



2019

INDIANA UNIVERSITY

Health Savings Account (HSA)

SUMMARY OF PLAN PROVISIONS

for Academic & Staff Employees



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FOREWORD

Material in this booklet is for informational purposes only and is not intended to serve as legal interpretation of benefits. This booklet replaces and supersedes all plan documents the enrollee may have previously received.

All coverage information is intended to only describe benefits provided by this plan, and is not intended to limit or exclude services that members may elect.

Indiana University reserves the right to amend or terminate all or any part of this plan. If this plan is amended, participants will be provided a summary of the amendment or a revised booklet reflecting any changes made in the principal features.

HEALTH SAVINGS ACCOUNT (HSA)

The HSA is an IRS-qualified feature that provides substantial tax savings and participant flexibility. The university makes an annual contribution to the employee's account, and the employee can decide whether to make contributions above a required minimum. The account is owned by the employee; this means that account balance rolls over from year to year, even when an employee leaves the university.

The account has the flexibility to be used for current medical expenses or funds can be accumulated in the account to save for future health care expenses including those incurred during retirement. Balances of \$1,000 or more may be placed in an array of investment options. Contributions, interest, and investment earnings are not subject to federal, state, or FICA taxes; the university pays the monthly banking fees for the savings account while the employee is enrolled in a High Deductible Health Plan (HDHP).

Benefits described in this booklet are effective as of January 1, 2019.

QUESTIONS?

If you have questions concerning IRS-qualified expenses, claims, and account balances, contact:

The Nyhart Company

8415 Allison Pointe Boulevard, Suite 300

Indianapolis, IN 46250-4201

T (800) 284-8412 | **F** (888) 887-9961 | **support@nyhart.com**

iu.nyhart.com

Indiana University, may be contacted at:

IU Human Resources

400 East Seventh Street, Poplars E165

Bloomington, IN 47405

T (812) 856-1234 | **F** (812) 855-3409 | **askhr@iu.edu**

hr.iu.edu/benefits

GENERAL PROVISIONS

HEALTH SAVINGS ACCOUNT (HSA)

As part of the Anthem PPO HDHP or the IU Health HDHP, the HSA is an IRS-qualified feature that can provide substantial tax savings. The HSA is established under Internal Revenue Code Section 223. The university makes a contribution to the employee's account, and the employee can decide whether to make contributions above a required minimum. The account is owned by the employee. This means that the account balance rolls over from year to year, even when an employee leaves the university.

The account has the flexibility to be used for current health expenses or money can be left in the account to save for future health care expenses including those incurred during retirement. Balances of \$1,000 or more may be placed in an array of investment options.

Contributions, interest, and investment earnings are not subject to federal, state, or FICA taxes. The university pays the monthly account maintenance banking fees for the cash account while the employee is enrolled in the HSA plan.

The HSA is administered by The Nyhart Company, and contracted by Indiana University for use by its employees. The account is the responsibility of the participant. The Plan Administrator shall not be responsible for the adjudication of any claims or the payment of any reimbursement from the HSA.

COMMENCEMENT OF PARTICIPATION

The HSA can be established by the HSA custodian on the first day of the month in which HDHP coverage is in effect. If HDHP coverage is established after the first of the month, the HSA will be established the first of the month following.

An HSA cannot be established unless the participant is verified by the HSA custodian as meeting the requirements of the USA Patriot Act and any other applicable federal or state banking requirements. In the event such verification delays the establishment of the HSA beyond the first day of HDHP medical coverage, the account will be established as soon as identification has been verified.

ELIGIBILITY

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

- You must be covered under a high deductible health plan (HDHP),
- You must have no other medical coverage (see next section for details).
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.
- You have a valid Social Security Number.

No Other Medical Coverage Requirement. In order to be eligible for tax-free contributions into an HSA, the IRS requires that you have no other 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 or another employer 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 Reimbursement account that is unrestricted, and the account could be used to cover your HDHP deductible.

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

**A spouse means one by marriage, either opposite-sex or same-sex, legally entered into in one of the fifty states, the District of Columbia, or a U.S. territory or a foreign country. Spouses qualify for preferential federal tax treatment of health care benefits.*

If you are ineligible to make tax-free contributions, you can waive the HSA and still elect to be enrolled in an HDHP plan. If you are ineligible to make tax-free contributions and still elect the HSA, you are responsible for reporting the ineligible HSA contributions on your annual tax return as taxable income. Consulting a tax advisor about reporting ineligible contributions is advised in order to avoid unforeseen taxes and/or penalties.

