

# MSD of Wayne Township 2020 Benefit Guide

We are happy to provide you and your family one of the most comprehensive benefit programs. Our benefits program provides a variety of plans that can enhance the lives of you and your family both now and in the future. As part of this benefits program, you will be asked to make decisions about the employee benefits described in this booklet. Please study the information about these plans carefully and go to <u>http://waynetownship.lhdknowmybenefits.com</u> to enroll in your benefits.

## Changes for 2020

**Benefit Enrollment System Change** – We have made a change so you will be enrolling in a new system – see enrollment directions on page 3.

Review what you need to enroll in for 2020 on page 5.

**Medical Plan Changes –** Changes were made to HDHP 1 and HDHP 2 medical plans – see page 6 for details. Rates are available on the benefits portal.

Medical & Dental Rate Changes – Rates will be available on the benefits portal.

Wellness Incentive Changes - Earn more for getting an annual physical in 2020! Enrollees in a

medical plan have the opportunity to earn wellness dollars two ways:

1) complete wellness initiatives (see page 9), and

2) earn up to \$600 per family by completing a variety of health screening through Voya's enhanced wellness benefit (see page 9).

**Specialty Drugs –** Specialty Drugs will now be obtained through RX Help Center – see page 11 for details **Review your enhanced Employee Assistance Plan (EAP) benefits on page 14** 

## **Open Enrollment:** November 1 – November 15, 2019

Elections you make during Open Enrollment will become effective January 1, 2020.

## What do I need to do?

- I need to log in and reconfirm my medical, dental and vision elections.
- If I am enrolled in an HSA or FSA, I will need to re-enroll as contributions do not continue into 2020.
- Review my life insurance beneficiary(s) and update if necessary.

## **Benefit Plan Eligibility**

Full-time employees (working 30 or more hours per week) are eligible to enroll in the benefits described in this guide. Dependent children are allowed to be covered up to age 26 regardless of whether the child is living in your residence, is financially dependent on you, is a full-time student, works for another employer that also offers group health coverage, or is married. However, if your dependent child has a spouse and/or child, the spouse and/or child are NOT eligible to be covered under the MSD Wayne Township benefits plan.

### When to Enroll

You will have the opportunity to enroll in or make changes to your current benefit elections during our annual Open Enrollment period: November 1 – November 15, 2019. Elections you make during Open Enrollment will become effective on January 1, 2020. Once you have made your election choices for the 2020 Plan Year, you will not be able to change them unless you have a "Qualified Change in Status". Any Qualified Change in Status is subject to approval and must be initiated through the benefits portal within 30 days of the "qualifying event". Qualifying events include, but are not limited to:

- Marriage
- Divorce
- Birth or Adoption of a Child
- Loss of Coverage under a Spouse's Plan

## **My Checklist**

- O Have I processed my open enrollment?
- O If I have health insurance, have I filed my *Wellness Claim* with Voya? 12/31/19 is the deadline to do so. See page 10 for claim filing information.
- O Am I enrolled in Voya Hospital Indemnity? If so, have I had a *hospital stay, critical illness, or accident*? 12/31/19 is the deadline to do so. See page 10 for claim filing information.
- O Have I completed all the items for my *Wellness Incentive*? See page 9 for details. If so, have I opened my HSA account with BMO Harris? Contact Shandy Brickler for the HSA application.



## **Enrollment Directions**

#### WE ARE WAYNE!

Before you begin enrolling in your benefits, you will need to have the following information on hand.

- Your social security number and social security numbers of your eligible dependents.
- Your date of birth and the dates of birth for your eligible dependents .
- Beneficiary Information for your Life/AD&D and Voluntary Life Plans .



# jemploy1234 5 5

#### Step 1: Access and Log On

Access http://waynetownship.lhdknowmybenefits.com Scroll down and click on Benefit Access to go to the enrollment site.

**USERNAME:** Your user name will be your Wayne website email address

PASSWORD: Your temporary password will be "wayne1234". You will be prompted to change that to a password of your choosing and click save. (You may use your Wayne email password if you'd like.)

#### Manage your profile

Make sure we have it right!

This info is used for your paycheck, taxes and ID cards. Required fields are marked with an asterisk (\*).

