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OF SCRANTON





ST. JOHN NEUMANN SCHOOL SYSTEM

# 2023 - 2024 EMPLOYEE BENEFITS GUIDE

*We've got you covered!*

# THE ESR TEAM

## WE'VE GOT YOU COVERED!

 Available Monday through Friday  
 From 7:30 AM to 6:00 PM EST  
 Phone: 844-231-8414  
 Email: [ESR@creativebenefitsinc.com](mailto:ESR@creativebenefitsinc.com)

Creative Benefits' Employee Service Representative or "ESR" Team is available to assist with all general inquiries related to your employee benefits program. Prior to calling, please be prepared to provide your information, the subscriber/patient's information, along with any information pertaining to your question.

### Contact the ESR Team for Assistance!



#### Questions

The ESR team is equipped with all of your plan and carrier information, so they can address any concerns about your benefits.



#### Enrollment

If you are enrolling in benefits for the first time or need to make a change, the ESR team will guide you through the process.



#### Doctor Bills

Have questions regarding a doctor bill? The ESR team is here to help and will stay involved until a clear answer is found.



#### Claims

If a claim has been denied by your insurance, your ESR will serve as a carrier liaison until a resolution is found.



#### ID Cards

Need a new ID card? The ESR team will provide information or have one sent to you as soon as possible.



#### In-Network Providers

The ESR Team can help you find providers that are in your network to access greater discounts and lower out-of-pocket expenses.

# EXPLORE YOUR BENEFITS

PLAN YEAR: JULY 1, 2023 THROUGH JUNE 30, 2024

## BENEFITS AVAILABLE

Your benefits package includes the following: medical, prescription, dental, vision and flexible spending plan options.

Use this guide to explore your benefits and weigh your options, to ultimately select the coverage that best meets your needs.

## HOW TO ENROLL

**Log onto** [www.benxpress.com/diocesefofscrnaton](http://www.benxpress.com/diocesefofscrnaton) and follow the below instructions:

Username: Your first initial followed by your entire last name

Password: Your first initial, entire last name, followed by your date of birth (MMDDYYYY)

For example: Born on 1/2/1975, John Smith's username would be jsmith and his password jsmith01021975.

**Use the blue arrows** to navigate through the enrollment portal.

First **check your personal information** for accuracy, notify Human Resources if any changes need to be made.

Next, **add/change/review your dependent's information**. (if applicable) Be sure to have their social security numbers and dates of birth on hand.

**Make your plan selections.** A series of screens will guide you through making your plan elections. On each page you will have the option to enroll or waive the benefit.

**Preview** your elections and be sure to click **Save**.

Finally, you will have the option to **download and print a confirmation statement**.

### ID CARDS

*If enrolling in the medical benefits you will receive a Highmark medical ID card and **a separate prescription card**. Additionally, the dental and vision insurance companies each issue their own ID cards.*

Once enrolled, you cannot make changes until the next Open Enrollment, unless you experience a life event (i.e. marriage, divorce, birth, adoption or a child reaching the plan age limit of 26). Be sure to have the proper documentation to prove the occurrence of a life event. This must be completed within 30 days of the event or the change will not be processed.

Enclosed benefit details are brief summaries only and subject to change. Please refer to plan documents for complete details. If any discrepancies exist between this guide and the plan document, the plan document will prevail. (Legal Notices and Summary of Benefits Coverage are available on BenXpress or by calling the Human Resources Department at 570-207-1453.

# MEDICAL

## HIGHMARK BLUE CROSS BLUE SHIELD

 Website: [www.highmarkbcbs.com](http://www.highmarkbcbs.com)  
 Phone: 1-800-241-5704

| Plan:  | BlueCare HMO                                   |
|--|--|
| Network  | HMO Network                                    |
| Referral / Primary Care Physician (PCP)  | Required                                       |
| <b>In-Network</b>  |  |
| Total Out-of-Pocket Maximum*   | \$5,000 Individual / \$10,000 Family           |
| Annual Deductible  | None   |
| Coinsurance  | None   |
| Primary Doctor   Specialist Visits   | \$30 copay   \$50 copay                        |
| Urgent Care   Emergency Room   | \$75 copay   \$150 copay (waived if admitted)  |
| Phys, Occ, Speech Therapy  | \$50 copay                                     |
| Chiropractic Services  | \$50 copay (limit to 12 visits/benefit period) |
| Laboratory   | \$0 copay                                      |
| Radiology   Complex Radiology  | \$50 copay   \$100 copay/test                  |
| Outpatient Surgery   | \$250 copay                                    |
| Inpatient Hospital   | \$250 per day copay (max 5 days per admission) |
| <b>Out-of-Network</b> *Balance billing may apply should you choose a non-participating provider. |  |
| Annual Deductible   Coinsurance  | Not covered                                    |

\*Total Out-of-Pocket Maximum = the most you pay within a plan year including deductible, coinsurance and copays



HMO plans and out of network emergencies. In the event you are traveling out of the area and a medical emergency occurs, contact Highmark immediately services and received at the non-participating facility will be treated as if you were in network.



