INDIANA UNIVERSITY
IU RETIREE BENEFIT OPTIONS
2022 PLAN YEAR
MESSAGE
FROM IU HUMAN RESOURCES

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

Who is this guide for?
As a current or future retiree, this guide was created to provide you with information on the benefits and privileges of IU Retiree Status. Details inside include your options for medical coverage, instructions on how and when to enroll in retiree benefits, answers to frequently asked questions, a retirement checklist, and more.

Do I qualify for IU Retiree Status?
IU Retiree Status is reached when you meet the age and service criteria listed in the table below. Before retiring, be sure to contact AskHR at askhr@iu.edu or 812-856-1234 to confirm your years of service and eligibility.

<table>
<thead>
<tr>
<th>Age at Separation</th>
<th>Minimum Years of IU Service</th>
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<tbody>
<tr>
<td>55</td>
<td>30</td>
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<td>56</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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<td>62*</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>

*Employees covered by PERF and separating at age 60, 61, or 62 reach Retiree Status with at least 15 years of IU service.

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

Years of IU service means the years of full-time appointed service at IU. Sabbatical leaves and leaves for purposes of research of distinction are included in this calculation, however some periods of leave without pay may not be counted.

The 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.
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OVERVIEW OF BENEFITS & PRIVILEGES

IU Retiree Benefits

MEDICAL COVERAGE
Indiana University offers medical coverage for IU retirees at all stages. Whether you are already age 65 and need coverage to supplement Medicare, or you need to bridge the gap to Medicare and cover eligible dependents—there are options to keep yourself and your dependents covered. These include:

Retirees Under Age 65
- IU coverage through IU spouse
- COBRA (continue current IU medical plan)
- IU Anthem Under 65 (U65) PPO HDHP

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

You are only eligible for IU retiree medical coverage if you are covered by an IU-sponsored medical plan at the time of your separation. You pay the full cost for coverage for yourself and your dependents. If you waive retiree coverage, you will not be eligible for IU-sponsored retiree medical coverage in the future. The majority of this booklet provides details to help you make informed, confident decisions about healthcare options in retirement.

GROUP INSURANCE
IU retirees are automatically covered by a $6,000 Retiree Life Insurance benefit, which is fully paid by the university. 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 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 or a maximum of 140 credit hours.

To apply for the IU Tuition Benefit, you (or your spouse/dependent) must first apply and be accepted as a student at IU. Applications for the IU 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 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, Spouses, and Partners
IU Retiree Association
iura.indiana.edu
P.O. Box 8393, Bloomington, IN 47407
iura@indiana.edu

Retired IU Faculty & Librarians
The Emeriti House
emeritihouse.indiana.edu
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

Faculty and staff with a university email account prior to retirement can keep their account without taking any action. If you wish to request your first email account after you retire, visit access.iu.edu/starterkit. Retirees also retain access to one.iu.edu, IU’s online task center, where you can access the Employee Center to update your personal profile and tax information. Access to additional IU technology resources may be available to retirees. Visit kb.iu.edu/d/dddx for details.

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

Retirees are eligible for discounted cell service through AT&T. Visit kb.iu.edu/d/aquia to learn how to apply the discount to your service. CrimsonPerks 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 sporting 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 healthcare is one of the biggest concerns for employees nearing retirement. IU offers both transitional coverage for retirees and dependents under age 65, and coverage to supplemental Medicare for those age 65 and over.

**ELIGIBILITY**

Initial eligibility for IU-sponsored retiree medical coverage requires that you:

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

Likewise, eligible dependents are your spouse and children under age 26 who are covered on your medical plan at the time of your separation. 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 remain eligible for IU-sponsored medical coverage, you must be continuously enrolled in one of the following:

- a spouse’s active IU employee medical plan;
- COBRA continuation coverage of an IU medical plan;
- 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 you and your spouse are both are eligible for IU coverage, only one of your may cover your eligible dependents. **Important:** Once you waive coverage, you will not be eligible for IU-sponsored Retiree healthcare coverage in the future.

