2022 IU BENEFITS OPEN ENROLLMENT

Enroll Online October 18 – 29, 2021

going.iu.edu/oe
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OPEN ENROLLMENT 2022

How to Navigate this Guide

This page lists the interactive features you can use to navigate this guide.

Select a Section Title to navigate directly to that part of the guide.

Select this Print button to print a paper copy of this guide.
Important Reminders

01. Open Enrollment is your annual opportunity to review your IU benefits and make plan changes.

During Open Enrollment, you have the opportunity to enroll in, or change, these benefits:

- Medical & dental coverage (including signing a new Tobacco-free Affidavit for the 2022 premium reduction)
- Supplemental AD&D
- Healthcare and Dependent Care Flexible Spending Accounts (formerly known as the Tax Saver Benefit (TSB) Plan)
- Health Savings Account (HSA)

Life events can occur during the year that can affect the types of plans and amount of coverage you need. Think about the changes you and your family have experienced in the past year or anticipate in the coming year. Then determine which benefit plans and programs will suit your needs best.

02. Enroll online between October 18 and 29.

Open Enrollment begins on Monday, October 18, 2021, and closes at 11:59 p.m. ET on Friday, October 29, 2021. Follow the enrollment instructions on the next page to learn how and when to make your Open Enrollment elections through the Employee Center in One.IU. If you do not have internet access, contact IU Human Resources for assistance.

03. Some benefits require re-enrollment each year. If you do not complete online Open Enrollment:

- Your medical, dental, Health Savings Account (HSA), and Supplemental AD&D elections will continue in 2022.
- You will not be enrolled in the Healthcare or Dependent Care Flexible Spending Accounts (formerly known as the Tax Saver Benefit) and will not receive the Tobacco-free Affidavit premium reduction. You must re-enroll in these plans each year.

04. The elections you make during Open Enrollment will stay in place for the entire plan year (from January 1 – December 31, 2022).

All Open Enrollment changes are effective January 1, 2022. IRS regulations require that your Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined qualifying life event, such as marriage or the birth of a child. These events allow you to make changes to your benefit 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.

Remember to bookmark the Open Enrollment website—go.iu.edu/oe—your destination for all Open Enrollment-related materials and information.
What's Changing for 2022

Even if you’re happy with your current elections, it’s always a good practice to review and confirm that you’re still in the best plans for you and your family. The information below is a summary of what’s changing for 2022. Review the rest of this guide for full plan details and premiums.

**Medical Coverage**
All Medical Plans
There will be an overall 3.5% increase in employee contributions for medical coverage across all salary bands, plans, and coverage levels. View the full chart of 2022 premiums.

All medical plan members will be issued new ID cards that must be used starting 1/1/2022. Anthem plan members will see a new group number on their cards.

Anthem PPO HDHP
Out-of-network prescriptions will no longer be covered. All prescriptions must be obtained through an in-network pharmacy or by mail order.

Anthem PPO $500 Deductible
Out-of-pocket maximum for in-network prescriptions will increase to $6,300 individual / $10,200 family.

IU Health HDHP
No plan changes.

**Dental Coverage**
- There will be an overall 3.2% increase in employee contributions for dental coverage across all salary bands and coverage levels. View the full chart of 2022 premiums.
- No plan changes.

**Supplemental AD&D**
No plan or premium changes.

**Health Savings Account (HSA)**
- The annual IRS contribution maximum will increase to $3,650 for employee-only coverage, and $7,300 for all other coverage levels. The age 55 & older $1,000 catch-up contribution remains the same.
- The university’s HSA contribution will remain the same:
  - IU Health HDHP: $1,600 employee-only / $3,200 all other coverage levels
  - Anthem PPO HDHP: $1,300 employee-only / $2,600 all other coverage levels

**Flexible Spending Accounts (FSA)**
(formerly known as the Tax Saver Benefit (TSB) Plan)
Effective 1/1/2022 the Tax Saver Benefit (TSB) Plan will be renamed as Flexible Spending Accounts (FSA).

Healthcare FSA
- No plan changes.

Dependent Care FSA
- No plan changes.

Don't forget to use your new medical ID card starting Jan 1, 2022.
It's extremely important that you and your covered dependents provide your new ID card to providers. Failure to do so may result in your claims being denied.
Need to Know

What's Changing for 2022

Online enrollment will look a little different this year.

You'll still log in to the Employee Center to enroll in benefits this year, but the look and feel has been updated to provide you with a simpler, more intuitive enrollment experience. Some changes you'll notice include:

01. **Tiled layout for easier navigation on any device.** You also have the ability to switch between a tiled or list view.

02. **Enrollment Summary section.** Located at the top of the main Benefits Enrollment screen, this section provides convenient access to view your per-pay-period cost in real-time, review your elections, and submit your enrollment for processing.

03. **On-screen submission verification.** Instead of an email, you'll receive an immediate on-screen verification when you submit your elections. Click **View** to review your submission, or **Done** to complete online enrollment.

04. **Benefit election confirmation within 48 hours.** You'll receive an email to your IU account confirming that your elections were accepted and processed by IU Human Resources within 24 – 48 hours of submitting your elections.

Need additional help? Check out our visual step-by-step instructions.

If you're looking for additional assistance with the online enrollment process, check out our [visual step-by-step instructions](#) on the Open Enrollment website, or join the IU Benefits team for a [Live Webinar](#).
Online Enrollment Instructions

Between October 18 and 29, follow these steps to enroll in 2022 benefits online:

1. Go to one.iu.edu and search for "Employee Center"
2. Select and log in to the Employee Center task
3. Select the Open Enrollment tile
4. Review the Welcome screen then click Next in the upper right-hand corner to proceed to the Benefits Enrollment screen
5. Select each benefit tile one at a time to review your election, enroll, or make plan changes. For each plan, click the Done button in the upper right-hand corner of the screen when you are done selecting your coverage to return to the Benefits Enrollment screen.
   - **Medical**: You can add, change, or drop coverage as well as dependents.
     - Remember to sign the Tobacco-free Affidavit at the bottom of the medical page for yourself and your spouse. You must sign it each year to get the premium reduction.
   - **Health Savings Account (HSA)**: If you enroll in a high deductible health plan (HDHP), review and update your annual HSA election.
   - **Dental**: You can add, change, or drop coverage as well as dependents.
   - **Flexible Spending Accounts (formerly known as TSB)**: Enter your annual Healthcare and/or Dependent Care FSA pledge. You must re-enroll in these accounts each year to participate.
   - **Supplemental AD&D**: You can add, change, or drop coverage.
6. Once you’ve made all of your elections, click the Submit Enrollment button under the Enrollment Summary heading.
7. A submission verification will immediately appear on the screen. Click View to review your submission, or Done to complete online enrollment.
8. Check your IU email account within 48 hours for a confirmation that your elections were accepted and processed by IU Human Resources. If you do not receive this email within 48 hours, your changes were not submitted properly.

