



2017-2018

Benefit Summary



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Newark City Schools is proud to offer a comprehensive benefits package to eligible employees who work 20 or more hours per week. The benefits package is briefly summarized in this booklet. More detailed information about each benefit may be found at our enrollment vendor portal www.explainmybenefits.biz/newark.

Depending upon your classification you may share the costs of some benefits (medical, dental, and vision), and Newark City Schools provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary worksite benefits with reasonable group rates that you can purchase through payroll deductions.

Core Benefits Offered

- Medical
- Dental
- Vision
- Accidental Death & Dismemberment (AD&D) Insurance
- Flexible Spending Account (FSA)
- Basic Life / Accidental Death & Dismemberment
- Voluntary Life and AD&D

Voluntary Worksite Benefits Offered

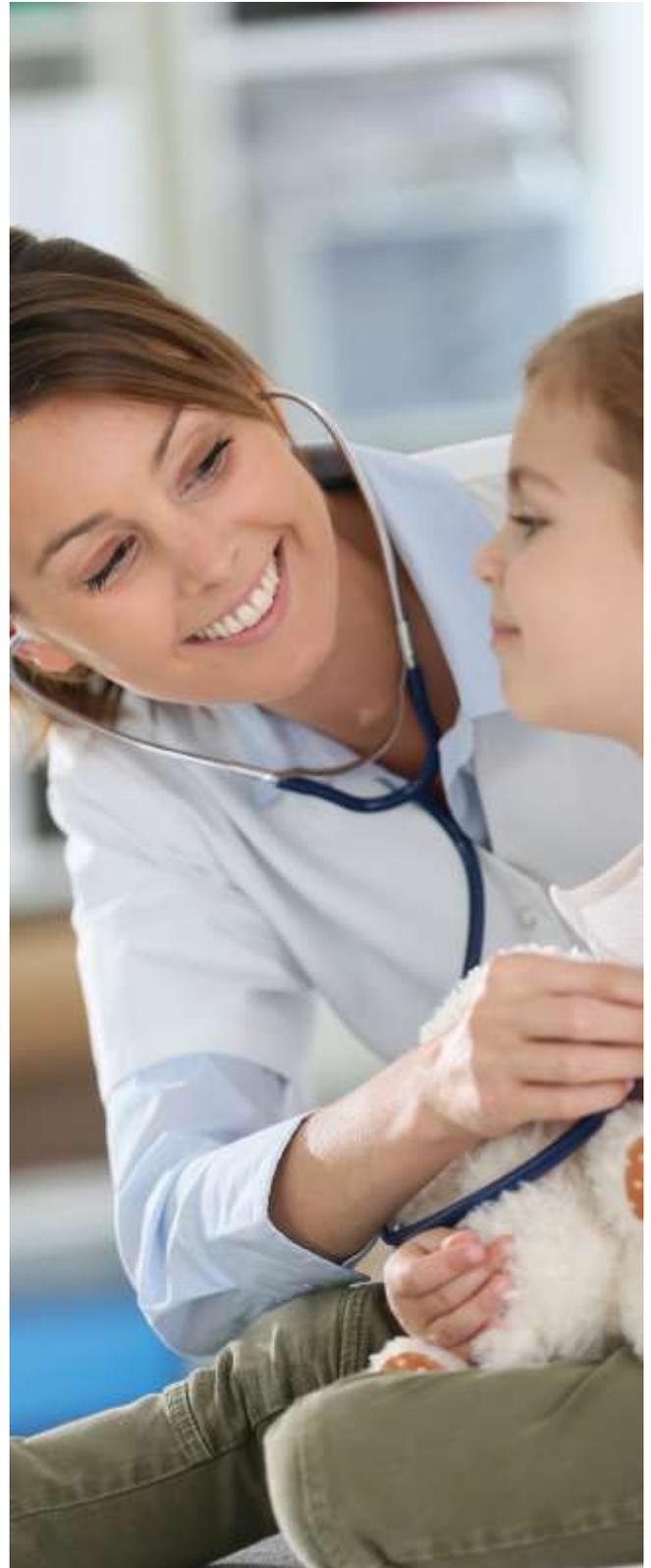
- Universal Life Insurance
- Cancer
- Accident
- Identity Theft

Eligibility

You and your dependents are eligible for benefits the 1st of the month following your date of hire. Vision Coverage is effective the 1st of the month following your date of hire unless you were hired on the 1st of the month.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Newark City Schools eligible dependents. Please refer to Page 4 for specifics.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. **If you experience a qualifying event, you must contact HR within 30 days.**



Eligibility Rules for you and your dependents are listed below.