**WHEN & HOW TO ENROLL**

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**

You are responsible for the full cost of medical premiums. 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 U65 PPO HDHP plan premiums are the same as COBRA continuation rates. Both plans’ premiums are subject to change each year based on group utilization, but they do not vary due to an individual’s age or gender.

**CONTINUING COVERAGE FOR YOUR 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.
MEDICARE COVERAGE

Medicare Coverage
A basic understanding of Medicare is helpful in understanding how IU-sponsored plans can benefit you. Medicare is the federal government’s healthcare insurance program 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 of Medicare coverage. 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 2022, the standard Part B monthly premium is $170.10 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.
Options for Coverage

There are generally two options for achieving "complete" coverage with Medicare.

**OPTION 1—ORIGINAL MEDICARE + PART D + SUPPLEMENT PLAN**

The first option includes enrolling in Original Medicare (Parts A & B). You can enhance your coverage with a Part D plan for prescriptions, and a Medicare supplement plan (such as IU's Blue Retiree Plan or a Medigap plan) to cover some or all of the costs not covered by Original Medicare.

**IU Blue Retiree Plan**

The IU Blue Retiree Plan pairs with Original Medicare to pay costs that Original Medicare doesn’t cover. Advantages to this option include:

- IU plans offer affordable coverage, and, unlike many private plans, premiums do not increase based on age or gender.
- Dedicated IU staff available to provide individual assistance and answers to questions.
- IU coverage continues year to year unless you choose to stop participating.

**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. These plans are standardized by Medicare for easy comparison. The IU Blue Retiree Plan most closely resembles a Medigap Plan G. The most notable difference is that the IU Blue Retiree Plan covers the Part B deductible, while a Medigap plan does not.

The cost of Medigap policies can vary widely. Each insurance company sets its own premiums. When considering plans, in addition to comparing the coverage, it is important to understand how Medigap policies are priced. 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](https://www.medicare.gov). Search for “costs of Medigap policies.”

**IU vs. Private Plans**

Participants are encouraged to compare the available IU plans with plans offered to the public or through private 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 will generally have higher out-of-pocket costs. Likewise, plans with little or no out-of-pocket costs will generally have higher premiums.

The total premium costs for supplement plans includes the plan premium, plus the Medicare Part B premium you pay to Medicare, plus the Part D premium for prescriptions. With this combination there is little if any out-of-pocket medical costs.

**OPTION 2—MEDICARE ADVANTAGE PLAN (PART C)**

The other option is to enroll in a Medicare Advantage (Part C) plan. 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.
WHEN & HOW TO ENROLL

For most people, Medicare eligibility begins at age 65. However, Medicare can be delayed without penalty if you or your spouse still work at IU and you are covered by an IU medical plan. In that case you have an eight month Special Enrollment Period (SEP) that starts when your IU coverage ends. It’s important to note that COBRA is not considered coverage based on current employment, therefore has no Medicare SEP when it ends. You can learn more about Medicare sign up periods at Medicare.gov.

There are certain cases where your Medicare coverage will be applied retroactively up to six months. This means your eligibility to make or receive tax-free HSA contributions could be lost retroactively, possibly into the previous tax year. Read the next page carefully to learn more.

Before you decide to enroll in Medicare, you should first contact IU Human Resources to discuss your status under IU benefits and verify that enrollment in Medicare makes sense for you. When the time does comes to enroll, simply visit Medicare.gov or call your local Social Security office.

Medicare & Health Savings Accounts (HSA)

According to IRS regulations, if you are enrolled in a government-sponsored medical benefit (including Medicare), you are ineligible to make or receive tax-free contributions to an HSA. This means that any contributions made by you or the university after you enroll in Medicare are considered ineligible and potentially subject to a 6% excise tax and income taxes.

To potentially avoid these taxes you can stop HSA contributions before your Medicare coverage begins. This date could differ depending on your age and when you enroll. Coverage always starts on the first day of the month, and is applied retroactively in some cases:

- If you enroll during your Initial Enrollment Period (7-month period around your 65th birthday), your Medicare coverage begins the month you turn age 65.
- If you enroll during your Special Enrollment Period (8-month period that begins when you lose your group health coverage), your Medicare coverage begins retroactively six months prior to the date you enrolled in Medicare, or your 65th birthday (whichever is closest).