Need help? Check out our visual step-by-step instructions.

If you’re looking for additional assistance with the online enrollment process, check out our visual step-by-step instructions on the Open Enrollment website, or join the IU Benefits team for a Live Webinar.

What happens if I don't complete online Open Enrollment?

<table>
<thead>
<tr>
<th>Benefit Plan:</th>
<th>If you do not take any action during Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Dental Health Savings Account (HSA) Supplemental AD&amp;D</td>
<td>Enrollment will remain the same</td>
</tr>
<tr>
<td>Tobacco-free Affidavit</td>
<td>You will not receive the $25/$50 monthly medical premium reduction in 2022.</td>
</tr>
<tr>
<td>Healthcare and Dependent Care Flexible Spending Accounts (FSA) (formerly known as the Tax Saver Benefit Plan)</td>
<td>You will not be enrolled in the Healthcare or Dependent Care FSA and no contributions will be made to your account(s).</td>
</tr>
</tbody>
</table>
## Live Webinars

Join members of the IU Benefits team to learn more about your 2022 benefit options and how to enroll, and get your questions about Open Enrollment answered.

Each webinar will include an online presentation and a live Q&A session. You can register for the session(s) you wish to attend by following the links below.

### OCTOBER 2021

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
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<td>Live Webinar 10 – 11 a.m.</td>
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<td>Live Webinar 12 – 1 p.m.</td>
<td>Live Webinar 5:30 – 6:30 p.m.</td>
<td>Live Webinar 12 – 1 p.m.</td>
<td>Live Webinar 12 – 1 p.m.</td>
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<td>Live Webinar 3 – 4 p.m.</td>
<td>Live Webinar 9 – 10 a.m.</td>
<td>Live Webinar 12 – 1 p.m.</td>
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## On-Demand Videos

**Unable to attend one of the live sessions?**

Visit [go.iu.edu/oe](go.iu.edu/oe) to watch an on-demand recording of the virtual Open Enrollment session.

Additional videos are also available to teach you the basics about benefits-related topics including:

- Comparing Medical Plans
- Using Your Health Benefits
- Insurance Payments
- Telehealth
- Health Savings Accounts (HSA)
- Employee Assistance Programs (EAP)

[Watch on-demand videos](go.iu.edu/oe)
Eligibility for Medical and Dental Coverage

Eligible Employees

Full-time (75% FTE or greater) appointed Academic and Staff employees are eligible for plan membership.

Dependent Eligibility

The following dependents are eligible to be covered under your IU-sponsored medical and dental plan:

- your spouse; and
- your children, including biological, adopted, stepchildren, and children for which you have a legal guardianship, up to the end of the month they turn age 26; and
- your children of any age who qualify for disabled child eligibility.

Your dependents can only be covered on your IU-sponsored medical or dental plan if you are enrolled in coverage.

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 IU employee coverage, 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.

Newborn Eligibility

If you are enrolled in a health plan, and you or your spouse has a baby, the newborn is covered for the first 31 days. To continue coverage the child must be enrolled in an IU-sponsored plan within 30 days of birth. Learn more about adding a new child to your coverage.

Midyear Changes (Life Events)

Open Enrollment elections must remain in place for the entire year unless you experience an IRS-defined qualifying life event such as marriage or the birth of a child. Such an event allows a corresponding change to elections, but only within 30 days of the event. Learn more about Life Events.

Choosing a Medical Plan

Preventive Medical Services are Covered at No Cost

In-network preventive care is covered at no cost when the services received are consistent with the U.S. Preventive Services Task Force guidelines and nationally recognized schedules. Preventive care services may include:

- Routine and periodic wellness exams.
- Routine immunizations for adults and children.
- Screening tests such as colonoscopies, mammograms, bone density testing, cancer screenings, and cholesterol labs.
- Women’s health services including oral contraceptives, IUDs, hormone implants, injections, and sterilization.
- Pediatric fluoride, low dose aspirin, and tobacco cessation products (up to certain limits).

Some services may have age or other restrictions to be considered preventive. View the full list of preventive medical services.

Remember to get your annual preventive care.

The COVID-19 pandemic has led to a dramatic decline in preventive care, including cancer screenings. We encourage anyone who has postponed their preventive care over the past year to resume that care now. These services are covered at 100% by IU-sponsored medical plans, and can be done at any time during the year.
Choosing a Medical Plan (continued)

Medical Plan Similarities

- No pre-existing condition limits or waiting periods.
- Services are comprehensive and include medical, prescription, behavioral health, transplants, durable medical equipment, home health care, skilled nursing, therapy, and chiropractic services.
- Preventive services are covered at 100% when in-network providers are used.
- 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.
- No lifetime maximum benefit on medical services.

Medical Plan Differences

- **Premiums.** The higher the deductible, the lower the 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.
- **Deductible and prescription benefits.** How the deductible and prescription benefit are structured in an HDHP versus a traditional plan.
- **Out-of-pocket expenses/maximums** Deductibles, coinsurance, and copays vary in structure and amounts.
- **Health Savings Account (HSA).** A unique tax-advantaged health savings account (HSA) is available to those enrolled in an HDHP.

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 the 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.

**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.

**How the Deductibles Work**

**HIGH DEDUCTIBLE HEALTH PLANS (HDHP)**

*Anthem PPO HDHP & IU Health HDHP*

For HDHPs, as each family member incurs medical expenses, the amount paid toward these expenses is credited to the family’s deductible. When these individual expenses add up to the family deductible, the plan will begin paying its share of the cost of healthcare expenses for members of the family.

The family deductible can be satisfied by one or more family members. This means that when you cover members of your family, there is no individual deductible—only the family deductible must be met before the plan pays its share of the cost of healthcare expenses for any family member.

**What Services Apply to This Plan’s Deductible?**

All covered services, including prescriptions, are subject to the deductible (except for preventive services and prescriptions).
Choosing a Medical Plan (continued)

TRADITIONAL DEDUCTIBLE PLANS

Anthem PPO $500 Deductible Plan

For this type of plan, each family member has an individual deductible and the family as a whole has a family deductible. As medical expenses are incurred, the amount each family member pays toward these expenses is credited to their individual deductible and to the family deductible.

There are two ways the plan will begin to pay its share of the cost of healthcare expenses for a particular individual within the family:

- If an individual meets his or her individual deductible, the plan begins to pay its share of the cost of healthcare expenses for that individual only, but not for the other family members.
- If the family deductible is met, the plan begins to pay its share of the cost of healthcare expenses for all members of the family whether or not they’ve met their own individual deductibles.

Each enrollee may contribute no more than the amount of the individual deductible to the family deductible.

