OPEN ENROLLMENT
for Academic & Staff Employees of Indiana University
NOVEMBER 11–22, 2019

MEDICAL  TAX SAVINGS  LIFE  DENTAL  ACCIDENT

2020 PLAN YEAR
Important Reminders

1. The elections you make during Open Enrollment will stay in place all year, unless you experience an IRS-qualified life event. Qualifying life events consist of both family changes such as having a baby or getting married, and employment changes such as taking a leave of absence. When you experience a qualifying life event you have 30 days from the date of the event to make changes to your benefits.

2. If you take no action during Open Enrollment, your existing coverage options will “roll over” into 2020, with the exception of the Tax Saver Benefit plan and the Tobacco-free Affidavit premium reduction. These two benefits require an annual election to enroll.

3. Enrolling your dependents for the first time requires documentation. If you are adding a spouse or child for the first time, be sure to submit the required documentation (i.e. marriage certificate or birth certificate).

4. You can change and resubmit your elections as many times as you need until the end of Open Enrollment. With each submission you will receive a new email notice confirming your elections. Please review each notice for accuracy. Changes to your benefit elections cannot be made after the close of Open Enrollment. If you do not have internet access, contact IU Human Resources for assistance.

Have questions about your benefits? Need help with enrollment? Just ask.

812-856-1234 | askhr@iu.edu
It’s time for Open Enrollment—Your annual opportunity to review and make benefit plan changes.

Even if you are happy with your elections from last year, it’s always a good practice to review and confirm that you’ve signed up for the right plans for you and your family. Take the time to review your options; otherwise, you’ll have to wait until the next Open Enrollment period to make changes, unless you experience an IRS-qualified life event (such as getting married or having a baby).

Open Enrollment is November 11–22, 2019

Once a year, you have the opportunity to make enrollment changes in the following benefit plans:

- Medical (including Tobacco-free Affidavit)
- Dental
- Supplemental AD&D Insurance (formerly Personal Accident Insurance)
- Tax Saver Benefit (TSB) Reimbursement Accounts
- Health Savings Account (HSA)

This year, you also have a special opportunity to make enrollment changes in the following benefit plan:

- Supplemental Life Insurance (including NEW Dependent Life Insurance)

This booklet provides information for consideration in changing or re-enrolling in these benefits, or enrolling for the first time. View the checklist on page 3 of this guide for instructions on how and when to make benefit elections.

Enroll & Verify

From November 11 to 22, use the Employee Center in one.iu.edu to process your enrollment. After completing online enrollment, confirmation of your elections will be sent via IU email. Check your email confirmation carefully to verify your selections. If you do not receive an immediate email confirmation, the enrollment process was not completed. If you do not have internet access, contact IU Human Resources for assistance.

Effective Date of Changes is January 1, 2020

All Open Enrollment changes are effective January 1, 2020. IRS regulations require that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined qualifying life event. Certain life events, such as marriage, divorce, or the birth of a child, allow a corresponding change to your elections, but only within 30 days of the event. An exception is that you can make changes to your HSA contribution amount at any time during the year.

Be sure to bookmark the Open Enrollment website

GO.IU.EDU/OE

your destination for all Open Enrollment-related information!

QUESTIONS? ASKHR@IU.EDU | 812.856.1234 | HR.IU.EDU
Open Enrollment Checklist

Before Open Enrollment

☐ Review the information in this guide and on the Open Enrollment website at go.iu.edu/oe.

☐ Attend an Open Enrollment Information session or webinar (see the schedule on page 22 of this guide).

During Open Enrollment (November 11-22)

☐ Complete online Open Enrollment.

1. Go to one.iu.edu and search for “Employee Center”.
2. Select the Employee Center application.
3. Click on the Benefits tile.
4. Click the Start Open Enrollment button.
5. Enter your benefit elections for each plan:

☐ Review your medical and dental elections. You can add, change, or drop coverage as well as dependents.

☐ Complete the Tobacco-free Affidavit for yourself and your spouse. You must complete the affidavit each year, even if you are not changing medical plans. The affidavit can be found at the bottom of the medical plan enrollment page.

☐ Complete the TSB Healthcare and/or Dependent Care sections, if applicable. You must re-enroll in these benefit plans each year to participate.

☐ Review your Supplemental AD&D elections. You can add, change, or drop coverage.

☐ Special Enrollment Opportunity—Review your Supplemental Life Insurance election. You can enroll in or increase to any of the Guaranteed Issue levels of coverage without evidence of insurability during this special enrollment period. NEW this year you can also add additional life insurance coverage for your spouse and/or dependent children. See page 18 of this guide for details.

6. Submit your elections. Your elections will not be registered for 2020 until you click Submit.

☐ Check your IU email account for confirmation. If you do not receive an immediate email confirmation, the enrollment process was not completed.

☐ Log out, especially if you are using a public computer.

<table>
<thead>
<tr>
<th>Benefit Plan:</th>
<th>What you’ll have in 2020 if you do not act during Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Dental Health Savings Account (HSA)</td>
<td>Enrollment will remain the same.</td>
</tr>
<tr>
<td>Supplemental AD&amp;D</td>
<td></td>
</tr>
<tr>
<td>Tobacco-free Affidavit</td>
<td>You will not receive the $25/$50 monthly medical premium reduction in 2020.</td>
</tr>
<tr>
<td>Tax Saver Benefit (TSB) Plans</td>
<td>You will not be enrolled in the plan and no contributions will be made to your Healthcare or Dependent Care Reimbursement Accounts.</td>
</tr>
<tr>
<td>Supplemental Life Insurance</td>
<td>Enrollment will remain the same. Your spouse and/or dependents will not be enrolled in the new dependent life insurance benefit.</td>
</tr>
</tbody>
</table>
What's New & What's Changing for 2020

All Medical Plans

Livongo for Diabetes Management

Beginning January 1, 2020, IU employees and their covered dependents will have access to Livongo, a diabetes management program through CVS Caremark. The program offers no-cost tools, services, and support to help participants effectively manage their diagnosed Type I or II diabetes. Participation in the program includes:

- Free unlimited supplies (test strips, lancets)
- Free cellular connected glucose meter
- 24x7x365 support, including live interventions from a diabetic educator based on meter readings
- Two free Minute Clinic® visits per year to help prevent diabetes-related conditions

Additional details on the program and how to enroll will be communicated to eligible members in the coming months.

Hearing Aid Benefit for Adults (Age 18+)

Beginning January 1, 2020, hearing aids for IU medical plan members age 18 and older will be covered, up to $3,000, once every five years. Hearing aids from all manufacturers will be covered when purchased from an in-network provider. Annual hearing exams and accessories will not count towards the $3,000 benefit maximum.

Anthem PPO HDHP

In-Network: The deductible will increase to $1,600 for employee-only and $3,200 for all other coverage levels. The out-of-pocket maximum will increase to $3,200 for employee-only and $6,400 for all other coverage levels.