Register at [www.highmarkbcbs.com](http://www.highmarkbcbs.com) to view details about your coverage and claims, create your health profile, and take advantage of innovative programs designed for you and your family.



To find in-network providers near you, visit [www.highmarkbcbs.com](http://www.highmarkbcbs.com) and click on Find a Doctor.



**Laboratory & Radiology Restrictions** on HMO -- Depending on your selected PCP, you may have designated in-network lab and radiology facilities..

# PRESCRIPTION

## RXBENEFITS / EXPRESS SCRIPTS

 Website: [www.rxbenefits.com](http://www.rxbenefits.com)  
 Phone: 1-800-334-8134

| Plan:  | BlueCare HMO                        |
|--|-------------------------------------|
| Formulary  | Express Scripts                     |
| Maximum Out-of-Pocket                                  | \$2,350 Individual / \$4,700 family |
| <b>Retail Pharmacy — 30 Day Supply</b>                 |                                     |
| Tier 1   | \$5 - \$20 copay                    |
| Tier 2   | \$60 copay                          |
| Tier 3   | \$90 copay                          |
| <b>Home Delivery / Retail Pharmacy — 90 Day Supply</b> |                                     |
| Tier 1   | \$10 - \$40 copay                   |
| Tier 2   | \$150 copay                         |
| Tier 3   | \$270 copay                         |
| <b>Self-Administered Injectables</b>                   |                                     |
| Specialty  | Mirrors Retail/Mail Copay           |

- Home Delivery**— Home Delivery is available for maintenance drugs. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (e.g. high blood pressure). The Home Delivery program allows for up to a three month supply of medication to be delivered directly to your door. To get started, create an account on [www.express-scripts.com](http://www.express-scripts.com) then Express-Scripts will help you transfer your eligible medications to Home Delivery.
- Generic Policy** — Member pays the difference in cost between a brand and generic drug. If a generic drug is available and a brand name drug is dispensed, member pays the difference in cost between the brand and generic drug plus the applicable cost share; unless the physician indicated "dispense as written" or DAW.
- Formulary** — Check your medication on the formulary list, so you know how it will be covered. Remember the formulary is subject to change.
- LCV (Low Clinical Value)** — Your plan will not cover non-essential medications when a more effective medication is available with a prescription or Over the Counter (OTC). For a complete list of LCV, please contact Member Services at 1-800-334-8134.
- SaveOnSP** — Through the SaveOnSP Prescription Saving Program, members can save money on 80+ specialty drugs in 12 therapy classes. All members newly taking an included specialty drug will be notified and required to enroll in the program.

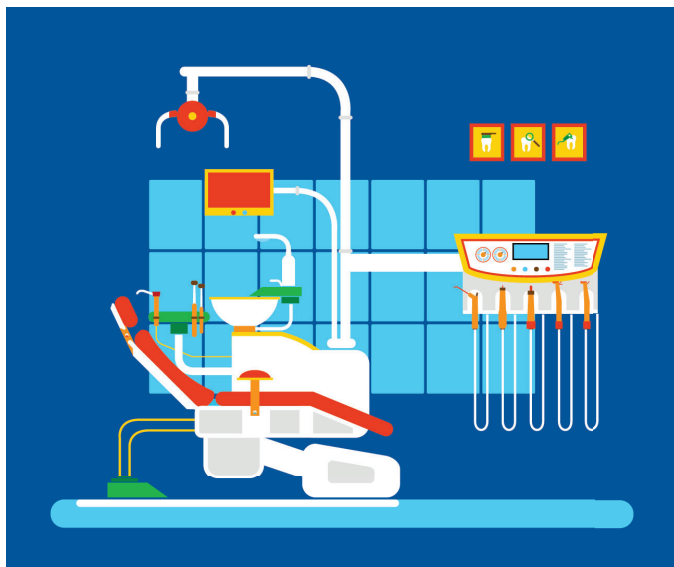
# DENTAL

## DELTA DENTAL

Website: [www.deltadental.com](http://www.deltadental.com)  
 Phone: 1-800-932-0783

