INSIDE YOU’LL FIND:
✓ What’s New for 2019
✓ Open Enrollment Checklist
✓ Your Benefit Plan Options
✓ Benefit Programs & Resources
✓ Annual Federal Notices
✓ Information Session Schedule

2019 BENEFITS OPEN ENROLLMENT
for Academic & Staff Employees of Indiana University

NOVEMBER 5–16, 2018
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HAVE QUESTIONS? WE CAN HELP.
Simply email askhr@iu.edu or call 812-856-1234 any business day for assistance with benefits, jobs at IU, employee policies, and more.

LOOKING FOR MORE INFO ABOUT 2019 BENEFITS?
Visit GO.IU.EDU/OE

Remember: You must make your benefit elections by 11:59 P.M. EST FRIDAY, NOVEMBER 16, 2018
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). If you choose not to take action, your existing coverage options will “roll over” into the next year, 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.

WHAT YOU NEED TO KNOW

Open Enrollment November 5–16, 2018

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

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

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

- Long Term Disability

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 and Verify

From November 5 to 16, 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 & Changes

All Open Enrollment changes are effective January 1, 2019. 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.

Quick Tip

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).

You can change and resubmit your elections as many times as you need until the end of Open Enrollment on November 16. 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.
YOUR ENROLLMENT CHECKLIST

- Attend an Open Enrollment Information session or webinar (See the schedule on page 22 of this guide).
- 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 Benefit Details tab.
  4. Click on Open Enrollment in the left-hand navigation.
  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 Personal Accident Insurance elections. You can add, change, or drop coverage.
    - Special Enrollment Opportunity—Review your Long Term Disability Insurance election. You can add, change, or drop coverage without evidence of insurability during this one-time special enrollment period.
  6. Submit your elections. Your elections will not be registered for 2019 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>If you DO NOT make any enrollment elections during Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical &amp; Dental</strong></td>
</tr>
<tr>
<td>Health Savings Account (HSA) Enrollment will remain the same.</td>
</tr>
<tr>
<td>Personal Accident Insurance (PAI)</td>
</tr>
</tbody>
</table>
| Tobacco-free Affidavit You will not receive the incentive in 2019 for you or your spouse.
| Tax Saver Benefit Plans No contributions will be deposited into your healthcare reimbursement or dependent care reimbursement accounts and you will not be enrolled for 2019. |
| Long Term Disability Enrollment will remain the same. Evidence of insurability will be required if you wish to enroll in the future or if you choose to increase your level of coverage, add the annuity contribution benefit, or reduce the benefit waiting period. |
WHAT’S NEW FOR 2019

All Medical Plans
Effective January 1, 2019, the following changes will be applied to the CVS Caremark drug formulary:

• One-Touch lancets and test strips for use in One-Touch blood glucose meters will no longer be a preferred brand through your Caremark pharmacy benefit. Accu-Chek test strips and lancets for use in Accu-Chek blood glucose meters will be the only preferred brand products available.

Affected participants may be eligible to receive a free Accu-Chek blood glucose meter. Connect with the Caremark Diabetic Meter team at 1-877-418-4746 for details.

• Anti-obesity medications will be covered through the Caremark pharmacy benefit. These medications may require clinical guidelines be met and prior authorization be on file before they can be filled.

As a reminder, Caremark may change the drug formulary throughout the year. While Caremark makes every effort to inform participants when there is a change, it is always good practice to verify your medications are covered by the formulary prior to filling them and periodically throughout the year.

Anthem PPO High Deductible Health Plan
• The in-network deductible will increase to $1,500 for employee-only coverage and $3,000 for all other coverage levels. The in-network out-of-pocket maximum will increase to $3,000 for employee-only coverage and $6,000 for all other coverage levels.

• The out-of-network deductible will increase to $3,000 for employee-only coverage and $6,000 for all other coverage levels. The out-of-network out-of-pocket maximum will increase to $6,000 for employee-only coverage and $12,000 for all other coverage levels.

Anthem PPO $500 Deductible Plan
• The out-of-pocket maximum for in-network prescriptions will increase to $5,500 for employee-only coverage and $8,600 for all other coverage levels.

IU Health High Deductible Health Plan
• No plan changes.

IU Dental Plan
• No plan changes.

Health Savings Account (HSA)
• The annual IRS contribution maximums will increase to $3,500 for employee-only coverage, and $7,000 for all other coverage levels.

