Who Qualifies for IU Retiree Status?

Employees with IU Retiree status at the time of separation are entitled to certain benefits such as IU Tuition Benefit, Life Insurance, and medical plans. This booklet refers to those with IU Retiree status.

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

<table>
<thead>
<tr>
<th>Age at Separation</th>
<th>Minimum Years of IU Service</th>
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</thead>
<tbody>
<tr>
<td>55</td>
<td>30</td>
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<td>56</td>
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<td>58</td>
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<td>59</td>
<td>22</td>
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<td>60*</td>
<td>20</td>
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<td>61*</td>
<td>18</td>
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<tr>
<td>62*</td>
<td>16</td>
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<td>63</td>
<td>14</td>
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<tr>
<td>64</td>
<td>12</td>
</tr>
<tr>
<td>65 or Over</td>
<td>10</td>
</tr>
</tbody>
</table>

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

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

Years of IU service means the years of full-time appointed service at Indiana University, excluding periods of leave of absence. However, sabbatical leaves and leaves for purposes of research of distinction are included.

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

To verify Retiree status, contact IU Human Resources at (812) 856-1234 or askHR@iu.edu.

Resources

INDIANA UNIVERSITY
For email, phone, or in-person sessions contact:
812-856-1234 • askhr@iu.edu

To learn about residual value of employee benefits:
Benefits After Separation
hr.iu.edu/benefits/rights/groups-index.html

FEDERAL AND STATE
Medicare.gov • 1-800-MEDICARE (800-633-4227)
SSA.gov • 1-800-772-1213

State Health Insurance Assistance Program (SHIP)
Ship is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. To find a SHIP representative, contact your state department of insurance or go to www.shiptacenter.org.

Healthcare.gov is for medical plan information and enrollment in the Health Insurance Marketplace for those under age 65.
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OVERVIEW OF BENEFITS & PRIVILEGES

Retiree Benefits

MEDICAL COVERAGE
Indiana University offers medical care plans for IU Retirees. These options include:

Retirees Under Age 65
- IU coverage through IU spouse
- COBRA (continue current IU medical plan)
- IU Retiree Anthem PPO HDHP

Retirees Age 65 and Over
- IU coverage through IU spouse
- IU Blue Retiree Plan

Retirees may enroll in an IU Retiree medical plan only if they are covered by an IU-sponsored medical plan at the time of separation from IU. Retirees pay the full cost of the plan. The majority of this booklet provides details to help Retirees make an informed, confident decision about medical care options in retirement.

GROUP INSURANCE
IU Retirees are automatically covered by the Retiree Life Insurance benefit paid for by the university. For those who separated with IU Retiree status on or after January 1, 2003, the amount is $6,000. Coverage for the difference between the amount of Retiree Life Insurance and Basic Group Life Insurance held as an active employee may be converted to an individual policy without providing proof of good health. See page 16 for more information.

IU TUITION BENEFIT
The IU Tuition Benefit helps pay for the cost of IU courses. This includes any online course or certificate that earns credit hours and is billed through the IU bursar, and audit hours for IU Employees, Retirees, and spouses. The benefit can also be used towards ACP and IU High School courses.

The benefit for IU Retirees is the same as the benefit for active employees. Your legal spouse and dependent children are eligible for this benefit as well. The benefit amount for Retirees and spouses is based on the Indiana resident rates at each campus and, in the case of some Retirees, on class standing. The dependent child benefit is a subsidy of 50% of the Indiana resident rate up to the completion of a bachelor’s degree of a maximum of 140 credit hours.

OF INTEREST
When taking a graduate-level class any benefit amount over $5,250 is considered taxable income by the IRS.

To apply for the IU Tuition Benefit, you (or your spouse/dependent) must first have applied and been accepted as a student at IU. Applications for the tuition benefit must be submitted by the deadline for each semester/term, and can be submitted for individual semesters/terms or for an entire academic year. Applications are available on the IU Benefits website at hr.iu.edu/benefits/tuition.html.
Retiree Privileges

Retiring doesn’t mean that you have to leave IU behind. We hope that you’ll continue to be involved with campus activities, enjoy fine arts performances, use the fitness facilities, and so much more. Here are some of the campus perks that you can enjoy as an IU Retiree.

CAMPUS INVOLVEMENT

A great way to stay connected to the university after retirement is through membership in a retiree organization. These organizations give Retirees the opportunity to connect with friends and former colleagues, remain involved with the university, and attend social functions and activities. Learn how to join or view a calendar of events by visiting the links below.

Retired IU Faculty & Staff
IU Retiree Association
iura.indiana.edu
P.O. Box 8393
Bloomington, IN 47407
iura@indiana.edu

Retired IU Faculty & Librarians
The Emeriti House
www.indiana.edu/~emeriti/index.shtml
1015 East Atwater Ave.
Bloomington, IN. 47401
812-855-3773
emeriti@indiana.edu

IUPUI Retired Faculty & Staff
IUPUI Senior Academy
senioracademy.iupui.edu
317-278-2444

TECHNOLOGY RESOURCES

Retired faculty and staff with a university email account prior to retirement can keep their account active without taking any action. If you wish to request your first email account after you retire, visit access.iu.edu/starterkit to get started. IU Retirees also retain access to One.IU, IU’s online task center. Retirees can log in to one.iu.edu to access the Employee Center where personal profile and tax information can be viewed or updated.

All IU Retirees retain access to existing accounts for the following services:

- Box (uits.iu.edu/box)
- Canvas (canvas.iu.edu)
- Google at IU (google.iu.edu)
- IT Training Courses (ittraining.iu.edu)

Additionally, Retired Faculty also retain access to:

- IUware (juware.iu.edu)
- IUAnyWare (iuanypeware.iu.edu)
- Office 365 (uits.iu.edu/office365)

Visit kb.iu.edu/d/dddx to view the full list of IU resources available to Retirees.

