



OPEN ENROLLMENT

November 6 - 17, 2017



askhr@iu.edu • 812-856-1234

Open Enrollment **November 6 - 17, 2017**

Mark your calendar for Open Enrollment, your annual opportunity to review and make benefit plan changes. Be sure to bookmark the Benefits Open Enrollment website, go.iu.edu/oe, your destination for all employee open enrollment benefit-related information.

Even if you are happy with your elections from last year, it's always a good practice to review and confirm that you've signed up for the right plans for you and your family. Take this time to review your options; otherwise, you'll have to wait until the next Open Enrollment period, unless you experience an IRS-qualified life event (such as getting married or having a baby), to make changes.

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Need Help? Have Questions?



Phone: (812) 856-1234

Email: askHR@iu.edu

Website: hr.iu.edu/benefits

Information Session & Webinar Schedule

Information Sessions

Campus	Date	Time	Location
Bloomington	October 31	8:00 a.m. - 9:30 a.m.	Facility Operations (Physical Plant) Davis Conference Room
		3:00 p.m. - 4:30 p.m.	Kelley School of Business Godfrey Building Room 1034
		10:30 p.m. - Midnight	Ballantine Hall - Room 013
	November 6	10:00 a.m. - 12:00 p.m.	IT CIB, Wrubel Lobby
		2:00 p.m. - 3:30 p.m.	Union St. Residence Center, Cedar Hall
	November 8	10:00 a.m. - 2:00 p.m.	Health & Benefits Fair Community Resources in IMU - Alumni Hall Benefit Vendors in IMU - Frangipani Room
9:30 a.m. - 11:00 a.m. 12:00 p.m. - 1:30 p.m. (HDHP/HSA) 2:00 p.m. - 3:30 p.m.		Open Enrollment Information Sessions IMU - Oak Room, Tree Suites	
Indianapolis	October 27	9:00 a.m. - 2:00 p.m.	Health & Benefits Fair Campus Center - Multipurpose Room (4th Floor)
		10:00 a.m. - 11:30 a.m. 12:30 p.m. - 1:20 p.m. (HDHP/HSA) 1:30 p.m. - 3:00 p.m.	Open Enrollment Information Sessions Campus Center - Room 305
	November 8	10:00 a.m. - 11:30 a.m. (Presentation) 11:30 a.m. - 1:00 p.m. (Q&A)	Campus Center - Room 307
Columbus	November 14	9:30 a.m. - 11:00 a.m. (Presentation) 11:00 a.m. - 12:00 p.m. (Q&A)	LC 2205
East	October 26	10:00 a.m. - 11:30 a.m. 1:00 p.m. - 2:30 p.m.	Whitewater Hall - Community Room
Kokomo	November 10	10:00 a.m. - 11:30 a.m. 1:00 p.m. - 2:30 p.m.	Main Building - Room KO 179
Northwest	November 2	9:30 a.m. - 11:00 a.m. (CST) 1:30 p.m. - 3:00 p.m. (CST)	Library Conference Center - Room 105 ABC
South Bend	November 3	10:00 a.m. - 11:30 a.m. 1:00 p.m. - 2:30 p.m.	Administrative Building - Fireside A & B
Southeast	October 30	10:00 a.m. - 11:30 a.m. 1:00 p.m. - 2:30 p.m.	University Center North - Room 127

Open Enrollment Webinars (All times are EST)

	Date	Time	Type	Connection
Webinar Types: OE = Open Enrollment HDHP = High Deductible Health Plans and Health Savings Account	November 1	9:00 a.m. - 10:30 a.m.	OE	iu.zoom.us/j/859160538
		12:00 p.m. - 1:30 p.m.	HDHP	iu.zoom.us/j/132308418
		2:30 p.m. - 4:00 p.m.	OE	iu.zoom.us/j/285421345
	November 9	12:00 p.m. - 1:30 p.m.	OE	iu.zoom.us/j/396462817
	November 13	9:00 a.m. - 10:30 a.m.	OE	iu.zoom.us/j/795149939
		12:00 p.m. - 1:30 p.m.	HDHP	iu.zoom.us/j/488997241
		2:30 p.m. - 4:00 p.m.	OE	iu.zoom.us/j/684772866
	November 14	10:00 a.m. - 11:30 a.m.	HDHP	iu.zoom.us/j/264386436
		2:00 p.m. - 3:30 p.m.	OE	iu.zoom.us/j/581550784

What Do I Need to Do?

- Attend one of the Open Enrollment information sessions or webinars, or contact askHR@iu.edu with questions.
- Complete online open enrollment at One.IU.
 - Go to [One.IU.edu](https://one.iu.edu).
 - Search for “Employee Center”.
 - Click on the Employee Center app.
 - Click on Benefits.
 - Click on Open Enrollment on the left-hand side of the page.
 - Enter benefit selections for each plan.
- Review medical and dental selections. You can add, change, or drop medical and dental coverage as well as dependents.
- Complete the Tobacco-free Affidavit, if applicable. Even if you are not changing medical coverage, you must re-enroll in this benefit each year. The affidavit can be found at the bottom of the medical page of the online open enrollment form.
- Complete the TSB Healthcare and/or Dependent Care section(s), if applicable. You must re-enroll in these benefits each year.
- Review your Personal Accident Insurance elections. You can add, change or drop coverage.
- Submit your elections. Until you click ‘Submit’, your elections will not be registered for 2018.
- Check your IU email account for confirmation of selections. If you do not receive an immediate email confirmation, the enrollment process was not completed.
- Log out, especially if you are using a public computer.

After Enrollment

- If you are adding a dependent for the first time be sure to turn in required dependent eligibility documents.
- If you haven't already, complete the TSB direct deposit form(s) and the HSA beneficiary information at iu.nyhart.com.



You can change and resubmit your enrollment elections as many times as you need to until the end of Open Enrollment on November 17. With each submission you will receive a new email notice confirming your benefit elections. Please review each notice. Changes to your benefit elections cannot be made after the close of Open Enrollment.

What You Need to Know

Once a year, you have the opportunity to make enrollment changes in the following benefit plans:

- Medical (including Tobacco-free Affidavit)
- Dental
- Personal Accident Insurance
- Tax Saver Benefit (TSB) Reimbursement Accounts
- Health Savings Account (HSA)

This booklet provides information for consideration in changing or re-enrolling in these benefits, or enrolling for the first time. View the checklist on page 3 of this guide for instructions on how and when to make benefit elections.

Enroll and Verify

From November 6 to 17, use the Open Enrollment area of **One.IU.edu** to process your enrollment. After completing online enrollment, confirmation of your elections will be sent via IU email. Check your email confirmation carefully to verify your selections. If you do not receive an immediate email confirmation, the enrollment process was not completed. If you do not have internet access, contact IU Human Resources for assistance.

Effective Date and Changes

Open Enrollment is your annual opportunity to make election changes in the benefit plans listed above and to complete a Tobacco-free Affidavit. All Open Enrollment changes are effective January 1, 2018.

IRS regulations require that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined Qualifying Life Event. Certain life events, such as marriage, divorce, or the birth of a child, allows a corresponding change to your elections, but only within 30 days of the event.

An exception is that you can make changes to your HSA contribution amount at any time during the year.

Mark Your Calendar!



If you **DO NOT** make any enrollment elections during Open Enrollment:

Medical Plan

Health Savings Account (HSA)

Dental Plan

Personal Accident Insurance (PAI)

Enrollment will remain the same.

Tobacco-free Affidavit

You will NOT receive the Tobacco-free Incentive for 2018 for you and/or your spouse.

Tax Saver Benefit Health Reimbursement Account

NO contributions will be deposited into your account and you will not be enrolled for 2018.

Tax Saver Benefit Dependent Care Reimbursement Account

NO contributions will be deposited into your account and you will not be enrolled for 2018.

What's New for 2018

All Medical Plans

- The Pharmacy Benefits Manager (PBM) will transition from Express Scripts to CVS Caremark.

What this Transition Means for You:

- Prescription drug coinsurance/copays will remain the same for all plans.
- There will be a new drug formulary.
- There will be a new preventive drug list.