ENROLLMENT

To enroll in coverage and establish the HSA, an employee must complete online enrollment to elect participation in an HDHP medical plan within 30 days from the first date of active employment, or within 30 days of the date the employee first becomes eligible for coverage, or during the Open Enrollment period of each year.

If the employee does not enroll in an HDHP medical plan within 30 days of becoming eligible for coverage, the employee cannot enroll until the next Open Enrollment period with an effective date of the following January 1.

An employee may change or drop their HDHP coverage only during the annual Open Enrollment period, except in the case of a midyear qualifying life event such as marriage, divorce, or birth of a child.

When enrolled in an HDHP medical plan, the employee can change or drop their HSA contribution elections any time during the year. However, employees cannot change contributions to an amount less than the minimum required or less than what they have already contributed.



CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS

Indiana University shall make an annual contribution to the participant's HSA in an amount and manner specified and published to all eligible employees each year during Open Enrollment effective for the following plan year. The annual amount of the contribution will be based on the HDHP medical plan selected as well as the coverage level elected by the participant.

Newly Eligible Employees. Newly eligible employees who enroll in the HSA during the year will receive the full annual university contribution if the effective date of the HSA is prior to September 1. For participants with an enrollment effective date September 1 or after, no university contribution will be made for that plan year.

Qualifying Life Events. The university will contribute the difference between the employee-only and family coverage level contributions when a participant elects to add one or more family members to her/his HDHP and HSA due to a qualifying life event during the year so long as the effective date of the change of status is before September 1. No additional university contribution will be made for an enrollment change effective September 1 or after.

The university contributes the following amount to the participant's HSA annually in 2019:

- For Anthem PPO HDHP participants, \$1,300 for employee-only coverage or \$2,600 for all other coverage levels.
- For IU Health HDHP participants, \$1,600 for employee-only coverage or \$3,200 for all other coverage levels.

EMPLOYEE CONTRIBUTIONS

Annual Minimum Contribution. Each participant enrolled in the HSA is required to contribute a minimum amount to the HSA. This minimum is specified each year in Open Enrollment materials distributed to all eligible employees.

- **2019 MINIMUM CONTRIBUTION:** \$300

Annual Maximum Contribution. The annual maximum amount an employee can contribute to her/his account is indexed with inflation and published each year by the US Treasury and IRS. The university's contribution and the employees' contribution together cannot exceed these maximums. The family maximum includes a spouse's contributions to his or her own HSA when one or both spouses has a family maximum. These maximums can be affected by a spouse's HSA contributions, Archer MSA contributions, and/or the number of months you are covered under an HDHP.

- **2019 MAXIMUM CONTRIBUTIONS:** (To determine the maximum you may contribute, subtract the university contribution from these maximums.)

Under age 55: Employee-only HDHP.....\$3,500
All other coverage levels.....\$7,000

Age 55 or older (includes \$1,000 catch up): Employee-only HDHP.....\$4,500
All other coverage levels.....\$8,000

If the employee enrolls in the HSA mid-year and is enrolled on December 1st, the employee can contribute up to the full annual maximum amount for that year, as long as HDHP eligibility is maintained for a 12-month period. If eligibility is not maintained, contributions over the prorated maximum will be included in gross income and subject to an additional excise tax. Note the 12-month period starts with the last month of the taxable year in which HDHP enrollment commences. For example, an employee who enrolls in June 2019 must continue to be eligible from December 2019 - December 2020.

Qualifying Life Events between family and employee-only coverage levels may also result in prorated maximums. Details on the calculation of the IRS prorated maximum can be found in IRS publication 969. If your contributions have exceeded the IRS prorated maximum, you must work with The Nyhart Company to resolve the excess contribution issue. Excess contributions not withdrawn from the HSA are subject to a 6% excise tax until withdrawn. You should be aware of the reporting requirements for excess contributions as detailed in the instructions for IRS Form 8889.

2019 MAXIMUM HSA CONTRIBUTIONS

	IRS Maximum Allowed Contribution	IU Annual Contribution	Your Maximum Annual Contribution*
Anthem PPO HDHP			
Employee-only Coverage	\$3,500	\$1,300	\$2,200
All Other Coverage Levels	\$7,000	\$2,600	\$4,400
IU Health HDHP			
Employee-only Coverage	\$3,500	\$1,600	\$1,900
All Other Coverage Levels	\$7,000	\$3,200	\$3,800

*Those turning age 55 or older during 2019 may contribute up to an additional \$1,000 each year.