For more information, please refer to your Certificate of Coverage, Plan Description, or the additional information included in this guide.

	You	Dependent Child
	You are eligible for Medical coverage the 1st of the month following your date of hire.	Your dependent children are eligible to the end of the month they turn age 26.
	You are eligible for Dental coverage the 1st of the month following your date of hire	Your unmarried dependent children are eligible to the end of the year they turn age 23 or if unmarried, to the end of the calendar year in which they turn 25 if a Full Time Student and eligible to be claimed as an IRS dependent.
	You are eligible for Vision coverage the 1st of the month following your date of hire.	Your unmarried dependent children are eligible to the end of the month they turn age 23 or if a Full Time Student the end of the month they turn age 25.
	You may participate in the FSA once you satisfy the eligibility conditions for the Group Medical plan and have consented to pre-tax payroll deductions for an amount of your choosing.	A Dependent Care account allows you to put aside pre-tax dollars to pay for child care for children age 12 and younger, or other dependents who are unable to care for themselves. Check with your Tax Advisor for contribution rules if you are divorced or if your spouse also contributes to a Dependent Care account.
Employee Basic Life Insurance	Coverage is effective your Date of Hire.	
Voluntary Life Insurance	Coverage is effective on your Date of Hire if you work 15 or more hours each week.	Unmarried dependent children are eligible for coverage up to age 19 or to age 26 if a Full-Time Student.

Benefits that are payroll deducted under a pre-tax 125 Plan cannot be changed or cancelled throughout the benefit plan year without certain Life Events, such as marriage, birth, adoption, divorce.

Flexible Spending Accounts (FSA)

Administered by FlexBank

FSAs allow you to have pre-tax money deducted from your paycheck to pay for certain expenses. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay.

There are two types of FSAs available:

- Health Care
- Dependent Care

Healthcare FSA

If you are enrolled in Newark City Schools Benefit Plan and have a Health Savings Account, you can receive tax-free reimbursement for qualified medical, dental and vision expenses.

For a quick overview of eligible and ineligible expenses, please go to www.flexbank.net, click on For Employees, then HSA, then Qualifying Health Care Expenses.

FlexBank has a mobile app where you can easily check your account balances as well as submit claim documentation if needed.

NOTE: The maximum annual amount that you can contribute to the health care FSA is \$2,500. You may rollover up to \$500 of unused funds at the end of the year.

Dependent Care FSA

Newark City Schools also offers an opportunity for you to save money for daycare for eligible dependents through the Dependent Care FSA. You decide how much to contribute, up to \$5,000 per year, per household.

Eligible dependents are children under the age of 13 or a dependent spouse or child over the age of 13 who is physically or mentally incapable of caring for himself/herself and has the same principal residence as the Participant for more than one-half such taxable year.

Substantiation Requirements

For medical expenses, the IRS requires you to substantiate:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount
- Provider or store name
- In some cases, a Medical Necessity Form or physician letter may be required

NOTE: In some cases, the plan's design requires that your health insurer's Explanation Of Benefits (EOB) is provided as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay." If not, ask your provider to write "copay" on your receipt before leaving the office. Vague or missing information causes your reimbursements to be held up or become ineligible. Keep your receipts and documentation.

For dependent care expenses, the IRS requires you to substantiate:

- Dates of service
- Dollar amount incurred
- Daycare provider name
- Daycare provider signature

NOTE: Daycare expenses must be incurred (not just paid) in order to receive reimbursement. Registration fees cannot be reimbursed until the services are actually incurred. You will be required to report your dependent care provider's Tax ID (TIN) or SSN on IRS Form 2441 when you file your federal income tax return. Vague or missing information causes your reimbursements to be held up or become ineligible. Keep your receipts and documentation.

Medical Benefits

Administered by Anthem Blue Cross and Blue Shield

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying health problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Newark City Schools.

You select where you receive your medical services— provider referrals are not required. If you use in-network providers, your costs will be less.