See page 12 of this guide for more information.

- Starting January 1, 2018, non-emergency services will not be covered when treated in an emergency room (ER), if more appropriate settings are available. If a member's claim for emergency services is denied, the member will be responsible for the charges.

Anthem PPO High Deductible Health Plan (Anthem PPO HDHP)

- New ID cards will be issued for 2018.
- The in-network deductible will increase to the IRS minimum for 2018 of \$1,350 for employee-only coverage, and \$2,700 for all other coverage levels. The out-of-network deductible will increase to \$2,700 for employee-only coverage, and \$5,400 for all other coverage levels.
- The in-network out-of-pocket maximum will increase to \$2,700 for employee-only coverage, and \$5,400 for all other coverage levels. The out-of-network out-of-pocket maximum will increase to \$5,400 for employee-only coverage, and \$10,800 for all other coverage levels.

Anthem PPO \$500 Deductible Plan

- New ID cards will be issued for 2018.
- The in-network prescription out-of-pocket maximums will increase to \$4,250 for employee-only coverage, and \$6,100 for all other coverage levels. Medical expenses do not count toward the prescription out-of-pocket maximum.

IU Health High Deductible Health Plan (IU Health HDHP)

- No plan changes.

Health Savings Account (HSA)

- There are no changes to the university's contribution to the Health Savings Accounts in 2018. The contribution for the IU Health HDHP will be \$1,600 for employee-only/\$3,200 for all other coverage levels. For the Anthem PPO HDHP, the University's contribution will be \$1,300 employee-only/\$2,600 for all other coverage levels.
- Check the expiration date on your IU Benefits Card. If your card expires in 12/2017 you will receive new cards from Nyhart.
- The annual IRS contribution maximums will increase to \$3,450 for employee-only coverage, and \$6,900 for all other coverage levels.

Tax Saver Benefit (TSB)

Healthcare Reimbursement Account

- Check the expiration date on your IU Benefits Card. If your card expires in 12/2017 you will receive new cards from Nyhart.
- The IRS maximum contribution Limit will increase to \$2,600.

Tax Saver Benefit (TSB)

Dependent Care Reimbursement Account

- No plan changes.

IU Dental Plan

- For each member who receives at least one preventive cleaning/exam per calendar year, their annual benefit will increase by \$100 in the subsequent year, up to a maximum of \$1,500.
- The child orthodontia lifetime maximum will increase to \$1,000.

Personal Accident Insurance (PAI)

- No plan changes.

Eligibility for Medical & Dental Plans

Eligible Employees

Academic and Staff employees employed by Indiana University as full-time employees (75% FTE or greater) are eligible for plan membership.

J-1 Visa holders are only eligible to enroll in the Anthem PPO \$500 Deductible Plan due to the U.S. Department of State requirement of a deductible of \$500 or less.

Eligible Dependents

The following types of dependents are eligible for IU-sponsored health care coverage:

- Your same or opposite sex spouse.
- Your biological or adopted child(ren) or stepchild(ren) age 25 or younger. Eligibility ceases at the end of the month in which the child reaches age 26, unless the child is fully disabled.

Points to Remember

Dual coverage

No individual is eligible for coverage under more than one IU-sponsored medical or dental plan. Ineligible coverage includes an individual covered as:

- the employee on more than one plan, or
- as both an employee and a dependent, or
- as a dependent of more than one employee.

Higher compensated IU spouse

When you and your spouse are both eligible for employee coverage under an IU-sponsored medical or dental plan, you have one of two options:

1. Enroll as 'Employee Only' or 'Employee with Children' in separate plans.
2. Enroll as 'Employee with Spouse' or 'Family' in the higher compensated spouse's health plan.

Dependent coverage

A dependent cannot become covered unless the employee is covered. All dependents of covered employees are third-party beneficiaries of the plan.

Disabled child eligibility

A fully disabled child may be eligible to continue coverage after reaching age 26. For information on continued coverage see hr.iu.edu/benefits/needknow.html.

Newborn eligibility

If you are enrolled in a medical plan, and you or your spouse has a baby, the newborn is covered for the first 31 days. In order to continue coverage the child must be enrolled through the university within 30 days of birth. After 30 days, the next opportunity to add the child is during Open Enrollment. Learn more at hr.iu.edu/bcc.

Midyear changes

IRS regulations require that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined Qualifying Life Event. An event such as marriage, divorce, or the birth of a child allows a corresponding change to elections, but only *within 30 days* of the event. Learn more at hr.iu.edu/bcc.

Duty to notify of ineligibility

The employee is responsible for notifying the University in writing within 30 days of any change that affects an employee's dependent's eligibility, e.g., divorce. A medical or dental plan member ceases to be a covered dependent on the date that the member no longer meets the definition of a dependent, regardless of when notice is given to the University.

Failure to provide timely notice to the University can jeopardize COBRA benefits and result in additional cost to the employee. There may also be tax consequences when coverage is provided for ineligible dependents.

castlight
HEALTH

The healthcare system can be complex and confusing, but Castlight makes it easier to use.

- Search for a primary care physician for any family member.
- Know where you stand in your deductible.
- Estimate personalized costs for medical services.
- Learn more about prescription drug options.



For more information visit
hr.iu.edu/benefits/castlight.html

Choosing a Medical Plan

Similarities between the Medical Plans

- There are no pre-existing condition limits or waiting periods. After enrolling, coverage is effective from the first day of eligibility.
- Services are comprehensive and include those that are traditionally covered by medical insurance: medical, prescription, behavioral health, transplants, durable medical equipment, home health care, skilled nursing, physical, occupational, and speech therapies, and chiropractic services.
- Preventive services are covered at 100% when in-network providers are used. Preventive services include contraceptive services and most birth control pills, physical exams, well-child visits, immunizations, lab tests (e.g. Pap, PSA, cholesterol), and other screening diagnostic services (e.g. mammograms and colonoscopies).
- Each plan includes a vision care benefit.
- Each plan has annual out-of-pocket maximums for individual and family levels. Once the maximum is met, each plan pays 100% for in-network covered services for the remainder of the year.
- There is no lifetime maximum benefit on medical services.

Preventive Care Services for All Plans

Preventive care services are covered at no cost (1) when network providers are used and (2) when services are consistent with the U.S. Preventive Services Task Force guidelines and nationally recognized schedules.

Preventive care is generally provided when there are no current symptoms or prior history of a diagnosed medical condition associated with the service.

Preventive care services may include:

- Routine and periodic wellness exams.
- Routine immunizations for adults and children.
- Screening tests such as mammograms, bone density testing, PSA and cholesterol labs.
- Women's health services including oral contraceptives, IUDs, hormone implants, injections, and sterilization.
- Pediatric fluoride, iron, folic acid, low dose aspirin, and

tobacco cessation products (up to certain limits. Over-the-counter medications require a prescription.

More information, including an extended list of preventive services, can be found on the IU Human Resources website at hr.iu.edu/pubs/misc/preventive_services.pdf.

Differences between the Medical Plans

- Premiums.
- Provider networks (The PPO plans have a nationwide network and provide out-of-network benefits. The IU Health HDHP is an exclusive network with limited or no out-of-network benefits.).
- How the deductible and prescription benefit is structured in an HDHP versus a traditional plan.
- Out-of-pocket expenses/maximums (deductibles, co-pays, and coinsurance).
- A unique tax-advantaged health savings account (HSA) is available to those enrolled in an HDHP.

How the Deductibles Work

Anthem PPO HDHP & IU Health HDHP

There is no individual deductible for those enrolled in employee/spouse, employee/child(ren), or family coverage. The family deductible can be satisfied by one or more family members. When one or more family members are covered, the family deductible must be met before any member moves to the coinsurance phase.

All covered services, including prescriptions, are subject to the deductible (except for wellness/preventive services and prescriptions which are not subject to the deductible).

Anthem PPO \$500 Deductible

With family coverage, each covered member has a separate, individual deductible that he/she can meet during the year after which the plan begins to share in the cost of services. When there are three or more covered family members, the deductible is considered met when the combined individual deductible expenses reach the family maximum deductible. Each enrollee may contribute no more than the amount of the individual deductible to the family maximum.