#### Manage your family members

View, add, edit or remove family members here. If you add a new family member, the family member won't be added to your benefits automatically. You still need to add the family member to any applicable benefits.

#### Current Family Members



Step 2: Review Profile & Dependent Information Fields with an asterisk are required.

- Verify Personal Information and make changes if needed.
- Click, Next: Review My Family. On this page you can add, edit or remove dependents.



Beneficiaries	🖋 Edit Beneficiaries
Primary Beneficiaries	
<b>&amp;</b> Warren Lents (100.0%)	

#### Step 3: Shop for Benefits

- Select family members to add to coverage then click 'Confirm.'
- View a Plan: If you would like to quickly view a particular benefit plan's cost per pay period, simply click 'View Plan'.
- Compare Plans: Check the compare box below the plans you want to compare and click 'Green Compare Box.'
- Enroll in a Plan: To select a medical plan, click 'View' and Update Cart. Or, click 'Decline' to waive enrollment. To select Dental and/or Vision Confirm Plan or Decline.
- The last screen you will see is the Certification and Authorization Electronic Usage Agreement screen. Click 'I Agree' and 'Confirm'

#### STEP 4: Add or Update Beneficiaries

If you have selected a plan that requires a beneficiary, i.e. Life, AD&D, you will be prompted to complete the fields on the Beneficiary screen. Please complete all information for both primary and secondary (if necessary) beneficiaries.

- To begin, click 'Add Beneficiary' to add a new record.
- Complete the information requested in the beneficiary record.
- Finally, designate a percentage for each primary and secondary beneficiary (if applicable).
- When you have completed this information, click 'Save' at the bottom of each life benefit that you enrolled in.



Ok, you're now ready to checkout. Please review the benefits you have selected. If there are no other changes, checkout to complete enrollment. Review and Checkout

#### STEP 5: Benefit Confirmation Statement

- After all screens have been completed, click 'Review and Checkout' at the bottom of the screen. This will take you to a summary of your benefit elections.
- You can adjust your plan selections until your enrollment period is closed. If you need to adjust your elections, click, 'Change Plan' next to the benefit you want to change.
- After all adjustments are made click, 'Checkout'.

CONGRATULATIONS! YOU HAVE COMPLETED THE ENROLLMENT PROCESS AND CONFIRMED YOUR BENEFITS.



## **Do I need to Enroll?**

Benefit decisions are important for you and your family. That's why we encourage you to spend a few minutes each fall to review your benefit options for the next year and ensure that you've recorded the correct information for all your benefit selections.

The following summary highlights what plans require active elections versus those that will roll forward if no changes are recorded for 2020.

Plan	Must Re-Enroll	Will Roll Forward	Notes
Medical/prescription	>		A new election is required for 2020.
Dental	>		A new election is required for 2020.
Vision	>		A new election is required for 2020.
Health Savings Account (HSA) – Employee Contribution	>		A new election is required every year. Contributions can be changed during the year.
Flexible Spending Account (Health Care/Limited Purpose/Dependent Care)	<b>&gt;</b>		A new election is required every year.
Short-Term Disability (STD)		>	If you're currently enrolled in STD coverage, you will be enrolled for 2020 unless you make changes.
Long-Term Disability (LTD)		>	If you're currently enrolled in LTD coverage, you will be enrolled for 2020 unless you make changes.
Basic Life Insurance		¥	No election required. This coverage is provided for all full-time faculty and staff.
Voluntary Life Insurance (Employee/Spouse/Child)		>	If you're currently enrolled in voluntary life coverage, you will be enrolled in the same coverage for 2020 unless you make changes
Hospital Indemnity/Critical Illness/Accident Insurance		<b>&gt;</b>	If you're currently enrolled in Critical Illness/Accident coverage, you will be enrolled for 2020 unless you make changes.