Out-of-Network: The deductible will increase to $3,200 for employee-only and $6,400 for all other coverage levels. The out-of-pocket maximum will increase to $6,400 for employee-only and $12,800 for all other coverage levels.

Anthem PPO $500 Deductible Plan

In-Network: The out-of-pocket maximum for in-network prescriptions will increase to $5,750 for employee-only coverage and $9,100 for all other coverage levels.

IU Health High Deductible Health Plan

All IU Health HDHP members will be issued new ID cards,

In-Network: The deductible will increase to $2,600 for employee-only coverage and $5,200 for all other coverage levels. The out-of-pocket maximum will increase to $3,200 for employee-only coverage and $6,400 for all other coverage levels.

IU Dental Plan

No plan changes.

Health Savings Account (HSA)

The annual IRS contribution maximums will increase to $3,550 for employee-only coverage, and $7,100 for all other coverage levels. Those turning age 55 or older during 2020 may contribute up to an additional $1,000 each year (“catch-up contribution”).

There are no changes to the university’s contribution to the Health Savings Accounts (HSA) in 2020.

- IU Health HDHP: $1,600 employee-only and $3,200 all other coverage levels
- Anthem PPO HDHP: $1,300 employee-only and $2,600 all other coverage levels

Tax Saver Benefit Plan

Healthcare Reimbursement Account

The annual contribution limit will increase to $2,700.

Dependent Care Reimbursement Account

No plan changes.

Supplemental AD&D

(formerly Personal Accident Insurance)

Effective January 1, 2020, the CIGNA Personal Accident Insurance benefit will transition to a Supplemental Accidental Death & Dismemberment (AD&D) benefit underwritten by The Standard. This transition will provide participants with an enhanced accidental benefit plan at a reduced cost. See page 17 for details.

Supplemental Life Insurance

During Open Enrollment, eligible employees have the special opportunity to enroll in or increase coverage to any level of Guaranteed Issue Supplemental Life Insurance without providing evidence of insurability (proof of good health). See page 18 of this guide for details.

Dependent Life Insurance

Starting January 1, 2020, Dependent Life Insurance coverage will be available for your eligible spouse and dependent children. Spouse coverage options include a $10,000, $20,000, $30,000, or $45,000 benefit amount, and dependent coverage is $10,000 per child. See page 18 of this guide for details.
Eligible Employees
Academic and Staff employees employed by Indiana University as full-time employees (75% FTE or greater) are eligible for plan membership.

J-1 Visa holders are only eligible to enroll in the Anthem PPO $500 Deductible plan due to the U.S. Department of State requirement of a deductible of $500 or less.

Eligible Dependents
The following dependents are eligible for IU-sponsored health care coverage:

• your same or opposite sex spouse; and/or
• your biological or adopted child(ren) or stepchild(ren) age 25 or younger. Eligibility ceases at the end of the month in which the child reaches age 26, unless the child is fully disabled.

Newborn Eligibility
If you are enrolled in a medical plan, and you or your spouse has a baby, the newborn is covered for the first 31 days. In order to continue coverage the child must be enrolled in an IU-sponsored plan within 30 days of birth. After 30 days, the next opportunity to add the child is during Open Enrollment. Learn more at hr.iu.edu/bcc.

Midyear Changes
IRS regulations require that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined qualifying life event. An event such as marriage, divorce, or the birth of a child allows a corresponding change to elections, but only within 30 days of the event. Learn more at hr.iu.edu/bcc.

Duty to Notify of Ineligibility
The employee is responsible for notifying the university in writing within 30 days of any change that affects a dependent’s eligibility. A medical or dental plan member ceases to be a covered dependent on the date that the member no longer meets the definition of a dependent, regardless of when notice is given to the university. Failure to provide timely notice to the university can jeopardize COBRA benefits and result in additional cost to the employee. There may also be tax consequences when coverage is provided for ineligible dependents.

Points to Remember

Dual Coverage
No individual is eligible for coverage under more than one IU-sponsored medical or dental plan. Ineligible coverage includes an individual covered as:

• the employee on more than one plan, or
• as both an employee and a dependent, or
• as a dependent of more than one employee.

Dependent Coverage
A dependent cannot be covered unless the employee is covered.

Higher Compensated IU Spouse
When you and your spouse are both eligible for employee coverage under an IU-sponsored medical or dental plan, you have one of two options:

1. Enroll as ‘Employee Only’ or ‘Employee with Children’ in separate plans.
2. Enroll as ‘Employee with Spouse’ or ‘Family’ in the higher compensated spouse’s health plan.

Disabled Child Eligibility
A fully disabled child may be eligible to continue coverage after reaching age 26. Visit the Eligibility section of the IU Benefits website at hr.iu.edu/benefits/needknow.html for information on continued coverage.

For Spouses Enrolled in the Health Savings Account (HSA)
If you and your spouse are each enrolled in employee-only HDHP coverage, each of you are subject to the employee-only HSA limit ($3,550 each).

If either you or your spouse has family HDHP coverage (employee with children or family coverage), then as a couple you will be subject to the family HSA contribution limit ($7,100). This means that if either you or your spouse cover family members on your HDHP, your combined HSA contribution limit is the annual maximum for family coverage ($7,100).

Additionally, if you and/or your spouse is age 55 or older, you may each make an additional catch-up contribution of $1,000 to your individual accounts.

Learn more about HSA contributions and limits on page 11 of this guide.
Choosing a Medical Plan

Preventive Care Services for All Plans

Preventive care services are covered at no cost (1) when network providers are used and (2) when services are consistent with the U.S. Preventive Services Task Force guidelines and nationally recognized schedules.

Preventive care services may include:

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

More information, including an extended list of preventive services, can be found at go.iu.edu/oe.

Similarities Between the Medical Plans

- There are no pre-existing condition limits or waiting periods.
- Services are comprehensive and include medical, prescription, behavioral health, transplants, durable medical equipment, home health care, skilled nursing, physical, occupational, and speech therapies, and chiropractic services.
- Preventive services are covered at 100% when in-network providers are used.
- Each plan includes a vision care benefit.
- Each plan has annual out-of-pocket maximums for individual and family levels. Once the maximum is met, each plan pays 100% for in-network covered services for the remainder of the year.
- There is no lifetime maximum benefit on medical services.

Differences Between the Plans

- Premiums. The higher the deductible, the lower the premiums.
- Provider networks. The PPO plans have a nationwide network and provide out-of-network benefits. The IU Health HDHP is an exclusive network with limited or no out-of-network benefits.
- How the deductible and prescription benefit are structured in an HDHP versus a traditional plan.
- Out-of-pocket expenses/maximums (deductibles, copays, and coinsurance).
- A unique tax-advantaged health savings account (HSA) is available to those enrolled in an HDHP.

How the Deductibles Work

Anthem PPO HDHP & IU Health HDHP

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

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

What Services Apply to This Plan’s Deductible?

All covered services, including prescriptions, are subject to the deductible (except for wellness/preventive services and preventive prescriptions which are not subject to the deductible).