| Plan: Delta Dental PPO               |                          |
|--------------------------------------|--------------------------|
| Network                              | PPO and Premier Networks |
| <b>In-Network</b>                    |                          |
| Annual Benefit Maximum               | \$2,000                  |
| Deductible                           | None                     |
| Preventive   Diagnostic <sup>1</sup> | 0%                       |
| Basic Services <sup>2</sup>          | 20%                      |
| Major Services <sup>3</sup>          | 50%                      |
| Orthodontia                          | Not covered              |
| Ortho Lifetime Max                   | Not covered              |
| <b>Out-of-Network</b>                |                          |
| Deductible                           | None                     |
| Benefits                             | PD: 0% , B: 20%, M: 50%* |

\* "PD" = Preventive Diagnostic, "B" = Basic, "M" = Major, "O" = Orthodontia



- **In-Network vs. Out-of-Network** — You may select dentists in- or out-of-network. If you utilize a participating dentist, you will receive greater discounts and lower out-of-pocket expenses.
- **Balance Billing** — You may be balanced billed the difference between the carrier's allowance and the provider's charge for all out-of-network services.
- **Limitations** — Benefits may be subject to age or frequency limitations.
- **Benefit Basis** — All benefits are based on a calendar year.


**Services include but are not limited to:**

- <sup>1</sup>Diagnostic: Bitewing X-rays, Cleanings, Fluoride, Sealants
- <sup>2</sup>Basic: Fillings, Simple Extractions, Endodontics, Periodontics
- <sup>3</sup>Major: Crowns, Inlays, Onlays, Bridges, Dentures


# VISION

## DAVIS VISION & VISION BENEFITS OF AMERICA

 Website: [www.davisvision.com](http://www.davisvision.com)

 Phone: 1-800-999-5431

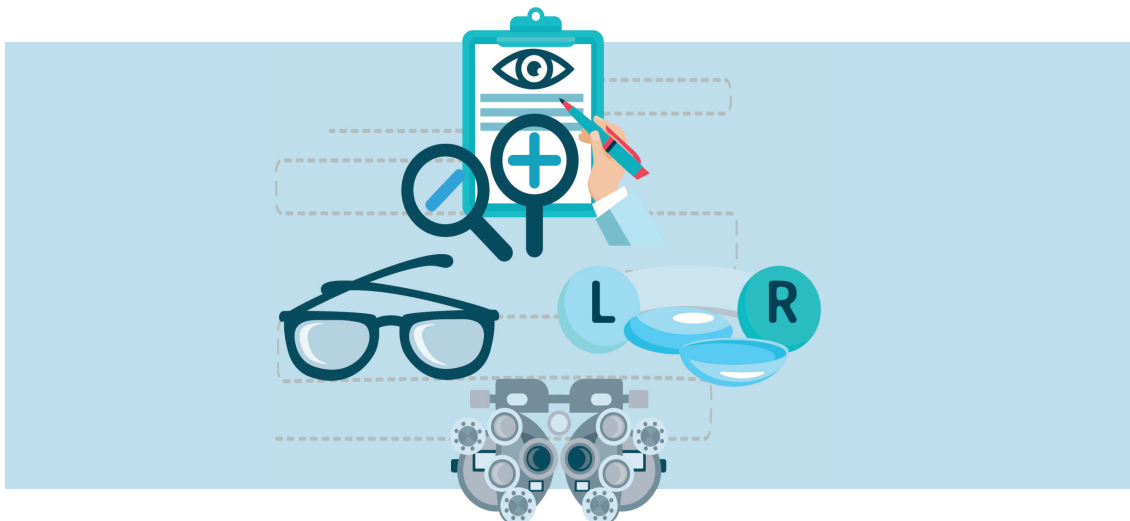
 Website: [www.vbaplans.com](http://www.vbaplans.com)