What Services Apply to This Plan’s Deductible?
The deductible applies to all covered medical services except emergency room and in-network urgent care centers, preventive care, prescription drugs (except drugs administered in a physician’s office), and transplants.

What Services Apply to This Plan’s Deductible?
The deductible applies to all covered medical services except emergency room and in-network urgent care centers, preventive care, prescription drugs (except drugs administered in a physician’s office), and transplants.

Tobacco-Free Premium Reduction

Don’t forget to re-certify your tobacco-free status during Open Enrollment.

You can reduce the monthly premium for your IU medical insurance by doing one of the following each year.

01. Sign the Tobacco-free Affidavit during Open Enrollment

Each year during Open Enrollment, you can sign the Tobacco-free Affidavit (located at the bottom of the Medical Plan screen) indicating you and/or your spouse do not use tobacco and will not in the future.

Tobacco includes any form of tobacco or nicotine products that are smoked, applied to the gums, and/or inhaled (e.g. e-cigarettes, vapes, nicotine delivery systems).

02. Complete the Quit for Life© tobacco cessation program

As an alternative to signing the Tobacco-free Affidavit, you and/or your spouse can complete the Quit For Life© tobacco cessation program. Program completion is defined as completing at least five (5) interactions with the program. This can consist of five (5) one-on-one sessions, or three (3) one-on-one sessions and two (2) group sessions.

To enroll or learn more, visit quitnow.net/iu or call 866-784-8454.

Completing the affidavit or the Quit for Life program will reduce your monthly medical plan premium contribution by $25 per month for you or your spouse, or $50 for both. You can sign the affidavit for 2022 during online Open Enrollment—look for it at the bottom of the medical plan screen.
2022 Medical Plan Premiums

For the 2022 plan year there will be an overall 3.5% increase in employee contributions across all salary bands and plans. The "Total Monthly Premium" column below includes your monthly contribution and the university's monthly contribution to the medical plan on your behalf.

<table>
<thead>
<tr>
<th>Medical Plan &amp; Level of Coverage</th>
<th>Annual Base Salary*</th>
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<tbody>
<tr>
<td></td>
<td>Below $35K</td>
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<tr>
<td>ANTHEM PPO HDHP</td>
<td></td>
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<tr>
<td>Employee Only</td>
<td>$45.29</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$81.52</td>
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<tr>
<td>Employee + Spouse</td>
<td>$120.03</td>
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<tr>
<td>Family</td>
<td>$144.94</td>
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<tr>
<td>IU HEALTH HDHP</td>
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</tr>
<tr>
<td>Employee Only</td>
<td>$38.11</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$68.61</td>
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<tr>
<td>Employee + Spouse</td>
<td>$101.00</td>
</tr>
<tr>
<td>Family</td>
<td>$121.96</td>
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<tr>
<td>ANTHEM PPO $500</td>
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<tr>
<td>Employee Only</td>
<td>$158.96</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$286.12</td>
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<tr>
<td>Employee + Spouse</td>
<td>$421.23</td>
</tr>
<tr>
<td>Family</td>
<td>$508.66</td>
</tr>
</tbody>
</table>

*Salary band is determined by your annual base salary at the time payroll runs each month. For School of Medicine full-time faculty who receive a portion of their pay from an IU Health or VA paycheck, annual base salary includes both IU base salary and certain IU Health fixed and/or variable compensation, as determined by the School of Medicine.

Calculating Your Contribution

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

$ 160.61  Employee w/Spouse Premium
- $ 25.00 Tobacco-free Affidavit from Employee
- $ 25.00 Tobacco-free Affidavit from Spouse

$ 110.61  Monthly Premium

Calculating the University’s Contribution

The university’s contribution is the difference between the total monthly premium and the employee contribution. Using the same example, here is what the university contributes each month to Gloria’s medical premium.

$1,063.72  Total Premium
- $ 110.61  Monthly Employee Premium

$ 953.11  IU’s Monthly Contribution

Remember: If you enroll in the Anthem PPO HDHP or the IU Health HDHP, and participate in the Health Savings Account (HSA), the university also contributes annually to your HSA. For specific amounts, see the Medical Plans Comparison Chart.
# 2022 Medical Plans Comparison

<table>
<thead>
<tr>
<th></th>
<th>IU Health HDHP</th>
<th>Anthem PPO HDHP</th>
<th>Anthem PPO $500 Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Availability</strong></td>
<td>Most Indiana counties. Visit <a href="http://iuhealthplans.org">iuhealthplans.org</a> for a provider list.</td>
<td>Nationwide and Overseas</td>
<td>Nationwide and Overseas</td>
</tr>
<tr>
<td><strong>Provider Network</strong></td>
<td>Only from IU Health network providers</td>
<td>Anthem Blue Access PPO and BCBS Global Core providers</td>
<td>Anthem Blue Access PPO and BCBS Global Core providers</td>
</tr>
<tr>
<td><strong>HSA Contributions</strong></td>
<td>IU Contribution $1,600 employee-only coverage $3,200 all other coverage levels</td>
<td>IU Contribution $1,300 employee-only coverage $2,600 all other coverage levels</td>
<td>Not Eligible</td>
</tr>
<tr>
<td></td>
<td>Employee Contribution Minimum $300 ($25 monthly) Maximum $2,050 employee-only / $4,700 all other coverage levels</td>
<td>Employee Contribution Minimum $300 ($25 monthly) Maximum $2,350 employee-only / $4,700 all other coverage levels</td>
<td>Not Eligible</td>
</tr>
<tr>
<td></td>
<td>For those age 55+, additional $1,000 catch-up</td>
<td>For those age 55+, additional $1,000 catch-up</td>
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<tr>
<td><strong>MEDICAL</strong></td>
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<tr>
<td><strong>Deductible</strong></td>
<td>$2,700 employee-only coverage $5,400 all other coverage levels</td>
<td>$1,700 employee-only coverage $3,400 all other coverage levels</td>
<td>$500 individual $1,500 family</td>
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<tr>
<td><strong>Out-of-Pocket Maximum (OOPM)</strong></td>
<td>$3,400 employee-only coverage $6,800 all other coverage levels</td>
<td>$3,400 employee-only coverage $6,800 all other coverage levels</td>
<td>$900 individual $2,700 family</td>
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<tr>
<td><strong>Office Visits</strong></td>
<td>20% after deductible</td>
<td>No out-of-network benefits, except emergency</td>
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<tr>
<td><strong>Coinsurance</strong></td>
<td>20% after deductible</td>
<td>20% after deductible 40% after deductible</td>
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<td><strong>Preventive Services</strong></td>
<td>$0 no deductible</td>
<td>$0 no deductible 40% after deductible</td>
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<td><strong>Mental Health</strong></td>
<td>Covered as any other illness through IU Health network</td>
<td>Covered as any other illness through Anthem Behavioral Health</td>
<td>Covered as any other illness through Anthem Behavioral Health</td>
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<td><strong>Emergency Room</strong></td>
<td>20% after deductible</td>
<td>No coverage unless an emergency</td>
<td>$150 copay (waived if admitted)</td>
</tr>
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<td><strong>Urgent Care</strong></td>
<td>Paid as in-network if 50 or more miles from home</td>
<td>20% after deductible No coverage unless an emergency</td>
<td>$75 copay</td>
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<td><strong>VISION CARE</strong></td>
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<tr>
<td><strong>Eye Exams &amp; Eyewear</strong></td>
<td>Routine eye exam ($10 copay) and eyewear (frames, lenses, contacts) at specific allowances. IU Health HDHP members through EyeMed, Anthem members through Anthem Blue View Vision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRESCRIPTIONS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retail</strong></td>
<td>20% after deductible</td>
<td>No coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Retail at CVS Pharmacies</strong></td>
<td>(up to 30-day supply)</td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td>(up to 90-day supply)</td>
<td>No coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td>(up to 30-day supply)</td>
<td>20% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