LIBRARY SERVICES

Retired faculty and staff retain access to the resources provided by their local IU library. Retirees may use their IU credentials to log into library-owned computers, connect to electronic resources from off campus, and access many library services. Contact your local IU library for information on checking out materials.

DISCOUNTS

In addition to the resources above, retirees who can sign in via IU Login may purchase discounted equipment through Dell and Apple. Visit kb.iu.edu/d/antk to learn how.

Retirees are also eligible for discounted cell service through AT&T. Visit kb.iu.edu/d/aqia to learn how to apply the discount to your service.

CrimsonPerks discounts may be available to Retirees with an IU Crimson Card, but that is dependent on each vendor. Visit crimsoncard.iu.edu to explore the deals and discounts available on each campus.

OTHER PRIVILEGES

Access to cultural and sports events, free transportation, exercise facilities, and parking discounts may also be available on some campuses. Contact your local IU office or facility for details.
IU Retiree Medical Coverage

Having adequate coverage for health expenses is one of the biggest concerns for employees nearing retirement. Some who are already age 65 want coverage to supplement Medicare; others need coverage to bridge the gap to Medicare or to cover their eligible children.

IU sponsors plans to meet both needs: For those under age 65, the Anthem PPO High Deductible Health Plan (HDHP) plan; for those eligible for Medicare, the IU Blue Retiree Plan.

**ELIGIBILITY**

Initial eligibility for IU-sponsored Retiree medical coverage requires that the Retiree:

- have IU Retiree Status, and
- be covered by an IU-sponsored employee medical plan at the time of separation.

Likewise, eligible dependents are those covered at the time of the Retiree’s separation, including the spouse and children under age 26. Children age 26 and older may continue to be covered if they qualify for disabled child eligibility. Proof that the child is fully disabled must be submitted in writing no later than 30 days prior to the date that their coverage would have ceased due to age.

To continue to be eligible for IU-sponsored medical coverage, there must be continuous enrollment in one of the following plans:

- a spouse’s active IU employee medical plan;
- COBRA continuation of an IU medical plan; or
- an IU Retiree plan.

You may not elect coverage as a Retiree and also receive coverage as the dependent of another IU employee or Retiree. Additionally, if both parents are eligible for IU coverage, only one may cover their eligible dependents. **Important:** Once you waive coverage, you not be eligible for IU-sponsored Retiree healthcare coverage in the future.

**ENROLLMENT**

Once your department finalizes your separation date, IU Human Resources will mail health plan information and enrollment forms to your home address. The university allows Retirees **60 days from the date of retirement to enroll** in an IU medical plan.

**PREMIUM COSTS**

The full cost of medical premiums are paid by the plan member. For those over age 65, plan premiums reflect the cost of services for the group of IU Retirees covered in the plan. For those under age 65, the Anthem PPO HDHP plan premiums are the same as COBRA continuation rates. Both plans’ premiums change each year based on inflation and group utilization, but they do not vary due to an individual’s age or gender as some private plans do.

**CONTINUED COVERAGE FOR SURVIVING SPOUSE & CHILDREN**

If you pass away while covered on an eligible IU Retiree medical plan, your surviving spouse and/or children covered on your plan may remain covered. If your eligible surviving spouse passes away, coverage continues for the remaining eligible children covered on the plan. Survivors must notify IU of the death and request continued enrollment in the plan.
Understanding Medicare

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

MEDICARE PARTS A & B
"ORIGINAL MEDICARE"

Part A–Hospital Services
Part A helps cover the cost of inpatient hospital stays, skilled nursing facility care, home health, and hospice services. In most cases there is no premium for Part A. The Retiree is responsible for deductibles, coinsurance, and expenses after certain limits are reached.

Part B–Outpatient Services
Part B helps cover visits with doctors and other health professionals, outpatient services and testing, certain home health services, ambulance services, mental health care, and durable medical equipment like wheelchairs and walkers. Benefits are generally subject to 20% coinsurance after the deductible has been met. Preventive services are covered at 100% when received from providers who accept Medicare assignment. In 2020, the standard Part B monthly premium is $144.60 (or higher depending on your income). To find your premium go to medicare.gov/your-medicare-costs.

MEDICARE PART C

Part C–Medicare Advantage (Parts A, B, & often D): Part C is another term for Medicare Advantage plans—a type of Medicare-approved plan run by private companies as an alternative to Original Medicare. These plans are not standardized, so premiums and out-of-pocket expenses vary by plan. You typically pay the Medicare Part B premium plus a single plan premium that includes prescription coverage. These plans have out-of-pocket expenses when you receive medical services. The result of which is often lower premiums, but higher out-of-pocket expenses. These plans also often have rules about accessing services, such as whether a referral is necessary to see a specialist, and if you are required to use a certain group of providers, doctors, facilities and suppliers that belong to the plan. A Medicare Advantage plan cannot be paired with a Medigap plan, or the IU Blue Retiree Plan. IU does not sponsor this type of plan.

MEDICARE PART D

Part D–Prescriptions: Part D is prescription coverage provided by various private insurance companies approved by Medicare. IU does not sponsor this type of plan. Medicare D is subsidized by the federal government. Coverage varies from basic plans to comprehensive coverage, and monthly premiums vary accordingly. These plans do not cover prescriptions outside the U.S.