• If you are automatically enrolled due to applying for Social Security benefits at age 65 or older, your Medicare coverage begins retroactively six months prior to the date you enrolled in Medicare, or your 65th birthday (whichever is closest).

If tax-free HSA contributions are made by you or the university after you enroll in Medicare, you can still avoid the 6% excise tax by removing the ineligible (“excess”) contributions from your account in the same tax year they’re made, and reporting them as taxable income on your annual return.

- Step 1: Calculate your prorated annual contribution maximum: HSA contribution limits are based on the tax year (Jan- Dec). If you’re not eligible for all 12 months, IRS rules state that your annual contribution limit must be prorated to reflect only the months that you were eligible. Details on calculating your IRS prorated maximum can be found in IRS Publication 969.

- Step 2: Withdraw excess contributions: Any contributions made above your prorated maximum are considered "excess", and must be withdrawn to avoid the 6% excise tax. To initiate the withdrawal, you must complete an HSA Distribution Request Form, found under Forms and Resources at iu.nyhart.com. You have until the tax deadline (generally April 15) of the following year to request the withdrawal.

If you have already spent all of your HSA funds, and are not able to request an excess contribution withdrawal, you must pay a 6% excise tax on any excess contributions and earnings.

The reporting requirements for excess contributions are detailed in the Instructions for IRS Form 8889. Questions about the processes described above can be directed to Nyhart at (800) 284-8412 or by email to support@nyhart.com.
Retirees & Family Members Under Age 65

ANTHEM U65 PPO HDHP

If you separate from the university before age 65, the Anthem U65 PPO HDHP is available as a “bridge” to cover you until you are eligible for Medicare. Family members under age 65 are also eligible to enroll in this plan.

MEDICAL, VISION, & PRESCRIPTION COVERAGE

This plan offers the same comprehensive medical, vision, and prescription coverage, and broad provider network, as the plan available to active employees.

<table>
<thead>
<tr>
<th>2022 Monthly Premiums</th>
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<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:

- In-network preventive services covered at 100%
- In-network deductible: $1,700 for individual coverage and $3,400 for all other coverage levels
- After the deductible a 20% coinsurance applies to other medical services including inpatient hospital, physician office visits, durable medical equipment, lab testing, mental health, and transplants.
- After the deductible a 20% coinsurance applies to prescriptions. There is no deductible on preventive prescriptions. A 30-day supply is available through retail, and a 90-day supply is available through mail order or at any CVS Pharmacy. Specialty drugs are only available through mail order.
- In-network out-of-pocket maximum is $3,400 for individual coverage and $6,800 for all other levels.

Network providers include Blue Access PPO providers in Indiana, BlueCard PPO providers nationally, and Blue Cross Blue Shield Global Core providers overseas. The CVS Caremark pharmacy network includes most retail chain pharmacies, such as CVS, Walmart, Target, and Kroger. Out-of-network services are covered but with higher out-of-pocket costs.

Transitioning to Age 65+ (IU Blue Retiree) Coverage

Approximately a month before your and/or your spouse turn 65, the IU Benefits office will send you enrollment materials for the IU 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.

DENTAL COVERAGE

IU does not offer a retiree dental plan. Continuation of your IU Dental Plan coverage is available for 18 months through COBRA (see the section below for details). Dental coverage is also available for purchase from private insurance companies.

COBRA CONTINUATION COVERAGE

Medical Coverage

If you are under age 65 at retirement, you can elect to continue your employee medical coverage through COBRA for 18 months immediately following your retirement, or until you reach age 65, whichever comes first. If age 65 comes first you can enroll in Medicare at that time. If not, the Anthem U65 PPO HDHP is available until you turn age 65. It is also important to note that there is no penalty-free Medicare Special Enrollment Period when COBRA ends, so you and your spouse should enroll in Medicare when you are first eligible.

