



2017 Plan Year

**BENEFIT OPTIONS**

*for Retirees*



# Message

## from University Human Resources

Indiana University extends a warm and heartfelt thank you to all Retirees for their dedicated service to IU. Over the years we have depended on you—your skills, ideas, and expertise. It is because of this collective dedication and contributions that the University holds such high distinction in the nation and the world.

## Who Qualifies for IU Retiree Status

Employees with IU Retiree status at the time of separation are entitled to certain benefit programs such as IU Tuition Benefit, Life Insurance, medical plans, and child and eldercare resources. This booklet refers to former employees with Retiree status.

IU Retiree status is based on age and service criteria listed in the table below.

### IU Retiree Status

Age at Separation	Minimum Years of IU Service
55	30
56	28
57	26
58	24
59	22
60	20
61	18
62	16
63	14
64	12
65 or over	10

*Separation* means when IU employment ends or employment status changes such that Basic Life Insurance is discontinued.

*The minimum years of IU service* requirement is prorated for ages that fall between those listed in the table. For example, at age 55 and 9 months, an employee qualifies with 29 years and 6 months of service.

*Years of IU service* means the years of full-time appointed service at Indiana University, excluding periods of leave without pay. Sabbaticals and leaves for purposes of research of distinction are included when calculating service.

To verify Retiree status, contact the Retiree specialist at 812-856-4459.

For employees covered by the PERF retirement plan and separating at age 60, 61, or 62, Retiree status is reached with at least 15 years of IU service.

[hr.iu.edu/benefits/retireestatus.html](http://hr.iu.edu/benefits/retireestatus.html)

# Key Benefits for IU Retirees

## Medical Coverage

Indiana University sponsors medical care plans for employees with IU Retiree status. Retirees may elect to enroll in one of these if they are covered by an IU-sponsored medical plan at the time they separate from IU. Retirees pay the full cost of the plan. The majority of this booklet provides details to help Retirees make an informed, confident decision about medical care options for retirement.

## Life Insurance

IU Retirees are automatically covered by the Retiree Life Insurance benefit paid for by the University. For those who separated with IU Retiree status on or after January 1, 2003, the amount is \$6,000.

At retirement, the Retiree has options to convert IU Basic Life and Supplemental Life Insurance to an individual life insurance policy—up to the amount at the time of separation—without providing proof of good health.

[hr.iu.edu/benefits/retirelife.html](http://hr.iu.edu/benefits/retirelife.html)

## IU Tuition Benefit

The tuition benefit helps pay the cost of IU courses and is the same as the benefit for active employees. The amount is based on the Indiana resident rates at each campus and on class standing (undergraduate, graduate, or professional). See the rate chart at [hr.iu.edu/benefits/tuition-ratetable.htm](http://hr.iu.edu/benefits/tuition-ratetable.htm). Your legal spouse and dependent children are eligible for this benefit as well.

To apply for the IU Tuition Benefit subsidy, you must first have applied and been accepted as a student at IU. Applications for the tuition benefit can be submitted each semester or for an entire academic year. Apply as soon as possible to avoid being billed for the full tuition amount. Printable enrollment forms are available at [hr.iu.edu/benefits/tuition.html](http://hr.iu.edu/benefits/tuition.html).

### Of interest

**The Tuition Benefit can be used to audit a class which means no grade nor credit is given.**

**When taking a graduate-level class the benefit amount is considered taxable income by the IRS.**



## Childcare and Eldercare Program

IU Retirees have access to **Care.com**, an online resource for finding and hiring pre-screened caregivers and care companies in these areas:

- Caregivers, home health aides, special needs for adults
- Pet care and home assistants
- Babysitters, special needs, nannies, au pairs, tutors

Locating a caregiver starts by creating an online account to access the network of individual providers. Profiles of providers contain background checks, client reviews, references, and photos.

Services are available nationally, so for those out of state, resources and referrals are location specific.

## Other Privileges

Retirees who had an email account before their retirement can keep the account active. No action is necessary to do this. Additional Retiree resources from University Information Technology Services (UITS) can be found at [uits.iu.edu/page/dddx](http://uits.iu.edu/page/dddx).