Anthem PPO $500 Deductible

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

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

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

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

What Services Apply to This Plan’s Deductible?

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

Understanding In- and Out-of-Network

Using in-network providers is key to receiving the highest level of healthcare benefits. Services from a provider other than an in-network one are considered out-of-network, except for emergency or urgent care away from home.

An exclusive provider plan, such as the IU Health HDHP, does not cover out-of-network services other than emergency care, urgent care when away from home, certain children living outside Indiana, and services authorized by the plan in advance.

In-Network

• Lower out-of-pocket costs (e.g. deductible and coinsurance).
• Deductibles, coinsurance, and out-of-pocket maximums are lower.
• The member is not responsible for charges above the plan’s allowed amounts.
• Preventive services are paid at 100%.
• Services requiring approval are authorized in advance.

Out-of-Network

• Higher out-of-pocket costs (e.g. deductible and coinsurance).
• Deductibles, coinsurance, and out-of-pocket maximums are higher and separate from in-network deductible and out-of-pocket maximum.
• The member is responsible for charges above the plan’s allowed amounts—these charges can be significant.
• Preventive services are not paid at 100%.
• Out-of-network providers are not required to authorize services in advance. The member may have to request authorization or risk being responsible for charges.
• When emergency or urgent care services from out-of-network providers are covered with in-network deductibles and coinsurance, the member is still responsible for charges above the allowed amount. These can be significant.

Tobacco-Free Affidavit

$25–$50 Medical Premium Reduction

During Open Enrollment you can complete an affidavit indicating you and/or spouse do not use tobacco and will not in the future. Completing the affidavit will reduce your medical plan premium contribution by $25 per month for you or your spouse, or $50 for both.

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

As an alternative to completing the affidavit, you and/or your spouse may receive the premium reduction by completing the Quit For Life® tobacco cessation program. Program completion is defined as completing at least five calls with a Quit Coach. Participants will receive the premium reduction upon certification that the required coaching calls have been completed.

Quit For Life® Tobacco Cessation Program

Medical benefits cover the cost of the Quit For Life® tobacco cessation program. The benefit is available to all full-time Academic and Staff employees and spouses covered by an IU-sponsored medical plan, and is fully paid by the university. The program includes an individualized telephone-based cessation program for each participant; a Quit Coach assigned to each participant; nicotine replacement therapy, as needed; and one year of follow-up phone and web assistance to help participants stay tobacco free.

To enroll or learn more, visit www.quitnow.net/iu or call 866-784-8454.
For the 2020/2021 fiscal year the Indiana University budget allocates $274.8 million dollars for IU’s contributions to employee healthcare program costs. The “Total Monthly Premium” column listed below includes your contribution and the university’s contribution to the medical plan on your behalf.

<table>
<thead>
<tr>
<th>Medical Plan &amp; Level of Coverage</th>
<th>Annual Base Salary*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below $35,000</td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
</tr>
<tr>
<td>IU Health HDHP</td>
<td>$34.75</td>
</tr>
<tr>
<td>Anthem PPO HDHP</td>
<td>$41.30</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>$144.93</td>
</tr>
<tr>
<td>Employee w/Child(ren)</td>
<td></td>
</tr>
<tr>
<td>IU Health HDHP</td>
<td>$62.55</td>
</tr>
<tr>
<td>Anthem PPO HDHP</td>
<td>$74.33</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>$260.87</td>
</tr>
<tr>
<td>Employee w/Spouse</td>
<td></td>
</tr>
<tr>
<td>IU Health HDHP</td>
<td>$92.09</td>
</tr>
<tr>
<td>Anthem PPO HDHP</td>
<td>$109.43</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>$384.05</td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>IU Health HDHP</td>
<td>$111.20</td>
</tr>
<tr>
<td>Anthem PPO HDHP</td>
<td>$132.15</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>$463.76</td>
</tr>
</tbody>
</table>

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

EXAMPLE: Calculating Your Premium

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

- $ 146.44 Employee w/Spouse Premium
- $ 25.00 Tobacco-free Affidavit from Employee
- $ 25.00 Tobacco-free Affidavit from Spouse

**$ 96.44 Monthly Premium**

Calculating the University’s Premium Contribution

The university’s contribution is the difference between the total monthly premium and the employee contribution.

- $ 947.06 Total Premium
- $ 146.44 Monthly Employee Premium

**$800.62 Monthly University Contribution**

*Remember: The university also contributes annually to the employee’s HSA in the Anthem PPO HDHP & the IU Health HDHP. For specific amounts, see the Medical Plans Comparison Chart on the next page.*
Understanding Medical Plan Terms

**Allowed amounts**
The discounted amount that in-network medical providers are “allowed” to charge a plan member.

**Coinsurance**
The member’s share of the cost of a covered service.

**Copayment**
A fixed amount paid for a covered service.

**Deductible**
The dollar amount of covered services an individual must pay each plan year before the plan begins reimbursement.

**In-Network**
Benefits for covered services rendered by a network of contracted physicians and hospitals. Users of in-network providers receive greater benefits for services.

**Member**
Any person covered under a plan, including the employee, a spouse or a child. Sometimes also referred to as enrollee or participant.

**Network**
A group of physicians and hospitals who have contracted to provide medical services at a reduced rate.

**Out-of-Network**
Benefits for covered services rendered by non-contracted physicians and hospitals. PPO plans cover services both in and out-of-network. Exclusive provider network plans (i.e. IU Health HDHP) do not cover out-of-network providers except for emergency care away from home.

**Out-of-Pocket Maximum**
Once the health plan’s out-of-pocket maximum is reached, the plan pays 100% of covered charges for the remainder of the plan year.

**Preferred Provider Organization (PPO)**
A medical plan that uses a network of contracted physicians and facilities to provide services at discounted rates. A PPO gives members the option of using providers outside the network; but with a separate deductible, and higher coinsurance and balance billing for charges in excess of the allowed amount.

**Specialty drugs**
High cost, scientifically engineered drugs that are usually injected or infused.

<table>
<thead>
<tr>
<th>IU Health HDHP</th>
<th>Medical In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network Availability</strong></td>
<td>Most Indiana counties. Visit <a href="http://iuhealthplans.org">iuhealthplans.org</a> for a provider directory.</td>
<td></td>
</tr>
<tr>
<td><strong>Provider Network</strong></td>
<td>Only from IU Health network providers</td>
<td></td>
</tr>
<tr>
<td><strong>HSA Contributions</strong></td>
<td>IU Contribution: $1,600 (employee-only) $3,200 (all other coverage levels)</td>
<td></td>
</tr>
<tr>
<td>(IU’s full contribution is deposited with your 2nd paycheck in January)</td>
<td>Employee Contribution: Minimum $300 ($25 monthly) Maximum $1,950 (employee-only) / $3,900 (all other coverage levels) For those age 55+, additional $1,000 catch-up</td>
<td></td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$2,600 (employee-only) $5,200 (all other coverage levels)</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket (OOP) Maximum</strong></td>
<td>$3,200 (employee-only) $6,400 (all other coverage levels)</td>
<td></td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>$0 no deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Covered as any other illness through IU Health network.</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>20% after deductible Paid as in-network if an emergency</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>20% after deductible Paid as in-network if 50+ miles from home</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Prescriptions</strong></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail</strong> (up to 30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retail at CVS Pharmacies</strong> (up to 90-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mail Order</strong> (up to 90-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty</strong> (up to 30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Prescriptions</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vision Care**

| **Eye Exams & Eyewear** | Routine eye exam ($10 copay) and eyewear (frames, lenses, or contacts) |