MEDICARE ASSIGNMENT

If you are retired and also eligible for Medicare, Medicare becomes your primary insurer and pays your medical claims first, and the IU Blue Retiree plan pays second. If you receive services from a provider who accepts “Medicare assignment” this means they agree to accept the Medicare-allowed amount as full payment for Medicare-covered services, and you will not be responsible for any difference between the billed charge and the Medicare-allowed amount.

Using providers who accept Medicare assignment means that (1) your out-of-pocket costs may be less and (2) the provider will submit claims to Medicare on your behalf. In most cases providers who do not accept assignment can charge an additional 15% (called excess charges) and you may need to submit your own claims.

OF INTEREST

Once you enroll in Medicare, you are longer eligible to make or receive tax-free contributions to your Health Savings Account (HSA), and may be subject to prorated annual maximums. Turn to page 8 to learn more.
WHEN TO ENROLL

For most people Medicare eligibility begins at age 65. The deadline for signing up without penalty is three months after the month of your 65th birthday. However, Medicare can be delayed without penalty if you or your spouse still work at IU and are covered by an IU medical plan. In this case there is an eight month Medicare Special Enrollment Period starting when IU coverage, based on current employment, ends. It is important to note that COBRA isn’t considered coverage based on current employment and has no Medicare Special Enrollment Period when it ends. See page 21 for additional information on when to enroll in Medicare.

HOW TO ENROLL

Enrolling in Medicare starts at Medicare.gov or by calling your local Social Security office. The Medicare website also lists all the companies that offer standardized Medigap or Medicare Advantage plans available where you reside.

Understanding Medicare & Health Savings Accounts (HSA)

Enrolling in Medicare has a major impact on your ability to contribute to an HSA. IRS regulations regarding HSAs stipulate that if you are enrolled in a government-sponsored medical benefit, including Medicare Part A, B, or D, you are ineligible to make or receive tax-free contributions to an HSA. You can, however, continue to use your HSA funds tax-free for your qualified healthcare expenses as long as you own the account.

If you enroll in Medicare during your initial eligibility period (at age 65), you should stop contributing to your HSA prior to the first day of the month in which you turn 65, because your eligibility is based on your coverage status on the first day of the month.

If you enroll in Medicare after age 65 (after your initial eligibility period) you should stop contributing to your HSA at least six months before you plan to enroll in Medicare. When you sign up for benefits and are over age 65, Medicare will back-date your Medicare effective date retroactive six months or back to your 65th birthday, whichever is closest.

These retroactive effective dates for Medicare can cause you to be ineligible to make tax-free contributions to your HSA for several months of the prior year. This means you will need to calculate your prorated contribution maximum for the year. Any contributions made above that prorated maximum would be considered excess contributions, and must be withdrawn to avoid excess penalties.

CALCULATING YOUR PRORATED CONTRIBUTION MAXIMUM

If you retire or sign up for Medicare mid-year, the maximum amount you can contribute to your HSA will be prorated for the months you were eligible to make tax-free contributions. Details on calculating your IRS prorated maximum can be found in IRS Publication 969.

EXCESS CONTRIBUTIONS

Any contributions made above your prorated maximum would be considered excess contributions, and must be withdrawn to avoid tax penalties. For the excess contributions to appear as taxable income on your income taxes, you will need to request the removal before the end of December. However, you have until the tax deadline (generally April 15) of the following year to request the contribution removal in order to avoid the 6% excise tax. To do this, you will need to fill out an HSA Distribution Request Form that is found under Forms and Resources at iu.nyxhart.com.

If you have already spent all of your HSA funds, and are not able to request an excess contribution removal, you must understand the following when completing your taxes:

• Ineligible contributions made by you to the HSA would not be deductible from gross income and would be considered an excess contribution subject to a 6% excise tax on the contribution and any earnings;

• Ineligible contributions made by IU to the HSA would not be excludable from gross income and would be considered an excess contribution subject to a 6% excise tax on the contribution and any earnings.

Questions about the processes described above can be directed to Nyhart at (800) 284-8412.
Comparing IU & Private Plans

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

IU MEDICAL PLAN OPTIONS

The university sponsors the Blue Retiree plan for Retirees and spouses age 65 and older as a complement to Original Medicare. Retirees and spouses who need a plan to bridge them to age 65 have the Anthem PPO HDHP plan and COBRA, as described later in this booklet. Advantages to the IU plan options include:

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

MEDIGAP & MEDICARE ADVANTAGE

Medigap Plans

Medicare supplement plans sold by private companies and approved by Medicare are called Medigap plans. These plans are paired with Original Medicare to pay costs that Original Medicare doesn’t cover. Prescription coverage is obtained through a Medicare D plan also offered by private companies.

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

Medicare Advantage Plans

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

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

PREMIUM RATING METHODS

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

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

A detailed explanation can be found at Medicare.gov. Search for “costs of Medigap policies.”
Retirees & Spouses Age 65 +

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

IU BLUE RETIREE PLAN

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

The Blue Retiree Plan helps with medical costs in three significant ways described below. When Medicare pays part of the cost of a service, the Blue Retiree plan pays the remainder of charges allowed, but not paid for, by Medicare, such as deductibles and coinsurance.

Office Visit
Medicare allows a charge of $200 for an office visit. The Medicare B yearly deductible is $198, then 20% coinsurance for the remainder of the allowed amount. The Blue Retiree Plan pays the $198 deductible plus the 20% coinsurance.  

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

Inpatient Stay
Medicare pays all of an inpatient hospital stay except the Medicare Part A deductible. The Medicare A deductible for each admission is $1,408. The Blue Retiree Plan pays the $1,408 deductible.