Access to libraries, cultural and sports events, and parking discounts may be available at some campuses.

# IU Retiree Medical Plans

Having adequate coverage for healthcare expenses is one of the biggest concerns for employees nearing retirement. Some who are already age 65 want coverage to supplement Medicare; others need transitional coverage for themselves or a spouse until reaching Medicare age (and/or for children not yet age 26). IU sponsors medical plans to meet both needs: For those under age 65, see the Anthem PPO High Deductible Health Plan (HDHP) plan on page 8; for those eligible for Medicare, see the IU Blue Retiree plan on page 4.

## Eligibility

Initial eligibility for IU-sponsored Retiree medical plans requires that the employee have Retiree status and be covered by an IU-sponsored employee medical plan at the time of separation. Likewise, eligible dependents are those covered at the time of the Retiree's separation including a surviving spouse and children until age 26.

To continue to be eligible for IU-sponsored coverage, there must be continuous enrollment in one of the plans listed below. Once the Retiree waives coverage, he or she will not be eligible for IU-sponsored Retiree healthcare coverage in the future.

- A spouse's active IU medical plan
- COBRA continuation of an IU medical plan
- An IU Retiree plan

## Enrollment

When a Retiree's department finalizes a separation date, University Human Resources will mail health plan information and enrollment forms to the Retiree's home address. The University allows Retirees 60 days from the date of retirement to enroll in an IU medical plan.

## IU Retiree Medical Plan Options and their Advantages

The University sponsors the Blue Retiree plan as a complement to Original Medicare. Retirees age 65 or older are eligible for this plan. Retirees and spouses who need a transitional plan until reaching age 65, should read about the Anthem PPO HDHP plan and COBRA described later in this booklet.

- IU plans offer affordable coverage, and, unlike many private plans, premiums do not increase based on age nor gender.
- A dedicated IU Staff member is available to provide individual assistance and answers to questions.
- IU coverage continues year to year unless you choose to stop participating.

## Premium Costs

The Blue Retiree plan is insured by Anthem. The full cost of the medical premium is paid by the plan member. Plan premiums reflect the cost of services for the group of IU Retirees covered in the plan. For those under age 65, the Anthem PPO HDHP plan premiums are the same as COBRA continuation rates. Both plans' premiums change each year based on inflation and group utilization, but they do not vary by individual age or gender as some private plans do—an 85 year-old male pays the same premiums as a 65 year-old female.

### Of interest

**IU plan premium costs do not vary by age nor gender.**

# Understanding Medicare

A basic understanding of Medicare is helpful in understanding how IU-sponsored plans can benefit you. Medicare is the federal government's healthcare insurance for individuals age 65 and older and is the primary source of medical coverage for most retirees. Medicare helps cover some, but not all, healthcare expenses. It has various rules, enrollment periods, costs, and does not cover expenses outside the U.S. The following information is only a summary. Full details are available at [Medicare.gov](https://www.medicare.gov).

## "Original Medicare" consists of Medicare Part A and Medicare Part B

- Part A helps cover inpatient hospital, skilled nursing facility care, home health, and hospice. In most cases there is no premium for Part A. The Retiree is responsible for deductibles, coinsurance, and expenses after certain limits are reached.
- Part B helps cover visits with doctors and other health professionals, outpatient services and testing, certain home health services, and durable medical equipment.

Benefits are generally subject to 20 percent coinsurance after an annual deductible. Preventive services are covered at 100 percent when received from providers who accept Medicare assignment. In 2017, the standard Part B monthly premium is \$134.00 (or higher depending on your income). To verify your premium go to [medicare.gov/your-medicare-costs](http://medicare.gov/your-medicare-costs).



### Assignment of Original Medicare claims

Most healthcare providers accept assignment of Original Medicare claims, meaning these doctors, providers, and suppliers agree to accept the Medicare-approved amounts as full payment for covered services. Using these providers means that (1) out-of-pocket costs may be less and (2) the provider will submit claims to Medicare on the Retiree’s behalf. In most cases providers who do not accept assignment can charge an additional 15 percent (called excess charges) and you may need to submit your own claims.