No out-of-network benefits, except emergency.
## 2020 Medical Plans Comparison

### Anthem PPO HDHP

- Nationwide and Overseas
- Anthem Blue Access and Blue Care PPO providers

**IU Contribution:**
- $1,300 employee-only
- $2,600 all other coverage levels

**Employee Contribution:**
- Minimum $300 (25 monthly)
- Maximum $2,250 employee-only / $4,500 all other coverage levels
- For those age 55+, additional $1,000 catch-up

### Anthem PPO $500 Deductible

- Nationwide and Overseas
- Anthem Blue Access and Blue Care PPO providers

Not Eligible

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,600 employee-only</td>
<td>$3,200 employee-only</td>
<td>$500 individual</td>
<td>$900 individual</td>
</tr>
<tr>
<td>$3,200 employee-only</td>
<td>$6,400 employee-only</td>
<td>$1,500 family</td>
<td>$2,700 family</td>
</tr>
<tr>
<td>$3,200 employee-only</td>
<td>$6,400 employee-only</td>
<td>$2,400 individual</td>
<td>$6,850 individual</td>
</tr>
<tr>
<td>$6,400 employee-only</td>
<td>$12,800 employee-only</td>
<td>$7,200 family</td>
<td>$13,700 family</td>
</tr>
</tbody>
</table>

- 20% after deductible
- 40% after deductible
- 20% after deductible
- 40% after deductible

Covered as any other illness through Anthem Behavioral Health.

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8 Tier 1</td>
<td>$20 Tier 2</td>
</tr>
<tr>
<td>$25 Tier 3</td>
<td>$62 Tier 3</td>
</tr>
<tr>
<td>$45 Tier 3</td>
<td>$112</td>
</tr>
</tbody>
</table>

- 20% after deductible
- 40% after deductible

No coverage.

### In-Network Rx OOP Maximum:

- $5,750 individual
- $9,100 family

Low dose aspirin, folic acid, Vitamin D for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for tobacco cessation products and nicotine require a prescription for coverage.

**QUESTIONS?** | **ASKHR@IU.EDU** | **812.856.1234** | **HR.IU.EDU**
Plan Highlights

The Health Savings Account (HSA), administered by The Nyhart Company, is a tax-advantaged account that can be used to pay for IRS-qualified health expenses for you, your spouse, and your tax dependents. After you open an HSA, you can use funds to pay for covered expenses that apply toward the HDHP deductible and coinsurance (e.g. medical services, prescriptions, mental health services, etc). You can also pay for qualified health expenses that your plan might not cover, such as vision and dental care.

The three main tax advantages to an HSA are:

- No taxes are taken on contributions
- No taxes are taken when funds are used for IRS-qualified health expenses
- No taxes are taken on the account interest or investment earnings.

HSAs can also be used as a long-term savings vehicle. Funds in the account rollover and accrue interest tax-free and funds above a $1,000 balance in the cash account can be invested. All initial investing and any trades can be done online at any time and the earnings on your HSA investments, if any, are tax-free.

HSA Eligibility

To be eligible to make tax-free contributions to an HSA, you must be covered under a high deductible health plan (HDHP) and:

- have a valid Social Security Number; and
- not be claimed as a dependent on someone else’s tax return; and
- not be enrolled in Medicare or Tricare, or received VA medical services (other than preventive) within the last 3 months; and
- have no other medical coverage.

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

If you are ineligible for tax-free contributions, you can waive the HSA and still elect to enroll in an HDHP plan.

If you are ineligible for tax-free contributions and still elect the HSA, you are responsible for reporting the ineligible HSA contributions on your annual tax return. Consulting a tax advisor about reporting ineligible contributions is advised.

2020 Maximum HSA Contributions

<table>
<thead>
<tr>
<th>IRS Maximum Allowed Contribution</th>
<th>IU Annual Contribution</th>
<th>Your Maximum Annual Contribution</th>
<th>Your Maximum Annual Contribution if Age 55 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem PPO HDHP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only</td>
<td>$3,550</td>
<td>$1,300</td>
<td>$2,250</td>
</tr>
<tr>
<td>All Other Coverage Levels</td>
<td>$7,100</td>
<td>$2,600</td>
<td>$4,500</td>
</tr>
<tr>
<td><strong>IU Health HDHP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only</td>
<td>$3,550</td>
<td>$1,600</td>
<td>$1,950</td>
</tr>
<tr>
<td>All Other Coverage Levels</td>
<td>$7,100</td>
<td>$3,200</td>
<td>$3,900</td>
</tr>
</tbody>
</table>

Important Notes For Spouses

- If you and your spouse are each enrolled in Employee-only HDHP coverage, each of you are subject to the Employee-only HSA limit ($3,550 each).
- If either you or your spouse has family HDHP coverage (Employee with Children or Family coverage), then as a couple you will be subject to the family contribution limit ($7,100). This means that if either you or your spouse cover family members on your HDHP, your combined HSA contribution limit is the annual maximum for family coverage ($7,100).
- Those turning age 55 or older during the year may contribute up to an additional $1,000 each year to the HSA (make a “catch-up contribution”). You and your spouse can each make the $1,000 catch-up contribution, but you must deposit the funds into separate accounts. This means that in order for both you and your spouse to elect the catch-up, you must enroll in separate medical plans.
Contributions to the HSA
Contributions are made to the HSA on a pre-tax basis via payroll deduction. IU makes its contribution to your HSA on the second paycheck in January. **Participants must elect to contribute a minimum of $300 up to the annual IRS maximum** (listed in the table on page 11). Your contribution is spread out over each of your paychecks and can be changed at any time during the year.

The IRS maximum includes both IU’s contribution and your contribution to the HSA. The maximum can also be affected by a spouse’s HSA contributions and any Archer MSA contributions. HSA maximum contributions may be prorated by the IRS when HDHP enrollment is less than twelve months or when coverage levels change mid-year.

Accessing HSA Funds
Once contributed, HSA funds can be accessed in several different ways:

- **You can use the IU Benefit debit/Visa card at retail locations.** Special rules apply to the use of the card when enrolled in both the HSA and the TSB Healthcare account—see page 14 for details.

- **You can use the HSA transaction feature online.** Use the HSA transaction feature to pay a healthcare provider online or to reimburse yourself for healthcare bills you paid out-of-pocket.