Dental Coverage

If you are enrolled in the IU Dental Plan at retirement, you can elect to continue your coverage through COBRA for 18 months immediately following your retirement.

You are responsible for the full cost of premiums for COBRA coverage. Monthly premium rates for 2022 are available at hr.iu.edu/benefits/cobra.html.
Retirees & Spouses Age 65+

IU BLUE RETIREE PLAN

The IU Blue Retiree Plan is designed specifically for IU Retirees and spouses age 65 and older who are enrolled in Medicare. It’s not a standardized Medicare supplement (Medigap) plan, though it acts in much the same way as a Medicare Type G supplement. The most notable difference is that the IU Blue Retiree Plan covers the Part B deductible, while a Type G plan does not.

MEDICAL COVERAGE

Original Medicare pays for much, but not all, of the cost for covered healthcare services and supplies. The IU Blue Retiree Plan can help pay some of the remaining costs such as copays, coinsurance, and deductibles, and offers coverage for some services that are not covered by Medicare. Here are some examples to illustrate how the IU Blue Retiree plan helps with medical costs:

Office Visit
Medicare allows a charge of $250 for an office visit. The Medicare B annual deductible is $233, then 20% coinsurance for the remainder of the allowed amount. The Blue Retiree Plan pays the $233 deductible plus the 20% coinsurance.
Result: You have no out-of-pocket costs.

Inpatient Stay
Medicare pays all of the costs for an inpatient hospital stay except the Medicare A deductible. The Medicare A deductible for each admission is $1,556. The Blue Retiree Plan pays the $1,556 deductible.
Result: You have no out-of-pocket costs.

Additionally, the IU Blue Retiree Plan pays for some services that are 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. In this case, the plan participant is generally required to pay the foreign healthcare provider then submit a claim for reimbursement from Anthem. For skilled nursing facility visits, Medicare pays nothing after the first 100 days, where Anthem pays 80% of the charges (you pay 20%).

When a provider does not accept Medicare assignment, the IU Blue Retiree Plan pays excess charges above the Medicare-allowed amounts. For example, the Medicare-allowed amount for a specialist office visit is $100. A non-participating specialist is allowed to bill you for an amount equal to 115% of the Medicare-allowed amount. So, in this instance, Medicare would pay $80, the IU Blue Retiree Plan would pay $35 (20% of allowed amount plus $15 of excess charges), and you would pay nothing.

VISION COVERAGE

Enrollment in the IU Blue Retiree plan includes vision coverage through Anthem Blue View Vision. 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 professional.

PRESCRIPTION DRUG COVERAGE

Original Medicare does not cover prescriptions, nor does the IU Blue Retiree Plan. 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 2022 is $35. Find and enroll in a Medicare D drug plan at Medicare.gov.

DENTAL COVERAGE

IU does not offer a Retiree dental plan. Continuation of your IU Dental Plan coverage is available for 18 months immediately after your retirement through COBRA. Medicare does not offer dental coverage, but the IU Blue Retiree Plan does offer an annual $125 allowance for dental services. Dental coverage is also available for purchase from private insurance companies.
**Anthem IU Blue Retiree Plan Summary**

This is a summary description of Medicare and IU Blue Retiree coverage. For the most current information regarding Medicare coverage, 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><strong>Inpatient Hospital Facility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 60 days</td>
<td>Pays all but the deductible</td>
<td>$1,556</td>
<td>$0</td>
</tr>
<tr>
<td>61st to 90th day</td>
<td>Pays all but coinsurance</td>
<td>$389</td>
<td>$0</td>
</tr>
<tr>
<td>60 day lifetime reserve days</td>
<td>Pays all but coinsurance</td>
<td>$778</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><strong>Skilled Nursing Facility</strong></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>$194.50</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Home Health</strong></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>$233</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/your-guide-to-medicare’s-preventive-services).