• There are no changes to the university’s contribution to the HSA in 2019:
  • IU Health HDHP—the university’s contribution will be $1,600 for employee-only and $3,200 for all other coverage levels.
  • Anthem PPO HDHP—the university’s contribution will be $1,300 for employee-only and $2,600 for all other coverage levels.

• If your IU Benefits Card expires 12/2018, you will receive new cards from Nyhart.

Tax Saver Benefit Plan Healthcare Reimbursement Account
• The IRS maximum contribution limit will increase to $2,650.

• If your IU Benefits Card expires 12/2018, you will receive new cards from Nyhart.

Tax Saver Benefit Plan Dependent Care Reimbursement Account
• No plan changes.

Personal Accident Insurance (PAI) Plan
• No plan changes.

Long Term Disability (LTD) Insurance
Eligible employees have a special one-time opportunity to enroll in or increase their level of coverage in Long Term Disability Insurance. Outside of this Open Enrollment period, evidence of insurability will be required if you:

• wish to enroll in the future; or

• are electing a new coverage option which provides a shorter benefit waiting period; or

• are electing a new coverage option which adds the Annuity Contribution Benefit; or

• previously terminated your LTD insurance and would like to re-elect coverage.

Review the LTD section of this guide on page 18 for specific eligibility and enrollment information.
MEDICAL & DENTAL PLAN ELIGIBILITY

Eligibility for Medical & Dental Plans

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.

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.

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.

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

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

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.

The healthcare system can be complex and confusing, but Castlight makes it easier to use.

• Search for a physician for any family member.
• Know where you stand with your deductible.
• Estimate personalized costs for medical services.
• Learn more about prescription drug options.

For more information visit hr.iu.edu/benefits/castlight.html
CHOOSING A MEDICAL PLAN

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 is generally provided when there are no current symptoms or prior history of a diagnosed medical condition associated with the service.

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 Deductible Works

Anthem PPO HDHP & IU Health HDHP

There is no individual deductible for those enrolled in employee/spouse, employee/child(ren), or family coverage. The family deductible can be satisfied by one or more family members. When one or more family members are covered, the family deductible must be met before any member moves to the coinsurance phase.

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

Anthem PPO $500 Deductible

With family coverage, each covered member has a separate, individual deductible that he/she can meet during the year after which the plan begins to share in the cost of services. When there are three or more covered family members, the deductible is considered met when the combined individual deductible expenses reach the family maximum deductible. Each enrollee may contribute no more than the amount of the individual deductible to the family maximum.

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

The IU Tobacco-free Affidavit is available to employees and their spouses enrolled in an IU-sponsored medical plan. 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 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). If a person declaring non-use of tobacco begins using tobacco during the year, she/he is no longer eligible for the premium reduction and must report this change to IU Human Resources immediately.

As an alternative to completing the affidavit, you and/or your spouse may still 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. Find more information about the program at hr.iu.edu/benefits/smoking_cessation.html.

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, individuals should call 866-784-8454 or visit www.quitnow.net/iu.
MEDICAL PLAN PREMIUMS

For the 2019/2020 fiscal year the Indiana University budget allocates $247.6 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>
<th>$35,000 to $59,999</th>
<th>$60,000 to $99,999</th>
<th>$100,000 to $149,999</th>
<th>$150,000 to $199,999</th>
<th>$200,000 to $249,999</th>
<th>$250,000 &amp; Above</th>
<th>Total Monthly Premium</th>
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<td><strong>Employee Only</strong></td>
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<td></td>
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<td>IU Health HDHP</td>
<td>$35.03</td>
<td>$46.96</td>
<td>$61.41</td>
<td>$77.47</td>
<td>$94.16</td>
<td>$114.73</td>
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<td>$55.71</td>
<td>$72.49</td>
<td>$91.32</td>
<td>$110.85</td>
<td>$135.00</td>
<td>$156.67</td>
<td>$348.99</td>
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<tr>
<td>Anthem PPO $500 Deductible</td>
<td>$146.10</td>
<td>$176.58</td>
<td>$228.68</td>
<td>$273.06</td>
<td>$319.10</td>
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<td><strong>Employee w/Child(ren)</strong></td>
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<tr>
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<td>$89.24</td>
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<td>$178.89</td>
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<td><strong>Employee w/Spouse</strong></td>
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<tr>
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<td>$92.83</td>
<td>$124.46</td>
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<td>$293.76</td>
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<td><strong>Family</strong></td>
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<td>IU Health HDHP</td>
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<td>$140.89</td>
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<td>$232.42</td>
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<td>$344.18</td>
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<td>Anthem PPO HDHP</td>
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<td>$470.02</td>
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<td>$686.06</td>
<td>$819.18</td>
<td>$957.28</td>
<td>$1,100.61</td>
<td>$1,249.25</td>
<td>$2,506.18</td>
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</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.