 Phone: 1-800-432-4966




| Network  |  |  |
|--|--|--|
| PPO  |  |  |
| Davis Vision In-Network  |  | VBA In-Network                                       |
| <b>Exams/Refractions</b>   |  |  |
| Frequency  | Every 12 Months to age 19, Every 24 Months Age 19+ | Every 12 Months From Last Date of Service            |
| Visit  | \$0  | \$0  |
| <b>Lenses</b>  |  |  |
| Frequency  | Every 12 Months to age 19, Every 24 Months Age 19+ | Every 12 Months From Last Date of Service            |
| Single   | \$0  | \$0  |
| Bifocal  | \$0  | \$0  |
| Trifocal   | \$0  | \$0  |
| <b>Contact Lenses, Evaluation &amp; Fitting (in lieu of glasses)</b> |  |  |
| Frequency  | Every 12 months under age 19, 24 months 19+        | Every 12 Months From Last Date of Service            |
| Elective Lenses  | C: \$0   NC: \$130 credit                          | \$110 allowance                                      |
| Evaluation & Fitting   | Included with Collection Purchase Only             | 15% off UCR*   |
| Medically Necessary Lenses   | \$0  | \$0  |
| <b>Frames</b>  |  |  |
| Frequency  | Every 24 months for all ages                       | Every 24 Months From Last Date of Service            |
| Collection   | See below levels                                   | All frames covered within plan's wholesale allowance |
| Fashion Level  | \$0  |  |
| Designer Level   | \$20 copay   |  |
| Premier Level  | \$40 copay   |  |
| Non-Collection   | \$100 credit                                       |  |

\*\*UCR — Usual, Customary and Reasonable; C — Collection, NC — Non-Collection

\*\*Out-of-Network reimbursement available



# FLEXIBLE SPENDING ACCOUNT (FSA)

 Website: [www.flexfacts.com](http://www.flexfacts.com)  
 Phone: 1-877-943-2287  
 Email: [claims@flexfacts.com](mailto:claims@flexfacts.com)

## FLEX FACTS

Designate an amount of money to be withheld pre-tax from each paycheck to pay for eligible healthcare or dependent care expenses. Visit [www.irs.gov](http://www.irs.gov) for a full list of eligible expenses.

|  | Healthcare FSA  | Dependent Care FSA   |
|--|---|--|
| <b>How much can I contribute?</b>                                  |   |  |
|  | \$3,050   | \$5,000  |
| <b>When are funds available?</b>                                   |   |  |
|  | Annual elected amount is available on the 1st day of the plan year via your healthcare FSA debit card   | Funds are available when deducted from your paycheck   |
| <b>How can I withdraw funds?</b>                                   |   |  |
|  | Via your healthcare FSA debit card or you can submit a claim  | You must submit a claim  |
| <b>What can I use the funds for?</b>                               |   |  |
|  | Qualified expenses not covered by any form of health insurance can be paid with these funds, such as: <ul style="list-style-type: none"> <li>• Copayments</li> <li>• Laser eye surgery &amp; Eyewear</li> <li>• SunScreen</li> <li>• Hearing aids</li> <li>• Orthodontics/dental expenses</li> <li>• Over-the-counter medications</li> <li>• Feminine products</li> </ul> | Supervisory care for your dependents up to age 13 or the care of a mentally or physically disabled dependent. A general rule is that dependent care must be necessary so that you and/or your spouse can work outside the home. For example: <ul style="list-style-type: none"> <li>• Day care</li> <li>• Out of home care</li> <li>• In-home care by licensed, tax-paying provider</li> </ul> |
| <b>What happens to the remaining balances at end of plan year?</b> |   |  |
|  | You can roll over up to \$610 into the new plan year.   | Any balance is forfeited after end of grace period on September 15, 2023.  |
| <b>What is the time frame for incurring and submitting claims?</b> |   |  |
| Claims can be incurred until:                                      | June 30, 2024; If terminated mid year, claims can be incurred through date of termination.  | June 30, 2024; If terminated mid year, claims can be incurred through date of termination.   |
| Claims must be submitted by:                                       | September 28, 2024; If terminated mid year, up to 90 days after term  | September 28, 2024; If terminated mid year, up to 90 days after term   |



FSAs allow you to set aside pre-tax dollars from your pay to cover some eligible expenses.



You will receive a debit card that can be used for eligible expenses. It is highly advisable to retain your receipts.





**Information Provided By Creative Benefits, Inc.**

Ellis Preserve, 3809 West Chester Pike, Suite 190, Newtown Square, PA 19073  
31 North Gates Avenue, Kingston, PA 18704  
Toll Free Number: 866-306-0200

**Connect with us!**

[www.creativebenefitsinc.com](http://www.creativebenefitsinc.com)