	Anthem Blue Access PPO—What You Pay	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$500 single / \$1,000 family	\$1,000 single / \$2,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$1,000 single / \$2,000 family	\$2,000 single / \$4,000 family
Coinsurance	20%	40%
Doctor's Office		
Primary Care Office Visit	\$25 copay	Deductible and coinsurance
Specialist Office Visit (including Urgent Care)	\$25 copay	Deductible and coinsurance
Preventive Care (routine exams, mammograms, Pap testing, immunizations, well child care, annual diabetic eye exam)	No Cost Share	Deductible and coinsurance
Prescription Drugs: Mandatory Mail Order on maintenance medications after 3rd retail fill.		
Retail—Generic Drug (30-day supply)	\$10 copay	50%, minimum copay \$50
Retail—Formulary Drug (30-day supply)	\$30 copay	50%, minimum copay \$50
Retail—Non Formulary Drug (30-day supply)	\$50 copay	50%, minimum copay \$50
Mail Order—Generic Drug (90-day supply)	\$30 copay Network Only. Not covered Out of Network.	
Mail Order—Formulary Drug (90-day supply)	\$60 copay Network Only. Not covered Out of Network.	
Mail Order—Non Formulary Drug (90-day supply)	\$90 copay Network Only. Not covered Out of Network.	
Hospital Services		
Emergency Room	\$200 copay. Copay waived if admitted.	\$200 copay. Copay waived if admitted.
Inpatient	Deductible and coinsurance	Deductible and coinsurance
Outpatient Surgery	Deductible and coinsurance	Deductible and coinsurance
Ambulance Service	Deductible and coinsurance	Deductible and coinsurance

	Anthem Blue Access PPO What You Pay	
	In-Network	Out-of-Network
Mental Health Services		
Inpatient Services	Benefits provided in accordance with Federal Mental Health Parity	Deductible and coinsurance
Outpatient Services	Benefits provided in accordance with Federal Mental Health Parity	Deductible and coinsurance
Substance Abuse Services		
Inpatient Services	Benefits provided in accordance with Federal Mental Health Parity	Deductible and coinsurance
Outpatient Services	Benefits provided in accordance with Federal Mental Health Parity	Deductible and coinsurance
Other Services		
Urgent Care Center Services	\$75 facility copay. MRI's, PETS, C-Scans covered at 20%	Deductible and coinsurance
Maternity Services	Deductible and coinsurance	Deductible and coinsurance
All other maternity hospital/ physician services	Deductible and coinsurance	Deductible and coinsurance
Chiropractic/Spinal Manipulation Services (limited to 24 visits per calendar year)	20% copay. Not subject to deductible.	Deductible and coinsurance
Physical, Occupational and Speech Therapy Services (limited to 60 visits combined)	\$25 copay	Deductible and coinsurance
Diagnostic Lab and X-ray as an Outpatient Service	No Cost Share	Deductible and coinsurance
Skilled Nursing (180 day limit)	Deductible and coinsurance	Deductible and coinsurance
Allergy Injections	\$15 copay	Deductible and coinsurance
Other Services (Allergy Testing, Prosthetic devices; blood and blood components; leg, arm and neck braces; surgical dressings; casts and splints)	Deductible and coinsurance	Deductible and coinsurance

This Benefits Summary provides an overview of coverage. This document does not guarantee benefits or coverage. Please refer to your Certificate of Coverage for complete details of coverage, including limitations and exclusions.

Dental Benefits

Insured by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Keep your teeth healthy and your smile bright with the Newark City Schools dental benefit plan. You will save the most when using Delta Dental PPO providers.

Services	In-Network and Out-of-Network
Annual Deductible	\$25 per person; \$50 per family
Annual Benefit Maximum	\$2,500
Preventive Dental Services (cleanings, exams, x-rays)	Covered In Full; no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery, crowns, bridge repair)	80%
Major Dental Services (bridges, implants, and dentures)	50%
Orthodontia Services (child and adult)	50% to \$1,000 lifetime maximum

Basic Life and Accidental Death & Dismemberment Insurance

Insured by Dearborn National

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Newark City Schools. Newark City Schools provides basic life insurance at no cost to you. Benefits vary by classification— please consult with the Treasurers office for your eligible benefit amount.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Newark City Schools provides AD&D coverage equal to the amount of your life insurance. This coverage is in addition to your paid Basic Life insurance described above.