The deductible applies to all covered services except emergency room and in-network urgent care centers, preventive care, prescription drugs (except drugs administered in a physician's office), and transplants.

Choosing a Medical Plan

Understanding In- and Out-of-Network

Using in-network providers is key to receiving the highest level of healthcare benefits. Services from a provider other than an in-network one are considered out-of-network, except for emergency or urgent care away from home.

An exclusive provider plan, such as IU Health HDHP, does not cover out-of-network services other than emergency care, urgent care when away from home, certain children living outside Indiana, and services authorized by the plan in advance.



What is a Network? A Network is a group of physicians, hospitals, and other health care providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

In-network

- Lower out-of-pocket costs (e.g., deductible and coinsurance).
- Deductibles, coinsurance, and out-of-pocket maximums are lower.
- The member is not responsible for charges above the plan's allowed amounts.
- Preventive services are paid at 100%.
- Services requiring approval are authorized in advance.

Out-of-network

- Higher out-of-pocket costs (e.g., deductible and coinsurance)
- Deductibles, coinsurance, and out-of-pocket maximums are higher and separate from in-network deductible and out-of-pocket maximum.
- The member is responsible for charges above the plan's allowed amounts, these charges can be significant.
- Preventive services are not paid at 100%.
- Out-of-network providers are not required to authorize services in advance. The member may have to request authorization or risk being responsible for charges.
- When emergency or urgent care services from out-of-network providers are covered with in-network deductibles and coinsurance, the member is still responsible for charges above the allowed amount. These can be significant.

Tobacco-free Affidavit

The IU Tobacco-free Affidavit applies to employees and their spouses enrolled in an IU medical plan.

During Open Enrollment you can complete an affidavit indicating you and/or spouse do not use tobacco and will not in the future. Completing the affidavit will reduce your premium contribution by \$25 per month for you or your spouse, or \$50 for both.

For purposes of the affidavit, tobacco includes any form of tobacco or nicotine products that are smoked, applied to the gums, and/or inhaled (e.g., e-cigarettes, nicotine delivery systems). If a person declaring non-use of tobacco begins using tobacco during the year, she/he is no longer eligible for the premium reduction and must report this change to IU Human Resources immediately.

As an alternative to completing the affidavit, you and/or your spouse may still receive the premium reduction by completing the *Quit For Life*[®] tobacco cessation program. Program completion is defined as completing at least five calls with a Quit Coach. Participants will receive the premium reduction upon certification that the required coaching calls have been completed. Find more information about the program at hr.iu.edu/benefits/smoking_cessation.html.

Quit For Life[®] Tobacco Cessation Program

Medical benefits cover the cost of the Optum *Quit For Life*[®] tobacco cessation program. The benefit is available to all full-time Academic and Staff employees and spouses covered by an IU-sponsored medical plan, and is fully paid by the University. The program includes an individualized telephone-based cessation program for each participant; a "Quit Coach" assigned to each participant; nicotine replacement therapy, as needed; and one year of follow-up phone and web assistance to help participants stay tobacco free.

To enroll, individuals should call 866-784-8454 or visit www.quitnow.net/iu.



Medical Plan Rates for 2018

For the 2017/2018 fiscal year the Indiana University budget allocates \$245.7 million dollars for Indiana University's contributions to employee healthcare program costs. The plan contributions listed below are configured to reflect the difference between the total premium and the university's contribution amount. Employees with higher base salaries have higher contributions.

ANNUAL BASE SALARY

Below \$35,000	\$35,000 to \$59,999	\$60,000 to \$99,999	\$100,000 to \$149,999	\$150,000 to \$199,999	\$200,000 to \$249,000	\$250,000 & Above	Total Monthly Premium
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Employee Only

IU Health HDHP	\$34.34	\$46.04	\$60.21	\$75.95	\$92.31	\$112.48	\$130.62	\$291.16
Anthem PPO HDHP	\$38.65	\$51.73	\$67.44	\$84.95	\$103.12	\$125.59	\$145.75	\$324.34
Anthem PPO \$500 Deductible	\$135.65	\$163.96	\$212.74	\$254.02	\$296.85	\$341.29	\$387.38	\$776.39

Employee w/Child(ren)

IU Health HDHP	\$65.25	\$87.49	\$114.41	\$144.31	\$175.38	\$213.71	\$248.17	\$557.07
Anthem PPO HDHP	\$73.44	\$98.28	\$128.15	\$161.41	\$195.93	\$238.61	\$276.93	\$620.54
Anthem PPO \$500 Deductible	\$257.74	\$311.52	\$404.21	\$482.65	\$564.01	\$648.45	\$736.03	\$1,475.13

Employee w/Spouse

IU Health HDHP	\$91.01	\$122.02	\$159.57	\$201.27	\$244.62	\$298.07	\$346.13	\$775.49
Anthem PPO HDHP	\$102.43	\$137.07	\$178.73	\$225.13	\$273.28	\$332.80	\$386.24	\$863.84
Anthem PPO \$500 Deductible	\$359.48	\$434.49	\$563.77	\$673.17	\$786.64	\$904.42	\$1,026.57	\$2,057.42

Family

IU Health HDHP	\$103.03	\$138.13	\$180.64	\$227.86	\$276.92	\$337.43	\$391.85	\$878.07
Anthem PPO HDHP	\$115.96	\$155.18	\$202.33	\$254.86	\$309.37	\$376.76	\$437.25	\$978.12
Anthem PPO \$500 Deductible	\$406.96	\$491.87	\$638.23	\$762.07	\$890.54	\$1,023.88	\$1,162.15	\$2,329.16



What comes out of my pay? The annual cost for medical coverage is spread across the year, so you pay a portion of it in each pay period on a pretax basis. Medical premiums are based on your salary tier, the plan you choose, the number of people you cover, and whether or not you've completed the Tobacco-free Affidavit for 2018.

Example: Calculating Your Premium

Beth is enrolled in the Anthem PPO HDHP plan with coverage for her and her spouse. Her annual salary is \$51,548, and she has submitted a Tobacco-free Affidavit for herself and her spouse.

\$ 137.07	Employee w/Spouse Premium
- \$ 25.00	Tobacco-free Affidavit from Employee
- \$ 25.00	Tobacco-free Affidavit from Spouse

\$ 87.07 Monthly Premium

Calculating the University's Premium Contribution

The university's contribution is the difference between the total monthly premium and the employee contribution.

\$ 863.84	Total Premium
- \$ 137.07	Monthly Employee Premium
\$726.77	Monthly University Contribution*

*The university also contributes annually to the employee's HSA in the Anthem PPO HDHP & the IU Health HDHP. For specific amounts, please see those plans.

Medical Plan Definitions

Allowed amounts

The discounted amount that in-network medical providers are “allowed” to charge a plan member.

Coinsurance

The member’s share of the cost of a covered service.

Copayment

A fixed amount paid for a covered service.

Deductible

The dollar amount of covered services an individual must pay each plan year before the plan begins reimbursement.

In-Network

Benefits for covered services rendered by a network of contracted physicians and hospitals. Users of in-network providers receive greater benefits for services.

Member

Any person covered under a plan, including the employee, a spouse or a child. Sometimes also referred to as enrollee or participant.

Network

A group of physicians and hospitals who have contracted to provide medical services at a reduced rate.

Out-of-Network

Benefits for covered services rendered by non-contracted physicians and hospitals. PPO plans cover services both in and out-of-network. Exclusive provider network plans (i.e. IU Health HDHP) do not cover out-of-network providers except for emergency care away from home.

Out-of-pocket maximum

Once the health plan’s out-of-pocket maximum is reached, the plan pays 100% of covered charges for the remainder of the plan year.

Preferred Provider Organization

A medical plan that uses a network of contracted physicians and facilities to provide services at discounted rates. A PPO gives members the option of using providers outside the network; but with a separate deductible, and higher coinsurance and balance billing for charges in excess of the allowed amount.

Specialty drugs

High cost, scientifically engineered drugs that are usually injected or infused.