**Preventive Prescriptions**
- All plans pay 100% for preventive prescriptions including generic contraceptives, pediatric sodium fluoride, low dose aspirin, folic acid, Vitamin D for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for tobacco cessation products & nicotine replacement (up to 180-day supply each year). OTC products require a prescription for coverage.

**In-Network Rx OOPM:**
- IU Health HDHP: $6,300 individual $10,200 family
- Anthem PPO: $5,300 individual $12,600 family
- Anthem PPO $500 Deductible: $5,300 individual $12,600 family

**Out-of-Network Rx OOPM:**
- IU Health HDHP: $6,300 individual $10,200 family
- Anthem PPO: $5,300 individual $12,600 family
- Anthem PPO $500 Deductible: $5,300 individual $12,600 family

---

**Medical Coverage**

**OPEN ENROLLMENT 2022**

2022 Medical Plans Comparison

IU Health HDHP

- Network Availability: Most Indiana counties. Visit [iuhealthplans.org](http://iuhealthplans.org) for a provider list.
- Provider Network: Only from IU Health network providers
- HSA Contributions: IU Contribution $1,600 employee-only coverage $3,200 all other coverage levels
  - Employee Contribution: Minimum $300 ($25 monthly) Maximum $2,050 employee-only / $4,700 all other coverage levels
  - For those age 55+, additional $1,000 catch-up

Anthem PPO HDHP

- Network Availability: Nationwide and Overseas
- Provider Network: Anthem Blue Access PPO and BCBS Global Core providers
- HSA Contributions: IU Contribution $1,300 employee-only coverage $2,600 all other coverage levels
  - Employee Contribution: Minimum $300 ($25 monthly) Maximum $2,350 employee-only / $4,700 all other coverage levels
  - For those age 55+, additional $1,000 catch-up

Anthem PPO $500 Deductible

- Network Availability: Nationwide and Overseas
- Provider Network: Anthem Blue Access PPO and BCBS Global Core providers
- HSA Contributions: Not Eligible
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 Total Cigna PPO Network dentist.

Coverage Summary
**Total Cigna PPO Network Dentist**
- Two routine exams/cleanings per year are covered at 100%.
- There is an annual $25 deductible (not applied to preventive care).
- Other services are covered at 50% up to the annual benefit limit.

**Non-Network Dentist**
- Two routine exams/cleanings per year are covered at 100% of allowed charges.
- There is an annual $25 deductible.
- Other services are covered at 50% up to the annual benefit limit.
- The member is responsible for amounts above allowed charges.

Annual Benefit Limit
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, the 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.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>BENEFIT LIMIT</th>
<th>PREVENTIVE CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
<td>$1,200 (base)</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>2nd Year</td>
<td>$1,300</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>3rd Year</td>
<td>$1,400</td>
<td>No cleaning</td>
</tr>
<tr>
<td>4th Year</td>
<td>$1,400</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>5th Year</td>
<td>$1,500 (max)</td>
<td>1 cleaning</td>
</tr>
</tbody>
</table>

Exclusions & 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).

2022 Dental Plan Premiums
For the 2022 plan year there will be an **overall 3.2% increase** in employee contributions across all salary bands and coverage levels. The "Total Monthly Premium" column below includes your monthly contribution and the university's monthly contribution to the dental plan on your behalf.

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>Annual Base Salary*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below $35K</td>
</tr>
<tr>
<td><strong>CIGNA DENTAL</strong></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$8.54</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$15.38</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$20.07</td>
</tr>
<tr>
<td>Family</td>
<td>$29.25</td>
</tr>
</tbody>
</table>

*Salary band is determined by your annual base salary at the time payroll runs each month. For School of Medicine full-time faculty who receive a portion of their pay from an IU Health or VA paycheck, annual base salary includes both IU base salary and certain IU Health fixed and/or variable compensation, as determined by the School of Medicine.*
Plan Highlights
The Health Savings Account (HSA), is a tax-advantaged account that can be used to pay for IRS-qualified health expenses for you, your spouse, and your tax dependents. After you open an HSA, you can use funds to pay for medical, dental, and vision plan deductibles and coinsurance, office visits, prescriptions, and much more.

The three main tax advantages of an HSA are:
- No taxes are taken on contributions
- No taxes are taken when funds are used for IRS-qualified health expenses
- No taxes are taken on the account interest or investment earnings.

HSAs can also be used as a long-term savings vehicle. Funds in the account roll over and accrue interest tax-free, and funds above a $1,000 balance in your cash account can be invested.

HSA Eligibility
To be eligible for tax-free HSA contributions, you must be covered on a high deductible health plan (HDHP) and:
1. Have a valid Social Security Number; and
2. Not be claimed as a dependent on someone else’s tax return; and
3. Not be enrolled in a federal government plan such as Medicare A, B, or D, or Tricare (if you have VA benefits, receiving preventive care services or treatment for a service-related disability from the VA does not disqualify an individual from participating in an HSA); and
4. Have no other medical coverage.

Your spouse can have other medical coverage, but you cannot be covered on your spouse’s non-HDHP medical plan, HRA, or unrestricted healthcare FSA and still be eligible to make tax-free HSA contributions.

If you are ineligible for tax-free contributions, you can waive the HSA and still elect to enroll in an HDHP. If you mistakenly elect the HSA, you are responsible for reporting the ineligible HSA contributions on your annual tax return.

Eligible HSA Expenses
The HSA can be used tax-free for healthcare expenses incurred by you, your spouse, or your IRS-qualified tax dependents, even if they are not covered on your HDHP. Examples of eligible expenses include:
- medical, dental, and vision deductibles and coinsurance
- prescriptions
- medical equipment and supplies
- acupuncture
- disability aids and hearing aids
- travel to and from medical services
- nursing home and home health care
- dental and orthodontia services
- eyeglasses or contacts

View the full list of eligible expenses.