## 2022 Monthly Premiums

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Premium ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Participant</td>
<td>$195.67</td>
</tr>
<tr>
<td>Retiree or surviving spouse</td>
<td>$195.67</td>
</tr>
<tr>
<td>Retiree and Spouse</td>
<td>$390.06</td>
</tr>
</tbody>
</table>

### 2022 Plan Year

15 Retiree Benefit Options 2022 Plan Year
**Major Medical Benefits**

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

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

<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 assignment¹</td>
<td>$0</td>
<td>Up to the limiting charge² of 115% of the Medicare-allowable Amount</td>
<td>$0 for services with a limiting charge²</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 maximum per year</td>
<td>20% and all costs above the maximum 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>
<tr>
<td>Doctors’ care including office visits or while inpatient</td>
<td>80%</td>
<td>20%</td>
<td>$0</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.

**Wellness Benefits**

<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>Dental services</td>
<td>$0</td>
<td>$125</td>
<td>Amounts above $125</td>
</tr>
<tr>
<td>Hearing exam</td>
<td>$0</td>
<td>$50</td>
<td>Amounts above $50</td>
</tr>
</tbody>
</table>

**Anthem Blue View Vision** Visit hr.iu.edu/benefits/retireeblue.html for a full summary of vision benefits.

<table>
<thead>
<tr>
<th>Services</th>
<th>In-Network Provider–Member Pays</th>
<th>Out-of-Network Provider–Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual comprehensive eye exam and refraction¹</td>
<td>$5 copay, no deductible</td>
<td>Costs above a $42 allowance</td>
</tr>
<tr>
<td>Vision Wear (contacts, frames, and lenses²)</td>
<td>Optional savings available from Blue View Vision In-Network Providers only.</td>
<td></td>
</tr>
</tbody>
</table>

¹ 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.

² SilverSneakers

IU Blue Retiree benefits 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 workouts, guidance from fitness staff, fitness classes designed for seniors, access to healthy living discounts, a fitness app, 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.
Impact of Age on Eligibility and Premiums

The age you are when you retire, and the age of any enrolled family members, will be important factors when choosing a medical plan. For example, many individuals may only need to supplement Medicare with the IU Blue Retiree plan while others might choose the Anthem PPO HDHP 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.

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Carey</th>
<th>Charlie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare A</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare B</td>
<td>$170</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare D (Rx)*</td>
<td>$35</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>$407</td>
</tr>
<tr>
<td><strong>Individual Total</strong></td>
<td><strong>$401</strong></td>
<td><strong>$407</strong></td>
</tr>
<tr>
<td><strong>Total =</strong></td>
<td><strong>$808 per month</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Medicare D plans vary in coverage and premium $7 to $89.
**Only for those under age 65

Scenario #2: Charlie reaches Medicare eligibility at age 65 and elects the IU Blue Retiree plan, the same plan and premium as Carey. In this example, Charlie enrolls in a different Medicare D prescription plan than Carey.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Carey</th>
<th>Charlie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare A</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Medicare B</td>
<td>$170</td>
<td>$170</td>
</tr>
<tr>
<td>Medicare D (Rx)*</td>
<td>$35</td>
<td>$65</td>
</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>
<tr>
<td><strong>Individual Total</strong></td>
<td><strong>$401</strong></td>
<td><strong>$431</strong></td>
</tr>
<tr>
<td><strong>Total =</strong></td>
<td><strong>$832 per month</strong></td>
<td></td>
</tr>
</tbody>
</table>
Online & Mobile Resources for Retirees

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

ALL RETIREES

Telehealth - LiveHealth Online
Participation in the Anthem Blue Retiree Plan or the Anthem PPO HDHP includes 24/7 access to Live Health Online, Anthem’s telehealth 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 only cost around $59 per visit. 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 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.

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:

- 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 and programs will end. The section below provides details on each benefit plan and your rights and privileges after retirement. Review the Benefits After Separation guide 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.

Upon retirement with IU Retiree Status, the university will automatically enroll you in a $6,000 Retiree Life Insurance benefit. This policy covers only the Retiree and is fully paid by the university.