Voluntary Life and Accidental Death & Dismemberment Insurance

Insured by Dearborn National

You may purchase more life and AD&D insurance in addition to the Basic Life & AD&D coverage provided by Newark City Schools. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. **Coverage is guaranteed without medical evidence of insurability if you enroll within 30 days of becoming eligible or having a qualifying life event.**

	Coverage Amounts	Guarantee Issue Amounts
Employee	\$10,000 increments up to \$500,000	Lesser of 10 times annual earnings or \$200,000
Spouse	\$5,000 increments up to \$250,000 (not to exceed 50% of Employees benefit amount)	\$50,000
Child	Birth to 14 days: \$0 Age 15 days to 6 months: \$1000 Age 6 months to 19 years (26 if Full Time Student): \$5,000 OR \$10,000	N/A

Voluntary Vision Insurance

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP Choice Network provider:

Service	In-Network VSP Provider Benefits	Non-Network Provider Benefits
Eye Exam — once every 12 months	\$10 copay	Up to \$45 allowance
Lenses — once every 12 months		
Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses	Included in Prescription Glasses	Up to \$30 allowance Up to \$50 allowance Up to \$65 allowance
Lens Enhancements: Progressive lenses	\$55 to \$175 copay	Not Covered
Frames — once every 24 months	\$150 allowance; 20% savings on balance over \$150	Up to \$70 allowance
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	\$150 allowance for lenses: up to \$60 copay for fitting and evaluation	\$105 allowance
Laser Vision Correction	15% off the regular price or 5% off promotional price from contracted facilities	15% off the regular price or 5% off promotional price from contracted facilities

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.



Other Voluntary Benefits

Administered in partnership with Explain My Benefits

You may purchase through payroll deductions additional benefits to enhance your overall benefits package. You customize your benefit based on your needs and affordability.

Policies are portable and belong to you if you leave the district. Benefits are paid directly to you, not to your provider, and are designed to provide additional cash flow to assist with out of pocket medical costs and other bills.

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.

Trustmark Accident

Helps pay for the unexpected expenses that can result from an accident. Provides 24/7 On and Off the job coverage, and sports related injuries are covered.

A Health Screening Benefit is included and pays \$100 for each covered person. Each covered person has coverage for one immunization or one screening test per calendar year under this benefit.

For complete details please refer to the Trustmark Accident brochure located at www.explainmybenefits.biz/newark.

Trustmark Critical Life Events

Critical Illness coverage focuses on cancer, stroke, and heart attack to help cover medical and non-medical expenses. Partial benefits paid for early identification, and full benefits paid for later-stage diagnosis. Replenishing benefit amount fully resotres each year with no lifetime maximum.

Guarantee Issue if you enroll when first becoming eligible: \$25,000 employee/\$12,500 spouse/ \$2,500 children

Please refer to the Trustmark Critical Life Events brochure for information about pre-existing conditions and complete details, located at www.explainmybenefits.biz/newark.

Trustmark Universal Life with Long Term Care

This is a permanent life insurance product which is priced to remain the same cost to you until age 100. It provides both a death benefit and a living benefit. Coverage is available for you, your spouse and children.

The Living Benefit, Long Term Care, pays 4% of the death benefit per month for up to 25 months if confined in a nursing or assisted living facility; or 2% of the death benefit per month for up to 50 months if receiving home health care or day care. If you use the Long Term Care benefit, your death benefit amount does reduce.

Please refer to the TransAmerica Universal Life brochure located at www.explainmybenefits.biz/newark for more details.

LifeLock Identity Theft Protection

LifeLock offers proactive protection against identity theft. Two levels of protection are offered– the Benefit Elite Plan or the Ultimate Plan.

Please refer to the LifeLock plan brochure for complete details, located at www.explainmybenefits.biz/newark.

Legal Notices

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [877.KIDS.NOW](tel:877.KIDS.NOW) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at or call www.askebsa.dol.gov or call [866.444.EBSA \(3272\)](tel:866.444.EBSA).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your state for more information on eligibility.