Accessing Your HSA Funds
Once HSA contributions are made, funds can be accessed in several different ways:

IU Benefit Card. All HSA participants automatically receive an IU Benefit Card—a debit-type Visa card that allows you to pay for purchases and services from your Health Savings Account (HSA), Healthcare FSA, or both. The card is effective for three years, and new cards are automatically reissued as they expire.

Online. Log in your account at iu.nyhart.com and use the ‘Make an HSA Transaction’ feature to pay a healthcare provider online or to reimburse yourself for eligible expenses you pay out-of-pocket.

Medicare enrollment makes you ineligible for tax-free HSA contributions.
Enrollment in any part of Medicare has a major impact on your ability to make or receive tax-free contributions to an HSA. Review the HSA Frequently Asked Questions to learn more.
Contributions to Your HSA

UNIVERSITY CONTRIBUTION
The university makes an annual contribution to your HSA between $1,300 and $3,200 depending on your plan and level of coverage (see below). The full amount is deposited into your account with your second paycheck in January.

YOUR CONTRIBUTION
You are required to make a minimum annual contribution of $300 to your HSA through pre-tax payroll deduction, and can make additional contributions up to the IRS limit. Your annual election is spread evenly over each of your paychecks, and can be changed at any time during the year. Remember that the maximum amount you can contribute can be affected by your spouse’s HSA contributions and any Archer MSA.

2022 HSA Contribution Maximums
Each year, the IRS sets an annual contribution limit for HSAs. For 2022, that limit is $3,650 for employee only coverage, and $7,300 for all other coverage levels. When determining how much you can contribute, you need to take IU’s contribution, and your eligibility for the catch-up contributions, into account.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>IRS Limit</th>
<th>IU Contributed</th>
<th>You can contribute up to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem PPO HDHP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee only</td>
<td>$3,650</td>
<td>$1,300</td>
<td>$2,350</td>
</tr>
<tr>
<td>All other coverage levels</td>
<td>$7,300</td>
<td>$2,600</td>
<td>$4,700</td>
</tr>
<tr>
<td><strong>IU Health HDHP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee only</td>
<td>$3,650</td>
<td>$1,600</td>
<td>$2,050</td>
</tr>
<tr>
<td>All other coverage levels</td>
<td>$7,300</td>
<td>$3,200</td>
<td>$4,100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>IRS Limit</th>
<th>IU Contributed</th>
<th>You can contribute up to</th>
<th>Plus the catch-up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem PPO HDHP</strong></td>
<td></td>
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<td>All other coverage levels</td>
<td>$7,300</td>
<td>$3,200</td>
<td>$4,100</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Coordinating Your HSA Contributions with Your Spouse
- If you and your spouse are each enrolled separately in employee-only HDHP coverage, each of you are subject to the employee-only HSA limit ($3,650 each).
- If either you or your spouse has family HDHP coverage (employee with children or family coverage), then you will be subject to the family contribution limit ($7,300) as a couple. In other words, if you or your spouse cover family members on your HDHP, your combined HSA contributions cannot exceed $7,300.
- If you are age 55 or older by the end of the tax year, you can contribute up to an additional $1,000 each year to your HSA (make a “catch-up contribution”). If you and your spouse are both eligible to make a catch-up contribution (i.e. enrolled in an HDHP, either together or separately, and age 55+), you can each make a $1,000 catch-up contribution, but each of you must deposit the funds into your own individual HSA.
Flexible Spending Accounts

The Tax Saver Benefit (TSB) Plan is now Flexible Spending Accounts (FSA). The plan will remain the same, it’s just getting a new name to be consistent with the industry standard.

Healthcare Flexible Spending Account (FSA)

Plan Highlights

The Healthcare FSA 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 (children through age 25, even if they are not covered on your medical plan, are married, or are living away from home).

Contributions are elected on an annual basis and cannot be changed during the year unless you experience an IRS-defined qualifying life event.

The 2022 annual contribution limit is $2,750.

Your annual election amount is available starting January 1, 2022. Enrollment is required each year to participate.

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

Special rules and restrictions apply when you and/or your spouse are enrolled in both the Health Savings Account (HSA) and a Healthcare FSA. See the next page for details.

Carryover Provision

At the end of each year, up to $550 of unused Healthcare FSA funds will carry over to be used in the following plan year. Any remaining funds in excess of $550 are forfeited.

Eligible Healthcare Expenses

ELIGIBLE EXPENSES:

- deductibles and coinsurance
- prescriptions
- over-the-counter medicines (cold/flu, allergy, pain medications, etc.)
- menstrual products
- hearing aids and related expenses
- dental care and orthodontia
- acupuncture
- transportation costs to/from medical services
- vision exams, prescription lenses, frames, contacts, and vision surgery

NON-ELIGIBLE EXPENSES:

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

- HDHP Plan deductible
- over-the-counter vitamins and supplements
- cosmetic procedures
- exercise equipment (unless accompanied by a medical diagnosis and a prescription)

View the full list of eligible expenses

Accessing Your Healthcare FSA Funds

Your entire annual pledge will be available starting January 1, 2022. To access those funds you must first authorize Nyhart to direct deposit your reimbursements by logging on to iu.nyhart.com or by completing the Direct Deposit Authorization Form. Then, there are two ways to use the funds in your account. You may:

- Request Reimbursement for Out-of-Pocket Expenses. You can pay for eligible healthcare expenses then submit claims for reimbursement by logging in to iu.nyhart.com or by submitting a FSA Claim Form to Nyhart. Both must include supporting documents, such as a receipt for payment from your provider.

- IU Benefit Card, to pay for your expenses at the time of service. All Healthcare FSA participants automatically receive an IU Benefit Card—a debit-type Visa card that allows you to pay for purchases and services from your Health Savings Account (HSA). Healthcare FSA, or both. The card is effective for three years, and new cards are automatically reissued as they expire.

How much should I pledge to my Healthcare FSA?

When deciding how much to pledge to your Healthcare FSA, a review of your recent medical, dental, vision, and prescription expenses can give you an idea of costs you might expect.

Don't put money in your account for anything but predictable expenses—any unused funds above $550 at the end of the year will be forfeited.

To help you review and estimate your personalized medical and prescription costs, register or log in Castlight Health. This service is available free to IU medical plan members.
The Tax Saver Benefit (TSB) Plan is now Flexible Spending Accounts (FSA). The plan will remain the same, it’s just getting a new name to be consistent with the industry standard.

When You're Enrolled in the Healthcare FSA and the HSA

Coordinating Your Accounts
Separately, the Health Savings Account (HSA) and Healthcare FSA can be used for the same IRS-qualified healthcare expenses.