Coverage for the difference between the amount of Basic Life Insurance and the amount of the Retiree benefit may be converted or ported to an individual 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 a 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 ACCIDENTAL DEATH & DISMEMBERMENT (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.

You can convert your Supplemental AD&D coverage to an individual policy without providing proof of good health as long as 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 a 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 (LTD)

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

FLEXIBLE SPENDING ACCOUNTS (FSA)

When you retire from the university, participation in the Healthcare and Dependent Care FSA will end as of your date of retirement. You are entitled to be reimbursed for your eligible healthcare and dependent care expenses incurred through your date of retirement.

For the Healthcare FSAs 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 Healthcare FSA 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 Healthcare FSA claims; April 15 for Dependent Care FSA claims). Any unclaimed funds after this date are forfeited.

HEALTH SAVINGS ACCOUNT (HSA)

Participation in the IU-sponsored HSA ends when your participation as an active employee in a high deductible health plan (HDHP) is discontinued. Once you retire, you are no longer eligible to make tax-free HSA contributions. However, as long as you are enrolled in an HDHP (including IU’s under 65 retiree plan), you can make after-tax contributions to your account and report them as taxable income on your annual return. Upon termination of IU eligibility, Nyhart will notify you of options for transferring
your funds to an individual account, or other options allowed by IRS Code. You will also be responsible for any account maintenance fees. The money in your account is yours until you spend it. Review page 8 of this guide for important information about the effects of Medicare enrollment on HSA eligibility.

FAMILY & WELL-BEING BENEFITS

Eligibility for the following family and well-being benefits will also end as of your date of retirement:

- 24-Hour Nurse Line
- Castlight Health
- Care@Work Membership/Services
- Healthy IU Programs
- Quit for Life® Tobacco Cessation Program
- SupportLinc Employee Assistance Program (EAP)
- WW–Weight Watchers Reimagined

Retirement Plans

University and employee contributions to IU-sponsored retirement plans end when you retire, but you have options for the funds in your accounts. During your final years of employment, you should meet with your investment vendor(s) on a regular basis to clarify any questions you may have about your accounts, investments, or accumulations. Meetings with retirement planners from Fidelity and PERF are available at no cost to IU employees and retirees, so it’s important that you meet with them often and have a plan in place before you retire.

Approximately 3-6 months prior to your retirement date you should contact your investment vendor(s) to review your account projections and request a retirement application.

- **PERF participants**: Contact INPRS at (844) 464-6777. You can also complete your retirement application by logging in to your online account (processing can take up to 90 days).

- **All other IU-sponsored retirement plans**: Schedule an appointment with one of IU's dedicated Fidelity Workplace Financial Consultants at (800) 343-0860. If you have funds remaining at TIAA, you can contact them at the number listed on your account statement.

It’s important to note that federal law requires that you begin receiving at least a partial distribution from your retirement accounts on or before April 1 of the calendar year following the year you reach age 72 or terminate IU employment, whichever is later. This is known as a required minimum distribution or RMD. Failure to withdraw the required minimum distribution annually by the applicable deadline can result in substantial tax penalties.

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 about the types and amounts of time off accruals that are eligible for 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. Sabbatical leaves and leaves for purposes of research of distinction are included in the "Years of Service" calculation, however some periods of leave without pay may not be counted.

**Q. Can I return to work after I retire?**
**A.** Accessing retirement account funds and returning to a paid IU position is possible; however, the IRS 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. If the bona fide separation rules are not followed, you can work for IU; however, per IRS rules, you will not be eligible to withdraw from your retirement account.

**IU BENEFITS**

**Q. When does my retiree medical 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. Does IU offer a retiree dental plan?**
**A.** No. Retirees can utilize 18 months of COBRA to continue existing IU Dental Plan coverage. Additionally, retirees on the IU Blue Retiree Plan have an annual $125 allowance for dental services. Dental coverage is also available for purchase from private insurance companies.

**Q. Do I need to re-enroll in medical insurance each year?**
**A.** No. Coverage under your IU-sponsored retiree medical plan will continue each year until you cancel your coverage. Each fall, retirees are sent plan information for the following year including any premium adjustments. If coverage is not canceled, it will continue and your contributions will be automatically adjusted to reflect the new rate.