ALABAMA – Medicaid
Website: www.myalhipp.com Phone: 855.692.5447
ALASKA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 888.318.8890 Phone (Anchorage): 907.269.6529
COLORADO – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 800.221.3943
FLORIDA – Medicaid
Website: https://www.flmedicaidtprecovery.com/ Phone: 877.357.3268
GEORGIA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 800.869.1150
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 877.438.4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 800.403.0964
IOWA – Medicaid
Website: www.dhs.state.ia.us/hip/ Phone: 888.346.9562
KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 800.792.4884

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 800.635.2570
LOUISIANA – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov Phone: 888.695.2447
MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800.442.6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/MassHealth Phone: 800.462.1120
MINNESOTA – Medicaid
Website: http://mn.gov/dhs/ma Click on Health Care, then Medical Assistance Phone: 800.657.3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573.751.2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800.694.3084
NEBRASKA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 855.632.7633
NEVADA – Medicaid
Website: http://dwss.nv.gov/ Phone: 800.992.0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603.271.5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609.631.2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800.701.0710
NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 800.541.2831
NORTH CAROLINA – Medicaid
Website: http://www.ncdhhs.gov/dma Phone: 919.855.4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 800.755.2604
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 888.365.3742
OREGON – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 800.699.9075
PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.us/hipp Phone: 800.692.7462
RHODE ISLAND – Medicaid
Website: www.ohhs.ri.gov Phone: 401.462.5300
SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov Phone: 888.549.0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 888.828.0059
TEXAS – Medicaid
Website: https://www.gethipptexas.com/ Phone: 800.440.0493
UTAH – Medicaid and CHIP
Medicaid Website: http://health.utah.gov/medicaid CHIP Website: http://health.utah.gov/chip Phone: 877.543.7669
VERMONT – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 800.250.8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800.432.5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 855.242.8282
WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 800.562.3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 877.598.5820, HMS Third Party Liability
WISCONSIN – Medicaid
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800.362.3002
WYOMING – Medicaid
Website: http://wyequalitycare.acs-inc.com Phone: 307.777.7531

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565
OMB Control Number 1210-0137 (expires 10/31/16)

Mental Health Parity Act

According to the Mental Health Parity Act of 1996, the lifetime maximum and annual maximum dollar limits for mental benefits under the Newark City Schools Medical Plan are equal to the lifetime maximum and annual maximum dollar limits for medical and surgical benefits under this plan.

Newborns' and Mothers' Health Protection Act

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain pre-authorization for a stay of 48 hours or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for



Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and copays consistent with other coverage provided by the Plan.

HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Responsibilities and Privacy Commitment

We understand the importance of protecting your private information. Our highest priority is to maintain your trust and confidence. We will maintain our commitment to safeguarding your information now and in the future.

We are required by law to:

- Maintain the privacy of your personal information.
- Provide you with certain rights with respect to your personal information.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your personal information. Follow the terms of the Notice that is currently in effect.

We are guided by our respect for the confidentiality of your personal information. We are providing you with this notice in accordance with privacy laws and because we want you to know that we value your privacy.

Information We Collect

Personal Information is any information we obtain about you in the course of providing insurance benefits and/or health plan administrative services. The information we may obtain includes, but is not limited to, your past, present, or future physical or mental health or condition, the provision of health care to you, payment for the provision of health care to you, your Social Security number, employment history, credit history, income information, and bank or credit card information.

We obtain this information from several sources, including but not limited to applications or other forms you complete, your business dealings with us and other companies, and consumer reporting agencies.

Our Privacy and Security Procedures

The individuals who have access to this information are those who must have it to provide plan services to you. Below are some examples of our guidelines for protecting information.

- Paper copies, when used, are viewed, discussed, and retained in private surroundings.
- Individuals viewing information stored in a computer must have passwords to gain access. Passwords are provided only to individuals who must have access to facilitate the administration of the benefit plans.

Our business associates use information only for the purpose provided. Business associates sign a contract agreeing to follow our privacy procedures.

Information We Disclose

We will not disclose any Personal Information about you, except as allowed by law, including the Fair Credit Reporting Act. Your PHI may be used by, and disclosed to, individuals involved in the collection of your premium and the payment of your benefits. The use and disclosure also includes verification of participation in the plan, eligibility for plan benefits and premium adjustments due to changes in health status and/or individual demographics. Your PHI may be shared with persons involved in utilization review, including pre-certification, pre-authorization, and concurrent and retrospective review, to assist in reimbursement of health care claims or other claims payment or collection procedures.

Your information may also be shared:

For purposes of treatment, payment, and operations, including assessment of eligibility, case management activities, coordination of care, collection of premium, payment of benefits, and other claims administration.