IU Health HDHP

Network Availability	Most Indiana counties. Visit iuhealthplans.org for a provider directory.
Provider Network	Only from IU Health network providers
HSA Contributions	<p>IU Contribution: \$1,600 employee-only coverage \$3,200 all other coverage levels Contribution is deposited with the employees' 2nd paycheck in January</p> <p>Employee Contribution: <i>Minimum</i> \$300 (\$25 monthly) <i>Maximum</i> \$1,850 employee-only / \$3,700 all other coverage levels For those age 55+, additional \$1,000 catch-up</p>
MEDICAL	
In-Network Benefits	Deductible \$2,500 employee-only coverage \$5,000 all other coverage levels
	Coinsurance 20% after the deductible is met
	Out-of-Pocket Maximum \$3,000 employee-only coverage \$6,000 all other coverage levels
In-Network Preventive Services	Plan pays 100%
Emergency Room	20% coinsurance after deductible
Urgent Care	In-Network: 20% coinsurance after deductible Out-of-Network: Paid as in-network when 50+ miles from home
Mental Health	Covered as any other illness through IU Health network providers. Prior authorization is required.
Out-of-Network Benefits	Deductible
	Coinsurance
	Out-of-Pocket Maximum
PRESCRIPTION DRUGS	
In-Network Benefits	<p>Retail (up to 30-day supply): 20% coinsurance after deductible</p> <p>Retail at CVS Pharmacies (up to 90-day supply): 20% coinsurance after deductible</p> <p>Mail Order (up to 90-day supply) & Specialty: 20% after deductible</p> <p>Preventive Rx not subject to the deductible.</p>
Preventive Prescription Exceptions (In-Network Only)	All plans pay 100% for generic contraceptives, pediatric sodium fluoride, replacement (up to 180-day supply annually). Over the counter products
Out-of-Network Benefits	No coverage.
VISION CARE	
Exams and Eyewear	Routine eye exam (\$10 copay) & eyewear (frames, lenses, or contacts)

Plans Distinguishing Features

Anthem PPO HDHP	Anthem PPO \$500 Deductible												
Nationwide and Overseas	Nationwide and Overseas												
Anthem Blue Access and Blue Care PPO providers	Anthem Blue Access and Blue Care PPO providers												
IU Contribution: \$1,300 employee-only coverage \$2,600 all other coverage levels Contribution is deposited with the employees' 2nd paycheck in January Employee Contribution: Minimum \$300 (\$25 monthly) Maximum \$2,150 employee-only / \$4,300 all other coverage levels For those age 55+, additional \$1,000 catch-up	Not Eligible												
\$1,350 employee-only coverage \$2,700 all other coverage levels	\$500 for each individual \$1,500 family maximum												
20% after the deductible is met	20% after the deductible is met												
\$2,700 for employee-only coverage \$5,400 all other coverage levels	\$2,400 for each individual \$7,200 for family maximum												
Plan pays 100%	Plan pays 100%												
20% coinsurance after deductible	\$150 copay per visit (waived if admitted)												
In-Network: 20% coinsurance after deductible Out-of-Network: 40% coinsurance after deductible	In-Network: \$75 copay Out-of-Network: 40% coinsurance after deductible												
Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.	Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.												
\$2,700 employee-only coverage / \$5,400 all other coverage levels	\$900 for each individual / \$2,700 family maximum												
40% coinsurance after deductible	40% after the deductible is met												
\$5,400 employee-only coverage / \$10,800 all other coverage levels	\$6,850 for each individual / \$13,700 for family maximum												
Retail (up to 30-day supply): 20% coinsurance after deductible Retail at CVS Pharmacies (up to 90-day supply): 20% coinsurance after deductible Mail Order (up to 90-day supply) & Specialty : 20% after deductible Preventive Rx not subject to the deductible.	<table border="0"> <tr> <th style="text-align: left;">Retail (up to 30-day supply)</th> <th style="text-align: left;">Retail at CVS Pharmacy (up to 90-day supply)</th> <th style="text-align: left;">Mail Order & Specialty (up to 90-day supply)</th> </tr> <tr> <td>Tier 1 - \$8</td> <td>Tier 1 - \$20</td> <td>Tier 1 - \$20</td> </tr> <tr> <td>Tier 2 - \$25</td> <td>Tier 2 - \$62</td> <td>Tier 2 - \$62</td> </tr> <tr> <td>Tier 3 - \$45</td> <td>Tier 3 - \$112</td> <td>Tier 3 - \$112</td> </tr> </table> Out-of-Pocket Max: \$4,250 employee-only coverage / \$6,100 all other coverage levels	Retail (up to 30-day supply)	Retail at CVS Pharmacy (up to 90-day supply)	Mail Order & Specialty (up to 90-day supply)	Tier 1 - \$8	Tier 1 - \$20	Tier 1 - \$20	Tier 2 - \$25	Tier 2 - \$62	Tier 2 - \$62	Tier 3 - \$45	Tier 3 - \$112	Tier 3 - \$112
Retail (up to 30-day supply)	Retail at CVS Pharmacy (up to 90-day supply)	Mail Order & Specialty (up to 90-day supply)											
Tier 1 - \$8	Tier 1 - \$20	Tier 1 - \$20											
Tier 2 - \$25	Tier 2 - \$62	Tier 2 - \$62											
Tier 3 - \$45	Tier 3 - \$112	Tier 3 - \$112											
low dose aspirin, folic acid, Vitamin D for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for tobacco cessation products and nicotine require a prescription for coverage.													
Retail (up to 30-day supply): 40% coinsurance after deductible Mail Order (up to 90-day supply) & Specialty : No Coverage	Retail (up to 30-day supply): 50% coinsurance after deductible Mail Order (up to 90-day supply) & Specialty : No Coverage												

with specific allowances. IU Health members use EyeMed network & ID card; Anthem members use Blue View Vision network & Anthem ID card.

Your New Pharmacy Benefits Manager

Effective January 1, 2018, the pharmacy benefits manager for all IU-sponsored medical plans will transition to CVS Caremark. Many aspects of your prescription benefit will remain the same.

- Copay/coinsurance amounts will remain the same.
- You can still use many of the same pharmacies, not just CVS locations.
- You can still save money with mail order.
- You will still have the same types of online resources to manage your prescriptions.
- In most cases, you won't need to get new prescriptions.

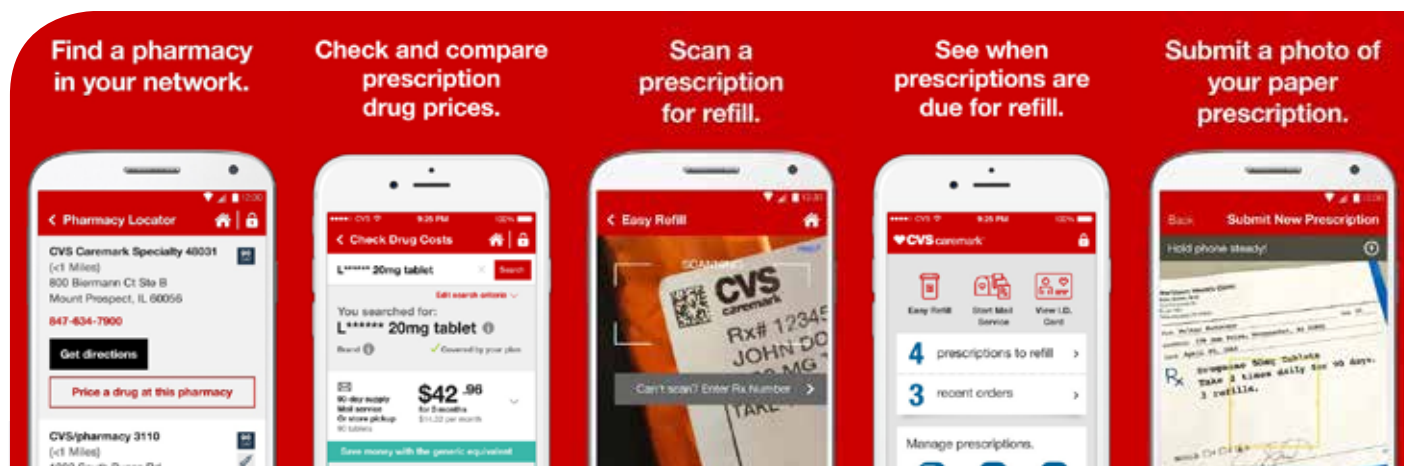
There are some changes that you need to be aware of regarding your pharmacy plan.