Eligible HSA Expenses
The HSA can be used tax-free for health care expenses incurred by you, your spouse, or your IRS-qualified tax dependents, even if they are not covered on your HDHP plan. Generally, to be treated as a qualifying child, an individual must be under age 19, or 24 if a student, before the close of the tax year, or any age if permanently and totally disabled. Examples of eligible expenses include:

- medical plan deductibles and coinsurance
- prescriptions
- medical equipment and supplies
- acupuncture
- disability aids and hearing aids
- travel to and from medical services
- nursing home and home health care
- dental and orthodontia services
- vision expenses like eyeglasses or contacts

Remember, funds in the HSA can be used for expenses incurred from the date the HSA was opened.

How Does the HSA Work?

1. **Make tax-free contributions.**
   An HSA comes with tax advantages that can make saving in an HSA a smart choice now and in the future.
   - Your contributions to the HSA are tax-free.
   - IU contributions to your HSA are tax-free.
   - Interest and investment earnings are tax-free.

2. **Use tax-free HSA funds to pay for qualified healthcare expenses.**
   Cover things like medical expenses, prescriptions, vision, behavioral health care, and dental services for you, your spouse, and your tax dependents.

3. **Change your contribution at any time.**
   Lower your contribution rate when you’re tight on cash, and contribute more when you have more dispensable income—like after you pay off your car.

4. **Let your money rollover and grow over time.**
   Watch your money accumulate interest and increase in your account OR open an investment account and invest in a wide range of mutual funds.

5. **Take it with you when you leave IU or retire.**
   The funds in your account are yours to keep until you spend them.

<table>
<thead>
<tr>
<th>SPEND YOUR MONEY ON</th>
<th>THEN THAT MONEY IS</th>
<th>USE IT WITHOUT PENALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Medical Expenses</td>
<td>TAX-FREE</td>
<td>Anytime</td>
</tr>
<tr>
<td>Anything Else</td>
<td>TAXED INCOME</td>
<td>Age 65+</td>
</tr>
</tbody>
</table>

ASKHR@IU.EDU | 812.856.1234 | HR.IU.EDU
Plan Highlights

The TSB Healthcare Reimbursement Account allows you to set aside tax-free money to be used for certain IRS-eligible medical, dental, or vision expenses not covered by insurance for you, your spouse, and your eligible dependents (children through age 25, even if they are not covered on your medical plan, are married, or are living away from home).

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

The 2020 annual contribution limit is $2,700. The annual election amount is available starting January 1, 2020. Enrollment is required each year to participate.

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

Special rules and restrictions apply when you and/or your spouse are enrolled in both the Health Savings Account (HSA) and the TSB Healthcare Reimbursement Account. For more information see page 14 of this guide.

Examples of Eligible Expenses

The following are examples of IRS-allowed expenses:

- deductibles and coinsurance
- prescriptions
- hearing aids and related expenses
- dental care and orthodontia
- acupuncture
- transportation costs to/from medical services
- vision exams, prescription lenses, frames, contacts, and vision surgery

Expenses NOT Allowed by the IRS

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

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

Visit hr.iu.edu/benefits/tsb.html for a list of eligible expenses.

When determining your annual pledge to the TSB Healthcare account, a review of recent medical bills can give you an idea of costs you might expect to have. Or, if you receive regular medical care or use medication daily, you can estimate those costs with some certainty. Also think about what costs you can plan for like eyeglasses or orthodontia. Don’t put money in your account for anything but predictable expenses—any money left in your account above the $500 carryover will be forfeited.
IU Benefit Card (Debit/VISA)

The IU Benefit Card allows you to pay for purchases and services from either your TSB Healthcare Reimbursement Account, Health Savings Account (HSA), or both.

All participants in either the TSB Healthcare plan or the HSA will automatically receive IU Benefit cards. The card is effective for three years, and you can continue to use it for that period as long as you enroll in either the TSB or HSA plan each year. New cards are automatically reissued as they expire. The card does not apply to the TSB Dependent Care Account.

Using the IU Benefit Card

The IU Benefit Card can only be used at eligible health care merchants such as your medical, dental or vision provider’s office, retail pharmacies, and mail-order pharmacy. The use of the card at ineligible merchants will result in the charge being denied.

There are times when an expense is an IRS-qualified healthcare expense, but it is purchased at a non-healthcare merchant. For example, transportation costs to and from medical services are an eligible expense, but the card cannot be used at a gas station. In situations like this, you can still use your HSA or TSB funds for these expenses; however, you will first need to pay for the expense out-of-pocket. Next transfer funds from your HSA to a personal bank account to reimburse yourself or submit a claim to be reimbursed from your TSB account.

When Enrolled in Both the HSA & TSB Healthcare Reimbursement Accounts

When enrolled in both the HSA and TSB Healthcare accounts, TSB funds can only be used for dental and vision expenses until the 2020 HDHP deductible has been met for the year. Proof of meeting the deductible must be provided to Nyhart. Once the deductible is met for the year, TSB funds can then be used for medical and prescription expenses from that point forward; however, the debit/Visa card will only pull medical and prescription expenses from the HSA. To use TSB funds for post-deductible medical and prescription expenses, you will need to pay for the expense out-of-pocket then submit a claim for reimbursement to Nyhart.

HSA and TSB Healthcare Side-by-Side Comparison

**REMEMBER:** You can enroll in both the HSA and the TSB Healthcare Reimbursement Account, however, when enrolled in both accounts TSB Healthcare funds **can only be used for dental and vision expenses** until your HDHP deductible has been met for the year. For additional information on the coordination of these two accounts, review [IRS Publication 969](https://www.irs.gov/publications/p969).

<table>
<thead>
<tr>
<th>Health Savings Account</th>
<th>Tax Saver Benefit (TSB) Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rollovers</strong></td>
<td>Yes. Balance rolls over year-to-year</td>
</tr>
<tr>
<td><strong>Interest/Investment Options</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Availability of Funds</strong></td>
<td>Contributions only available as deposited</td>
</tr>
<tr>
<td><strong>Mid-Year Contribution Changes</strong></td>
<td>Can change contribution amount any time during the year</td>
</tr>
<tr>
<td><strong>Claim Forms</strong></td>
<td>No claims forms—retain receipts for IRS purposes</td>
</tr>
<tr>
<td><strong>Incurring Expenses</strong></td>
<td>Can use the funds for expenses incurred as far back as the original date the account was opened</td>
</tr>
<tr>
<td><strong>Using Funds for Family Members</strong></td>
<td>Can only use funds for true IRS tax dependents (e.g. spouses, qualified children under age 19 or 24 if a student, etc.)</td>
</tr>
<tr>
<td><strong>Connection to IU</strong></td>
<td>Your HSA follows you, even when you leave IU or retire.</td>
</tr>
<tr>
<td><strong>Connection to IU</strong></td>
<td>Participation in the TSB ends when you leave your job at IU or retire.</td>
</tr>
</tbody>
</table>

**Questions?** askHR@iu.edu | 812.856.1234 | HR.IU.EDU
Plan Highlights

The TSB Dependent (Day/Evening) Care Reimbursement Account allows you to set aside tax-free money for day care expenses for your dependents that allow you and your spouse to work.