# Medical & Prescription Drug Benefits

Effective January 1, 2020

	HD	HP 1	HDI	IP 2	н	[
	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network Benefits	Network Benefits	
Wellness Center	Y	es	Ye	es		
Annual Deductible	Embe	edded	Embe	dded	Em	
Single	\$3.500	\$6,400	\$3,500	\$7,000	\$6,750	
Family	\$7,000	\$12,800	\$7,000	\$14,000	\$13,500	
Coinsurance	0%	30%	20% *	30%	0%	
Out-of-Pocket Maximum						
Single	\$3,500	\$10,800	\$5,500	\$11,000	\$6,750	
Family	\$7,000	\$21,600	\$11,000	\$22,000	\$13,500	
Preventive Care	100% Coverage	30% after Deductible	100% Coverage	30% after Deductible	100% Coverage	
Primary Care Physician	0% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible	0% after Deductible	
Specialty Care Physician	0% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible	0% after Deductible	
Emergency Room Services	0% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible	0% after Deductible	
Urgent Care Centers	0% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible	0% after Deductible	
Retail Prescription Drugs (30 day supply)	0% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible	0% after Deductible	
Mail Order Prescription Drugs (90 day supply)	0% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible	0% after Deductible	

The yellow highlights denote changes made from the medical plans offered in 2019. In 2019 Wayne Township employees and their covered families incurred high medical plan costs. The deductibles and out of pocket maximums were increased to avoid a larger increase in the premiums you pay.

\*There was an additional change to the HDHP 2 Plan. We've added a 20% coinsurance which means that after meeting the deductible, you will pay 20% of any covered charges and 80% will be paid for you. This change does lower the premium for the HDHP 2 plan.

### Preventive Services are still Covered at 100% in-network

Well Exam	Men – one per year Women – one per year with family physician, one per year with OB/GYN, if needed
Childhood Immunizations	Influenza
	Measles, mumps, rubella
Adult Immunizations	Shingles (once after age 60)
	Measles, Mumps, Rubella (once after age 19)
Adult Labs	Lipid Panel
	PSA (men over 50)
	Pap smear/thin prep pap test for women
Adult Procedures	Bone density scan
	Mammogram
	Colonoscopy

#### **Dental Benefits**



See the Delta Dental summary for coverage details

	Enhanced Plan	Basic Plan			
Plan Features	PPO network, Premier Network or Out-of-Network	Delta Dental PPO Dentists	Delta Dental Premier or Out-of-Network		
Annual Deductible		Demisis			
Applies to Basic and Major Services, not to Diagnostic/Preventive and Orthodontic Services	\$50 per person \$150 per family	\$50 per person \$150 per family	\$50 per person \$150 per family		
Maximum Payment					
Maximum the plan pays per plan year	\$1,000 per person (excludes orthodontic services)	\$1,000 per person (excludes orthodontic services)	\$1,000 per person (excludes orthodontic services)		
Diagnostic/Preventive Services					
No deductible. Two routine exams every 12 months, includes x-rays, sealants and cleanings	You pay 0% when using a Delta Dental PPO or Delta Dental Premier Provider	You pay 0% when you use a Delta Dental PPO provider	You pay the difference above the Delta Dental PPO Fee*		
Basic Services					
Fillings and crown, bridge and implant repairs, root canals, periodontics to treat gum disease, extractions and surgery	You pay 20% after deductible+	You pay 20% after deductible	You pay 50% after deductible*		
Major Services					
Crowns, bridges, implants and dentures	You pay 50% after deductible+	You pay 50% after deductible	You pay 50% after deductible*		
Orthodontia	You pay 50% and Plan pays 50% up to \$1,000 Lifetime Maximum per adult or child	You pay 50% and Plan pays 50% up to \$1,000 Lifetime Maximum per adult or child	You pay 50% and Plan pays 50% up to \$1,000 Lifetime Maximum per adult or child		
What's the difference between the plans?	Basic Services covered at 80%. +Out-of-Network providers may charge up to the submitted fee.	Basic Services covered at higher level for PPO expenses. *Delta Dental Premier and Out-of-Network providers may charge you fo services above the Delta Dental PPO fee.			

The above is a brief outline of the benefit programs. Please see the Summary Plan Description for complete plan information.