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

The Blue Retiree Plan pays for some services not covered by Medicare. Examples include medical coverage outside the U.S. and skilled nursing in a facility after the Medicare benefit is exhausted. For medical care overseas, Medicare pays nothing and Anthem pays 100% of the charges using relevant currency conversion rates. In this case, the plan participant is generally required to pay the foreign healthcare provider then submit a claim for reimbursement from Anthem.

Medicare pays nothing after the first 100 days in a skilled nursing facility. Anthem then pays 80% and you pay 20%. When a provider does not participate (doesn’t accept assignment) with Medicare, Blue Retiree pays excess charges above the Medicare-allowed amounts. Medicare allows $100 for a specialist’s office visit. A non-participating specialist is allowed to bill you 115% of the Medicare allowed charge. Medicare pays $80 and Blue Retiree pays $35 (20% of allowed amount plus $15 of excess charges) and you pay nothing.

VISION COVERAGE

Enrollment in the Blue Retiree plan includes vision coverage through Anthem Blue View Vision. The vision benefit is for routine and corrective eye care only. Medicare does not generally cover routine eye exams for eyeglasses or contact lenses. However, Medicare Part B will cover an annual eye exam if you have diabetes or are at high risk for glaucoma. For medical treatment of the eyes (i.e. eye injuries, glaucoma, and retinal detachment), visit a medical eye care physician.

PRESCRIPTION DRUG COVERAGE

Original Medicare does not cover prescription medications, nor does Blue Retiree. To have coverage for prescriptions, you must enroll in a Medicare Part D plan. These plans are offered by private insurance companies approved by Medicare. Monthly premiums vary by plan—the average cost in 2020 is $42. The premium is in addition to your Medicare Part B premium. Find and enroll in a Medicare D drug plan at Medicare.gov.
### 2020 IU Blue Retiree Plan Summary

This is a summary description of Medicare and Blue Retiree coverages. For the most current information regarding Medicare coverage and additional details, visit [Medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227).

#### Medicare Complement Benefits

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

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Medicare Pays</th>
<th>Blue Retiree Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICARE PART A</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 60 days</td>
<td>Pays all but the deductible</td>
<td>$1,408 deductible</td>
<td>$0</td>
</tr>
<tr>
<td>61st to 90th day</td>
<td>Pays all but coinsurance</td>
<td>$352 daily coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>60 day lifetime reserve days</td>
<td>Pays all but coinsurance</td>
<td>$704 daily coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Continuous inpatient care after the Medicare lifetime reserve has been exhausted up to an additional 365 days</td>
<td>$0</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 20 days of skilled care</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>21st to 100th day of continued skilled care</td>
<td>Pays all but coinsurance</td>
<td>$176 daily coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Home Healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-custodial medical and nursing care</td>
<td>Pays 100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospice care (room and board is not covered)</td>
<td>Pays 100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>MEDICARE PART B</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual deductible</td>
<td>Plan pays after the deductible</td>
<td>$198 deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors’ care including visits in the office or while inpatient</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient services (includes surgeries, diagnostic services, physical therapy, x-rays)</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Clinical laboratory services</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Durable medical equipment such as wheelchairs, walkers, and hospital beds</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Mental health counseling</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80%</td>
<td>20%</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare designated preventive services* received from providers who accept Medicare assignment</td>
<td>100%</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Medicare Pays</th>
<th>Blue Retiree Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous inpatient days beyond an additional 365</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Skilled nursing facility after the 100th day</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Services outside the U.S.</td>
<td>$0</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Excess charges for providers that don’t accept Medicare assignment</td>
<td>$0</td>
<td>Up to limiting charge(^2) of 115% of the Medicare-allowable Amount</td>
<td>$0 for services with limiting charge(^2)</td>
</tr>
<tr>
<td>Out-of-hospital skilled private duty nursing, and visiting nurse’s association</td>
<td>$0</td>
<td>80% up to $5,000 max per year</td>
<td>20% + all costs above max benefit</td>
</tr>
<tr>
<td>Accidental dental</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Morbid obesity</td>
<td>$0</td>
<td>80%</td>
<td>20%</td>
</tr>
</tbody>
</table>

WELLNESS

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-Network—Member Pays</th>
<th>Out-of-Network—Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine dental exam</td>
<td>$5 copayment, no deductible</td>
<td>Costs above a $42 allowance</td>
</tr>
<tr>
<td>Hearing exam</td>
<td>$0</td>
<td>$50</td>
</tr>
</tbody>
</table>

\(^1\) Providers who haven’t signed a contract with Medicare to accept assignment can charge you for amounts in excess of Medicare’s Allowed Amount. Most doctors, providers, and suppliers accept assignment, but you should always check to make sure.

\(^2\) There is a limiting charge on what non-participating providers can bill Medicare enrollees—15 percent over what Medicare pays the nonparticipating provider. The limiting charge does not apply to all Medicare-covered services, like some durable medical equipment.

ANTHEM BLUE VIEW VISION

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-Network—Member Pays</th>
<th>Out-of-Network—Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual comprehensive eye exam and refraction(^1)</td>
<td>$5 copayment, no deductible</td>
<td>Costs above a $42 allowance</td>
</tr>
<tr>
<td>Eyeglass frames(^1) (Once every 24 months)</td>
<td>$130 allowance, then 20% off any balance</td>
<td>Costs above a $45 allowance</td>
</tr>
<tr>
<td>Standard eyeglass lenses(^1) (Once every 12 months)</td>
<td>$20 copayment</td>
<td>Costs above $40–$80 allowance</td>
</tr>
<tr>
<td>Contact lenses(^1) (Once every 12 months)</td>
<td>Specific allowances and discounts for elective and non-elective contact lenses. Highest level of benefit in-network. Some enhancements are not covered out-of-network.</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Medicare does not generally cover routine routine eye exams for eyeglasses or contact lenses. However, Medicare Part B will cover an annual eye exam if you have diabetes or are at high risk for glaucoma.