- The drug formulary is changing.
- The preventive drug list is changing.
- There will be a new option to fill a 90-day supply of maintenance medications at retail CVS locations.

What Do I Need to Do?

- Read the Frequently Asked Questions on the next page.
- Check the drug formulary and preventive drug list. If you are affected by a change, you may want to consult with your healthcare provider to discuss a therapeutic alternative.
- If you currently have a prescription for a controlled substance, contact your doctor to obtain a new prescription.
- Take your new medical ID card to your pharmacy to update your plan information.
- Watch your mail in December for a welcome kit from CVS Caremark that will explain member benefits and provide instructions on how to take full advantage of all the prescription services available.

Download the CVS Caremark App to:



Before January 1, 2018, visit go.iu.edu/oe to:

- Locate a participating pharmacy
- View the drug formulary and preventive drug list

Starting January 1, 2018, use Caremark.com or the Caremark app for everything above and to create a CVS Caremark account, which will allow you to:

- Request mail-order refills quickly and conveniently
- Check drug availability and cost
- View prescription history
- Check drug interactions
- Learn more about the drugs you take
- Contact a pharmacist



To create your account, click "Register Now" on the home page of Caremark.com or the Caremark app. Please have your new medical ID card handy.

Frequently Asked Questions

Why did Indiana University switch prescription drug vendors?

The university is part of a state purchasing program for prescriptions, mandated by state law. The law requires universities in Indiana to partner with the State of Indiana for joint purchasing of prescription drug coverage. The plan was put out to bid, and CVS Caremark was selected. The change will bring overall savings to employees and the university with limited disruption to plan participants.

Is there a change to the prescription drug copayment/coinsurance structure in 2018?

No. The prescription drug copay/coinsurance structure for all medical plans will remain unchanged in 2018.

Will the plan's drug formulary change?

Yes. Beginning January 1, 2018, Indiana University will adopt the CVS Caremark formulary, which may cause some prescriptions to cost more, or some to cost less. Participants impacted by a change will be notified by CVS by mail. If you are affected by a change, you may want to consult with your healthcare provider to discuss a therapeutic alternative. Visit go.iu.edu/oe to view the 2018 drug formulary.

Will I still be able to use my network retail pharmacy?

Yes. CVS Caremark's network includes major chain pharmacies and most local independent pharmacies, not just CVS locations. You can search for a network pharmacy by visiting the Open Enrollment website at go.iu.edu/oe.

Will the preventive drug list change?

Yes. Beginning January 1, 2018, Indiana University will adopt the CVS Caremark preventive drug list. If you are affected by a change, you may want to consult with your healthcare provider to discuss a therapeutic alternative. Any changes to the preventive drug list will be available at go.iu.edu/oe.

If I currently have a drug authorization from my physician, will the authorization be valid with CVS Caremark?

Likely. Your Express Scripts (ESI) drug authorizations will transfer to CVS Caremark with the same authorization end date as you had with ESI. *Please note that some drugs, such as controlled substances, cannot be transferred even if there are existing refills.* For these types of medications, you must obtain a new prescription from your doctor.

Where can I find the cost of my prescriptions?

Before January 1, 2018, visit the Open Enrollment website at go.iu.edu/oe. Starting January 1, 2018, visit Caremark.com or download the CVS Caremark app and select "Check Drug Coverage and Cost".

What options are available for lowering and/or containing my medication costs?

There are several options available:

- Talk with your pharmacist or physician about generic and formulary brand name drug alternatives to determine if a less expensive alternative is available. Generic Drugs are required by law to have the same active ingredients, dosage, form, and strength as their brand-name equivalents, but they generally cost less.
- Talk to your pharmacist/provider about less expensive therapeutic equivalent medications.
- Switch from a 30-day to 90-day supply. This option is especially beneficial for those with chronic conditions who might be taking multiple medications. CVS Caremark has both a mail order option and an option to get a 90-day supply at retail when using a CVS pharmacy.

What happens to my existing mail order prescription?

If your mail-order prescription has refills remaining, it will be transferred to CVS Caremark. Though your remaining refills will transfer, you must contact CVS Caremark for your next mail order refill to be processed. You can do this through Caremark.com (you must register at the site before submitting the request) or by calling CVS Caremark at the number listed on your ID card.

You should contact your doctor to obtain a new prescription for the following items:

- Expired prescriptions
- No refills remain
- Drugs considered controlled substances by law (such as Xanax, Ambien, Ritalin, and others)
- Future-fill prescriptions that have not been processed and or are being held for a future date

Who do I contact with questions?

CVS Caremark Member Services can be reached at 1-866-234-6952. Representatives are available to assist with questions about your benefit or orders 24 hours a day, 7 days a week.

Health Savings Account (HSA) for HDHP Plans

hr.iu.edu/benefits/2018/hsa.html

Account Advantages

The Health Savings Account, administered by The Nyhart Company, is a special tax advantaged bank account that can be used to pay for IRS qualified health expenses for you, your spouse and/or tax dependents.

The three main tax advantages to an HSA are:

1. No taxes are taken on the contributions made to the account. All contributions are made on a pre-tax basis via payroll deductions.
2. No taxes are taken when the funds in the account are used for IRS-qualified health expenses.
3. No taxes are taken on the account interest and investment earnings.

Because this account offers tax-advantages, it is regulated by the IRS. The IRS stipulates the maximum annual contribution amount that you can contribute to the HSA, the eligibility rules for being allowed to have an HSA account, and the list of expenses for which the HSA can be used. You must be an eligible individual to qualify for the HSA account.

Accessing HSA Funds

Once contributions are made to the HSA account, funds can be accessed in several different ways:

- **You can use the IU Benefit Debit/Visa card at retail locations.** The IU Benefit debit/Visa card can be used at doctors' offices, pharmacies and other healthcare provider locations where debit/Visa cards are accepted. *Special rules apply to the use of the card when enrolled in both the HSA and the TSB Healthcare account.*
- **You can use the HSA to pay bills online.** Enroll in the Online Bill Payment feature, set up payees and schedule one-time or repeating payments. You can even set yourself up as a payee to send yourself a reimbursement (a fee may apply).
- **You can use the Transfer feature of the HSA to reimburse yourself.** Enroll in the online transfer feature, set up your transfer account and send yourself one-time or repeating payments to reimburse yourself for healthcare bills that you paid out of another account or with cash.

IRS Requirements to Qualify

In order to be an eligible individual and qualify for tax-free HSA contributions, you must meet the following requirements:

- Must be covered under a high deductible health plan (HDHP),
- Must not be claimed as a dependent on someone else's tax return.
- Must have a valid Social Security number.
- Must have no other medical coverage (see next section for details).

"No Other Medical Coverage" Requirement

In order to be eligible for tax-free contributions into an HSA, the IRS requires that you have no medical coverage other than an IRS-qualified high deductible health plan. You are disqualified for tax-free contributions if:

- You are covered by a federal government plan like Medicare A, B, or D, Tricare, or have received VA services in the last three months.
- Your spouse covers you on an IU plan or another employer's medical plan, unless it is also a high deductible plan.
- Your spouse has a Health Reimbursement Account (HRA) or flexible spending account (FSA) or IU's TSB Healthcare Account, and the account could be used to cover your HDHP deductible.

You are still eligible if your spouse has other medical coverage, but you cannot be covered on his/her plan and still be eligible for tax-free contributions to your HSA account.

If you are ineligible for tax-free contributions, you can waive the HSA during Open Enrollment and still elect to be enrolled in an HDHP plan.

If you are ineligible for tax-free contributions and still elect the HSA, you are responsible for reporting the ineligible HSA contributions on your annual tax return. Consulting a tax advisor about reporting ineligible contributions is advised.

Due to the U.S. Department of State regulation regarding a maximum deductible of \$500, J-1 Visa holders cannot enroll in an HDHP, and thus are not eligible for an HSA.