**EXAMPLE: Calculating Your Premium**

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

- $147.62: Employee w/Spouse Premium
- $ 25.00: Tobacco-free Affidavit from Employee
- $ 25.00: Tobacco-free Affidavit from Spouse

**Calculating the University's Premium Contribution**

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

- $929.49: Total Premium
- $ 147.62: Monthly Employee Premium

**$781.87: 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.*
## Medical Plan Definitions

**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**
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.

### IU Health HDHP

<table>
<thead>
<tr>
<th>Network Availability</th>
<th>Most Indiana counties. Visit <a href="http://iuhealthplans.org">iuhealthplans.org</a> for a provider directory.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Network</td>
<td>Only from IU Health network providers</td>
</tr>
<tr>
<td>IU Contribution</td>
<td>$1,600 employee-only coverage $3,200 all other coverage levels</td>
</tr>
<tr>
<td></td>
<td>Contribution is deposited with the employee’s 2nd paycheck in January</td>
</tr>
<tr>
<td>Employee Contribution</td>
<td>Minimum $300 ($25 monthly) Maximum $1,900 employee-only / $3,800 all other coverage levels For those age 55+, additional $1,000 catch-up</td>
</tr>
</tbody>
</table>

### MEDICAL

#### In-Network Benefits

<table>
<thead>
<tr>
<th>Deductible</th>
<th>$2,500 employee-only coverage $5,000 all other coverage levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>20% after the deductible is met</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,000 employee-only coverage $6,000 all other coverage levels</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% coinsurance after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>In-Network: 20% coinsurance after deductible Out-of-Network: Paid as in-network when 50+ miles from home</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Covered as any other illness through IU Health network providers. Prior authorization is required.</td>
</tr>
</tbody>
</table>

#### Out-of-Network Benefits

| Deductible           | —                                                                  |
| Coinsurance          | No Out-of-Network benefits, except emergency.                     |
| Out-of-Pocket Maximum| —                                                                  |

### PRESCRIPTION DRUGS

#### In-Network Benefits

- **Retail** (up to 30-day supply): 20% coinsurance after deductible
- **Retail at CVS Pharmacies** (up to 90-day supply): 20% coinsurance after deductible
- **Mail Order** (up to 90-day supply) & **Specialty** (up to 30-day supply): 20% coinsurance after deductible
  - Preventive Rx not subject to the deductible.

#### Preventive Prescription Exceptions

- All plans pay 100% for generic contraceptives, pediatric sodium fluoride, replacement (up to 180-day supply annually). Over the counter products

### Out-of-Network Benefits

- No coverage.

### VISION CARE

- **Exams and Eyewear**
  - Routine eye exam ($10 copay) and eyewear (frames, lenses, or contacts)
## 2019 Medical Plans Comparison Chart