**Q. Can I cancel my medical coverage at any time?**
**A.** Yes. To cancel enrollment contact IU Human Resources at askhr@iu.edu or 812-856-1234. 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.

**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.) must be reported as “taxable income” on your annual tax return, but you do not have to pay any penalties.
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 and dental 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.

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

Notice of Privacy Practices
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.

You’ve had a long, successful career at IU and now you’re thinking about the next phase of your life—retirement. 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.

Remember: Consultations with Fidelity and PERF are available at no cost. It’s important that you meet with an advisor often and have a plan in place before you retire. Schedule an appointment with Fidelity at fidelity.com/schedule or 800-642-7131, or with PERF by contacting INPRS at bookwithinprs.timetap.com or 844-464-6777.

1–2 YEARS PRIOR TO RETIREMENT

☐ Attend the Road to Retirement webinar series to learn about retirement income, Medicare and Social Security, healthcare costs in retirement, IU retiree status and benefits, and more. Some find that attending the same session at different times in the process can be helpful. The series is held twice a year in the spring and fall. Visit hr.iu.edu/benefits/road-to-retire.html for details.

☐ Contact IU Human Resources at askhr@iu.edu or 812-856-1234 to discuss retiree status eligibility and learn how to maximize your benefits during your last years of employment. You should also start thinking about your healthcare needs in retirement and learning about the options and cost of benefits. Visit hr.iu.edu/benefits/retirees.html to get started.

☐ 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 medical 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 may also be eligible to make catch-up contributions. Review HSA and retirement contribution limits at hr.iu.edu/benefits.

3–6 MONTHS PRIOR TO RETIREMENT

☐ Contact IU Human Resources at askhr@iu.edu or 812-856-1234 to schedule an appointment to review your retirement options and verify your eligibility for retiree status and benefits.

☐ Remember, IU doesn’t offer a dental plan for retirees. Think about your dental needs in retirement, and start learning about the options and costs including COBRA coverage and plans offered by private insurance companies.

☐ 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:** Get a personalized estimate of your benefits and complete your retirement application by logging in to your online account at in.gov/inprs (the application can take up to 90 days to process). Contact INPRS at 844-464-6777 if you do not have online account access set up.

- **Fidelity:** Schedule an appointment with Fidelity at fidelity.com/schedule or 800-642-7131. If you have funds remaining at TIAA, you can contact them at the number listed on your account statement.

☐ 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.

☐ Contact Social Security at 800-772-1213 or visit www.ssa.gov to determine your eligibility for Social Security and Medicare. 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 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 group health coverage ends. Your Medicare coverage will be applied retroactively to six months prior to the date you enrolled in Medicare or 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 tax-free HSA contributions. Learn more at hr.iu.edu/benefits/medical-plans/hsa-medicare.html.

☐ **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.

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, and can take up to 30 days.

☐ 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 and/or PERF for your retirement savings accounts, and with Nyhart for your Health Savings Account (HSA).

☐ Visit the IU Knowledge Base at 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.
INDIANA UNIVERSITY
For questions or one-on-one consultations contact:
IU Human Resources 812-856-1234 | askhr@iu.edu

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

For information or assistance with your retirement plan accounts:
Fidelity 800-343-0860 | Netbenefits.com/Indiana
PERF 844-GO-INPRS | in.gov/inprs

FEDERAL AND STATE
Medicare 800-MEDICARE (633-4227) | Medicare.gov

Social Security Administration 800-772-1213 | ssa.gov

State Health Insurance Assistance Program (SHIP)
SHIPs provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers. To find a SHIP representative visit www.shiptacenter.org.

Health Insurance Marketplace 800-318-2596 | Healthcare.gov
This resource helps individuals and families shop for and enroll in health insurance. If you have family members under age 65 without health coverage, you can point them to this resource to find coverage.
This booklet highlights the main features of the Indiana University Retiree benefit 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.