Employees can also contribute to their HSA outside of payroll by transferring money from a personal account directly to the HSA. Please note however, these deposits will not reduce the taxable income on a paycheck like the regular payroll contributions can. Any contributions put in your account on an after-tax basis are still eligible to be deducted from your taxable gross income but not until you file your annual tax return. You are responsible for tracking your contributions to ensure you don't exceed the IRS annual contribution limits.

For any terminations during the year, the IRS requires that maximum contributions for partial year participation be prorated based on the number of months of participation. The IRS allows a maximum equal to 1/12th of the annual maximum for each month of participation. Any contributions in excess of the prorated maximum will be included in gross income and subject to an additional excise tax if not withdrawn by April 15 of the next taxable year. See IRS Publication 969 for details.

CATCH-UP CONTRIBUTIONS

If you are an eligible individual who is age 55 or older by the end of your tax year, your contribution limit is increased by \$1,000. For example, if you are age 55 or older in 2019 and have employee-only coverage in the Anthem PPO HDHP, you can contribute up to \$3,200 for 2019 (\$3,500 IRS max + \$1,000 catch-up - \$1,300 IU contribution = \$3,200 limit).

If you are an eligible individual for only part of the year, all contributions (including the catch-up contribution) would be pro-rated based on the number of months that you are an eligible individual. For example: You have IU Health HDHP coverage at the employee-only level and you are eligible for the additional catch-up contribution of \$1,000. In July you turned age 65 and enrolled in Medicare, thus making you no longer eligible to make HSA contributions on a tax-free basis. Your contribution limit would be \$650 for 2019: (\$3,500 IRS max + \$1,000 catch-up / 12 months x 6 months of eligibility - \$1,600 IU contribution = \$650 limit).

CONTRIBUTION ELECTIONS

The university annual contribution and the employee's minimum annual contribution are automatic with the election of the HSA. However, the employee's designated contribution election above the minimum must be elected by the employee. If the employee does not elect a contribution above the minimum, only the minimum will be deducted unless a change is made as described in Contribution Changes below.

CONTRIBUTION CHANGES

The employee's annual contribution will be divided equally over pay periods. The contribution can be changed prospectively throughout the year, and the new amount to be deducted each pay period will be determined by subtracting the year-to-date payroll deductions from the new elected annual amount and dividing over the remaining pay periods for the year. Employees cannot change contributions to an amount less than the minimum required or less than what they have already contributed. Employees can make changes to their contribution by filling out a HSA Enrollment/Change form (found at hr.iu.edu/benefits) and submitting the form to the IU Human Resources office.

HEALTH SAVINGS ACCOUNT BENEFITS

The funds in the HSA are available to pay or reimburse all IRS qualified health expenses. Funds are only available for use as the money is deposited into the account through pre-tax payroll deductions. All funds stay in the account indefinitely until used and stay with the employee even after the employee leaves the university.

IRS-QUALIFIED ELIGIBLE EXPENSES

Eligible expenses must not already be paid by insurance and must be incurred after the HSA was established. The expense can be for the employee, the employee's spouse* or any eligible tax dependent. Detailed information about qualified health expenses can be found in Section 213(d) of the Internal Revenue Code and IRS Publication 502.

Examples include:

- COBRA premiums
- Medical and dental plan deductibles and coinsurance
- Dental expenses, including orthodontia, dental cleanings and fillings
- Diabetic supplies
- Eye exams, eyeglasses, contact lenses and solutions
- Hearing aids
- Laser eye surgery
- Certain over-the-counter medicines (with a prescription)
- Prescription drugs
- Transportation expenses related to medical care
- Weight reduction programs prescribed for physician-diagnosed obesity

**Spouse means either an opposite-sex or same-sex spouse by marriage, legally entered into in one of the 50 states, the District of Columbia, or a U.S. territory or a foreign country.*

NON-QUALIFIED EXPENSES

The following is a list of some items that are non-qualified expenses. This list is not all-inclusive, and is subject to change by the IRS. Any HSA funds used for non-qualified expenses will be taxable. These distributions will also be subject to a 20% IRS penalty if you are under the age of 65, unless they are made after death or disability. Consult a tax advisor if you are in doubt about a particular expense.

