issue: \$80,000.
- **Spouse:** \$10,000 increments up to 50% of the employee coverage amount; Employee must elect coverage for spouse to be eligible.
- **Dependent children:** \$10,000

If you purchase life and AD&D insurance when you are first eligible to enroll, you may purchase up to the guaranteed issue amounts without completing a statement of health (evidence of insurability).

If you do not enroll when first eligible and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Reliance Standard.

DISABILITY INSURANCE

Disability insurance can help you meet your financial needs if you become unable to work due to an illness or injury.

Short-Term Disability Insurance

Short-Term disability insurance provides you with weekly income if you become disabled due to injury or illness, including maternity.

- STD benefits begins the first day of an accident and the 8th day of sickness.
- Your weekly benefit is equal to 60% of your salary to a maximum of \$1,500. The benefit is reduced by other income you may receive, including Social Security.
- You are eligible to receive STD benefits for up to 13 weeks, provided you remain disabled.

Please carefully consider this benefit. Your ability to work and provide an income for yourself and your family is one of your most important assets. If you are unable to work due to an illness, or non-work-related injury, this benefit helps replace your lost income.

Long-Term Disability Insurance

Long Term Disability insurance helps protect you and your family's income in the event of a long-term illness or disability. You may elect LTD in addition to Short Term Disability, or by itself.

- LTD benefits begin on the 91st day of a disability due to an injury or illness.
- Your monthly benefit is equal to 60% of your salary to a maximum of \$6,000.
- The monthly benefit is reduced by Social Security or other income you receive.
- LTD benefits continue to age 65, provided you remain disabled.
- Benefits are generally tax-free.
- Pre-existing condition limitation: If you become disabled due to a pre-existing condition during the first 12 months that you are covered, the benefit will not be paid.

SUPPLEMENTAL INSURANCE PLANS

Critical Illness Insurance

This policy provides a lump sum benefit following the positive diagnosis of a covered illness. There is no pre-existing condition provision, however the benefit is only payable for diagnoses after the effective date of the coverage. You are able to purchase between \$5,000 and \$50,000 of coverage (increments of \$1,000). Below is a list of covered illnesses and the associated benefit:

Covered Illness	% of Lump Sum Benefit
Invasive/Life Threatening Cancer	100%
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
Coronary Artery Disease	25%

Accident Insurance

This policy provides a lump sum benefit in case of an off the job accident. The benefit can be used to help offset deductibles or hospital costs in the case of an accident. There are three plans available. Below are examples of some of the covered benefits:

Benefits	Benefits
Ambulance Transportation	\$150
Hospital Admission	\$1,000
Fracture (Surgical)	Up to \$7,500
Medical Appliance	\$150

IMPORTANT CONTACT INFORMATION



CARRIER CONTACT INFO	PHONE NUMBER	WEBSITE
Medical—Auxiant	800-475-2232	www.auxiant.com
Dental—Health Resource, Inc	800-727-1444	www.insuringsmiles.com
Vision—VSP	800-877-7195	www.vsp.com
Reliance	800-351-7500	www.reliancestandard.com
Everside Health & Wellness Center	574-206-4156	www.eversidehealth.com
Sharx	314-451-3555	www.sharxplan.com
TrueRX	866-921-4047	www.truerx.com
KISx Card	877-438-5479	www.getkisx.com



Please refer to the official plan documents for more complete descriptions of the benefit plans. In the event of any inconsistencies or discrepancies between the information provided in this guide and the official plan documents, the official plan documents will prevail. Elkhart Public Library reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time without notice, including making changes to comply with and exercise its options under applicable laws. The authority to make such changes rests with the Plan Administrator. To view the summary plan descriptions and certificates of coverage please see your HR. You may request a no-cost printed copy of the summary plan description and other official plan or program documents from Human Resources,



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