<table>
<thead>
<tr>
<th>Anthem PPO HDHP</th>
<th>Anthem PPO $500 Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide and Overseas</td>
<td>Nationwide and Oversean</td>
</tr>
<tr>
<td>Anthem Blue Access and Blue Care PPO providers</td>
<td>Anthem Blue Access and Blue Care PPO providers</td>
</tr>
<tr>
<td><strong>IU Contribution:</strong></td>
<td>Not Eligible</td>
</tr>
<tr>
<td>$1,300 employee-only coverage</td>
<td></td>
</tr>
<tr>
<td>$2,600 all other coverage levels</td>
<td></td>
</tr>
<tr>
<td>Contribution is deposited with the employee’s 2nd paycheck in January</td>
<td></td>
</tr>
<tr>
<td><strong>Employee Contribution:</strong></td>
<td></td>
</tr>
<tr>
<td>Minimum $300 ($25 monthly)</td>
<td></td>
</tr>
<tr>
<td>Maximum $2,200 employee-only / $4,400 all other coverage levels</td>
<td></td>
</tr>
<tr>
<td>For those age 55+, additional $1,000 catch-up</td>
<td></td>
</tr>
<tr>
<td>$1,500 employee-only coverage</td>
<td>$500 for each individual</td>
</tr>
<tr>
<td>$3,000 all other coverage levels</td>
<td>$1,500 family maximum</td>
</tr>
<tr>
<td>20% after the deductible is met</td>
<td>20% after the deductible is met</td>
</tr>
<tr>
<td>$3,000 for employee-only coverage</td>
<td>$2,400 for each individual</td>
</tr>
<tr>
<td>$6,000 all other coverage levels</td>
<td>$7,200 for family maximum</td>
</tr>
<tr>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>20% coinsurance after deductible</td>
<td>$150 copay per visit (waived if admitted)</td>
</tr>
<tr>
<td>In-Network: 20% coinsurance after deductible</td>
<td>In-Network: $75 copay</td>
</tr>
<tr>
<td>Out-of-Network: 40% coinsurance after deductible</td>
<td>Out-of-Network: 40% coinsurance after deductible</td>
</tr>
<tr>
<td>Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.</td>
<td>Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.</td>
</tr>
<tr>
<td>$3,000 employee-only coverage / $6,000 all other coverage levels</td>
<td>$900 for each individual / $2,700 family maximum</td>
</tr>
<tr>
<td>40% coinsurance after deductible</td>
<td>40% after the deductible is met</td>
</tr>
<tr>
<td>$6,000 employee-only coverage / $12,000 all other coverage levels</td>
<td>$6,850 for each individual / $13,700 for family maximum</td>
</tr>
</tbody>
</table>

### Retail (up to 30-day supply):
- 20% coinsurance after deductible

### Retail at CVS Pharmacies (up to 90-day supply):
- 20% coinsurance after deductible

### Mail Order (up to 90-day supply) & Specialty (up to 30-day supply):
- 20% coinsurance after deductible

Preventive Rx not subject to the deductible.

- 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.

### Retail (up to 30-day supply): 40% coinsurance after deductible

### Mail Order & Specialty: No Coverage

### Retail (up to 30-day supply): 50% coinsurance after deductible

### Mail Order & Specialty: No Coverage

with specific allowances. IU Health members use EyeMed network & ID card; Anthem members use Blue View Vision network & Anthem ID card.
HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Account (HSA) for HDHP Plans

Account Advantages

The Health Savings Account, administered by The Nyhart Company, is a special tax-advantaged bank account that can be used to pay for IRS-qualified health expenses for you, your spouse, and/or your tax dependents.

The three main tax advantages to an HSA are:

1. No taxes are taken on the contributions made to the account. All contributions are made on a pre-tax basis via payroll deductions.
2. No taxes are taken when the funds in the account are used for IRS-qualified health expenses.
3. No taxes are taken on the account interest and investment earnings.

After you open an HSA, you can use funds to pay for covered expenses that apply toward the HDHP annual deductible and coinsurance costs (e.g. medical services, prescriptions, mental health services, etc). You can also pay for qualified health expenses that your health plan might not cover, such as vision care (eyeglasses and contact lenses), dental and orthodontic services.

Accessing HSA Funds

Once contributions are made to the HSA, funds can be accessed in several different ways:

- You can use the IU Benefit debit/Visa card at retail locations. The IU Benefit card can be used at healthcare provider locations where debit/Visa cards are accepted. 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 that you paid out of another account or with cash.

IRS Qualifying Requirements/Eligibility

To be an eligible individual and qualify for tax-free HSA contributions, you must meet the following requirements:

- be covered under a high deductible health plan (HDHP); and
- not be claimed as a dependent on someone else’s tax return; and
- not be enrolled in Medicare; and
- have a valid Social Security number; and
- have no other medical coverage.

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

If you are ineligible for tax-free contributions, you can waive the HSA during Open Enrollment and still elect to be enrolled 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.

How the Health Savings Account (HSA) Works

1.) Make contributions.
An HSA comes with tax advantages that can make saving in an HSA a smart choice now and in the future.

1. Your contributions to the account are tax-free.
2. IU contributions to your account are tax-free.
3. Interest and investment earnings are tax-free.

2.) Pay for eligible healthcare expenses.
Cover things like medical expenses, prescriptions, vision, behavioral health care, and dental services for you, your spouse, and your tax dependents.

3.) Have flexibility in the amount you contribute.
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.
Eligible HSA Expenses

The HSA account balance 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.