Contributions to the HSA

IU makes its contribution to the HSA account on the second paycheck in January. To participate in the HSA, you must elect to contribute a **minimum of \$300** up to the maximum listed below. Employee contributions are spread out over your paychecks throughout the year and can be increased or decreased at any time during the year.

HSA maximum contributions may be prorated by the IRS when HDHP enrollment is less than twelve months or when coverage levels change mid-year. HSA maximum contributions have special rules when both spouses are contributing to separate accounts.

Maximum HSA Contributions

	IRS Maximum Allowed Contribution	IU Annual Contribution	Your Maximum Annual Contribution*
Anthem PPO HDHP			
Employee-only Coverage	\$3,450	\$1,300	\$2,150
All Other Coverage Levels	\$6,900	\$2,600	\$4,300
IU Health HDHP			
Employee-only Coverage	\$3,450	\$1,600	\$1,850
All Other Coverage Levels	\$6,900	\$3,200	\$3,700

*Those turning age 55 or older during 2018 may contribute up to an additional \$1,000 each year.

Eligible HSA Expenses

The HSA account balance can be used tax-free for health care expenses incurred by you, your spouse, or an IRS qualified tax dependent, even if they are not covered on your HDHP plan. See IRS Publication 502 for more information on qualified expenses. Examples include:

- Medical plan deductibles and coinsurance
- Prescriptions
- Medical equipment and supplies
- Acupuncture
- Disability aids & hearing aids
- Travel to and from medical services
- Nursing home and home health care
- Dental and orthodontia services
- Vision expenses like eyeglasses or contacts

Non-Eligible HSA Expenses

See IRS Publication 502 for more information on non-qualified expenses. Examples include:

- Advance payment for services rendered next year
- Athletic club membership
- Cosmetic surgery and procedures
- Over-the-counter medication (unless accompanied by a prescription)
- Exercise equipment (unless accompanied by a medical diagnosis and a prescription)

Using the HSA for Retirement

Planning for medical expenses both now and in the future, including in retirement, can be an important part of your overall savings plan. There is no doubt, you're going to need money for healthcare expenses in retirement, so why not save and pay for it tax-free? You can use a health savings account as another way to help plan for retirement healthcare costs.

Consider contributing the maximum that you can afford to your HSA. You might want to consider investing the portion of the HSA that you are saving for the future in an asset mix in line with your longer-term savings goals.

Nyhart offers the assistance of a registered investment counselor to help provide investment advice and assistance for your Health Savings Account investment selections, at no cost to you!

An investment account can be opened when there is at least \$1,000 in your HSA cash account to transfer to the investment account. Once the account is opened, an array of investment options are available for you to choose from. Deposits and trades can be done online at any time free of charge.

Plus, the earnings on your HSA investments are tax-free!

Tax Saver Benefit (TSB) Plan

Healthcare Reimbursement Account

hr.iu.edu/benefits/tsb.html



2018 Calendar Year
Contribution Maximum

\$2,600

Plan Highlights

The TSB Healthcare Reimbursement Account allows you to set aside tax-free money to be used for certain IRS-eligible medical, dental, or vision expenses not covered by insurance for you, your spouse, and your eligible dependents.

Contributions are elected on an annual calendar year basis. Annual elections cannot be changed during the year unless you experience an IRS-defined Qualifying Life Event. If you wish to continue to participate (incur eligible claims) while on leave without pay, you must make your regular TSB contributions on an after-tax basis.

The 2018 annual contribution maximum is \$2,600. The annual election amount is available starting January 1, 2018; therefore, money can be taken out before it is put in through payroll deduction.

Enrollment is required each year in TSB reimbursement accounts in order to participate. **Participation is not automatic.**

In order to be reimbursed from your account, the expenses you claim must be eligible under IRS regulations, incurred during the tax year (January 1st through December 31st), and submitted to Nyhart by the following February 28.

Special rules apply when you and/or your spouse are enrolled in both the Health Savings Account (HSA) and the TSB Healthcare Reimbursement Account. For more information see page 17 of this guide, or visit hr.iu.edu/benefits/2018/hsa.html.

Carryover Provision

Participants in the TSB Healthcare Reimbursement Account are able to carryover up to \$500 of unused TSB funds into a new account in the following plan year. Expenses for the 2018 plan year can only be incurred from January 1, 2018 through December 31, 2018. All claims must be submitted by the following February 28th.

Any funds in the TSB account at the end of the plan year that are in excess of the \$500 carryover amount will be forfeited.

Direct Deposit Requirement

Participants in the TSB Healthcare Reimbursement account are required to complete a Direct Deposit Authorization form before reimbursements can be sent from the TSB account. Forms are available at iu.nyhart.com.

Examples of Reimbursable Expenses

The following are examples of IRS-allowed expenses:

- Deductibles and coinsurance
- Prescriptions
- Hearing aids and related expenses
- Dental care and orthodontia
- Acupuncture
- Transportation for medical services
- Vision exams, prescription lenses, frames, contacts, and vision surgery

Expenses Not Allowed by IRS Regulations

The following are examples of expenses *not allowed* by IRS regulations:

- HDHP Plan deductible
- Over-the-counter medicines (unless prescribed)
- Cosmetic procedures or medicines prescribed for cosmetic purposes
- Exercise equipment (unless accompanied by a medical diagnosis and a prescription)



When determining your annual pledge to the TSB Healthcare Reimbursement Account, a review of your recent bills can give you an idea of the cost you might expect to have. Or if you receive regular medical care or use medication daily, you can estimate those costs with some certainty. Also, think about what costs you can plan for, like eyeglasses, orthodontia and other eligible expenses. Don't put money in your account for anything but predictable expenses. Any money left in your account, above the \$500 carryover amount, will be forfeited.

Using the HSA and TSB Healthcare Accounts

IU Benefit Card

The IU Benefit Card is a debit-type Visa card that allows you to pay for purchases and services from either your TSB Healthcare Reimbursement Account, Health Savings Account, or BOTH.

All participants in either the TSB Healthcare plan or the HSA will automatically receive debit/Visa cards through the mail. The IU Benefit card is effective for three years, and you can continue to use the card for that period as long as you enroll in either the TSB or HSA plan each year. New cards are automatically reissued as they expire. *The card does not apply to the TSB Dependent Care Reimbursement Account.*



Using the IU Benefit Card

The IU Benefit Card can only be used at eligible health care merchants such as your medical, dental or vision provider's office, retail pharmacies and mail-order pharmacy. The use of the card at ineligible merchants will result in the charge being denied.

There are times when an expense is an IRS qualified healthcare expense but it is purchased at a non-healthcare merchant. For example, transportation costs to and from medical services is an eligible expense but the card cannot be used at a gas station. In situations like this you can still use your HSA or TSB funds for these expenses, however to do so you will first need to pay for the expense out-of-pocket then

go online to iu.nyhart.com and transfer funds from your HSA to a personal bank account in order to reimburse yourself or submit a claim to Nyhart to be reimbursed from your TSB account.

When Enrolled in Both the HSA & TSB Healthcare Reimbursement Accounts

When enrolled in both the TSB & HSA accounts, the TSB Healthcare account funds can only be used for dental and vision expenses until the 2018 HDHP deductible has been met for the year. Proof of meeting the deductible must be provided to Nyhart. Once the deductible is met for the year, funds in the TSB can then be used for medical and prescription expenses from that point forward; HOWEVER, the debit/Visa card will only pull medical and prescription expenses from the HSA account. To use the funds in the TSB for post-deductible medical and prescription expenses, you will need to pay for the expense out-of-pocket then submit a claim for reimbursement to Nyhart.

Using HSA and TSB Funds for Family Members

Both TSB and HSA funds can be used for the expenses of your same or opposite sex legal spouse.

The healthcare reform law has made it possible for parents to keep children through age 25 on their health plans – even those who are married and living away from home. TSB funds can be used for the healthcare expenses for these children, even if they are not covered on your medical plan; however, HSA funds can only be used tax-free on family members who qualify as true tax dependents.

