



INDIANA UNIVERSITY

BENEFITS AFTER SEPARATION

A GUIDE IN TRANSFER OR TERMINATION

FOR STUDENT ACADEMIC APPOINTEES, FELLOWSHIP RECIPIENTS,
AND POSTDOCTORAL FELLOWS

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FOREWORD

Indiana University offers a variety of benefit plans for its Student Academic Appointees (SAAs), Fellowship Recipients, and Postdoctoral Fellows, including life insurance, medical and dental coverage, and a voluntary retirement plan. This booklet describes participant rights and responsibilities associated with termination of coverage for each of these benefit plans.

Upon termination from the university or transfer to an ineligible class or position, active participation in group insurance, medical, and dental care ceases. However, participants in these plans have certain rights and privileges.

This booklet provides an overview of each benefit plan, the opportunities available after participation ceases, and contacts and follow-up actions that are required to take advantage of any residual value that these benefit plans may provide. Follow-up is the responsibility of each enrollee after coverage ceases. Some actions must take place within specific time frames, e.g. 31 days for conversion of insurance policies and 60 days for COBRA medical and dental plan continuation.

Material in this booklet is for informational purposes only and is not intended to serve as a legal interpretation of benefits. Indiana University reserves the right to amend or terminate all or any part of its benefit program. The information in this booklet describes termination rights and responsibilities for plans as of January 1, 2023.

QUESTIONS?

Indiana University may be contacted at:

IU Human Resources

T (812) 856-1234 | **F** (812) 855-3409

askhr@iu.edu

hr.iu.edu/benefits

MEDICAL & DENTAL PLANS

BENEFIT SUMMARY

Indiana University sponsors comprehensive medical care plans for eligible Student Academic Appointees (SAAs), Fellowship Recipients, and Postdoctoral Fellows. Benefits are administered by Anthem, and include medical, prescription drug, mental health/substance abuse, vision, and transplant coverage. The university also sponsors a dental plan for SAAs and Postdoctoral Fellows administered by Cigna Dental Health, Inc. ("Cigna"), and a dental plan for Fellowship Recipients administered by Anthem.

ELIGIBILITY

The following individuals are eligible for IU-sponsored healthcare coverage:

- Student Academic Appointees appointed at 37.5% FTE or greater
- Fellowship Recipients with an award of \$5,625 or more each semester, Fall and/or Spring, and enrolled in a minimum of six credit hours each semester (summer excluded)
- Appointed Postdoctoral Fellows (e.g. T-32 grants)

Spouses and children who meet the dependent eligibility requirements may also be covered.

DISCONTINUATION OF ACTIVE PARTICIPATION

Participation in IU-sponsored medical or dental coverage ends on the date that:

- the plan terminates; or
- you terminate or you are no longer an eligible individual.

Coverage for your dependents terminates when:

- you fail to make all required contributions; or
- your coverage terminates; or
- they become eligible for employee coverage; or
- they cease to meet the definition of a dependent; or
- all dependent coverage is discontinued under the plan.

RIGHTS AFTER PARTICIPATION ENDS

Under federal law, enrollees have the right to continue health care coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA), and in the case of termination for reason of military service, under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

COBRA Continuation Coverage

You and your covered dependents have the opportunity to temporarily extend your healthcare coverage (called COBRA continuation coverage) at group rates in instances where coverage under the plan would otherwise end. You and/or your dependents are responsible for the entire cost of COBRA coverage plus a 2% administrative charge.

COBRA continuation coverage is offered only to "qualified beneficiaries" and only after a "qualifying event" has occurred. A qualified beneficiary is a Student Academic Appointee, Fellowship Recipient, or Appointed Postdoctoral Fellow who was covered by an IU-sponsored health plan on the day before a qualifying event occurred, and their covered spouse and child(ren). Qualifying events are events that cause an individual to lose IU-sponsored health coverage.

As a covered Student Academic Appointee, Fellowship Recipient, or Appointed Postdoctoral Fellow, COBRA coverage is available to you when your healthcare coverage is lost due to the following qualifying events:

- a reduction in work hours, or

- termination of employment (other than for gross misconduct).

Your covered dependents also have a right to elect COBRA coverage (independent from you) if they lose healthcare coverage due to any of the following qualifying events:

- you pass away;
- termination of your employment (other than for gross misconduct) or reduction in your work hours at IU;
- divorce or legal separation from you;
- you become entitled to Medicare; or
- they cease to meet the definition of a dependent.

Coverage is extended only to those who are covered at the time of termination and may only continue at the level of coverage that was in effect on the day of termination, or a lower level of coverage.