SILVER SNEAKERS

IU Blue Retiree benefits have been enhanced to include SilverSneakers for all plan participants. SilverSneakers is a no-cost fitness benefit with access to 15,000+ fitness locations nationwide.\(^1\) The program also includes online resources, guidance from fitness staff, signature classes\(^2\), social connections, and more. 88% of participants say SilverSneakers has improved their quality of life! To get started visit silversneakers.com/starthere to get your SilverSneakers member ID.

\(^1\) Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

\(^2\) Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
Retirees & Family Members Under Age 65

When a Retiree separates from the university before reaching age 65 (the age of Medicare eligibility), the Anthem PPO High Deductible Health Plan (HDHP) plan is available as a “bridge” plan to cover you until you are turn age 65 (Medicare eligible). Family members under age 65 are also eligible to enroll in this plan.

ANTHEM PPO HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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

<table>
<thead>
<tr>
<th>Anthem PPO HDHP 2020 Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>One participant</td>
</tr>
<tr>
<td>One participant and child(ren)</td>
</tr>
<tr>
<td>Retiree and spouse</td>
</tr>
<tr>
<td>Retiree and family</td>
</tr>
</tbody>
</table>

In-network benefits include:

- Preventive services are covered 100% by the plan when in-network providers are used.
- The annual medical deductible is $1,600 for single coverage and $3,200 for all other coverage levels.
- After the deductible a 20% coinsurance applies to other medical services including inpatient hospital, physician office services, durable medical equipment, laboratory testing, mental health, and transplants.
- After the deductible a 20% coinsurance applies to prescriptions. No deductible on preventive prescriptions. 30-day supply though retail pharmacies, 90-day supply available through mail order or at any CVS Pharmacy.
- Annual in-network medical and prescription expenses are capped each year by an out-of-pocket maximum of $3,200 for single coverage and $6,400 for all other coverage levels.

Network providers include Anthem Blue Access PPO providers nationwide and BCBS Global Core providers overseas. The CVS Caremark pharmacy network includes most retail chain pharmacies, such as CVS, Walmart, Target, and most supermarket pharmacy chains. Out-of-network services are covered but with higher out-of-pocket expenses.

COBRA CONTINUATION COVERAGE

In addition to the plans for Retirees, all employees enrolled in an employer medical or dental plan at the time of separation can temporarily continue their employer plan through COBRA.

Those age 65 or older at retirement can enroll directly into Medicare and the Blue Retiree plan. Those under age 65 can elect and remain in COBRA for 18 months or until reaching age 65, whichever comes first. If age 65 comes first the Retiree can enroll in Medicare at that time. If not yet eligible for Medicare when COBRA ends, the Anthem PPO HDHP plan is available until eligible to enroll in Medicare at 65. It is important to note that there is no penalty-free Medicare Special Enrollment Period when COBRA ends, so Retirees & spouses should enroll in Medicare when first eligible.

Many IU Retirees continue their dental plan for 18 months by electing it under COBRA. Monthly premium rates for 2020 are available at hr.iu.edu/benefits/cobra.html.

TRANSITIONING FROM PRE-65 TO POST-65 MEDICAL COVERAGE

Approximately a month before your and/or your spouse turn 65, the IU Benefits office will send you enrollment materials for the Blue Retiree Plan. Around the same time, you will need to apply for Medicare. If you or your spouse are nearing age 65, and have not received an enrollment packet, contact IU Human Resources at askhr@iu.edu or 812-856-1234.
Impact of Age on Eligibility and Premiums

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

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

### MONTHLY PREMIUMS WHEN SPOUSES ARE DIFFERENT AGES

**Scenario #1:** Kate, age 65, and her 64-year-old spouse, Paul, are covered under an IU medical plan at the time of her retirement. She elects the Blue Retiree plan. Paul is not yet eligible for Medicare, and enrolls in the Anthem PPO HDHP plan.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Kate</th>
<th>Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare A</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare B</td>
<td>$145</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare D (Rx)*</td>
<td>$30</td>
<td>$0</td>
</tr>
<tr>
<td>Blue Retiree</td>
<td>$196</td>
<td>$0</td>
</tr>
<tr>
<td>Anthem PPO HDHP**</td>
<td>$0</td>
<td>$363</td>
</tr>
</tbody>
</table>

**Individual Total =** $371 **$363**

**Total =** $734 per month

*Medicare D plans vary in coverage and premium $13 to $83.

**Scenario #2:** When Paul reaches age 65, he becomes eligible to enroll in Original Medicare. He elects the Blue Retiree plan, the same plan and premium as Kate. In this example, Paul enrolls in a different Medicare D prescription plan than Kate.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Kate</th>
<th>Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare A</td>
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</tr>
<tr>
<td>Blue Retiree</td>
<td>$196</td>
<td>$196</td>
</tr>
<tr>
<td>Anthem PPO HDHP**</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Individual Total =** $371 **$401**

**Total =** $772 per month

*Only for those under age 65*
Online & Mobile Resources for Retirees

Use the resources listed below to constantly have your IU Benefits at your fingertips.

ALL RETIREES

**Telemedicine - LiveHealth Online**
Participation in the Anthem Blue Retiree Plans or the Anthem PPO HDHP includes 24/7 access to Live Health Online, Anthem’s telemedicine service. LiveHealth Online gives you 24/7 access to board-certified doctors from your smartphone, tablet, or computer with a webcam. Visits typically last around 10 minutes and are covered 100% by the plan—this means you do not pay any out-of-pocket costs. The doctor can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.