Non-Qualified Expenses include:

- Advance payment for services not yet rendered
- Cosmetic surgery and procedures (unless due to accident, birth defect, or disease)
- Cosmetics, hygiene products, and similar items
- Funeral, cremation, or burial expense
- Maternity clothes
- Over-the-counter medication not accompanied by a prescription
- Premiums for life insurance, income protection, disability, loss of limbs or sight
- Teeth-whitening services & products
- Toothpaste and mouthwash
- Weight loss programs

USING FUNDS FOR FAMILY MEMBERS

HSA funds may be used to pay for the qualified health expenses of you, your spouse or an IRS-qualified tax dependent without tax penalty. This is true even if they are not covered on your HDHP plan. 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.

ACCESS TO HSA FUNDS

All participants will be provided with a debit card for the HSA. Funds in the account can be accessed by debit card payments at the point of care or services, or through online fund transfers.

The IU Benefit debit/Visa card can only be used at qualified healthcare providers such as a doctor's office, hospital, or pharmacy. Any IRS approved healthcare expense purchased at a non-healthcare provider (such as band-aids or contact lens solution purchased at a grocery store) should be paid out-of-pocket. Participants can then go online and transfer funds from the HSA back to a personal bank account in order to be reimbursed for that expense.

Participants should continue to retain receipts for their records in case of an IRS audit. Copies of receipts can also be attached to the transaction detail online through the expense tracker feature at iu.nyhart.com.

IRS LIMITATIONS ON OTHER SPENDING ACCOUNTS

The IRS limits the use of the IU Tax Saver Benefit Healthcare Reimbursement Account (TSB), a Flexible Spending Account, when an employee is enrolled in the HSA. Until the deductible is met, only vision and dental expenses can be reimbursed from the TSB. Once the deductible is satisfied, the TSB Healthcare Account can be used for any IRS qualified health expenses incurred after the date the deductible was met.

HSA INVESTMENTS

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 opened an array of investment options are available. All initial investing and any trades can be done online at any time free of charge. The earnings on your HSA investments, if any, are also tax-free.

An investment in a mutual fund is not insured or guaranteed by the FDIC or any other government agency. It is possible to lose money by investing. Investors should carefully consider the investment objectives, risks, charges and expenses of the fund. Please carefully read the prospectus, which contains this and other important information before you invest money.



REPORTING REQUIREMENTS

CLAIM SUBSTANTIATION

There is no claim substantiation required by the bank custodian or university with the HSA. Receipts are not submitted with the annual tax filing; however, substantiation may be required by the IRS later. Employees should save all receipts in case the IRS requires them.

If requested by the IRS, the employee is required to produce receipts that show the fund distributions were used to pay or reimburse qualified health expenses. Expenditures from the HSA that cannot be substantiated are subject to taxation and penalties. See Taxable Income Situations below.

TAX FORMS

The bank custodian will provide the employee a 5498-SA and 1099-SA form online at the end of the tax year to report contributions and withdrawals to the account. The IRS requires the employee to submit Form 8889 each year with her/his federal income tax filing. This form reports all contributions to the account including contributions made by the university and by the employee through payroll deduction.

TAXABLE INCOME SITUATIONS

All expenditures from the HSA are to be used for IRS qualified health expenses such that the funds are not taxable income. Any distributions not used for IRS qualified health expenses will be subject to income taxes and an additional 20 percent tax penalty.

If the employee elects the HSA and is ineligible to receive tax-free contributions or becomes ineligible during the year, the employee is responsible for reporting the ineligible HSA contributions on his/her annual tax return. Consulting a tax advisor about reporting ineligible contributions is advised.



TERMINATION OF COVERAGE

Participation in the IU-sponsored HSA will end as of the first to occur of:

- the date that the plan terminates; or
- the date on which the participant fails to make all required contributions; or
- the date that the participant's employment terminates or the participant is no longer an eligible employee; or
- the date that the participant's coverage in the HDHP terminates (Any funds remaining in the HSA will become an individual account.); or
- the last day of the plan year in which the employee has elected participation in the plan.

HSA AFTER TERMINATION

When an employee's HDHP & HSA coverage ends, he/she is no longer eligible to make contributions to the HSA through IU payroll contributions. The employee will continue to have access to the funds to pay for qualified health expenses. The HSA custodian will provide information to the employee describing HSA options for transferring the IU affiliated account funds to a personal HSA or other IRS allowed option after participation if the university benefit ceases.

LEAVE OF ABSENCE

When an employee is on an approved leave of absence, participation in the HSA will continue so long as the employee continues to be enrolled in an HDHP. Salary contributions will continue as long as the employee is receiving pay; however, salary contributions terminate when the employee is on leave without pay and contributions resume upon returning to a paid status.