# **Guardian**

	Option 1: Full F	eature - VSP	Option 2: Full Feat	ure-Designer - Davis	
Covered Services	In-Network	Out-of-Network	In-Network	Out-of-Network	
Network	VSP Choice	e Network	Davis Vision		
Exams	\$0 after \$10 copay	Amount over \$39	\$0 after \$10 copay	Amount over \$50	
Lenses	\$0 after copay for single, lined bifocal, lines trifocal Lenticular \$25 copay covers frames and lenses	Amount over: \$23 single \$37 lined bifocal \$49 lined trifocal \$64 lenticular	\$0 after copay for single, lined bifocal, lines trifocal Lenticular \$25 copay covers frames and lenses	Amount over: \$48 single \$67 lined bifocal \$86 lined trifocal \$126 lenticular	
Frames	80% of amount over \$130 \$25 copay covers frames and lenses	Amount over \$100	80% of amount over \$130 \$25 copy covers frames and lenses	Amount over \$48	
Contact Lenses: \$25	copay (waived for no	n-formulary elective	e contact lenses)		
Elective	Amount over \$130	Amount over \$100	Not available	Not available	
Elective & conventional	Not available	Not available	85% of amount over \$120	Amount over \$105	
Planned replacement and conventional	Not available	Not available	85% of amount over \$120	Amount over \$105	
Medically necessary	\$0	Amount over \$210	\$0	Amount over \$210	
What's the difference between the plans?	Network has over 50 is the nation		Network has retail centers such as Walmart, JC Penney, Sears, Target, Sam's Club, Pearle and Visionworks.		

## Health Savings Account (HSA)



A part of BMO Financial Group

Health Savings Account (HSA)		Health Savings Account (HSA)	
2020 Plan Year		2020	
Maximum Earned Wellness Incentive		Annual IRS Limits	
		Employee	\$3,550
Employee	\$500	Family	\$7,100
Spouse	\$500	Catch-Up Contributions (Ages 55 and	
		over in 2020)	\$1,000

# PLEASE BE AWARE THAT THE IRS HSA LIMIT ABOVE INCLUDES ANY BOARD WELLNESS CONTRIBUTION THAT YOU EARN DURING THE YEAR SO PLAN ACCORDINGLY.

The above is a brief outline of the benefit programs. Please see the Summary Plan Description for complete plan information.



## Enrolled in a Medical Plan? Earn Wellness Incentives Two Ways!

### Wayne Wellness Program

- Earn up to \$500 each for you and your covered spouse by completing Lifestyle Competency modules at <u>www.mywaynewellness.com</u>.
- The contribution for a physical has increased to \$300!
- Earned incentives are deposited into your HSA account on a quarterly basis.

2019 Wellness Program Requirements for Earning Incentives*	HSA Contribution
Employee and spouse complete annual physical exam	<mark>\$300</mark>
If your biometric results meet these Healthy Standards, you will earn additional HSA contributions:	\$25 each (total \$100)
1. Body Mass Index (BMI) is less than 25 or your waist circumference is	
Less than 40" for men	
Less than 35" for women	
2. Blood Pressure less than or equal to 120/80	
3. Hgb A1c less than or equal to 5.7	
4. Triglycerides less than or equal to 150	
Employee and spouse each must complete five modules of the Lifestyle Competency Program (Nutrition, Physical Activity, Stress or Sleep)	\$100
Please note: The Introduction module does not count toward this incentive.	
Total HSA Dollars Available	\$500 each employee and spouse

## Voya Wellness Benefit

 Complete one of the below health screening tests and *earn up to \$450 for a family of four* or \$600 for a family of six. (\$150 for employee, \$150 for covered spouse, and \$75 for each child up to \$300

maximum.)

 Complete a claim form and submit documentation online at www.voya.com/claims. Health screening tests include but are not limited to:

- Blood test for triglyceridesPap smear or thin prep
- pap test;
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI

- Chest x-ray
  - Mammography
  - Colonoscopy
  - CA 15-3 (breast cancer)
  - Stress test on bicycle or treadmill
  - Fasting blood glucose test
  - Thermography
  - PSA (prostate cancer)
  - Hearing test
  - Routine eye exam
  - Routine dental exam
  - Well child/preventative exams through age 18

- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening



Have you been in the hospital this year?





fractured a bone or been diagnosed with a heart attack or stroke?

# If so and you enrolled in the Voya Hospital Indemnity/Critical Illness coverage you may be eligible for a benefit payment so don't forget to file your claim.