Anthem LiveHealth Online also offers online psychology and psychiatry services as well as specialized pediatric medical practitioners. For more information or to sign up visit [LiveHealthOnline.com](http://LiveHealthOnline.com) or download the mobile app.

**Anthem’s Mobile App - Sydney Health**
Sydney is designed to deliver a simple, intuitive and more personal way to get information about your plan, your health and lots more. Count on Sydney to help you manage claims, track your spending, find care, understand your benefits, and get important information for you and everyone on your plan.

Through Sydney’s assistance you can ask about recent claims, quickly access your ID card, and understand important details about your benefits. Ready to get started? Add Sydney to your mobile device today.

IU HUMAN RESOURCES
For email, phone, or in-person consultations contact:
812-856-1234 • askhr@iu.edu
To learn about Retiree benefits:
hr.iu.edu/benefits/retirees.html

RETIREES AGE 65 & OVER

**Medicare ‘What’s Covered’ App**
Not sure if Medicare will cover your medical test or service? Medicare’s free “What’s covered” app delivers accurate cost and coverage information right on your smartphone. Now you can quickly see whether Medicare covers your service in the doctor’s office, the hospital, or anywhere else you use your phone.

Search or browse to learn what’s covered and not covered; how and when to get covered benefits; and basic cost information. You can also get a list of covered preventive services. What’s covered” is available for free on both the App Store and Google Play.

**SilverSneakers Go**
SilverSneakers GO is the fitness companion app that makes it easy for you to get fit, stay active, and develop healthy exercise habits. With this app you’re getting:

- Full 4-12 week workout programs for all fitness levels
- Find nearby fitness locations and classes
- Schedule exercise activities
- Get notifications for your scheduled activities
- Learn and master new moves and exercises
- Rate your workout experiences
- Log completed workouts & keep track of progress

Download the app from the App Store or Google Play to get started.
Benefits & Programs that End in Retirement

Upon your retirement, participation in some IU-sponsored benefits will end. The section below provides an overview of each benefit plan and your rights and privileges after retirement. Review the Benefits After Separation guide, available at hr.iu.edu/benefits/rights/groups-index.html for contacts and follow-up actions that are required to take advantage of any residual value that these benefit plans may provide.

GROUP LIFE INSURANCE

When you retire from the university, participation in IU’s Basic and Supplemental Life Insurance plans will end as of your date of retirement. Dependent/spouse coverage ends at the same time. However, the university will automatically enroll you in a Retiree Life Insurance benefit. The benefit amount is $6,000 for those who separate with IU Retiree status on or after January 1, 2003.

Coverage for the difference between the amount of active Basic Life Insurance and the amount of the Retiree benefit may be converted or ported to an individual life insurance policy without providing proof of good health. Supplemental Life Insurance may also be converted or ported up to the amount of coverage you held at the time of retirement. Your covered dependents may also purchase an individual policy up to the amount of coverage that was held at the time of your retirement.

To convert or port your policy, you must submit an application and pay the initial premium to the plan underwriter, The Standard, within 31 days of your retirement. Instructions and applications are available on the IU Benefits site at hr.iu.edu/benefits/basic.html.

SUPPLEMENTAL AD&D

When you retire from the university, participation in IU’s Supplemental AD&D plan will end as of your date of retirement. Dependent and/or spouse coverage ends at the same time.

Upon your retirement you can convert your Supplemental AD&D coverage to an individual policy without providing proof of good health. Conversion is only available if you are under age 70. Your covered dependent(s) may also purchase an individual policy up to the amount of coverage that was held at the time of your retirement.

To convert your policy, you must submit an application and pay the initial premium to the plan underwriter, The Standard, within 31 days of your retirement. Conversion information and applications are available on the IU Benefits website at hr.iu.edu/benefits/pai.html.

LONG TERM DISABILITY

When you retire from the university, participation in IU’s Long Term Disability plan will end as of your date of retirement.

Upon your retirement you can convert your LTD coverage to an individual policy without providing proof of good health. To convert your policy, you must submit an application and pay the initial premium to the plan underwriter, The Standard, within 31 days of your retirement. Conversion information and applications are available on the IU Benefits website at hr.iu.edu/benefits/ltd.html.

TAX SAVER BENEFIT (TSB) PLAN

When you retire from the university, participation in IU’s TSB plan will end as of your date of retirement. You will be entitled to be reimbursed for your eligible healthcare and dependent care expenses incurred through your date of retirement.

For the Healthcare Reimbursement account only, you can elect to continue participation in the plan through COBRA by making contributions on an after-tax basis. This would allow you to continue to incur eligible expenses for reimbursement past your retirement date. If you have a remaining balance in your TSB Healthcare Reimbursement account upon your retirement, you will receive a COBRA notice, election form, and instructions from Nyhart.

Regardless of whether you choose to continue enrollment through COBRA, claims for expenses must be submitted by the deadline of the following plan year (February 28 for TSB Healthcare claims; April 15 for TSB Dependent Care claims). Any unclaimed funds after this date are forfeited.
HEALTH SAVINGS ACCOUNT (HSA)
Participation in the HSA ends when your participation as an active employee in the high deductible health plan (HDHP) is discontinued. Once you retire, you are no longer eligible to make tax-free HSA contributions. However, the money in your account is yours until you spend it.

Upon termination of IU eligibility, the HSA custodian, Nyhart, will notify you of options for transferring your HSA funds and investments to a personal HSA not associated with the university, or other options provided for by IRS Code. You will also be responsible for the HSA account maintenance fees. Review page 8 of this guide for important information about the effects of Medicare on HSA eligibility.