However, when you enroll in both the Healthcare FSA and HSA, your FSA funds can only be used for dental and vision expenses until your annual HDHP deductible has been met. Once the deductible is met, and proof of meeting the deductible has been provided to Nyhart, then funds in your Healthcare FSA can be used for medical and prescription expenses from that date forward. For additional information on the coordination of these two accounts, review [IRS Publication 969](#).

Accessing Your Funds
When you use your IU Benefit Card at a medical or pharmacy provider, the funds will be drawn from your HSA. When used at a dental or vision provider, the funds will be drawn from your Healthcare FSA.

Once you meet your annual HDHP deductible, and provide proof of meeting it to Nyhart, your IU Benefit Card will automatically draw all expenses from your Healthcare FSA first, then from your HSA once your Healthcare FSA funds are exhausted.

You also have the option to pay for expenses out-of-pocket, then submit a claim for reimbursement to Nyhart.

Comparing the Healthcare FSA and HSA

<table>
<thead>
<tr>
<th></th>
<th>Healthcare FSA</th>
<th>Health Savings Account (HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance Rollover</strong></td>
<td>Up to $550 rolls over to next year</td>
<td>Full balance rolls over every year</td>
</tr>
<tr>
<td><strong>Interest/Investment Options</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Availability of Funds</strong></td>
<td>Full annual pledge is available immediately</td>
<td>Funds only available as they are deposited</td>
</tr>
<tr>
<td><strong>Mid-Year Contribution Changes</strong></td>
<td>Cannot change contributions mid-year unless you experience an IRS-qualifying life event (e.g. birth, marriage, etc.)</td>
<td>Can change contributions any time during the year</td>
</tr>
<tr>
<td><strong>Accessing Funds</strong></td>
<td>Must submit claim forms for reimbursement and be able to substantiate purchases made with the card</td>
<td>No claim forms—retain receipts for IRS purposes</td>
</tr>
<tr>
<td><strong>Incurring Expenses</strong></td>
<td>Use funds for expenses incurred during the plan year only (January–December)</td>
<td>Use funds for expenses incurred as far back as the original date the account was opened</td>
</tr>
<tr>
<td><strong>Using Funds for Family Members</strong></td>
<td>Use funds for your spouse and children up to age 25, even those who are married and living away from home</td>
<td>Only for true IRS tax dependents (e.g. spouses, qualified children under age 19 or 24 if a student, etc.)</td>
</tr>
<tr>
<td><strong>Connection to IU</strong></td>
<td>Participation in the FSA ends when you leave your job at IU or retire.</td>
<td>Your HSA follows you, even when you leave IU or retire.</td>
</tr>
</tbody>
</table>
**Flexible Spending Accounts**

**The Tax Saver Benefit (TSB) Plan is now Flexible Spending Accounts (FSA).**

The plan will remain the same, it's just getting a new name to be consistent with the industry standard.

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**Dependent Care Flexible Spending Account (FSA)**

**Plan Highlights**

The Dependent Care FSA allows you to set aside tax-free money for daycare expenses for your dependents that allow you and your spouse to work.

Contributions are elected on an annual calendar year basis, and cannot be changed during the year unless you experience an IRS-defined qualifying life event.

**The 2022 annual contribution limit is $5,000 per household.** Spouses can each elect participation in the Dependent Care FSA, but their combined elections cannot exceed $5,000 ($2,500 each for married employees who file their taxes separately). The annual election amount is available starting January 1, 2022; therefore, money can be taken out before it is put in through payroll deduction.

Enrollment is required each year to participate. Participation is not automatic.

To be reimbursed from your account, the expenses must be eligible under IRS regulations and incurred between January 1 and March 15 of the following year. Claims must be submitted to Nyhart by April 15 of the following year. Daycare services cannot be reimbursed before they are incurred, even when the daycare provider requires payment in advance.

Unused 2022 TSB Dependent Care contributions are forfeited under IRS regulations. They cannot be "rolled over" beyond the plan year, and cannot be moved between accounts.

**Eligible Dependent Care Expenses**

Daycare expenses must be for one of the following types of dependents to be considered eligible:

- **Children** – tax dependents under the age of 13.
- **Spouse** – who is physically or mentally unable to care for themselves.
- **Elders/Adults** – tax dependents who are physically or mentally unable to care for themselves.

**ELIGIBLE EXPENSES:**

The following are examples of IRS-allowed daycare expenses:

- Expenses for a child in nursery school, preschool, or similar program for children below the level of kindergarten.
- Expenses for before- or after-school care of a child in kindergarten or a higher grade.
- Household services to a household employee whose services include the care of a qualifying person.
- Summer camp (for children under age 13) during work hours.

**NON-ELIGIBLE EXPENSES:**

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

- Expenses paid for but not yet incurred
- Kindergarten or private school tuition
- Overnight camp
- Summer school or tutoring programs

**Accessing Your Healthcare FSA Funds**

Your entire annual pledge will be available starting January 1, 2022. To access those funds you must first authorize Nyhart to direct deposit your reimbursements by logging on to [iu.nyhart.com](http://iu.nyhart.com) or by completing the Direct Deposit Authorization Form.

When you incur eligible expenses, you must pay for them out-of-pocket then submit a claim for reimbursement. You can do this by logging in to [iu.nyhart.com](http://iu.nyhart.com) or by submitting a FSA Claim Form to Nyhart. Your claims must include supporting documents, such as a receipt for payment from your daycare provider.

**How much should I pledge to my Dependent Care FSA?**

Use the [Dependent Care Worksheet](#) to help calculate your annual Dependent Care FSA contribution.
Specific benefit details can be found in the Supplemental AD&D Plan Certificate.

**Coverage Amounts**

You can elect employee only or family Supplemental AD&D coverage in an amount from $30,000 to $500,000.

The benefit amount for each dependent is as follows:
- **Spouse only**—60% of your coverage
- **Children only**—20% of your coverage for each child, not to exceed $50,000
- **Spouse and children**—50% of your coverage for your spouse and 15% of your coverage for each child

The benefit amount payable is a percentage of the AD&D benefit in effect on the date of the accident and is determined by the loss suffered. Specific percentage payable amounts can be found in the Supplemental AD&D Plan Booklet.

<table>
<thead>
<tr>
<th>Benefit Amount*</th>
<th>Employee Only Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000</td>
<td>$0.42</td>
<td>$0.72</td>
</tr>
<tr>
<td>$60,000</td>
<td>$0.84</td>
<td>$1.44</td>
</tr>
<tr>
<td>$90,000</td>
<td>$1.26</td>
<td>$2.16</td>
</tr>
<tr>
<td>$120,000</td>
<td>$1.68</td>
<td>$2.88</td>
</tr>
<tr>
<td>$180,000</td>
<td>$2.52</td>
<td>$4.32</td>
</tr>
<tr>
<td>$240,000</td>
<td>$3.36</td>
<td>$5.76</td>
</tr>
<tr>
<td>$300,000</td>
<td>$4.20</td>
<td>$7.20</td>
</tr>
<tr>
<td>$350,000</td>
<td>$4.90</td>
<td>$8.40</td>
</tr>
<tr>
<td>$400,000</td>
<td>$5.60</td>
<td>$9.60</td>
</tr>
<tr>
<td>$450,000</td>
<td>$6.30</td>
<td>$10.80</td>
</tr>
<tr>
<td>$500,000</td>
<td>$7.00</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

Remember to review and update your Supplemental AD&D beneficiaries.