- Hospital— \$100 per day, up to 30 days per confinement.
- Critical care unit (CCU)— \$200 per day, up to 15 days per confinement.
- **Rehabilitation facility—\$50 per day**, up to 30 daysper confinement.
- Initial Confinement Benefit: This provides an additional payment of 5x the daily benefit amount after confinement in a hospital, critical care unit, or rehabilitation center. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.
- **Critical Illness coverage:** This coverage provides a one-time benefit payment of \$5,000 if you are diagnosed with a covered condition. Covered conditions include: heart attack, stroke, coma and major organ failure.
- Accident Benefit: This provides a benefit payment of \$200 or \$400 for specific injuries and events resulting from a covered accident. The amount paid depends on the type of injury and event (i.e., whether it is type A or type B below).

Examples of items you may receive benefits for include, but are not limited to:

Type A Benefit - \$200	Type B Benefit - \$400
Concussion	Acute fractures femur, humerus, tibia, radius, pelvis and bones of the spine
Emergency dental work	Dislocation of hip, knee, ankle, foot, shoulder, elbow, wrist and lower jaw
Laceration with sutures	Prosthetic device

Group Policy Name: Metropolitan School District of Wayne Township

Group Policy Number: 0069617-0

To file a claim see the information in the box to the right or contact Voya claims at 877-236-7564.

https://claimscenter.voya.com/ static/claimscenter/

Tip: When filing a wellness benefit claim you will need to check the box for Critical Illness. Use group# 00696170 and leave policy# field blank.



**Rx Help Center** Concierge Prescription Drug Advocacy Service

This service is at no cost to you and your covered family members as long as you are participating in a Wayne Township medical

plan. You have the option to use the service for your extended family as well, including your in-laws, for \$50 a month. If you or your family members' medications qualify, you can save significantly on your cost.

If you are enrolled in a medical plan and are prescribed expensive medications and/or those drugs classified as specialty, the RX Help Center (RXHC), a prescription drug advocacy service, may be a solution for helping them be affordable. In some cases, the Rx Help Center can even help those whose prescription drugs are not overly expensive. Cost savings may be available if you are spending more than \$75 for a single prescription or \$100 or more per month for all of your prescriptions. You are *not* required to use this service.

RXHC does not guarantee it can reduce your prescription costs. An initial study will find out. If savings are available, RXHC can significantly lower your prescription drug costs. The concierge service is not an overnight solution as it may take from 14 to 30 days to implement.

### Contact RX Help Center at 866-478-9593

### Specialty Drugs will be obtained through RX Help Center in 2020. Some examples are as follows:

Humira	Dupixent
Enbrel	Taltz
Harvoni	Aubagio
Triumeq	Avonex
Truvada	Forteo
Xolair	Cosentyx
Xeljanz	Gamunex
Benlysta	Biktarvy
Temozolomide	

Want to know more about the Rx Help Center? It's a resource that can help you save money on prescription drugs, especially helpful as you pay out-ofpocket for your medications before the deductible is met in our health plans. You can visit the website at: <u>rxc8290327-msdwts.rxhelpcenters.com/</u>



*If you or a family member are currently using these or any other specialty drug, you will be contacted directly by TrueRx to provide instructions to obtain your specialty medication in 2020.* 





# Need to See a Doctor After Hours at NO CHARGE?

#### Telemedicine

Video visits offer a convenient option for common health issues, such as cough/cold, flu, allergies, infections, sprains and more. MSD Wayne Township employees and family members can connect with an IU Health provider 24/7 using a smartphone, tablet or computer. If you participate in the school corporation's health plan, there is no cost for a video visit. Learn

more at iuhealth.org/videovisits. (Be sure to select "onsite clinic participant" when scheduling your video visit.)

#### Easy as 1, 2, 3

- **1. Download** the free IU Health Virtual Visits app or launch on your computer at iuhealth.org/virtualvisits.
- **2. Enroll** by creating a free login and completing your personal profile
- **3.** Connect to a virtual visit.
  - a. Virtual Care On-Demand: Providers available 24/7 at **No Charge**.
  - b. Virtual Care Scheduled Appointments: Scheduled with your provider and billed in accordance with the type of visit.

VIRTUAL

VISITS

#### **After Hours Urgent Care**

- Wayne Township employees and family members may use the IU Health Urgent Care for services when Wayne visit Wellness is closed.
- You must bring your Enhanced Access membership card which is different than your medical ID card.