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

The 2020 annual contribution limit is $5,000 per household. Spouses can each elect participation in the TSB Dependent Care account, but their combined elections cannot exceed $5,000 ($2,500 for married employees who file their taxes separately). The annual election amount is available starting January 1, 2020; therefore, money can be taken out before it is put in through payroll deduction.

Enrollment is required each year in the TSB reimbursement accounts in order to participate. Participation is not automatic.

In order to be reimbursed from your account, the expenses you claim must be eligible under IRS regulations, incurred during the tax year (January 1 through December 31), and submitted to Nyhart by the following April 15th. Daycare services cannot be reimbursed before they are incurred, even when the daycare provider requires payment in advance.

Unused 2020 TSB Dependent Care contributions are forfeited under IRS regulations. They cannot be "rolled over" beyond the plan year, nor can they be moved between accounts.

Use the Dependent Care worksheet at hr.iu.edu/benefits/tsb.html to help calculate your annual TSB Dependent Care Reimbursement Account contribution.

Eligible Dependents

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

Direct Deposit Requirement

Participants in the TSB Dependent Care Reimbursement Account are required to complete a Direct Deposit Authorization form before reimbursements can be sent from the account. Forms are available at iu.nyhart.com.

Examples of Eligible Expenses

The following are examples of IRS-allowed expenses:

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

Expenses NOT Allowed by the IRS

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

- Expenses paid for but not yet incurred
- Kindergarten or private school tuition
- Overnight camp
- Summer school or tutoring programs
Plan Highlights
You may elect dental coverage with or without electing medical coverage. This also means that eligible dependents who are not enrolled in medical coverage may be enrolled in dental coverage as long as you are enrolled.

Members may receive dental care from any licensed dentist. However, you will receive a higher level of benefits when covered services are obtained from a Cigna DPPO Network dentist.

Coverage Summary

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

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

Annual Benefit Limit
The IU Dental Plan has an initial annual benefit limit of $1,200 per covered member. For each member who receives at least one preventive cleaning/exam per calendar year, the annual benefit limit will increase by $100 in the subsequent year, up to a maximum of $1,500. Child orthodontia is covered up to a $1,000 lifetime limit.

**Example: How the Annual Benefit Limit Works**

<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Benefit Limit</th>
<th>Preventive Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
<td>$1,200 (base)</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>2nd Year</td>
<td>$1,300</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>3rd Year</td>
<td>$1,400</td>
<td>No cleaning</td>
</tr>
<tr>
<td>4th Year</td>
<td>$1,400</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>5th Year</td>
<td>$1,500 (max)</td>
<td>1 cleaning</td>
</tr>
</tbody>
</table>

Exclusions & Limitations
- Some services are excluded from coverage (e.g. cosmetic procedures).
- There are limits on the number and frequency of some services (e.g. the number of routine cleanings is limited to two per year).
- Some services are limited by age (e.g. orthodontia is limited to children age 18 or under).

Monthly Premiums
Your contribution is deducted before taxes. Your salary band is determined by your annual base salary at the time each payroll is run. The plan contributions listed below are configured to reflect the difference between the total premium and the university’s contribution amount.

<table>
<thead>
<tr>
<th>Annual Base Salary*</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $35,000</td>
<td>$8.19</td>
</tr>
<tr>
<td>$35,000 to $59,999</td>
<td>$10.27</td>
</tr>
<tr>
<td>$60,000 and Above</td>
<td>$12.20</td>
</tr>
<tr>
<td></td>
<td>$38.58</td>
</tr>
</tbody>
</table>

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

Personal Accident Insurance (PAI) Transition to The Standard Supplemental Accidental Death & Dismemberment (AD&D)

Effective January 1, 2020, the CIGNA Personal Accident Insurance benefit will transition to a Supplemental Accidental Death & Dismemberment (AD&D) benefit underwritten by The Standard. The Standard is the current underwriter for IU’s Basic Life, Supplemental Life, and Long Term Disability plans. Transitioning the PAI benefit to The Standard’s AD&D plan provides you with an enhanced accidental benefit plan at a reduced cost.

What Does That Mean for You?
Enrollment for current members of the CIGNA PAI plan will automatically transition to the same coverage level of The Standard Supplemental AD&D plan unless a change is submitted during Open Enrollment.

Plan Highlights
Supplemental AD&D is available for employee-only or family coverage, in eleven coverage amounts from $30,000 to $500,000.

Coverage is provided to members 24 hours a day, 365 days a year, for injuries caused by accidents that occur on or off the job, at home, and while traveling by plane, train, or automobile (except as limited by exclusions).

Accident benefits include payments for:
- accidental death;
- irreversible paralysis;
- dismemberment; and
- coma.

Effective January 1, 2020, benefits will be enhanced to also include the following:
- partial tuition reimbursement for your surviving children;
- partial tuition reimbursement to help your surviving spouse return to the workforce; and
- child care expense reimbursement.

Monthly Plan Contributions
Premiums are entirely paid by the employee and deducted before taxes.

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

*For Employee and Family Coverage, benefits for family members will be a percentage of the Benefit Amount selected.

Additional Services
Enrollment in IU’s Basic Life Insurance, Supplemental Life Insurance, and/or Supplemental AD&D includes the following additional services:

Travel Assistance by Generali Global
Information, referrals, transportation, and evacuation services to help you respond to medical situations and other emergencies that may arise when traveling 100 miles or more from your home or overseas.

Receive services 24/7 by calling 866-455-9188 or register at standard.com/travel (ID: D2STD & Activation Code: 181002)

Life Services Toolkit
These online tools and services can help you and your beneficiaries plan and prepare in the event of death:
- Estate Planning Assistance
- Financial Planning
- Funeral Arrangements
- Legal Services

To get started visit standard.com/mytoolkit (Username = support) or call 1-800-378-5742.
Special Enrollment Period

During Open Enrollment 2020 (November 11–22, 2019), eligible employees have a special opportunity to enroll in or increase coverage to any level of Guaranteed Issue Supplemental Life Insurance without providing evidence of insurability (proof of good health).

Outside of this Open Enrollment period, evidence of insurability will be required if you:

- wish to enroll in the future; or
- wish to increase your Guaranteed Issue coverage; or
- previously terminated your Supplemental Life insurance and would like to re-elect coverage.

Important: This special one-time enrollment period does not apply to Maximum Coverage options. Requests to increase or enroll in a Maximum Coverage option always requires evidence of insurability approval from The Standard. For details on providing evidence of insurability, visit hr.iu.edu/benefits/supplemental.html.

Enrollment for current members in this plan will continue for 2020 unless a change is submitted. Employees who have previously been denied by The Standard for Supplemental Life Insurance coverage are not eligible to enroll during this enrollment period. However, previously denied employees may re-submit evidence of insurability to The Standard for reconsideration of approval.