Did you know that beneficiary designations take precedence over any other form of legal documentation, including your will? If your beneficiaries are outdated, your benefits could end up in the wrong hands, leaving your unnamed beneficiary with little legal recourse, if any. Even if you’re keeping the same level of Supplemental AD&D coverage, you should still review your beneficiaries during Open Enrollment and update them if needed.
SupportLinc Employee Assistance Program (EAP)

**SupportLinc Employee Assistance Program (EAP)**

**888-881-LINC (5462) | SupportLinc.com**

Challenges at work and home are a part of everyday life. But when they become a distraction, it may be time to reach out to SupportLinc. Their licensed clinicians can help you to identify and address any issues or difficulties you are facing, and help you create strategies for managing them.

Eligible employees and their household members have access to SupportLinc services at no cost, including:

- 24/7 access to licensed clinicians for in-the-moment support by phone, text, or video
- Up to six (6) face-to-face counseling sessions per presenting issue (in-person or virtual)
- Access to SupportLinc’s comprehensive technology suite including their web portal, video counseling platform, and mobile apps
- Expert referrals for local service providers including child and elder care, home repair, pet care, housing needs, and more
- Financial and legal planning support and consultations

SupportLinc is available 24/7 by calling **888-881-LINC (5462)** or by visiting [SupportLinc.com](http://SupportLinc.com) and entering the username iu.

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**24-Hour Nurse Line**

**800-337-4770**

The 24-Hour Nurse Line is a resource for employees and family members who need guidance on non-emergency health questions and concerns from registered nurses. Eligible users include IU employees and their household members covered by an IU-sponsored medical plan.

**Care@Work—Child & Elder Care**

[iu.care.com](http://iu.care.com) | **855-781-1303**

Care@Work is a resource for finding and hiring pre-screened caregivers and care companies for childcare, eldercare, pet care, home assistants, backup care, and more. Eligible employees have access to a premium membership to find, book, and pay caregivers; senior care planning services; and backup care services. The university pays for the membership fees, but members pay the full cost of caregivers hired. Activate and use your benefit by registering at [iu.care.com](http://iu.care.com).

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**CVS Caremark**

**Caremark.com**

IU-sponsored medical plan participants can use Caremark.com or the Caremark app to create a CVS Caremark account, which will allow you to:

- Locate a participating pharmacy;
- View the drug formulary & preventive drug list;
- Request mail order refills quickly and conveniently;
- View prescription history;
- Learn more about the drugs you take;
- Contact a pharmacist.

To create an account, click “Register Now” on the homepage of [Caremark.com](http://Caremark.com) or the Caremark app.
Healthy IU

healthy.iu.edu

As an IU employee or spouse, Healthy IU is your wellness program. Healthy IU’s resources, programs, and workshops are free for faculty and staff employees and their spouses. These include resources, programming, and referrals related to:

- Tobacco cessation
- Nutrition and weight management
- Work+Life synergy
- Maternal health and lactation support
- Life safety
- Child and elder care
- and much more!

To encourage you to live your best life, Healthy IU offers free health screenings and a $100 (before tax) incentive to benefit eligible employees and spouses covered on an IU medical plan. The screening and incentive are available one time per fiscal year (July 1 – first Friday of May).

For more information, and for a list of resources available on each campus, visit healthy.iu.edu.

Identity Protection for Anthem Medical Plan Members

anthemcares.allclearid.com

Anthem medical plan members and their covered family members are automatically enrolled in the following identity protection service:

- AllClear Identity Repair: provides identity repair assistance to help fix identity theft issues and return your information to its proper condition.

For an extra layer of protection, you can sign up for the following additional service at no extra charge:

- AllClear Credit & Identity Theft Monitoring Services: credit monitoring, identity theft insurance (up to $1 million), ChildScan for minors, and more.

To learn more, visit anthemcares.allclearid.com or call 1-855-227-9830 Monday through Saturday from 8:00 AM – 8:00 PM Central Time.

Nyhart

iu.nyhart.com

Save time and hassles while making the most of your HSA and FSA using Nyhart’s web portal and mobile app. Features include:

- View your balances 24/7
- File and view claims
- Call or email Nyhart Customer Service
- Make HSA transactions
- Order a new debit card

When you log in for the first time, you must use the following credentials:

**Website** (iu.nyhart.com)
Username: 10-digit employee ID
Password: Last 4 digits of SSN

**Mobile App** (Nyhart IU)
Username: 10-digit employee ID
Password: 10-digit employee ID + last 4 digits of SSN

Get started at iu.nyhart.com or by downloading the Nyhart IU app.

Save Automatically for College with a 529 College Savings Plan

Did you know that you can get tax breaks and other benefits by opening an account specifically designed to let you save for college? Also known as qualified tuition programs, 529 college savings plans are designed to help you save for future education expenses for anyone—your child, your grandchild, your niece, your nephew, or even yourself.

**Is Indiana’s 529 Plan Right for You?**
You can open a 529 savings plan in any state, however, most states offer incentives for their residents. For example, Indiana taxpayers who sign up for Indiana’s CollegeChoice 529 receive additional benefits including no annual account maintenance fees and a state income tax credit equal to 20% of your contributions, up to $1,000 maximum per year.

Bottom line—no matter what state’s plan you sign up for, a 529 savings plan is a smart choice.

Visit 529.iu.edu for more information and to learn how IU employees can save automatically through IU Payroll direct deposit.
Sydney Health for Anthem Plan Members

**sydneyhealth.com**

Getting your benefits information when and where you need it is now faster, simpler, and more personal with Sydney. With just one click you can:

- Find care and check costs
- See your claims
- Ask Sydney’s chatbot questions
- View and use your Anthem ID card

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. Sydney can provide you with alerts, reminders, and tips, suggest a doctor, and help you stay healthy and save money on medical costs.

Download the Sydney Health app from the App Store or Google Play to get started!

Dental Telehealth Visits

**MyCigna.com** (IU Dental Plan members)

IU Dental Plan members have 24/7 virtual access to licensed dentists for urgent dental concerns such as infection, pain, swelling, and more. Depending on the situation, the dentist can also prescribe medications such as antibiotics and non-narcotic pain relievers, as appropriate.