EMPLOYEE WELL-BEING PROGRAMS
Eligibility for the following well-being programs will end as of your date of retirement:
• 24-Hour Nurseline
• Castlight Health
• Care.com Premium Membership
• Care.com Backup Care
• Employee Assistance Program
• Quit for Life® Tobacco Cessation Program
• WW–Weight Watchers Reimagined

IU-Sponsored Retirement Plans
You are not required to cash-out or transfer your IU retirement plan accounts upon retirement. When you retire you can leave your accumulations in your existing account(s), withdraw all or a portion of your accumulations (subject to any applicable income taxes and/or penalties), or roll over all or a portion of your accumulations to an eligible retirement plan or individual retirement account (IRA).

It is important to note that federal law requires that you begin receiving at least a partial distribution from your retirement plan accounts on or before the “required beginning date.” The required beginning date is April 1 of the calendar year following the year you reach age 70½ or terminate employment with Indiana University, whichever is later. For those turning age 70½ after January 1, 2020, the required beginning date is April 1 of the calendar year following the year you reach age 72 or terminate employment with Indiana University, whichever is later. This is known as a required minimum distribution or RMD.

Your retirement plan vendor will be able to assist you with your application for retirement and, if applicable, help you set up account distributions.

Separation Pay for Staff
Approximately 2-3 months prior to your retirement date, contact askhr@iu.edu and ask for a separation payout estimate. You may also request help in setting up a rollover of some or all of these funds to a supplemental retirement account to defer the taxes on your final payout, if desired.

To learn which types and amounts of time off accruals are eligible to be paid out as separation pay, review the Benefits After Separation Guide, available at hr.iu.edu/benefits/rights/groups-index.html.
Frequently Asked Questions

RETIREE STATUS

Q. Does my time as an hourly employee at IU count towards my years of service?
A. No. "Years of IU Service" means the years of full-time appointed service at Indiana University, excluding periods of leave without pay. However, sabbatical leaves and leaves for purposes of research of distinction are included.

Q. Can I return to work after I retire?
A. Returning to a paid IU position is possible, however the rules of a bona fide separation must be followed. A bona fide separation consists of the following requirements: a 30-day break in employment, plus arrangements for post-retirement employment (verbal and/or written) cannot be made prior to your retirement.

IU BENEFITS

Q. When does my Retiree health insurance start?
A. Your effective date of coverage will be retroactive back to your retirement date, or, in the case of COBRA, back to the date when your coverage under COBRA ended.

Q. How long do I have to elect COBRA coverage?
A. COBRA coverage for medical, dental, and/or TSB plan coverage must be elected within 60 days of your retirement date.

Q. Do I need to re-enroll in medical insurance each year to participate?
A. No. Coverage under your IU-sponsored Retiree medical plan will continue each year until you cancel your coverage. Each year, typically in November, Retirees are sent plan information for the following year including any plan changes and/or premium adjustments. If coverage is not canceled, your coverage will continue and your contributions will be automatically adjusted to reflect the new rate. Participants can cancel coverage at any time; however, once coverage is canceled you will not be able to re-enroll in the future.

Q. Can I cancel my medical coverage at any time?
A. Yes. To cancel Anthem PPO HDHP enrollment, contact IU Human Resources at askhr@iu.edu or (812) 856-1234. To cancel Blue Retiree plan enrollment, contact Anthem directly at (800) 345-2460. Remember, once coverage is canceled you will not be able to re-enroll in the future.

Q. Who do I contact with questions about billing?
A. Contact IU Human Resources at askhr@iu.edu or (812) 856-1234.

Q. How do I change my coverage if I experience a life event such as marriage, divorce, or the death of a family member?
A. Certain mid-year changes in enrollment are allowed if they are due to an IRS-qualifying Life Event. You must notify IU Human Resources within 30 days of the event at askhr@iu.edu or (812) 856-1234 to make changes to your IU Retiree benefits.

Q. Can I use my HSA to pay for my healthcare expenses as a Retiree?
A. Yes. For however long you maintain a balance in your HSA account you can continue to use that balance tax-free for IRS qualified health expenses.

Additionally, when you turn age 65, the IRS allows you to use the funds in your HSA for other expenses as well. Any funds that you use for non-qualified health expenses (i.e. rent, groceries, vacation, etc.) you would need to report at year end as “taxable income” and pay taxes on the amount spent, however, you would not have to pay any penalty for using those funds for non-health related expenses.
Annual Federal Notices

Employers, like IU, are required to provide notices about the rights and responsibilities participants have related to healthcare coverage. For the full text of these notices visit hr.iu.edu/benefits/federal_notices.htm.

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

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

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

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

Newborns and Mother’s Health Protection Act (NMHPA)
Benefits for hospital length of stay in connection with childbirth, for the mother or newborn child, may not be restricted beyond minimum guidelines as described in this act. IU meets this requirement.

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

Notice of Special Enrollment Rights
IU employees may change health care coverage during the year when there are specified changes in their status and there is immediate notification to the employer. Guidelines for these changes and notification parameters are detailed in this Federal Notice.

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

YOUR GOALS. YOUR CHOICES. YOUR RETIREMENT.

You’ve had a long, successful career at IU and now you’re thinking about the next phase of your life: retirement. The process is fairly easy, but it’s important to plan ahead to make the transition from active employment to retirement as seamless as possible. You can retire and begin to receive IU Retiree benefits any time after you become eligible—that is, when you meet the age and service requirements for official IU Retiree Status. Use this checklist to help prepare for this important life change and navigate decisions about your health and financial benefits.