- With a regulatory, law enforcement, or other government authority as required by law. This may include finding or preventing criminal activity, fraud, material misrepresentation or material nondisclosures in connection with an insurance issue.
- In response to an administrative or judicial order, including a search warrant or subpoena.
- With a medical care institution or professional, to verify coverage, conduct an audit of their activities, discuss a medical problem of which the insured may not be aware, discuss drug and disease management approaches, and other purposes permitted or required by law.
- To conduct actuarial or research studies. In this case, individuals are not identified in the research report. Material identifying an individual is destroyed as soon as it is no longer needed.
- With our business associates for use in auditing services or operations, auditing marketing services, performing various functions on our behalf, or to provide certain services.
- For conducting an audit of our operations or services.
- To consult with outside health care providers, consultants and attorneys, and other health related services.

As otherwise permitted or required by law.

We require those with whom we share information to implement appropriate safeguards regarding your Personal Information. We share only that which is minimally necessary to accomplish a task.

Your written authorization is required for uses and disclosures of Personal Information for purposes other than those described above. If you provide us authorization to use or disclose your Personal Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information for the specific purpose contained in the authorization. We are required to retain any records we may have containing your Personal Information for the periods specified in document retention laws. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

HIPAA Privacy Notice Cont.

Your Rights

Upon written request, you have the right to:

- Inspect and copy certain Personal Information. We may charge a reasonable fee for the costs of copying or mailing.
- Receive confidential communication of Personal Information.
- Request restrictions on certain uses and disclosures of your Personal Information, although we are not required to agree to a requested restriction.
- Request an amendment to your Personal Information, although we are not required to agree to an amendment.
- Receive an accounting of impermissible Personal Information disclosures or disclosures made in compliance with federal law (or state regulations, if applicable) for which an accounting is required.

Be notified of a breach of unsecured Personal Information.

The written request must reasonably describe the information. The information requested must be reasonably locatable and retrievable.

How to File a Complaint Regarding the Use and Disclosure of Personal Information

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. All complaints must be in writing.

You may not be retaliated against for filing a complaint.

How to Contact Us

You may contact our representative at the following address:
Privacy Officer
Privacy Request
Newark City Schools
621 Mount Vernon Rd.
Newark, OH 43055

Notification of a revised privacy notice will be provided through one of the following:

U.S. Postal Service

Revised Plan Document

Internet E-mail

HIPAA Special Enrollment Rights

Loss of Other Coverage — If you are declining or have declined enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards you or your dependent's coverage. To be eligible for this special enrollment opportunity, you must request enrollment within 31 days after your other coverage ends or after the employer stops contributing towards the other non-COBRA coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption — If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and/or your dependents.

To be eligible for this special enrollment opportunity, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Medicaid Coverage— Newark City Schools will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

- 1. TERMINATION OF MEDICAID OR CHIP COVERAGE — If** the employee or dependent is covered under a Medicaid plan or under a State child health plan and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
- 2. ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP —If** the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than provide direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

WELLNESS PROGRAM

Newark City Schools Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for fasting glucose and lipid panel. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the benefit plan. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program committee and Newark City Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, Newark City Schools will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request

Pretax Contributions

In most cases, Newark City Schools employees' contributions for health coverage are deducted from their paychecks on a pretax basis meaning before federal income taxes, state income taxes (in most cases), and FICA taxes are calculated. Internal Revenue Code (I.R.C.) Section 152 defines what dependent contributions are eligible for pretax deductions. The IRS does not allow employees' contributions for dependent health coverage to be deducted on a pretax basis unless the dependent(s) meet the definition of a tax dependent under I.R.C. Section 152. If they do not meet the definition of a tax dependent, they may be either ineligible for the Plan, or in some cases, the IRS taxes the additional fair market value of these benefits and treats it as Imputed Income. Contributions for medical, dental and vision coverage for eligible dependents that do not meet the definition of

from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the health care provider in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources or Treasurers office.

a tax dependent will be made on a post-tax basis and the Imputed Income will be included on your paycheck and IRS Form W-2.

With the signing of the Affordable Care Act and new regulations by the Treasury Department, the value of any employer-provided health coverage for an employee's child is excluded from the employee's income through the end of the taxable year in which the child turns 26.

Under IRS Notice 2010-38, a child is defined as son/daughter, step son/daughter, adopted child or eligible foster child, without regard to whether the child is financially supported by the employee or resides with the employee or is a full-time student.