Side-by-Side Comparison

Health Savings Account	Tax Saver Benefit (TSB)
• Balance rolls over year-to-year	• Can only roll over \$500 to the next year
• Offers interest/investments	• No interest/investments
• Contributions only available as they are deposited	• Full pledge amount available immediately
• Can change contribution amount anytime throughout the year	• Cannot change pledge amount mid-year
• No claims forms, retain receipts for IRS purposes	• Must submit claim forms for reimbursement and be able to substantiate purchases made with the card
• Employee responsible for verifying the use of funds	• Nyhart responsible for verifying the use of funds
• Can use the funds for expenses incurred as far back as the original date the account was opened	• Have 60 days after the plan year to submit claims for expenses incurred January – December
• Can only use funds for true IRS tax dependents (e.g., spouses, qualified children under age 19, etc.)	• Can use funds for spouses and children up to age 25, even those who are married and living away from home

Tax Saver Benefit (TSB) Plan

Dependent Care Reimbursement Account

hr.iu.edu/benefits/tsb.html



2018 Calendar Year
Contribution Maximum

\$5,000

Plan Highlights

The Dependent (Day/Evening) Care Reimbursement Account allows you to set aside tax-free money to be used to reimburse yourself for day care expenses for your dependents that allow you and your spouse to work.

Contributions are elected on an annual calendar year basis. Annual elections cannot be changed during the year unless you experience an IRS-defined Qualifying Life Event. If you wish to continue to participate (incur eligible claims) while on leave without pay, you must make your regular TSB contributions on an after-tax basis.

The 2018 annual contribution maximum is \$5,000 per household. Spouses can each elect the TSB Dependent Care, but the combined elections cannot exceed \$5,000. The annual election amount is available starting January 1, 2018; therefore, money can be taken out before it is put in through payroll deduction.

Enrollment is required each year in TSB reimbursement accounts in order to participate. **Participation is not automatic.**

In order to be reimbursed from your account, the expenses you claim must be eligible under IRS regulations, incurred during the tax year (January 1st through December 31st), and submitted to Nyhart by the following April 15th.

Daycare services cannot be reimbursed before they are incurred, even when the daycare provider requires payment in advance.

Unused 2018 TSB contributions are forfeited under IRS regulations. They cannot be "rolled over" beyond the plan year, nor can they be moved between accounts.

Eligible Dependents

- **Children**—tax dependents under the age of 13.
- **Spouse**—who is not physically or mentally able to care for themselves.
- **Elders/Adults**—tax dependents who are not physically or mentally able to care for themselves.

Direct Deposit Requirement

Participants in the TSB Dependent Care Reimbursement Account are required to complete a Direct Deposit Authorization form before reimbursements can be sent from the account. Forms are available at iu.nyhart.com.

TSB Dos and Don'ts

- Do list the annual amount you want to contribute; don't list the per-paycheck amount.
- Do estimate pledges based on expenses anticipated during the tax year (January 1 through December 31); not an academic year.
- Do estimate your expenses conservatively; don't include expenses that you are unsure will be incurred.

Examples of Reimbursable Expenses

The following are examples of IRS-allowed expenses:

- Expenses for a child in nursery school, pre-school, or similar programs for children below the level of kindergarten
- Expenses for before- or after-school care of a child in kindergarten or higher grade
- Household services to a household employee whose services include the care of a qualifying person

Expenses Not Allowed by IRS Regulations

The following are examples of expenses not allowed by IRS regulations:

- Expenses paid for but not yet incurred
- Kindergarten
- Overnight camp
- Summer school
- Tutoring programs



Use the TSB Dependent Care Reimbursement Account worksheet at hr.iu.edu/benefits/tsb.html to help calculate your annual TSB Dependent Care Reimbursement Account contribution.

IU Dental Plan

hr.iu.edu/benefits/dental.html

Plan Highlights

You may elect dental coverage with or without electing medical coverage. This also means that eligible dependents who are not enrolled in medical coverage may be enrolled in dental coverage as long as you are enrolled.

Members may receive dental care from any licensed dentist. However, you will receive a higher level of benefits when covered services are obtained from a Cigna DPPO Network dentist. For a directory of providers, visit www.cigna.com and choose "Dentist" under Provider Type.

Coverage Summary

Members receive the coverage below according to the network status of the dentist used.

DPPO Network Dentist

- Two routine cleanings/exams per year covered at 100%
- Annual \$25 deductible (not applied to preventive care)
- Other services covered at 50% up to annual benefit limit

Non-Network Dentist

- Two routine cleanings/exams per year covered at 100% of allowed charges
- Annual \$25 deductible
- Other services covered at 50% up to annual benefit limit
- Member is responsible for amounts above allowed charges

Monthly Employee Contributions to Dental Plan

Your contribution is deducted before taxes. Your salary band is determined by your Annual Base Salary at the time each payroll is run. The plan contributions listed below are configured to reflect the difference between the total premium and the university's contribution amount.

ANNUAL BASE SALARY

Below \$35,000	\$35,000 to \$59,999	\$60,000 and Above	Total Monthly Premium
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Level of Coverage

	Below \$35,000	\$35,000 to \$59,999	\$60,000 and Above	Total Monthly Premium
Employee Only	\$7.52	\$9.43	\$11.20	\$35.43
Employee w/Child(ren)	\$13.54	\$17.00	\$20.15	\$63.81
Employee w/Spouse	\$17.66	\$22.19	\$26.29	\$83.23
Family	\$25.75	\$32.35	\$38.34	\$121.39

Annual Benefit Limit

For 2018 the IU Dental Plan has an initial annual benefit limit of \$1,200 per covered member. For each member who receives at least one preventive cleaning/exam per calendar year, their annual benefit limit will increase by \$100 in the subsequent year, up to a maximum of \$1,500. Child orthodontia is covered up to a \$1,000 lifetime limit.

How the Annual Benefit Limit Works

Year	Preventive Care	Annual Benefit Limit
2018	1 cleaning	\$1,200 (base)
2019	1 cleaning	\$1,300
2020	No cleaning	\$1,400
2021	1 cleaning	\$1,400
2022	1 cleaning	\$1,500 (max)

Exclusions and Limitations

- Some services are excluded from coverage (e.g., cosmetic procedures).
- There are limits on the number and frequency of some services (e.g., the number of routine cleanings is limited to two per year).
- Some services are limited by age (e.g., orthodontia is limited to children age 18 or under).

Personal Accident Insurance (PAI)

hr.iu.edu/benefits/pai.html

Plan Highlights

Academic and Staff employees employed by Indiana University as full-time employees (75% FTE or greater) are eligible for plan membership.

Coverage is provided to members 24 hours a day, 365 days a year, for injuries caused by accidents that occur on or off the job, at home, and while traveling by plane, train, or automobile (except as limited by exclusions).

Enrollment for current members in this plan will continue for 2018 unless a change is submitted during Open Enrollment.

Personal Accident Insurance is available for Employee Only or Family coverage, in eleven coverage amounts from \$30,000 to \$500,000.

Accident benefits include payments for:

- Accidental death
- Irreversible paralysis
- Dismemberment
- Coma
- Medical evacuation

Travel assistance benefits include the safe return home of young dependent children (if you are hospitalized or pass away while traveling); assistance with replacing lost prescriptions, passports, and possessions; and legal assistance.

Plan Contributions

The premiums for coverage under the Personal Accident Insurance plan are entirely paid by the employee. Employee contributions are deducted before taxes.

Benefit Amount	Monthly Cost for Employee Only Coverage	Monthly Cost for Employee and Family Coverage*
\$30,000	\$0.48	\$ 0.78
\$60,000	\$0.96	\$ 1.56
\$90,000	\$1.44	\$ 2.34
\$120,000	\$1.92	\$ 3.12
\$180,000	\$2.88	\$ 4.68
\$240,000	\$3.84	\$ 6.24
\$300,000	\$4.80	\$ 7.80
\$350,000	\$5.60	\$ 9.10
\$400,000	\$6.40	\$10.40
\$450,000	\$7.20	\$11.70
\$500,000	\$8.00	\$13.00

*For Employee and Family Coverage, benefits for family members will be a percentage of the Benefit Amount selected.