Plan Highlights

Supplemental Life Insurance is a term life insurance plan that provides a death benefit of up to four times your base annual salary, reduced to the nearest 1,000. This is a voluntary benefit fully paid by the employee. Employee coverage options available:

<table>
<thead>
<tr>
<th>Amount of Insurance</th>
<th>Guaranteed Issue</th>
<th>Maximum Coverage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1X Salary</td>
<td>$50,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>2X Salary</td>
<td>$100,000</td>
<td>$500,000</td>
</tr>
<tr>
<td>3X Salary</td>
<td>$150,000</td>
<td>$750,000</td>
</tr>
<tr>
<td>4X Salary</td>
<td>$200,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

*To enroll in Maximum Coverage, evidence of insurability is required.

Dependent Life Insurance

Starting January 1, 2020, Dependent Life Insurance coverage will be available for your eligible spouse and dependent children. This optional coverage is in addition to the $3,000 spouse/$1,000 child benefit automatically included in Basic Life Insurance. Eligible dependents include your:

- legal spouse; and
- dependent children to age 25.

Spouse coverage is available in amounts of $10,000, $20,000, $30,000, or $45,000. Dependent coverage is $10,000 per child. Enrollment is not automatic for Dependent coverage—you must be currently enrolled in, or elect to enroll in, Supplemental Life Insurance during Open Enrollment (or within 30 days of an IRS-qualified Life Event) for your dependents to be eligible for coverage under the plan. Evidence of insurability is not required for spouses or dependents. No person may be insured as a dependent of more than one employee.

Monthly Premiums

The premiums for coverage under the Supplemental Life Insurance plan are paid entirely by the employee.

<table>
<thead>
<tr>
<th>Age</th>
<th>Premium Per $1,000/Insurance</th>
<th>Age</th>
<th>Premium Per $1,000/Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.03</td>
<td>50-54</td>
<td>$0.14</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.04</td>
<td>55-59</td>
<td>$0.24</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.05</td>
<td>60-64</td>
<td>$0.37</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.06</td>
<td>65-69</td>
<td>$0.67</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.09</td>
<td>70 &amp; Up</td>
<td>$1.20</td>
</tr>
</tbody>
</table>

To determine your monthly premium, add up the total cost of employee coverage, spouse coverage (if applicable), and dependent child coverage (if applicable).

Spouse Coverage

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$2.00</td>
</tr>
<tr>
<td>$20,000</td>
<td>$4.00</td>
</tr>
<tr>
<td>$30,000</td>
<td>$6.00</td>
</tr>
<tr>
<td>$45,000</td>
<td>$9.00</td>
</tr>
</tbody>
</table>

Dependent Child Coverage

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000 per covered child</td>
<td>$2.00*</td>
</tr>
</tbody>
</table>

*One premium pays for all covered children (i.e. one child would cost $2.00 per month. Five children would cost $2.00 per month).
WW—Weight Watchers® Reimagined

Indiana University is proud to bring all benefit-eligible employees and spouses enrolled in an IU-sponsored medical plan WW (Weight Watchers® Reimagined) at no cost. IU covers 100% of cost of WW; however, per IRS rules, the value of the program is considered a taxable benefit and will be reported on the employee’s W2 at the end of each year.

Why join WW? It works!

WW has helped millions lose weight for decades with the latest nutritional and behavior change science. The easy-to-use app has the tools you need, including food and activity tracking, thousands of recipes, even 24/7 Chat with a WW Coach and so much more.

You’ll see innovation in everything from exclusive content to the unique rewards program which recognizes your healthy habits with “Wins” to redeem for products and services.

Whichever membership option you choose, you’ll have access to Connect, the super-supportive WW members-only community, and more than 5,000 delicious recipes, restaurant items, and barcode-scanned foods in the WW database.

How do I enroll?

WW delivers programming in two ways to fit your lifestyle:

1. **OPTION 1 Digital Only (e-Tools):** an easy-to-use app and website to track your food, movement, and weight goals; barcode scanner, restaurant items, and over 5,000 recipes; and expert chat available 24/7.

2. **OPTION 2 Digital + Workshops:** offers access to workshops in the community and, where available, on campus, with guidance from a trained WW Coach and motivation from members who are on the same path. Additionally, this option provides access to all the digital tools.

VISIT IU.WW.COM TO ENROLL TODAY

You (and your spouse, if applicable) will need your 10-digit University ID to sign up.

24-Hour NurseLine

**800-337-4770**

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

Care.com—Childcare, Eldercare, & More

**iu.care.com | 855-781-1303**

Eligible employees have access to a premium membership and Backup Care through Care.com. Care.com is a resource for finding and hiring pre-screened caregivers and care companies for childcare, eldercare, pet care, home assistants, backup care, and more. Membership includes unlimited preliminary background checks and use of Care.com’s online scheduling system. Backup Care is a service to help families find last-minute care providers at a reduced cost when normal care arrangements are disrupted. Each eligible IU employee can request up to 15 days of child or adult care per year with copays of $6/hour for in-home care (4 hour minimum) or $15 a day for each child or adult in a local, participating care center.

Employee Assistance Program (IUEAP)

**888-234-8327**

The IUEAP provides 365/24/7 professional, confidential counseling to help individuals with stress, depression, grief, loss, anxiety, drug and alcohol abuse, family problems, or workplace conflict. In an emergency, a counselor can be available within minutes and, if necessary, a face-to-face appointment will be arranged to stabilize the situation.

Healthy IU

[healthy.iu.edu](http://healthy.iu.edu)

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

- Health Screenings with a $100 (before-tax) incentive for IU medical plans participants
- Tobacco Cessation Resources
- Nutrition and Weight Management
- Work-Life Resources
- And Much More!

For more information, and for a list of resources available on each campus, visit [healthy.iu.edu](http://healthy.iu.edu).
Telemedicine for Medical Plan Members

livehealthonline.com (Anthem plan members)
iuhealth.org/videovisits (IU Health plan members)

IU-sponsored medical plan participants have 24/7 access to doctors from a smartphone, tablet, or computer with a webcam. Online visits typically cost around $59 and most people are connected to a doctor in 10 minutes or less. They can assess your condition, provide treatment options, and even send a prescription to the pharmacy, if needed. Get started at the websites listed above or download the mobile app for your plan.

Anthem AllClear ID Protection

anthemcares.allclearid.com

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

- AllClear Identity Repair: provides identity repair assistance to help fix identity theft issues and return your information to its proper condition.
- AllClear Credit & Identity Theft Monitoring Services: credit monitoring, identity theft insurance (up to $1 million), ChildScan for minors, and more.

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

CVS Caremark

Caremark.com

Use Caremark.com or the Caremark app to create a CVS Caremark account, which will allow you to:

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

To create an account, click “Register Now” on the homepage of Caremark.com or the Caremark app.

Castlight Health

us.castlighthealth.com

The healthcare system can be complex and confusing, but Castlight makes it easier to use. Castlight gives you the information you need to make smart healthcare decisions. Get started at us.castlighthealth.com or by downloading the mobile app.

529 College Savings Plans

One of the BEST WAYS to Save for College!