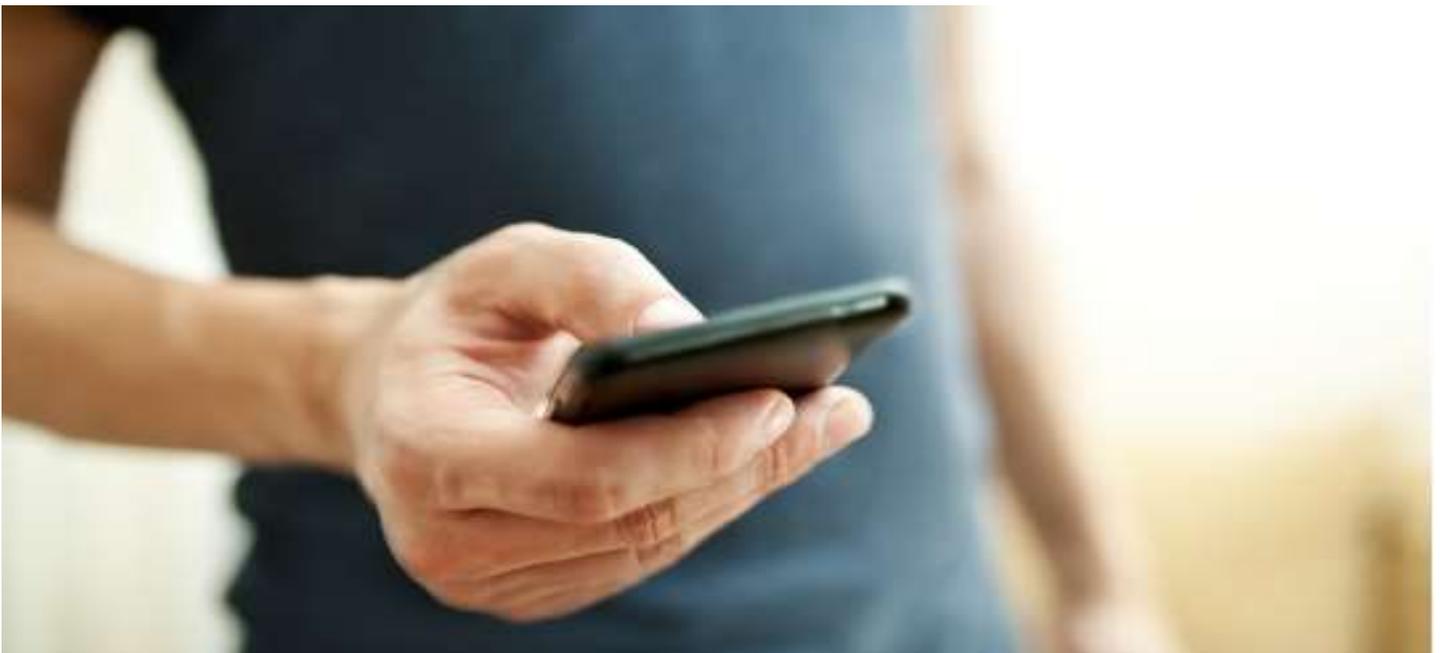
Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Anthem Blue Cross and Blue Shield	800.552.9159	www.anthem.com
Dental	Delta Dental of Ohio	800.524.0149	www.deltadentaloh.com
Vision	Vision Service Plan	800.877.7195	www.vsp.com
Life and AD&D	Dearborn National	800.778.2281	www.dearbornnational.com
Flexible Spending Accounts	FlexBank	888.677.8373	www.flexbank.com
Explain My Benefits	Explain My Benefits	888.734.6937 option 2	www.explainmybenefits.biz/newark
Trustmark Voluntary Benefits (Accident, Critical Life Events, Universal Life, LifeLock)	Explain My Benefits	800.918.8877	www.explainmybenefits.biz/newark
Newark City Schools Benefits	Myra Brandenburg	740.670.7017	mbrandenburg@laca.org

NOTE: To make changes to Existing Trustmark benefits or for claims help, contact Explain My Benefits at 888.734.6937 Option 2 or email service@explainmybenefits.biz.

You are unable to make changes to your Trustmark benefits through www.explainmybenefits.biz/newark.





This benefit summary prepared by