Required Notice. Under COBRA regulations, you or your dependents must inform the university if the qualifying event is a divorce, legal separation, or a child losing their qualifying status. Such notice must be within 30 days of the later of the following dates: date of the event, or the date on which coverage would end under the plan because of the event.

Electing COBRA Coverage. When the university determines that you or your dependents have experienced a qualifying event, IU will provide you with written notice of your COBRA rights and an application for coverage. You and/or your dependents have 60 days to elect coverage from:

- the date of the qualifying event; or
- the date of the COBRA offer letter, whichever is later.

Each qualified beneficiary has a separate right to elect continuation coverage, but a parent may elect to continue coverage on behalf of any/all qualified children. You or your spouse can elect continuation coverage on behalf of all of the qualified beneficiaries. If you elect COBRA coverage and have a newborn child placed with you for adoption, then that child will be considered a dependent for COBRA purposes.

When deciding whether or not to elect continuation coverage, you should take into account any other group health plan options that are available to you and your family (such as a spouse's plan). When you lose coverage, you have the right to request HIPAA Special Enrollment in another group health plan for which you are otherwise eligible within 30 days after your IU-sponsored health coverage ends.

You may also consider other healthcare coverage options through the Health Insurance Marketplace or Medicaid. Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov and www.medicaid.gov.

Length of Coverage. The length of COBRA coverage is between 18 and 36 months depending on the type of qualifying event:

- 18 months when coverage is lost due to termination (other than for gross misconduct) or reduction in hours;
- 36 months when coverage is lost due to death, divorce, legal separation, or a child's losing qualifying status; or
- 29 months when coverage is lost and the enrollee becomes disabled within 60 days of termination.

Reasons COBRA May End. If you do not elect COBRA within 60 days, the option to reinstate IU-sponsored coverage ends and you will not have coverage beyond the date your coverage as an active employee ended. COBRA coverage may also terminate for any of the following reasons:

- premiums are not paid on time;
- the enrollee gains coverage under another group health plan which does not limit coverage for an enrollee's pre-existing condition;
- the enrollee becomes entitled to Medicare;
- the enrollee's COBRA coverage was extended due to disability, and there is a final determination that the enrollee is no longer disabled;
- IU no longer provides group health coverage to any employees; and/or

COBRA benefits are provided subject to continued eligibility for coverage. Indiana University has the right to terminate COBRA coverage retroactive to the date that eligibility ends.

USERRA Health Plan Protection

If you terminate employment to perform military service, you have the right under USERRA to elect continued IU-sponsored health plan coverage, including coverage for your dependents, for up to 24 months while in the military. The university administers this coverage by extending your COBRA eligibility period to a total of 24 months. You are responsible for the entire premium plus a 2% administration fee.

Even if you don't elect to continue coverage during military service, you have the right to reinstate IU-sponsored health plan coverage upon reemployment, generally without any waiting periods or exclusions, except for service-connected illnesses or injuries.

For additional information on USERRA health plan rights, contact the Veterans' Employment and Training Service (VETS) at 1-866-4-USA-DOL or visit their web site at www.dol.gov/agencies/vets. An interactive online USERRA Advisor is also at webapps.dol.gov/elaws/vets/userra. This is only an overview of USERRA health plan coverage rights. Actual coverage may vary depending on circumstances.

CUSTOMER SERVICE

Questions about initiating COBRA coverage may be directed to:

IU Human Resources

(812) 856-1234

askhr@iu.edu

For claim questions, contact the respective health plan claim administrator:

Medical

SAA/PostDoc Fellows: Anthem—(844) 736-0920

Fellowship Recipients: Anthem—(833) 363-1429

Dental

SAA/PostDoc Fellows: Cigna—(800) 244-6224

Fellowship Recipients: Anthem—(877) 604-2142

PARTICIPANT RESPONSIBILITIES

Summary of actions that you must take:

1. Notify the university within 30 days of a life event such as divorce, or when a child loses eligibility.
2. Notify the university if termination is for military service.
3. Submit application to elect COBRA within 60 days of:
 - the date coverage ended; or
 - the date of the COBRA offer letter, whichever is later.
4. Pay initial COBRA premiums to-date within 45 days of electing COBRA.
5. Pay monthly COBRA premiums on time.
6. During COBRA coverage, notify the university of changes that will affect communications or eligibility, including:
 - address changes;
 - changes in marital status;
 - changes in disability status;
 - entitlement under Medicare; or
 - coverage under another group health plan.