### Medicare Part C

Medicare Part C consists of Medicare Advantage plans offered by private companies as an alternative to Original Medicare. You still have Medicare, but receive coverage through private insurance instead of through Original Medicare. Medicare approves these plans, but each plan, not Medicare, decides the cost of premiums (in addition to the Part B premium), deductibles and coinsurance. These plans often have rules about how to get services (such as referrals to see a specialist or only using doctors, facilities or suppliers that belong to the plan). These plans most often include prescription benefits. A Medicare Advantage plan cannot be paired with a Medigap plan, nor the IU Blue Retiree Plan, to pay deductibles and coinsurance. IU does not sponsor this type of plan.

### Medicare Part D

Medicare Part D is prescription coverage and is available

from various private insurance companies approved by Medicare. IU does not sponsor this type of plan. Medicare D is subsidized by the federal government. Coverage varies from basic plans to comprehensive coverage. Monthly premiums range accordingly from approximately \$15 to \$152. These plans do not cover prescriptions outside the U.S.

### How to enroll

Enrolling in Medicare starts at [Medicare.gov](http://Medicare.gov) or by calling the local Social Security office. [Medicare.gov](http://Medicare.gov) also lists all the companies that offer standardized Medigap or Medicare Advantage plans available where you reside.

### When to Enroll

For most people Medicare eligibility begins at age 65. The deadline for signing up without penalty is three months after the month of your 65th birthday. However, Medicare can be delayed without penalty if you or your spouse still work at IU and are covered by an IU medical plan. In this case there is an 8-month Medicare Special Enrollment Period starting when IU coverage, based on current employment, ends. (Note that COBRA isn’t considered coverage based on current employment and has no Medicare Special Enrollment Period when it ends.)

# Retirees and Spouses Age 65 and Older

## IU Blue Retiree Plan

IU Blue Retiree Plan is a group medical plan designed specifically for IU Retirees age 65 and older. It is not a standardized Medicare supplement (Medigap) plan although it acts in much the same way as a Medicare Type F supplement, with coverage for medical care outside the U.S., which is not found in a Medicare F plan. Just like a standardized supplement, it assumes that you are enrolled in Original Medicare parts A and B. Part D enrollment is

required in order to have prescription coverage.

Note: Medicare is individual coverage. A spouse must have his or her own coverage.

IU Blue Retiree 2017 Monthly Premiums	
One Participant <i>Retiree or surviving spouse</i>	\$184.95
Retiree and spouse	\$368.62

## The Blue Retiree Plan helps with medical costs in three significant ways described below.

When Medicare pays part of the cost of a service, the Blue Retiree plan pays the remainder of charges allowed, but not paid for, by Medicare. Deductibles and coinsurance are two such examples below.

### Office Visit

Medicare allows a charge of \$200 for an office visit. The Medicare B yearly deductible is \$183 then 20 percent coinsurance on the remainder of the allowed amount. The Blue Retiree Plan pays the \$183 deductible plus the 20 percent coinsurance.

**Result:** The Retiree has no out-of-pocket cost.

### Inpatient Stay

Medicare pays all of an inpatient hospital stay except the Medicare Part A deductible. The Medicare A deductible for each admission is \$1,316. The Blue Retiree Plan pays the \$1,316 deductible.

**Result:** The Retiree has no out-of-pocket cost.

The Blue Retiree Plan pays for some services not covered by Medicare. Examples include medical coverage outside the U.S. and skilled nursing in a facility after the Medicare benefit is exhausted.

- For medical care overseas, Medicare pays nothing and Anthem pays 100 percent of the charges using relevant currency conversion rates. In this case, the plan participant is generally required to pay the foreign healthcare provider and then apply for reimbursement from Anthem.
- Medicare pays nothing after the first 100 days in a skilled nursing facility. Anthem then pays 80 percent and you pay 20 percent.

When a provider does not participate (doesn't accept assignment) with Medicare, Blue Retiree pays excess charges above the Medicare-allowed amounts.

- Medicare allows \$100 for a specialist's office visit. A non-participating specialist is allowed to bill you 115 percent of the Medicare allowed charge. Medicare pays \$80 and Blue Retiree pays \$35 (20 percent of allowed amount plus \$15 of excess charges) and you pay nothing.