Examples include:

• medical plan deductibles and coinsurance
• prescriptions
• medical equipment and supplies
• acupuncture
• disability aids & 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 only be used for expenses incurred from the date the HSA was established.

Contributions to the HSA

IU makes its contribution to your HSA on the second paycheck in January. To participate in the HSA, you must elect to contribute a minimum of $300 up to the maximum listed below.

Employee contributions are spread out over your paychecks throughout the year and can be increased or decreased at any time during the year.

HSA maximum contributions may be prorated by the IRS when HDHP enrollment is less than twelve months or when coverage levels change mid-year.

HSA maximums are the combined total of IU contributions, employee’s contributions to their own HSA account, spouse’s contributions to their own HSA (if applicable), and contributions made to an Archer MSA (if applicable).

<table>
<thead>
<tr>
<th></th>
<th>IRS Maximum Allowed Contribution</th>
<th>IU Annual Contribution</th>
<th>Your Maximum Annual Contribution*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem PPO HDHP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only Coverage</td>
<td>$3,500</td>
<td>$1,300</td>
<td>$2,200</td>
</tr>
<tr>
<td>All Other Coverage Levels</td>
<td>$7,000</td>
<td>$2,600</td>
<td>$4,400</td>
</tr>
<tr>
<td><strong>IU Health HDHP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only Coverage</td>
<td>$3,500</td>
<td>$1,600</td>
<td>$1,900</td>
</tr>
<tr>
<td>All Other Coverage Levels</td>
<td>$7,000</td>
<td>$3,200</td>
<td>$3,800</td>
</tr>
</tbody>
</table>

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

Quick Tip

Eligible expenses are designated by the IRS. Generally, qualified expenses include doctor visits, medications, medical equipment, and dental and vision care for you, your spouse and your tax dependents. Detailed information about eligible HSA expenses can be found on Nyhart’s Expense Eligibility Table, in IRS Publication 502, or by contacting Nyhart directly at 800-284-8412.

4.) Let your money rollover and grow over time.

Watch your money accumulate interest and increase in your account OR open an investment account with an initial transfer of $1,000 or more and invest in a wide range of mutual funds.

5.) Take the HSA with you when you leave IU or retire.

<table>
<thead>
<tr>
<th>SPEND YOUR MONEY ON:</th>
<th>THEN THAT MONEY IS:</th>
<th>WHEN CAN YOU USE IT (Without Penalty):</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA Account or Investments</td>
<td>Qualified Medical Expenses</td>
<td>TAX-FREE</td>
</tr>
<tr>
<td>Anything Else</td>
<td>TAXED INCOME</td>
<td>Age 65+</td>
</tr>
</tbody>
</table>
**Tax Saver Benefit (TSB) Plan**
**Healthcare Reimbursement Account**

**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.

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 2019 annual contribution maximum is $2,650. The annual election amount is available starting January 1, 2019. **Enrollment is required each year in 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 February 28.

Special rules 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.

**Carryover Provisions**

Participants in the TSB Healthcare Reimbursement Account are able to carryover up to $500 of unused funds into a new account the following plan year. Any funds in the TSB Healthcare account at the end of the plan year that are in excess of the $500 carryover amount will be forfeited.

---

**Direct Deposit Requirement**

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

**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 complete list of eligible expenses.

---

**Quick Tip**

When determining your annual pledge to the TSB Healthcare Reimbursement Account, a review of your recent bills can give you an idea of the cost 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, orthodontia and other eligible expenses. Don’t put money in your account for anything but predictable expenses. Any money left in your account, above the $500 carryover amount, will be forfeited.
USING BOTH ACCOUNTS—HSA & TSB HEALTH

IU Benefit Card

The IU Benefit Card is a debit/Visa card that 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 Reimbursement 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 2019 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.

Using HSA & TSB Funds for Family Members

Both HSA and TSB Healthcare Reimbursement Account funds can be used for the eligible healthcare expenses of your legal spouse.

TSB funds can be used for the eligible healthcare expenses of your children through age 25, even if they are not covered on your medical plan, are married, or are living away from home. In contrast, HSA funds can only be used tax-free for children who qualify as true tax dependent as defined by IRS rules. 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. See additional details and specific IRS rules for a "qualifying child" in IRS Publication 502.