GROUP LIFE AND AD&D INSURANCE

BENEFIT SUMMARY

Indiana University provides Basic Life Insurance to eligible enrollees. The amount of coverage is \$20,000 for eligible enrollees under 65 (the benefit is reduced for those ages 65 and older). The university also provides Basic AD&D Insurance to eligible enrollees in an amount equal to the enrollee's Basic Life benefit. Accident Insurance benefits will reduce the same as the Life Insurance benefits. Indiana University pays the cost of this coverage. The policy number for Student Academic Appointees is **00241681-01**. The policy number for Fellowship Recipients is **00241681-02**. The policies are underwritten by Anthem Life Insurance.

ELIGIBILITY

Basic Life and Accidental Death & Dismemberment insurance is available to all eligible Student Academic Appointees, Fellowship Recipients, and Postdoctoral Fellows enrolled in IU-sponsored medical and dental coverage.

DISCONTINUATION OF ACTIVE PARTICIPATION

Participation ends on the date that the you:

- terminate from the university; or
- cease to be a member of the eligible class for coverage.

RIGHTS AFTER PARTICIPATION ENDS

When coverage ceases under this group policy due to you terminating or ceasing to be in an eligible class for coverage, the Basic Life portion of the policy may be converted to an individual whole life insurance policy without providing proof of good health. The amount of individual insurance purchased may not be more than the amount for which you were insured under this group policy when coverage ceased.

You must apply for an individual policy and pay the first premium within 31 days of termination. This 31 day period is the conversion period. The policy will not take effect until the end of the conversion period. If you pass away during the 31 day conversion period, and prior to becoming insured under a policy again, an amount of insurance equal to the maximum amount for which you were entitled to convert will be paid as a death benefit.

Every effort is made to provide a conversion offer upon discontinuation of Basic Life coverage; however, it is your responsibility to convert the policy in a timely manner, whether or not a conversion offer is extended at the time of termination.

CUSTOMER SERVICE

To obtain information on converting Basic Life Insurance to an individual policy, contact IU Human Resources at (812) 856-4650 or askhr@iu.edu.

PARTICIPANT RESPONSIBILITIES

Summary of actions that you must take:

1. When IU-sponsored group life ends, complete the [Conversion Application](#) if you wish to convert your coverage. Note: the group policy number for Student Academic Appointees is **00241681-01**, and for Fellowship Recipients is **00241681-02**.

Mail your completed application with your premium payment to the policy underwriter, Anthem, at the address listed on the form within 31 days of the date your group coverage ended.

2. Notify Anthem of any future address, beneficiary changes and/or name changes.

IU 457(B) RETIREMENT PLAN

(STUDENT ACADEMIC APPOINTEES ONLY)

BENEFIT SUMMARY

The IU 457(b) Retirement Plan is a defined contribution plan established in accordance with Internal Revenue Code Section 457(b). A defined contribution plan provides for an individual account for each participant, and benefits are based solely on the value of the account (contributions plus or minus investment gains or losses).

You make all contributions to the plan through payroll deduction. Contributions may be made on a pre-tax or after-tax Roth basis, and can be a flat-dollar amount or a percentage of pay. Contributions made to the plan are immediately 100% vested and nonforfeitable.

This is a participant-directed plan which means that each enrollee is responsible for directing the investment of his or her plan account. You may only withdraw funds from your plan account upon termination from Indiana University.

ELIGIBILITY

All IU employees are eligible to participate in the IU 457(b) Retirement Plan.

DISCONTINUATION OF ACTIVE PARTICIPATION

You are no longer eligible to make salary deferrals to the plan as of the date your employment terminates. Salary deferrals will stop being made to the plan with your last regular paycheck. You have the same rights as active participants, except that no additional salary deferrals can be made to the plan.

RIGHTS AFTER PARTICIPATION ENDS

You are always 100% vested in your 457(b) Plan account after termination of IU employment. You are not required to cash-out or transfer your account upon termination of employment. You may:

- leave accumulations in the plan account and continue to manage investments;
- withdraw all or a portion of plan account accumulations (subject to income taxes and/or penalty taxes); or
- roll over all or a portion of plan account accumulations to an eligible retirement plan (e.g., an individual retirement account (IRA)).

After terminating employment, you will be responsible for handling most transactions related to your account directly with the investment company.

PLAN DISTRIBUTIONS & WITHDRAWALS

You can withdraw funds from your account while still employed by IU if you are age 59 ½ or older (only funds held at Fidelity), or at any age after your IU employment ends. You may choose to receive a distribution in any legally permissible form permitted by an authorized investment company, including a single sum distribution of cash, an annuity, or installments. Distributions are allowed for former employees rehired into non-eligible positions if the rehired employee has at least a continuous 30-day break in service from their last day of employment.