During a leave of absence, the employee may change the elected annual contribution amount at any time by completing the applicable form. If the employee does not elect to continue coverage in an HDHP during a leave of absence, participation in the HSA will also terminate.

RECOMMENCEMENT OF PARTICIPATION

An employee who terminates participation as a result of no longer being an eligible employee or experiencing a Qualifying Life Event may resume participation in the Plan if she/he again meets eligibility requirements. A participant who resumes participation within the same plan year will be required to make salary reduction contributions sufficient to meet the annual minimum contribution required by the Plan; and, will receive no additional university contribution if the university's annual contribution for the plan year has already been made.

TAX CONSIDERATIONS WHEN TERMINATING MID-YEAR

The IRS prorates the maximum annual contributions when participation in a HDHP plan ends during the year. Any employee terminating during the plan year and not continuing HDHP coverage, either through the COBRA or another HDHP plan, should confirm contributions to their HSA were not made in excess of the IRS prorated maximum.

Details on the calculation of the IRS prorated maximum can be found in IRS publication 969. If contributions have exceeded the IRS prorated maximum, the employee must work with the bank custodian to resolve the excess contribution. Excess contributions not withdrawn from the HSA are subject to a 6% excise tax until withdrawn. The employee should be aware of the reporting requirements for excess contributions as detailed in the instructions for IRS Form 8889.



Indiana University Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: April 14, 2003

Updated: October 23, 2017

As the Plan Sponsor of employee health care plans, Indiana University is required by law to maintain the privacy and security of your individually identifiable health information. We protect the privacy of that information in accordance with federal and state privacy laws, as well as the university's policy. We are required to give you notice of our legal duties and privacy practices, and to follow the terms of this notice currently in effect.

This notice applies to all employees covered under an IU-sponsored health plan, but particularly those enrolled in IU self-funded plans.

How The Plan May Use and Disclose Protected Health Information about Members

Protected Health Information (PHI) is health information that relates to an identified person's physical or mental health, provision of health care, or payment for provision of health care, whether past, present or future and regardless of the form or medium, that is received or created by the Plan in the course of providing benefits under these Plans.

The following categories describe different ways in which Indiana University uses and discloses health information. For each of the categories Indiana University has provided an explanation and an example of how the information is used. Not every use or disclosure in a category will be listed. However, all of the ways Indiana University is permitted to use and disclose information will fall within one of the categories

Treatment

Health information may be reviewed to provide authorization of coverage for certain medical services or shared with providers involved in a member's treatment. For example, the Plan may obtain medical information from or give medical information to a hospital that asks the Plan for authorization of services on the member's behalf, or in conjunction with medical case management, disease management, or therapy management programs.

Payment

Medical information may be used and disclosed to providers so that they may bill and receive payment for a member's treatment and services. For example, a member's provider may give a medical diagnosis and procedure description on a request for payment made to the Plan's claim administrator; and the claim administrator may request clinical notes to determine if the service is covered. Similarly, a physician may submit medical information to a Business Associate for purposes of administering wellness program financial incentives. Medical information may also be shared with other covered entities for business purposes, such as determining the Plan's share of payment when a member is covered under more than one health plan.

Explanations of Payments are also mailed to the address of record for the employee, the primary insured.

Health Care Operations

Health information may be used or disclosed when needed

to administer the Plan. For example, Plan administration may include activities such as quality management, administration of wellness programs and incentives, to evaluate health care provider performance, underwriting, detection and investigation of fraud, data and information system management; and coordination of health care operations between health plan Business Associates. Genetic information will not be used or disclosed for health plan underwriting purposes.

Medical information may also be used to inform members about a health-related service or program, or to notify members about potential benefits. For example, we may work with other agencies or health care providers to offer programs such as complex or chronic condition management.

Individuals Involved in Your Care or Payment of Care

Unless otherwise specified, the plan may communicate health information in connection with the treatment, payment, and health care operations to the employee and/or any enrolled individual who is responsible for either the payment or care of an individual covered under the plan. Also, when a member authorizes another party in writing to be involved in their care or payment of care, the Plan may share health information with that party. For example, when an employee signs an authorization allowing a close friend to make medical decisions on his or her behalf, the Plan may disclose medical information to that friend.

Legal Proceedings, Government Oversight, or Disputes

Health information may be used or disclosed to an entity with health oversight responsibilities authorized by law, including HHS oversight of HIPAA compliance. For example, we may share information for monitoring of government programs or compliance with civil rights laws. Health information may also be disclosed in response to a subpoena, court or administrative order, or other lawful request by someone involved in a dispute or legal proceeding.