## Prescription Drug Coverage

Original Medicare does not cover prescription medications, nor does Blue Retiree. In order to have coverage for prescriptions, enroll in a Medicare Part D plan. These plans are offered by private insurance companies approved by

Medicare. Monthly premiums vary by plan—from about \$15 each month to \$152. The premium is in addition to the Medicare Part B premium. Find and enroll in a Medicare D drug plan at [www.medicare.gov](http://www.medicare.gov).

## Medical Costs

Your total medical costs in retirement include premiums plus out-of-pocket costs (deductibles and coinsurance) when you receive medical care. Premiums include Medicare B, Medicare D, and a premium for supplemental coverage such as the Blue Retiree plan. Since Medicare is individual coverage, if you are married, both you and your spouse will have separate premiums.

### Premium Examples

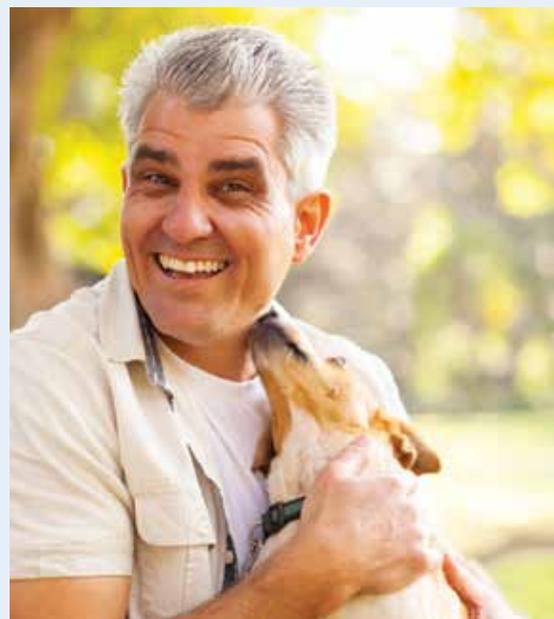
These examples illustrate estimates of monthly premium costs.

Joyce is an IU employee who covered her spouse on her IU medical plan. Since she and her spouse are both age 65 when she retired with IU Retiree status, they are both eligible to enroll in the Blue Retiree plan.

	Joyce	Spouse
Medicare A	\$0	\$0
Medicare B*	\$134	\$134
IU Blue Retiree	\$185	\$185
Medicare D prescription**	\$30	\$30
Individual total	\$349	\$349
<b>Total</b>	<b>\$698 monthly</b>	

\*Medicare premiums are higher for those with incomes above \$85,000

\*\*Medicare D premiums vary based on coverage options, and are higher for those with income above \$85,000.



# 2017 IU Blue Retiree Benefit Summary

This is a summary description of Medicare and Blue Retiree coverages. At the time of printing, the 2017 Medicare premiums and deductibles were not available. For the most current information regarding Medicare coverage and additional details, visit [www.medicare.gov](http://www.medicare.gov) on the web or call 1-800-MEDICARE (1-800-633-4227).

## Medicare Complement Benefits

When Medicare pays a portion of the cost of a medical service, the Blue Retiree plan coordinates with Medicare to pay all or most of what Medicare does not pay, up to the Medicare-approved amount. Providers who participate with Medicare accept assignment, meaning they agree to accept the Medicare-approved amount as full payment for Medicare-covered services. When other providers are used, the Medicare recipient may have additional costs.