1–2 YEARS PRIOR TO RETIREMENT

☐ Attend a retirement education workshop, presentation, and/or webinar to learn about retirement income, financial planning, and healthcare costs in retirement. Some find that attending multiple sessions or attending the same session at different times in the process can be helpful. Visit hr.iu.edu/benefits/retirement-events.html for a schedule of events.

☐ Contact IU Human Resources at askhr@iu.edu or (812) 856-1234 to discuss your eligibility for Retiree status and learn how to maximize your benefits during your last years of employment. It’s also important to start thinking about your healthcare needs in retirement and learning about the options and cost of IU Retiree benefits.

☐ If they aren’t already covered on your plan, add any dependents you want to cover in retirement to your IU healthcare plan(s) the year before you retire. Dependents must be covered on your active employee medical plan on your retirement date to be eligible for coverage on your IU Retiree plan.

☐ Create a free mySocialSecurity account to receive personalized estimates of future benefits based on your real earnings, see your latest statement, and review your earnings history. To get started visit www.ssa.gov.

☐ Think about maximizing your Health Savings Account (HSA) and supplemental retirement plan contributions. You can also take advantage of catch-up contribution provisions, if applicable.

3–6 MONTHS PRIOR TO RETIREMENT

☐ Contact IU Human Resources at askhr@iu.edu or (812) 856-1234 to review Retiree benefits and learn about your retirement savings options.

☐ Contact your retirement investment vendor(s) to review your account projections, learn about the income options available to you in retirement, and request a retirement application.

☐ PERF participants: Contact INPRS at (844) 464-6777 or use their online benefit calculator (available at myinprsretirement.org/calculators/retirement-benefit/perf/) for an estimate of your PERF retirement benefits. You can also complete your PERF retirement application by logging in to your online account (this can take up to 90 days to process).

☐ All other IU-sponsored retirement plans: Schedule an appointment with Fidelity at (800) 343-0860 or TIAA at (800)842-2252.

☐ Review the Benefits After Separation guide (available at hr.iu.edu/benefits/rights/groups-index.html) to learn how your retirement will affect your benefits and to review the conversion options available for your Supplemental Life, Long Term Disability, and Supplemental AD&D Insurance.

☐ Contact the Social Security Administration at 800-772-1213 or visit www.ssa.gov to determine your eligibility for Social Security and Medicare benefits. You can sign up for Social Security before, after, or at the same time that you sign up for Medicare.
2–3 MONTHS PRIOR TO RETIREMENT

☐ Determine when to enroll in Medicare:

☐ If you are under age 65, and are not receiving Social Security benefits, it is a good idea to apply for Medicare Parts A & B three months before you turn 65. If you enroll in the 3 months prior to turning 65, your Medicare coverage will start on the first day of the month you turn 65, or, if your birthday is on the first day of the month, the first day of the prior month.

☐ If you are turning age 65 near your retirement date, contact IU Human Resources at askhr@iu.edu or (812) 856-1234 for guidelines on enrollment timing.

☐ If you are age 65 or older, you should enroll in Medicare during your Special Enrollment Period (SEP), which is the 8-month period that begins the month after your employment ends or your group coverage ends, whichever happens first. Your Medicare coverage start date will be set six months back, or back to your 65th birthday, whichever is closest. Medicare Certifications must be requested, at the earliest, 90 days prior to your retirement date.

☐ Re-evaluate your Health Savings Account (HSA) enrollment. With enrollment in Medicare, you are no longer eligible to make or receive contributions to your HSA. See the FAQ on pages 15–16 for additional considerations.

☐ Staff Employees: Contact askhr@iu.edu and ask for a separation payout estimate. You may also request help in setting up a rollover of some or all of these funds to a supplemental retirement account to defer the taxes on your final payout, if desired.

1 MONTH PRIOR TO RETIREMENT

☐ Consider notifying your department of your intent to retire at least two weeks prior to your retirement date. Your ability to begin retiree benefits is driven by the date your department processes your retirement in IU’s system.

☐ Decide what to do with your retirement savings. You can leave your funds in their current account(s), request a distribution, or roll over all or a portion of your funds into an eligible retirement plan (e.g. an IRA). Important: Your investment vendor cannot release your distributions or rollovers until they have confirmation of your retirement. This is provided once your department has processed your retirement with IU.

☐ Log in to the Employee Center through One.IU to update your home address and beneficiaries for your Supplemental AD&D and Life Insurance, if applicable. It is also important to update your beneficiaries directly with Fidelity, TIAA, and/or PERF for your retirement savings accounts, and with Nyhart for your Health Savings Account (HSA).

☐ Visit the IU Knowledge Base at https://kb.iu.edu/d/dddx to learn about IU Retiree access to IU resources such as email, library services, software, and IU system accounts.

AFTER RETIREMENT

☐ Once your retirement is processed, IU Human Resources will mail health plan information and enrollment forms to your home address. You have 60 days from the date of retirement to enroll in an IU Retiree medical plan. NOTE: if you waive medical coverage at any point, you will not be eligible for IU-sponsored Retiree medical coverage in the future.

☐ Contact askhr@iu.edu or (812) 856-1234 any time your address changes. It is important keep your contact information up to date so we can send you the annual Open Enrollment information and keep you up-to-date on IU and your benefits.
Notes
This booklet highlights the main features of the Indiana University Retiree healthcare plans. While this booklet is intended to be as accurate as possible, the explanations are subject to the detailed provisions of the plan documents or insurance certificates. If there is any difference between the information in this booklet and the official documents, those will govern. Medicare information is summary only and details can be found at Medicare.gov.