ADDITIONAL SERVICES

Enrollment in Personal Accident Insurance includes the following additional services:



CIGNA Healthy Rewards

Receive discounts on a variety of health and wellness programs and services such as Massage, Jenny Craig, Chiropractor, Hearing Aides, Lasik Vision Correction, and More!



CIGNA Secure Travel

Information, referral, assistance, transportation, and evacuation services designed to help you respond to medical care situations and other emergencies that may arise during travel.



CIGNA Will Center

Access to a suite of tools that may help build a state-specific customized will and other legal documents.



Health Programs & Resources

24-Hour Nurse Line for Anthem Members

hr.iu.edu/benefits/24nurse.html

The 24-Hour Nurse Line is a resource for employees and family members who need guidance on non-emergency health questions and concerns from specially trained registered nurses. Access the Nurse Line by calling 888-279-5449.

Childcare and Eldercare Resources

iu.care.com

IU employees have access to Care.com, a resource for finding and hiring pre-screened caregivers and care companies. The Care.com web site features an array of informational topics ranging from advice on how much to pay a sitter and tutoring options for a child to tips for hiring a live-in nurse.

Employee Assistance Program (IUEAP)

hr.iu.edu/benefits/eap.html

The IU Employee Assistance Program provides professional, confidential counseling to help individuals bring their life into better balance when day-to-day activities are interrupted by stress. The service is available 365/24/7.

Weight Talk® Program

hr.iu.edu/benefits/weightloss.html

The Optum Wellbeing Weight Talk Program lasts six months and coaches participants in healthy living. Participants will be part of a private, online community in which they complete courses, track progress, and interact with others in the program. Expert guidance is provided through interactions with a Weight Talk Coach, along with nutritionists and fitness specialists.

See a doctor 24/7 with **LiveHealth Online**

for Anthem Medical Plan Participants

Using LiveHealth Online, you can have a video visit with a board-certified doctor or therapist, on your smartphone, tablet or computer with a webcam.¹ You don't even have to leave your home. Sign up for free today and get:

Access to board-certified doctors 24/7. Doctors using LiveHealth Online can assess your condition and even send prescriptions to the pharmacy of your choice, if needed.² A visit typically costs \$49 or less, depending on your health plan.

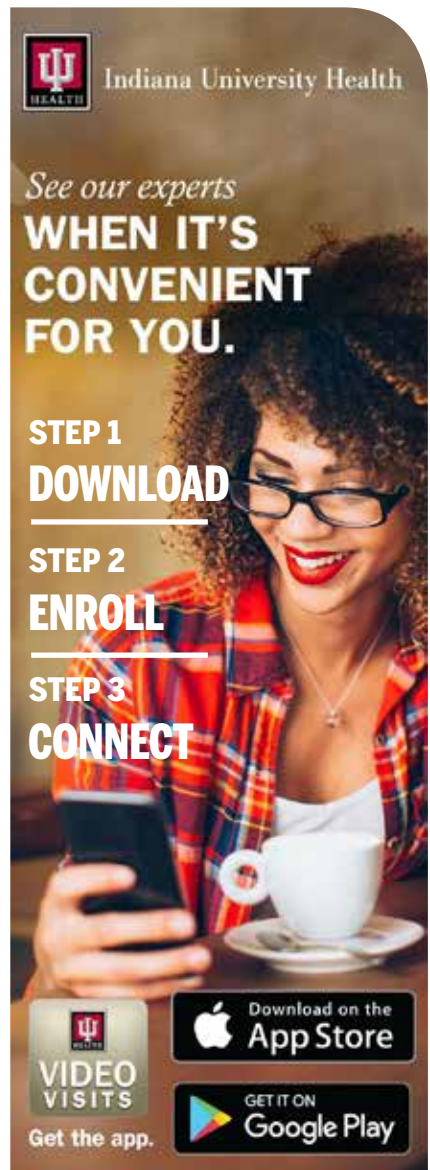
Medical care when you need it. For things like the flu, a cold, sinus infection, pink eye, rashes, fever, and more.


Convenience. Most people are connected to a doctor in about 10 minutes or less.

It's quick and easy to sign up and get started. Just go to livehealthonline.com or download the mobile app.

Anthem BlueCross BlueShield   LiveHealth ONLINE

1 LiveHealth Online is offered in most states and is expected to grow more in the near future. Visit LiveHealthOnline.com to see the latest map showing where service is available.
2 As legally permitted in certain states.




 Indiana University Health


See our experts
WHEN IT'S CONVENIENT FOR YOU.


STEP 1
DOWNLOAD

STEP 2
ENROLL

STEP 3
CONNECT

 VIDEO VISITS
Get the app.

 Download on the App Store

 GET IT ON Google Play

Customer Service Contacts

Anthem PPO HDHP & Anthem PPO \$500 Deductible

Anthem

Member Services: 844-736-0920

www.anthem.com (Select Blue Access PPO)

BlueCard Network Providers outside of Indiana:

800-810-2583 or www.bcbs.com

IU Health HDHP

IU Health

Member Services: 866-895-5975

www.iuhealthplans.org

Email: iuhmembersvcs@iuhealth.org

Prescriptions

CVS Caremark

Member Services: 866-234-6952

www.caremark.com

Health Savings Account (HSA)

The Nyhart Company

Member Services: 800-284-8412

Email: support@nyhart.com

iu.nyhart.com (available after account is opened)

IU Dental Plan

CIGNA

Member Services: 800-244-6224

www.cigna.com

Tax Saver Benefit (TSB) Plan

The Nyhart Company

Member Services: 800-284-8412

Email: support@nyhart.com

iu.nyhart.com (available after account is opened)

Quit for Life® Cessation Program

Optum

Member Services: 866-784-8454 (866-QUIT-4-LIFE)

iuhealthyliving.alerehealth.com

Weight Talk® Program

Optum

Member Services: 844-767-2636

iuhealthyliving.alerehealth.com

24-Hour Nurse Line

888-279-5449

Annual Federal Notices

Employers, like Indiana University, are required to provide notices to employees about rights and responsibilities they have related to healthcare coverage. Full text of these notices is available at hr.iu.edu/benefits/federal_notices.htm. A summary of each is provided below.

ACA Health Insurance Marketplace

This notice provides basic information about the ACA Health Insurance Marketplace that took effect January 1, 2014, and health coverage offered by IU which meets the affordability and minimum value standards defined by ACA.

Medicare Prescription Drug Coverage

The University's employee prescription benefit allows covered individuals to delay enrolling in Medicare prescription coverage without penalty as long as enrollment takes place within 63 days of IU coverage ending.

Notice of Privacy Practices

IU maintains the privacy of Protected Health Information (PHI) that is received or created by its healthcare plans. PHI is only used for the payment, treatment, or operations of its healthcare plans consistent with federal and state privacy laws.

Women's Health and Cancer Rights Act (WHCRA)

The mastectomy and reconstruction benefits provided under IU medical plans meet all the requirements of WHCRA.

Notice of Special Enrollment Rights

IU employees have the right to change health coverage during the year when there is a change in the eligibility of a dependent child to receive coverage under Medicaid or a state Children's Health Insurance Program (CHIP).

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 IU, the State of Indiana may have a premium assistance program that can help pay for coverage.

The Uniformed Services Employment and Reemployment Rights Act (USERRA)

USERRA establishes employee eligibility and job entitlements, employer obligations, benefits, and remedies under the Act.

Healthcare Coverage for Children

Children of employees who have not yet reached age 26 are eligible to enroll in IU-sponsored healthcare coverage. This includes children whose coverage ended or who were previously ineligible for coverage due to marriage or tax dependent status.

COBRA

Employees and their covered dependents have the opportunity for a temporary extension of medical coverage at group rates in the event that coverage would otherwise end.

Where can I find the preventive drug list?

Am I eligible to sign up for an HSA?

How do I add my newborn to my medical plan?

Need Help? Have Questions?



Phone: **812-856-1234**

Email: **askHR@iu.edu**

Web: **hr.iu.edu**



INDIANA UNIVERSITY
HUMAN RESOURCES

(812) 856-1234 | askHR@iu.edu

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