Online visits typically cost around $45 and are available 24/7. To access services:

1. Log in to **MyCigna.com** (you must connect to the portal via your MyCigna account in order to use the service without having to enter a payment method)
2. Under “Latest Updates” at the bottom of the page, select the link to See details (there will be a blue heart/plus icon near to the link)
3. Click Get Started in the popup box
4. Click Sign up to get started or click Log in now if you already have a TeleDentists account
5. Follow the prompts to request a consultation.

Medical Telehealth Visits

**livehealthonline.com** (Anthem Plan members)

**iuhealth.org/videovisits** (IU Health Plan members)

IU-sponsored medical plan participants have 24/7 access to doctors from a smartphone, tablet, or computer with a webcam.

Online visits typically cost around $59 and most people are connected to a doctor in 10 minutes or less. They can assess your condition, provide treatment options, and even send a prescription to the pharmacy, if needed.

Get started at the websites listed above or download the mobile app for your plan.

WW—Weight Watchers Reimagined

**iu.ww.com**

Indiana University is proud to offer WW (Weight Watchers® Reimagined) at no cost to all benefit-eligible employees and spouses enrolled in an IU-sponsored medical plan.

WW delivers programming in two ways to fit your lifestyle:

1. **Digital Only (e-Tools)**: an easy-to-use app and website to track your food, movement, and weight goals; barcode scanner, restaurant items, and over 5,000 recipes; and expert chat available 24/7.
2. **Digital + Workshops**: offers access to virtual workshops and workshops in the community with guidance from a trained WW Coach and motivation from members who are on the same path. Additionally, this option provides access to all the digital tools.

To get started, visit **iu.ww.com**. The employee and spouse will need the employee’s 10-digit university ID to enroll.

IU covers 100% of cost of WW; however, per IRS rules, the value of the program is considered a taxable benefit.
Customer Service Contacts

24-HOUR NURSE LINE
800-337-4770

ANTHEM
Member Services: 844-736-0920
www.anthem.com (Select Blue Access PPO)
BlueCard PPO providers outside of Indiana:
800-810-2583 or www.bcbs.com
BCBS Global Core providers overseas
800-810-2583 or bcbsglobalcore.com
Vision (Anthem Blue View Vision): 866-723-0515

CARE@WORK
Member Services: 855-781-1303
iu.care.com

CIGNA DENTAL
Member Services: 800-244-6224
Cigna.com

CVS CAREMARK
Member Services: 866-234-6952
Mail Order: 866-234-6952
Specialty Prescriptions: 800-237-2767
Caremark.com

IU HEALTH HDHP
Member Services: 866-895-5975
IUHealthPlans.org
Email: iuhmembersvcs@iuhealth.org
www.eyemed.com

NYHART
Health Savings Account (HSA) and Flexible Spending Accounts (FSA)
Member Services: 800-284-8412
Email: support@nyhart.com
iu.nyhart.com (available after account is opened)

QUIT FOR LIFE® TOBACCO CESSATION
Member Services: 866-784-8454
quitnow.net/iu

SUPPORTLINC EMPLOYEE ASSISTANCE PROGRAM (EAP)
24/7 Support Line: 888-881-LINC (5462)
SupportLinc.com

WW (WEIGHT WATCHERS REIMAGINED®)
Member Services: 866-204-2885
iu.ww.com

Annual Federal Notices

Employers, like IU, are required to provide you with notices about your rights and responsibilities related to healthcare coverage. A summary of each is provided below. Visit the IU Human Resources website for full text of these notices.

ACA Health Insurance Marketplace
Basic information about the ACA Health Insurance Marketplace and health coverage offered by IU which meets the affordability and minimum value standards defined by ACA.

COBRA
Learn about the temporary extension of certain benefits (such as medical and dental coverage) at group rates in the event that you or your dependents lose coverage.

Creditable Coverage Notice
Notice of the university’s creditable coverage status as related to Medicare and prescription drug coverage.

Newborns and Mother’s Health Protection Act
Under Federal Law, group health plans cannot restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

No Surprises Act
When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

Notice of Privacy Practices
Notice that IU maintains the privacy of Protected Health Information (PHI) that is received or created by its healthcare plans.

Notice of Special Enrollment Rights
IU employees may change health coverage during the year when they experience specified changes in status and there is immediate notification to the employer. This notice contains guidelines for these changes and notification parameters.

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.

Women’s Health and Cancer Rights Act (WHCRA)
Notice that IU’s medical plans cover services related to mastectomy, including reconstruction and prosthesis, as defined by the WHCRA.
Review the Rest of Your IU Benefits

After you’ve made your Open Enrollment elections, we encourage you to review your benefits that aren’t tied to Open Enrollment and your beneficiaries.

Your medical, dental, Supplemental AD&D, and flexible spending account elections can only be changed during Open Enrollment, or within 30 days of an IRS-defined qualifying life event such as marriage or the birth of a child. Other benefits offered by IU, including those listed below, allow you to enroll or change your election at any time during the year.

Review the information below then click the plan name to learn how to make changes to these benefits.

- **Health Savings Account (HSA)**: You can enroll in or change your HSA contribution at any time during the year. By submitting your 2022 HSA pledge during Open Enrollment, you ensure that you will begin making contributions in January 2022.

- **Long Term Disability (LTD)**: You can enroll in or change your LTD coverage at any time during the year, but proof of good health may be required if it’s been more than 30 days since your initial eligibility date (typically the date you were hired into a benefit eligible position), or if you want to increase your coverage.

- **Supplemental Employee Life Insurance**: You can enroll in or change your supplemental life coverage at any time during the year, but proof of good health may be required if it’s been more than 30 days since your initial eligibility date (typically the date you were hired into a benefit eligible position), or if you want to increase your coverage.

- **Supplemental Dependent Life Insurance**: You can enroll in or change your supplemental dependent life coverage at any time during the year. Enrollment is Supplemental Employee Life is required.

- **Supplemental Retirement Plans**: You can enroll in or change your supplemental retirement plans at any time during the year. Other actions you can take at any time include changing your investments and updating your beneficiaries.

- **IU Tuition Benefit**: You can apply for the IU Tuition Benefit for yourself, your spouse, or your eligible children on a semester/term basis or for an entire academic year at one time, as long as your application is received before the semester/term deadline.

Don’t forget to also review/update your beneficiaries. Beneficiary designations take precedence over any other form of legal documentation, including your will. This makes it extremely important to keep them up to date.

Remember, you have to name beneficiaries for each plan and each retirement account separately. In some cases, you can change beneficiaries with IU; while in other cases you must work with the vendor directly.

**Update with IU through the Employee Center**:
- Basic Life Insurance
- Supplemental Life
- Supplemental AD&D

**Update with the vendor**:
- Health Savings Account (HSA)
- Each retirement plan account

Visit the IU Benefits site for step-by-step instructions to review and update your beneficiaries.