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

Is Indiana’s 529 Plan Right for You?

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

Bottom line—no matter what state’s plan you sign up for, a 529 savings plan is a smart choice. Visit 529.iu.edu for more information and to learn how IU employees can save automatically through IU Payroll direct deposit.

GET STARTED AT 529.IU.EDU
Customer Service Contacts

24-Hour Nurse Line
800-337-4770

Anthem PPO HDHP & Anthem PPO $500 Deductible
Member Services: 844-736-0920
www.anthem.com (Select Blue Access PPO)
BlueCard Network Providers outside of Indiana:
800-810-2583 or www.bcbs.com
Vision (Anthem Blue View Vision): 866-723-0515

Health Savings Account (HSA)
The Nyhart Company
Member Services: 800-284-8412
Email: support@nyhart.com
iu.nyhart.com (available after account is opened)

Healthy IU
812-855-7859 or toll free 1-855-269-0002
Email: healthyu@indiana.edu
healthy.iu.edu

IU Dental Plan
CIGNA
Member Services: 800-244-6224
www.cigna.com

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

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

Quit for Life® Tobacco Cessation
Member Services: 866-784-8454
quitnow.net/iu

Tax Saver Benefit (TSB) Plan
The Nyhart Company
Member Services: 800-284-8412
Email: support@nyhart.com
iu.nyhart.com (available after account is opened)

WW Reimagined® (Weight Watchers)
Member Services: 866-204-2885
iu.ww.com

Annual Federal Notices

Employers, like IU, are required to provide notices to employees about rights and responsibilities they have related to healthcare coverage. For the full text of these notices visit hr.iu.edu/benefits/federal_notices.htm. A summary of each is provided below.

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

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

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

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

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

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

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

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from IU, the State of Indiana may have a premium assistance program that can help pay for coverage.

The Uniformed Services Employment and Reemployment Rights Act (USERRA)
USERRA establishes employee eligibility and job entitlements, employer obligations, benefits, and remedies under the Act.

Women’s Health and Cancer Rights Act (WHCRA)
The mastectomy and reconstruction benefits provided under IU medical plans meet all the requirements of WHCRA.
## Open Enrollment Information Sessions

<table>
<thead>
<tr>
<th>Campus</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomington</td>
<td>November 11</td>
<td>10:00 a.m.–2:00 p.m.</td>
<td>Health &amp; Benefits Fair Community Resources in IMU–Alumni Hall</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9:30–11:00 a.m.</td>
<td>Benefit Vendors in IMU–Georgian Room</td>
</tr>
<tr>
<td></td>
<td>November 19</td>
<td>8:30–10:00 a.m.</td>
<td>Open Enrollment Information Sessions IMU–Whittenberger Auditorium</td>
</tr>
<tr>
<td></td>
<td>November 20</td>
<td>10:00–11:30 a.m.</td>
<td>UITS CIB Wrubel Lobby</td>
</tr>
<tr>
<td></td>
<td>November 20</td>
<td>10:30 p.m.–12:00 Midnight</td>
<td>Global Studies–Auditorium Room 001</td>
</tr>
<tr>
<td>Indianapolis</td>
<td>November 14</td>
<td>9:00 a.m.–3:00 p.m.</td>
<td>Health &amp; Benefits Fair Campus Center–450</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9:00–9:50 a.m. (Retiree Status &amp; Benefits)</td>
<td>Open Enrollment Information Sessions Campus Center–Room 305</td>
</tr>
<tr>
<td></td>
<td>November 20</td>
<td>9:30–11:30 a.m.</td>
<td>Learning Center–Sommerville Room</td>
</tr>
<tr>
<td>East</td>
<td>November 18</td>
<td>10:00–11:30 a.m. 1:00–2:30 p.m.</td>
<td>Whitewater Hall–Room 120</td>
</tr>
<tr>
<td>Fort Wayne</td>
<td>November 18</td>
<td>10:00 a.m.–12:00 p.m.</td>
<td>Neff Hall–Room 101</td>
</tr>
<tr>
<td>Kokomo</td>
<td>November 4</td>
<td>2:00–3:30 p.m.</td>
<td>Main Building–KO 176</td>
</tr>
<tr>
<td>Northwest</td>
<td>November 7</td>
<td>9:30–11:00 a.m. (CST) 1:30–3:00 p.m. (CST)</td>
<td>Savannah Center–Bergland Auditorium</td>
</tr>
<tr>
<td>South Bend</td>
<td>November 8</td>
<td>10:00–11:30 a.m. 1:00–2:30 p.m.</td>
<td>Student Activity Center–Room 225</td>
</tr>
<tr>
<td>Southeast</td>
<td>November 15</td>
<td>10:00–11:30 a.m. 1:00–2:30 p.m.</td>
<td>University Center North–Room 127</td>
</tr>
</tbody>
</table>

## Open Enrollment Webinars (all times are ET)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Type</th>
<th>Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 12</td>
<td>1:00–2:30 p.m.</td>
<td>OE</td>
<td><a href="https://iu.zoom.us/j/509437943">https://iu.zoom.us/j/509437943</a></td>
</tr>
<tr>
<td></td>
<td>3:00–4:30 p.m.</td>
<td>HSA</td>
<td><a href="https://iu.zoom.us/j/983492100">https://iu.zoom.us/j/983492100</a></td>
</tr>
<tr>
<td>November 13</td>
<td>2:00–3:30 p.m.</td>
<td>OE</td>
<td><a href="https://iu.zoom.us/j/945340729">https://iu.zoom.us/j/945340729</a></td>
</tr>
<tr>
<td>November 19</td>
<td>12:00–1:30 p.m.</td>
<td>OE</td>
<td><a href="https://iu.zoom.us/j/119615285">https://iu.zoom.us/j/119615285</a></td>
</tr>
<tr>
<td></td>
<td>2:00–3:30 p.m.</td>
<td>HSA</td>
<td><a href="https://iu.zoom.us/j/588792762">https://iu.zoom.us/j/588792762</a></td>
</tr>
<tr>
<td>November 21</td>
<td>9:00–10:30 a.m.</td>
<td>OE</td>
<td><a href="https://iu.zoom.us/j/267904245">https://iu.zoom.us/j/267904245</a></td>
</tr>
<tr>
<td></td>
<td>12:00–1:30 p.m.</td>
<td>HSA</td>
<td><a href="https://iu.zoom.us/j/708610834">https://iu.zoom.us/j/708610834</a></td>
</tr>
<tr>
<td></td>
<td>2:30–4:00 p.m.</td>
<td>OE</td>
<td><a href="https://iu.zoom.us/j/843712038">https://iu.zoom.us/j/843712038</a></td>
</tr>
</tbody>
</table>

Webinar Types:  
OE = Open Enrollment  
HSA = High Deductible Health Plans (HDHPs) and Health Savings Accounts (HSAs)
2020 OPEN ENROLLMENT:

2020 OPEN ENROLLMENT:

LOOK INSIDE FOR 2020 BENEFITS ENROLLMENT INFORMATION