Mandatory Federal income Tax Withholding. Plan distributions are generally subject to a 20% mandatory federal income tax withholding rate. This mandatory withholding will reduce the amount you actually receive upon withdrawing funds from the plan. However, the amount withheld will be credited against any taxes you owe for the year when you file your annual tax return. There are exceptions to the mandatory federal income tax withholding rule, including receiving the plan distribution as a lifetime annuity payment or directly rolling over the plan distribution to an eligible retirement plan (e.g., an IRA).

Roth Qualified Distributions. Distributions of Roth contributions are tax-free when they are a "qualified distribution." A distribution is considered "qualified" if it is made after a five-year holding period and is made either on or after the date you reach age 59½, made after you pass away, or attributable to your being disabled. The five-year holding period begins on January 1 of the year the first Roth contribution is made.

Required Minimum Distributions (RMDs). Federal law requires you must begin receiving at least a partial distribution of your tax-deferred retirement account funds by April 1 of the calendar year following the year you reach age 72, or upon retirement/separation, whichever is later. Failure to withdraw the RMD annually by the applicable deadline can result in substantial tax penalties.

REEMPLOYMENT AT IU AFTER RETIREMENT

IRS regulations state that employees who retire from IU must have a continuous 30-day break in service, also known as a bona fide separation, to access retirement funds from IU-sponsored retirement plans or PERF. To comply with this regulation, distributions from IU retirement plans are allowed for former employees rehired into non-eligible retirement plan positions if they have had at least a continuous 30-day break in service from their last day of employment. All IU positions, including part-time positions, are subject to this provision. In addition to the 30-day break, there must be no pre-arranged (written or verbal) agreement for reemployment.

CUSTOMER SERVICE

For assistance with questions or concerns regarding investment accounts, contact:

Fidelity Investments
900 Salem Street
Smithfield, RI 02917
(800) 343-0860
www.netbenefits.com/indiana

PARTICIPANT RESPONSIBILITIES

1. Handle withdrawals and rollovers directly with the investment company.
2. Continue to direct the investment of their plan account.
3. Notify the investment company of any name, address, and/or beneficiary changes.
4. Begin to receive required minimum distributions by April 1 of the calendar year following the year you reach age 72, or upon retirement/separation, whichever is later.

FAMILY/WELL-BEING PROGRAMS

BENEFIT SUMMARY

Depending on your classification, you may be eligible for additional family and well-being programs including:

- Care@Work by Care.com
- SupportLinc Employee Assistance Program (EAP)
- 24-Hour Nurseline
- Telehealth

DISCONTINUATION OF ACTIVE PARTICIPATION

You are no longer eligible to participate in the programs listed above as an employee as of the date your employment terminates or you are no longer an eligible employee. If you wish to continue your Care.com membership, contact the company directly to inquire about individual membership.



Indiana University Healthcare Plans Notice of Privacy Practices

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

Effective Date: April 14, 2003

Updated: March 23, 2023

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

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

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

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

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

Treatment

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

Payment

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

Explanations of Payments may be mailed to the physical or email address of record for the employee, the primary insured.

Health Care Operations

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

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

Individuals Involved in Your Care or Payment of Care

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

Legal Proceedings, Government Oversight, or Disputes

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

Research

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

Uses & Disclosures Requiring Your Written Authorization

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



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

Member Rights Regarding Protected Health Information

Right to Inspect and Copy

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

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

Right to Amend

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

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

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

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

Right to an Accounting of Disclosures

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

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

Right to Request Restrictions

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

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

Right to Request Confidential Communications

Members have the right to request that the Plan communicate with them about health information in a certain way or at a certain

location. For example, asking that the Plan contact a member only at work.

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

Right to Receive Breach Notification

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

Right to a Copy of This Notice

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

Changes Made to This Notice

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

Right to File a Complaint

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

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

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

Contact Information

Members may contact the health plan with any requests, questions or complaints. We will respond to all inquiries within 15 days after receiving a written request. The Plan will accommodate all reasonable requests.

Privacy Administrator
2709 E. 10th Street, Ste 321
Bloomington, IN 47408
812-856-1234 | askhr@iu.edu

Personal Representatives

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

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

IU HUMAN RESOURCES

T (812) 856 1234 | F (812) 855 3409
askhr@iu.edu
hr.iu.edu/benefits

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