HSA and TSB Healthcare Side-by-Side Comparison

<table>
<thead>
<tr>
<th>Health Savings Account</th>
<th>Tax Saver Benefit (TSB) Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance rolls over year-to-year</td>
<td>Can only roll over $500 to the next year</td>
</tr>
<tr>
<td>Offers interest/voluntary investment options</td>
<td>No interest/investment options</td>
</tr>
<tr>
<td>Contributions only available as they are deposited</td>
<td>Full pledge amount available immediately</td>
</tr>
<tr>
<td>Can change contribution amount any time during the year</td>
<td>Cannot change pledge amount mid-year</td>
</tr>
<tr>
<td>No claims forms—retain receipts for IRS purposes</td>
<td>Must submit claim forms for reimbursement and be able to substantiate purchases made with the card</td>
</tr>
<tr>
<td>Employee responsible for verifying the use of funds</td>
<td>Nyhart responsible for verifying the use of funds</td>
</tr>
<tr>
<td>Can use the funds for expenses incurred as far back as the original date the account was opened</td>
<td>Have 60 days after the plan year to submit claims for expenses incurred January–December</td>
</tr>
<tr>
<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>
<td>Can use funds for spouses and children up to age 25, even those who are married and living away from home</td>
</tr>
</tbody>
</table>
Tax Saver Benefit (TSB) Plan
Dependent Care Reimbursement Account

Plan Highlights

The Dependent (Day/Evening) Care Reimbursement Account allows you to set aside tax-free money to be used to reimburse yourself 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 2019 annual contribution maximum is $5,000 per household. Spouses can each elect participation in the TSB Dependent Care account, but their combined elections cannot exceed $5,000. The annual election amount is available starting January 1, 2019; 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 2019 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.

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](http://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 a kindergarten or higher grade.
- Household services to a household employee whose services include the care of a qualifying person.

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
- Overnite camp
- Summer school

Use the TSB Dependent Care worksheet at [hr.iu.edu/benefits/tsb.html](http://hr.iu.edu/benefits/tsb.html) to help calculate your annual TSB Dependent Care Reimbursement Account contribution.
IU DENTAL PLAN

IU Dental Plan

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.

Monthly Contributions to the IU Dental Plan

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.

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.

| HOW THE ANNUAL BENEFIT LIMIT WORKS |
|-----------------|----------------|
| Year            | Preventive Care | Annual Benefit Limit |
| 2019            | 1 cleaning      | $1,200 (base)        |
| 2020            | 1 cleaning      | $1,300               |
| 2021            | No cleaning     | $1,400               |
| 2022            | 1 cleaning      | $1,400               |
| 2023            | 1 cleaning      | $1,500 (max)         |

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).

FIND 2019 BENEFITS INFORMATION AT GO.IU.EDU/OE

QUESTIONS? ASKHR@IU.EDU | 812.856.1234 | HR.IU.EDU

* 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.
PERSONAL ACCIDENT INSURANCE

Personal Accident Insurance (PAI)

Plan Highlights
Academic and Staff employees employed by Indiana University as full-time employees (75% FTE or greater) are eligible for plan membership.

Personal Accident Insurance 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.

Travel assistance benefits include the safe return home of young dependent children (if you are hospitalized or pass away while traveling); and assistance with replacing lost prescriptions, passports, and possessions.

Enrollment for current members in this plan will continue for 2019 unless a change is submitted during Open Enrollment.

Monthly Plan Contributions
The premiums for coverage under the Personal Accident Insurance plan are entirely paid by the employee. Employee contributions are deducted before taxes.

Premises by Benefit Amount & Level of Coverage

<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>$0.48</td>
<td>$0.78</td>
</tr>
<tr>
<td>$60,000</td>
<td>$0.96</td>
<td>$1.56</td>
</tr>
<tr>
<td>$90,000</td>
<td>$1.44</td>
<td>$2.34</td>
</tr>
<tr>
<td>$120,000</td>
<td>$1.92</td>
<td>$3.12</td>
</tr>
<tr>
<td>$180,000</td>
<td>$2.88</td>
<td>$4.68</td>
</tr>
<tr>
<td>$240,000</td>
<td>$3.84</td>
<td>$6.24</td>
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<td>$300,000</td>
<td>$4.80</td>
<td>$7.80</td>
</tr>
<tr>
<td>$350,000</td>
<td>$5.60</td>
<td>$9.10</td>
</tr>
<tr>
<td>$400,000</td>
<td>$6.40</td>
<td>$10.40</td>
</tr>
<tr>
<td>$450,000</td>
<td>$7.20</td>
<td>$11.70</td>
</tr>
<tr>
<td>$500,000</td>
<td>$8.00</td>
<td>$13.00</td>
</tr>
</tbody>
</table>

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

Quick Tip
Enrollment in Personal Accident Insurance includes the following additional services:

CIGNA Healthy Rewards
Receive discounts on a variety of health and wellness programs and services such as massage, Jenny Craig, chiropractor, hearing aides, Lasik vision correction, and more!