Covered Services	Medicare Pays	Blue Retiree Plan Pays	Member Pays
<b>Medicare Part A</b>			
<b>Inpatient Hospital Facility</b>			
First 60 days	Pays all but the deductible	\$1,316 deductible	\$0
61st to 90th day	Pays all but coinsurance	\$329 daily coinsurance	\$0
60 day lifetime reserve days	Pays all but coinsurance	\$658 daily coinsurance	\$0
Continuous inpatient care after the Medicare lifetime reserve has been exhausted up to an additional 365 days	\$0	90%	10%
<b>Skilled Nursing Facility</b>			
First 20 days of skilled care	100%	\$0	\$0
21st to 100th day of continued skilled care	Pays all but the coinsurance	\$164.50 daily coinsurance	\$0
<b>Home Health</b>			
Non-custodial medical and nursing care	Pays 100%	\$0	\$0
Hospice care (room and board is not covered)	Pays 100%	\$0	\$0
<b>Medicare Part B</b>			
Annual deductible	Plan pays after the deductible	\$183 deductible	\$0
Doctors' care including visits in the office or while inpatient	80%	20%	\$0
Outpatient services (includes surgeries, diagnostic services, physical therapy, x-rays)	80%	20%	\$0
Clinical laboratory services	100%	\$0	\$0
Durable medical equipment such as wheelchairs, walkers, and hospital beds.	80%	20%	\$0
Mental health counseling	80%	20%	\$0
Ambulance	80%	20%	\$0
Medicare designated preventive services* received from providers who accept Medicare assignment.	100%	\$0	\$0

\*Medicare-covered preventive services are based on your age, gender, and risk factors. Examples include bone mass measurements, breast cancer screening (mammograms), cervical and vaginal cancer screening, colorectal cancer screening, PSA prostate cancer screening, preventive shots (flu, pneumococcal, Hepatitis B), tobacco cessation counseling, and yearly well visits. See Medicare.gov booklet, Your Guide to Medicare's Preventive Services.

## Major Medical Benefits

Medicare does not cover some medical services. The Major Medical Benefit pays some of the costs not covered by Medicare. Also, when services are provided by doctors, facilities, or suppliers that do not accept Medicare assignment (non-participating providers), the provider can bill for excess charges above what Medicare allows. The Major Medical Benefit covers some of those costs.

These benefits have a \$100 deductible per person each year and a maximum annual out-of-pocket expense of \$600 per person that includes both deductible and coinsurance. There is a \$1,000,000 lifetime limit on Major Medical benefits. Since these are not Medicare benefits, Anthem will use its own standards for determining medical necessity and allowed amounts, not Medicare's.

Covered Services	Medicare Pays	Blue Retiree Plan Pays	Member Pays
Continuous inpatient days beyond an additional 365	\$0	80%	20%
Skilled nursing facility after the 100th day	\$0	80%	20%
Services outside the U.S.	\$0	100%	0%
Excess charges for providers that don't accept Medicare assignment*	\$0	Up to the limiting charge** of 115% of the Medicare-allowable Amount	\$0 for services with a limiting charge**
Out-of-hospital skilled private duty nursing, and visiting nurse's association	\$0	80% up to \$5,000 maximum per year	20% and all costs above the maximum benefit
Accidental dental	\$0	80%	20%
Morbid obesity	\$0	80%	20%
Routine dental exam	\$0	\$50	Amounts above \$50
Hearing exam	\$0	\$50	Amounts above \$50

\*Providers who haven't signed a contract with Medicare to accept assignment can charge you for amounts in excess of Medicare's Allowed Amount. Most doctors, providers, and suppliers accept assignment, but you should always check to make sure.

\*\* There is a limiting charge on what non-participating providers can bill Medicare enrollees—15 percent over what Medicare pays the nonparticipating provider. The limiting charge does not apply to all Medicare-covered services, like some durable medical equipment.

## Anthem Blue Vision

Service	In-Network Provider – Member Pays	Out-of-Network Provider – Member Pays
Annual comprehensive eye exam and refraction*	\$5 copayment, no deductible	Costs above a \$42 allowance
Vision wear—contacts, frames, and lenses*	Specific allowances and discounts. Highest level of benefit in-network. Some enhancements are not covered out-of-network. See the separate summary for benefit details.	

\*Medicare does not generally cover routine eye exams for eyeglasses or contact lenses. However, Medicare Part B will cover an annual eye exam if you have diabetes or are at high risk for glaucoma.

# Retirees and Family Members Under Age 65

## Pre-Medicare Coverage

When a Retiree separates from the University before reaching age 65 (the age of Medicare eligibility), the Anthem PPO High Deductible Health Plan (HDHP) plan sponsored by IU is available as a transition plan. Family members under age 65 can also enroll in this plan.

## Anthem PPO HDHP Plan

This plan is the same comprehensive coverage and provider network as the plan available to active employees. When network providers are used, participants receive full benefits.