Research

Health information may be used or shared for health research. Use of this information for research is subject to either a special approval process, or removal of information that may directly identify you.

Uses and Disclosures Requiring Your Written Authorization

In all situations, other than the categories described above, we will ask for your written authorization before using or disclosing personal information about you. The Plan will not share member information for marketing purposes, including subsidized treatment communications, or the sale of member information without written permission. Members can also opt-out of fundraising communications with each solicitation. If you have given us an authorization, you may revoke it at any time. This revocation does not apply to any uses or disclosures already made in reliance on the authorization.

Mental health information, including psychological or psychiatric treatment records, and information relating to communicable diseases are subject to special protections under Indiana law. Release of such records or information requires written authorization or an appropriate court order.



Member Rights Regarding Protected Health Information

Right to Inspect and Copy

Members have the right to inspect and obtain a copy of the Protected Health Information maintained by the Plan including medical records and billing records

To inspect and copy PHI, members must submit in writing a request to the plan administrator. Requests to inspect and copy PHI may be denied under certain circumstances. If a member's request to inspect and copy has been denied written documentation stating the reason for the denial will be sent to the member.

Right to Amend

Members have the right to request an amendment to PHI if they feel the medical information is incorrect for as long as the information is maintained.

To request an amendment, members must submit requests, along with a reason that supports the request, in writing to the plan administrator.

The Plan may deny a member's request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, the Plan may deny a member's request to amend information that:

- Is not part of the information in which the member would be permitted to inspect or copy;
- Is not part of the information maintained by the Plan
- Is accurate and complete

Right to an Accounting of Disclosures

Members have the right to an accounting of PHI disclosures during the six years prior to the date of a request.

To request an accounting of disclosures, members must submit requests in writing to the plan administrator. Requests may not include permitted PHI disclosures made to carry out treatment, payment or health care operations included in the six categories listed above. The member's written request must include a date or range of dates and may not include any dates before the April 14, 2003, compliance date.

Right to Request Restrictions

Members have the right to request restrictions on certain uses and disclosures of Protected Health Information to carry out treatment, payment or health care operations. Members also have the right to request a limit on the information the Plan discloses to someone who is involved in the payment of your care; for example: a family member covered under the plan.

The Plan is not required to agree to your request. To request restrictions, members must submit requests in writing to the Plan. Requests must include the following: (1) information the member wants to limit; (2) whether the member wants to limit our use, disclosure or both; and (3) to whom the member wants the limit to apply, for example, disclosures to a spouse.

Right to Request Confidential Communications

Members have the right to request that the Plan communicate with them about health information in a certain way or at a certain location. For example, asking that the Plan contact a member only at work.

To request confidential communications, members must submit requests in writing to the health plan administrator and must include where and how members wish to be contacted. The Plan will accommodate all reasonable requests.

Right to Receive Breach Notification

If the Plan components or any of its Business Associates or the Business Associate's subcontractors experiences a breach of health information (as defined by HIPAA laws) that compromises the security or privacy of health information, members will be notified of the breach and any steps members should take to protect yourself from potential harm resulting from the breach.

Right to a Copy of This Notice

Members have the right to a copy of this Notice by e-mail. Members also have the right to request a paper copy of this notice. To obtain a copy, please contact the Privacy Administrator or visit <http://hr.iu.edu/benefits/privacynotice.pdf>.

Changes Made to This Notice

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed notice effective for Protected Health Information the Plan already has about members as well as any information received in the future. The new notice will be available on our web site, upon request, or by mail.

Right to File a Complaint

If a member believes that their privacy rights have been violated, they may file a complaint to the Privacy Administrator with Indiana University's Health Care Plans, see contact information below.

Members may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue S.W., Washington, D.C., 20201; calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

Indiana University will not retaliate against any member for filing a complaint.

Contact Information

Members may contact the health plan with any requests, questions or complaints. We will respond to all inquiries within 30 days after receiving a written request. The Plan will accommodate all reasonable requests.

Privacy Administrator
Poplars E165
400 E. Seventh Street
Bloomington, Indiana 47405-3085
812-856-1234
askHR@iu.edu

Personal Representatives

Members may exercise their rights through a personal representative. This person will be required to produce evidence of his/her authority to act on a member's behalf before they will be given access to PHI or allowed to take any action for a member. Proof of this authority may be one of the following forms:

- A power of attorney notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

IU Human Resources
400 East Seventh Street, Poplars E165
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