#### **Expanded hours for IU Health Urgent Care**

New hours at Wayne Wellness mean that you can visit IU Health Urgent Care (any of five central Indiana locations):

Monday – Friday: 5 – 8 pm Saturday: 8 am – 6 pm Sunday: 8 am - 6 pm

- **No charge** for services when the clinic is closed. If the urgent care is used during Wayne Wellness open hours, insurance will be billed and copays/deductibles will apply.
- Urgent care can be used for x-rays at **no charge**.
- New Avon location opening in 2020.

## **Wayne Wellness Center**

#### What services does the center provide?

#### **Preventive Care**

Annual physicals and routine health exams Women's health exams (pelvic exams and pap smears) Men's health exams (including prostate exams) School, sports and CDL physicals Preventive screenings (blood pressure, blood sugar, cholesterol) Immunizations (seasonal flu, hepatitis B, tetanus boosters) Individual health coaching Nutrition counseling and wellness education



Wellness Center Location: 602 N High School Rd, Suite C Indianapolis, IN 46214

#### Immediate and Primary Care

Diagnostic screenings (influenza, strep throat, vision, etc.)

Treatment of minor illnesses and injuries (sore throat, flu, seasonal allergies, stomach pain, sinus infection, eye infection, skin infection, rash, etc.)

Management of chronic illnesses (diabetes, high blood pressure, COPD, high cholesterol, etc.)

#### Lab Services

Screening and diagnostic labs as ordered by your doctor

**Pharmacy** – Short-term supplies of common generic medications are provided by the wellness center at no charge.

#### **New hours for Wayne Wellness**

Monday: 7 am – 5 pm Tuesday: 7 am – 5 pm Wednesday: 7 am – 4 pm Thursday: 7 am – 5:30 pm Friday: 7 am – 5 pm

(Closed Tuesday and Wednesday from 11 am – noon and Friday from noon – 1 pm) Please note: Wayne Wellness Center is not an urgent care facility. You can generally make same-day appointments. However, you should schedule an appointment as early as possible.

Schedule an appointment at <u>https://district.wayne.k12.in/us/staff/wellness-center/</u> or call the Wayne Wellness Center at 317-536-2200





Indiana University Health

## Did you know you have access to an Employee Assistance Program?

Balancing work and life can be a challenge, especially in today's world. Whatever you are trying to balance, the IU Health Employee Assistance program can assist with confidential support, education, solutions and recommendations for your level of stress.

EAP benefits are available to you and your eligible household members including spouse, significant others, domestic partners and children up to age 26. The employee does not need to participate in the EAP services with a family member.

6 free EAP sessions for Wayne employees and immediate household members. You do NOT need to be enrolled in a medical plan to be eligible.

The IU Health Employee Assistance Program helps employees cope with:

- Stress and anxiety
- Grief and loss related to death, divorce, life change and job transitions
- Workplace or home relationship conflict
- Family, marital and couples problems
- Substance abuse of alcohol and drugs
- · Problem solving and education on ways to cope better

For more information about the IU Health EAP call 317-962-8001 or 800-745-4838, ext 2 from 8 am – 4:30 am, Monday - Friday. *24 hour crisis access by phone* 



## Wayne Township Benefits Contact Information

IU Health Medical Provider Directory	https://www.iuhealthplans.org/
IU Health Medical Customer Service	866-895-5975
Delta Dental Premier Provider Directory	www.deltadentalin.com
Delta Dental Premier Customer Service	800-524-0149
Guardian Vision Provider Directory	www.guardiananytime.com
Guardian Vision Customer Service	800-541-7846
TrueRx Customer Service	866-921-4047
Nyhart (FSA Account)	800-428-7106 or 317-845-3500
BMO Harris Bank (HSA Account)	866-472-4632
Voya (Accident/Critical Illness/Cancer)	877-236-7564
RX Help Center	https://rxc8290327-msdwts.rxhelpcenters.com
RX Help Center Customer Service	866-478-9593
Wayne Wellness Center	https://district.wayne.k12.in.us/staff/wellness-center
To Enroll in Benefits	http://waynetownship.lhdknowmybenefits.com
Wayne Township Business Office	Shandy.brickler@wayne.k12.in.us

## **Open Enrollment:** November 1 – November 15, 2019



# NOTES