CIGNA Secure Travel
Information, referral, assistance, transportation, and evacuation services designed to help you respond to medical care situations and other emergencies that may arise during travel.

CIGNA Will Center
Access to a suite of tools that may help build a state-specific customized will and other legal documents.

Visit hr.iu.edu/benefits/pai.html for more information.
LONG TERM DISABILITY INSURANCE

Long Term Disability (LTD)

Special One-Time Enrollment Period

During Open Enrollment 2019 (November 5–16, 2018), eligible employees have the opportunity to enroll in or increase their level of coverage in Long Term Disability outside of the normal enrollment period and without evidence of insurability.

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

- wish to enroll in the future; or
- are electing a new coverage option which provides a shorter benefit waiting period; or
- are electing a new coverage option which adds the Annuity Contribution Benefit; or
- previously terminated your LTD insurance and would like to re-elect coverage.

For more information on the requirements for and process of providing evidence of insurability, visit hr.iu.edu/benefits/ltd.html.

Enrollment for current members in this plan will continue for 2019 unless a change is submitted during Open Enrollment. Employees who have previously been denied by The Standard for Long Term Disability coverage are not eligible to enroll during this enrollment period.

Plan Highlights

Indiana University’s Long Term Disability Plan replaces up to 60 percent of salary, to a maximum of $10,000 per month, less Social Security, Workers’ Compensation, income, or similar benefits from other sources. With continuous disability, the plan may pay benefits up to age 65 (or to a later age if disability occurs after age 60).

The plan offers an optional Annuity Contribution Benefit which pays contributions equal to 10 percent of the covered employee’s base salary to a retirement annuity fund after 24 months of continuous disability.

Additional plan features include:

- **Assisted Living Benefit** - Provides extra income replacement for severely disabled individuals.
- **Survivor Benefit** - An amount equal to three times the monthly benefit is paid to surviving dependents in the event of the disabled employee’s death.
- **Cost of Living Adjustment** - Provides a 3% annual Cost of Living Adjustment increase in benefits after receiving benefit payments for the required period of time.
- **Rehabilitation Services** - Disabled employees may qualify for vocational testing, job prep, career counseling, retraining, or workplace modification.
- **Conversion** - Available without proof of insurability when group policy ends.

Plan Contributions

The premiums for coverage under the Long Term Disability plan are entirely paid by the employee. The cost for disability insurance is based on the enrollee’s age, salary, and selected option. Calculate your monthly premium for LTD coverage using formula below or the online premium estimation tool at hr.iu.edu/benefits/ltd-premium-estimator.html.

Calculate Your Monthly Premium:

1. Choose the option from below.
   - **Option A**: 180-day Benefit Waiting Period
   - **Option B**: 90-day Benefit Waiting Period
   - **Option C**: 180-day Waiting Period + Annuity Contribution
   - **Option D**: 90-day Waiting Period + Annuity Contribution

2. Locate your age.
3. Find the corresponding rate in the chart below.
4. Enter values into the cells below.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<td>Under Age 40</td>
<td>.00059</td>
<td>.00069</td>
<td>.00083</td>
<td>.00100</td>
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<td>40–44</td>
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<td>.00499</td>
<td>.00501</td>
<td>.00645</td>
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<tr>
<td>55–69</td>
<td>.00474</td>
<td>.00616</td>
<td>.00617</td>
<td>.00800</td>
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<tr>
<td>70 and Over</td>
<td>.00710</td>
<td>.00915</td>
<td>.00922</td>
<td>.01190</td>
</tr>
</tbody>
</table>

*Premium amounts automatically change based on the employee’s age and salary.

FIND 2019 BENEFITS INFORMATION AT GO.IU.EDU/OE

QUESTIONS? ASKHR@IU.EDU | 812.856.1234 | HR.IU.EDU
BENEFIT PROGRAMS & RESOURCES

24-Hour Nurse Line
hr.iu.edu/benefits/24nurse.html
The 24-Hour Nurse Line is a resource for employees and family members who need guidance on non-emergency health questions and concerns from specially trained registered nurses. Eligible users include IU employees and their household members covered by an IU-sponsored medical plan. Access the Nurse Line by calling 888-279-5449.