Anthem PPO HDHP 2017 Monthly Premiums	
One participant	\$340.24
One participant and child(ren)	\$678.67
Retiree and spouse	\$829.66
Retiree and family	\$942.20

Network providers include Anthem Blue Access PPO providers in Indiana and BCBS Blue Card providers in other states. Partial benefits are received from non-network providers, except in the case of an emergency. Prescription coverage is the same as for active employees in this plan.

In addition to the in-network benefits below, out-of-network providers are covered but with higher out-of-pocket expenses. In-network benefit includes:

- Preventive services are covered 100 percent by the plan with no cost to the member when network providers are used.
- The annual medical deductible is \$1,300 for single coverage and \$2,600 for all other coverage levels.
- After the deductible, 20 percent coinsurance applies to other medical services including inpatient hospital, physician office services, therapy, durable medical equipment (e.g., wheelchairs and hospital beds), laboratory testing, imaging services, mental health, and transplants.
- The employee's annual in-network medical and prescription expenses are capped each year by an out-of-pocket maximum of \$2,600 for single coverage and \$5,200 for all other coverage levels.

## COBRA Continuation Coverage

In addition to the IU Retiree plan options, under federal law all employees enrolled in an employer medical or dental plan at the time of separation can temporarily continue their employer plan.

**There is no penalty-free Medicare Special Enrollment Period when COBRA ends.**

However, since there is no penalty-free Medicare Special Enrollment Period when COBRA ends, Retirees should enroll in Medicare when first eligible.

- Those already age 65 at retirement can enroll directly into Medicare and the Blue Retiree plan.
- Those under age 65 can elect and remain in COBRA for 18 months or until reaching age 65, whichever comes first. If age 65 comes first the Retiree can enroll in Medicare at that time.
- If not yet eligible for Medicare when COBRA ends, the Anthem PPO HDHP plan is available until eligible to enroll in Medicare at age 65.

Most IU Retirees continue their dental plan for 18 months by electing it under COBRA.

Monthly premium rates for 2017 are available at [hr.iu.edu/benefits/COBRA-2017Rates.htm](http://hr.iu.edu/benefits/COBRA-2017Rates.htm).



# Age Differences Impact Eligibility and Premiums

The age at which you retire, and the age of any enrolled family members, will factor strongly when choosing a medical plan. For example, many individuals may only need to supplement Medicare with the Blue Retiree plan while others might choose the Anthem PPO HDHP plan because a family member is not yet eligible for Medicare. It is important to note that Retirees with spouses who are active

employees can continue coverage as a dependent in the spouse's IU plan.

The following example illustrates how age differences impact plan election and premiums before and after age 65.

## Of interest

Retirees with spouses who are active employees can continue coverage as a dependent in the spouse's IU plan.

**Example of Monthly Premiums When Spouses are Different Ages**

Kate, age 65, and her 64 year-old spouse, Paul, are covered under an IU medical plan at the time of her retirement. She elects the Blue Retiree plan. Paul is not yet eligible for Medicare, and enrolls in the Anthem PPO HDHP plan.

When Paul reaches age 65, he becomes eligible to enroll in Original Medicare. He elects the Blue Retiree plan, the same plan and premium as Kate. In this example, Paul enrolls in a different Medicare D prescription plan than Kate.

**Kate and Paul's Monthly Premiums 2017**

Plan	Kate	Paul
Medicare A	\$0	\$0
Medicare B	\$134	\$0
Medicare D (Rx)*	\$30	\$0
Blue Retiree	\$185	\$0
Anthem PPO HDHP**	\$0	\$340
<b>Individual total</b>	<b>\$349</b>	<b>\$340</b>
<b>Total: \$689 monthly</b>		

*\*Medicare D plans vary in coverage and premium \$15 to \$152.*

*\*\*Only for those under age 65*

**Kate and Paul's Monthly Premiums 2017**

Plan	Kate	Paul
Medicare A	\$0	\$0
Medicare B	\$134	\$34
Medicare D (Rx)*	\$30	\$60
Blue Retiree	\$185	\$185
Anthem PPO HDHP**	N/A	N/A
<b>Individual total</b>	<b>\$349</b>	<b>\$379</b>
<b>Total: \$728 monthly</b>		

## Comparing IU Plans and Private Plans

Some employees will want to compare IU plans with other plans available to the public or through association memberships. When comparing plans, keep in mind that the cost of medical care consists of two parts: monthly premiums and out-of-pocket expenses such as deductibles and copays. Plans with lower premiums generally will have higher out-of-pocket costs. Likewise, plans with little or no out-of-pocket costs will have higher premiums.

There are two basic types of plans you may want to compare.

- Medicare supplement insurance sold by private companies and approved by Medicare are called Medigap

plans. These plans are paired with Original Medicare to pay costs that Original Medicare doesn't cover. Prescription coverage is obtained through a Medicare D plan also offered by private companies.

- Medicare Advantage plans are an alternative way of receiving Medicare coverage. These plans stand alone and do not pair with Original Medicare nor with Medigap insurance. They typically include prescription coverage

### Medigap Plans

These plans are standardized by Medicare for easy comparison. Blue Retiree, an employer group supplement,

most closely resembles a Medicare standardized Plan F. The most notable difference is that Blue Retiree covers medical care outside the U.S. while a Medigap plan does not. The cost for a Medigap plan includes the Medigap premium plus the Medicare Part B premium. With this combination there is little if any out-of-pocket medical costs. Prescription coverage is through Medicare Part D (a separate premium).

## Medicare Advantage Plans

These plans are not standardized, so premiums and out-of-pocket expenses vary by plan. You typically pay the Medicare Part B premium plus a single plan premium that includes prescription coverage. Unlike a supplement combined with Original Medicare, these plans have out-of-pocket expenses when you receive medical services. The result of which is often lower premiums, but higher out-of-pocket expenses. For example, you might pay a \$400 deductible for each hospital admission and \$50 for each specialist visit. These plans often have rules about accessing services, such as whether a referral is necessary to see a specialist, and if you are required to use a certain group of providers, doctors, facilities and suppliers that belong to the plan.

## Premium Rating Methods

The cost of Medigap policies can vary widely. Each insurance company sets its own premiums. When considering plans, in addition to comparing the same coverage (Blue Retiree is similar to a Medigap F plan), it is important to understand how an insurance company prices Medigap policies. This price setting affects the amount you pay now and in the future. Medigap policies can be priced or “rated” in three ways.

- “No-age rated” plans charge the same monthly premium to everyone in the plan. IU plans are no-age rated.
- “Issue-age rated” plans base the premium on your age at the time of plan purchase. Age is not a factor thereafter.
- “Attained-age rated” plans are based on age each year; as you get older, the premium increases. Because these plans are less expensive when one is young, they can be the most expensive plans long term.

A more detailed explanation can be found at [Medicare.gov](https://www.medicare.gov). Search for “costs of Medigap policies.”



# Resources

## Indiana University

For email, phone, or in-person sessions contact:

Karen Hill, Retiree Benefits Specialist  
812-856-4459 • [benbill@iu.edu](mailto:benbill@iu.edu)

To read about the residual value of employee benefits:

Rights & Responsibilities Upon Termination  
[hr.iu.edu/benefits/rights](https://hr.iu.edu/benefits/rights)

## Federal and State

[Medicare.gov](https://www.medicare.gov) • 1-800-MEDICARE (800-633-4227)

[SocialSecurity.gov](https://www.socialsecurity.gov) • 1-800-772-1213

State Health Insurance Assistance Programs (SHIP) is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. To find a SHIP representation, contact your state department of insurance or go to [www.shiptalk.org](https://www.shiptalk.org)

[Healthcare.gov](https://www.healthcare.gov) is for medical plan information and enrollment in the Health Insurance Marketplace for those under age 65.



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This booklet highlights the main features of the Indiana University Retiree healthcare plans. While this booklet is intended to be as accurate as possible, the explanations are subject to the detailed provisions of the plan documents or insurance certificates. If there is any difference between the information in this booklet and the official documents, those will govern. Medicare information is summary only and details can be found at [Medicare.gov](http://Medicare.gov).