Childcare and Eldercare Resources
iu.care.com
IU employees have access to Care.com, 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. To get started visit iu.care.com or call 855-781-1303.

Employee Assistance Program (IUEAP)
hr.iu.edu/benefits/eap.html
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. Obtaining services starts with a call: 888-234-8327.

Weight Talk® Program
hr.iu.edu/benefits/weightloss.html
The Weight Talk Program lasts six months and coaches participants in healthy living. Participants will be part of a private, online community in which they complete courses, track progress, and interact with others in the program. Expert guidance is provided through interactions with a Weight Talk Coach, along with nutritionists and fitness specialists.

Anthem Telemedicine
livehealthonline.com
Anthem medical plan participants have 24/7 access to doctors from a smartphone, tablet, or computer with a webcam. Online visits typically cost around $49 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. LiveHealth Online is a great way to get care when it’s convenient for you.

IU Health Telemedicine
iuhealth.org/videovisits
IU Health Video Visits for IU Health HDHP participants offers convenient 24/7 access to highly skilled experts from a smartphone, tablet, or computer with a webcam. Connect with an IU Health provider and get treatment for symptoms related to allergies, coughs, infections, nausea, and more. Visits with providers typically last about 10 minutes and cost $49 or less.

LiveHealth Online
See a doctor 24/7 with LiveHealth Online for Anthem Medical Plan Participants
It’s quick and easy to get started. Go to livehealthonline.com or download the mobile app.

Sign up for free today and get:
- Access to board-certified doctors 24/7. Doctors using LiveHealth Online can assess your condition and even send prescriptions to the pharmacy of your choice, if needed.² A visit typically costs $49 or less, depending on your health plan.
- Medical care when you need it. For things like the flu, a cold, sinus infection, pink eye, rashes, fever, and more.
- Convenience. Most people are connected to a doctor in about 10 minutes or less.

1 LiveHealth Online is offered in most states and is expected to grow in the near future. Visit LiveHealthOnline.com to see the latest map showing where service is available.
2 As legally permitted in certain states.

Indiana University Health
A faster, easier way to see a provider
IU HEALTH VIDEO VISITS for IU Health HDHP Participants
Easy as 1, 2, 3
1. Download the free IU Health Video Visits app or launch on your computer.
2. Enroll by creating a free login & completing your personal profile.
3. Connect with an IU Health provider and get treatment.

Learn More at iuhealth.org/videovisits
529 COLLEGE SAVINGS PLANS
ONE OF THE BEST WAYS TO SAVE FOR COLLEGE

Did you know that opening a regular savings account at your bank may not be your best option when it comes to saving for college? 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

Healthy IU
healthy.iu.edu

Healthy IU is Indiana University’s employee wellness program. Healthy IU’s mission is to empower, educate, and offer environmental tools to encourage members of the IU community to live their best life.

Healthy IU’s resources, programs, and workshops are free for faculty and staff employees and their spouses. These include, but are not limited to:

- Health Screenings with a $100 (before-tax) incentive for full-time faculty and staff and their spouses on an IU medical plan.
- Tobacco Cessation Resources
- Nutrition and Weight Management
- Seasonal Flu Vaccines
- Work-Life Resources
- One-on-one Nutritional Counseling
- and Much More!

For more information, and for a list of resources available on each campus, visit healthy.iu.edu.

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;
- Check drug interactions;
- Learn more about the drugs you take; and
- Contact a pharmacist.

To create an account, click “Register Now” on the homepage of Caremark.com or the Caremark app. Be sure to have your medical ID card handy.
CUSTOMER SERVICE CONTACTS

24-Hour Nurse Line
888-279-5449

Anthem PPO HDHP &
Anthem PPO $500 Deductible
Anthem
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
IU Health
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
www.caremark.com

Quit for Life® Cessation Program
Member Services: 866-784-8454 (866-QUIT-4-LIFE)
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)

Weight Talk® Program
Member Services: 844-767-2636
iuhealthyliving.com

ANNUAL FEDERAL NOTICES

Employers, like Indiana University, are required to provide notices to employees about rights and responsibilities they have related to healthcare coverage. Full text of these notices is available at 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.
### 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 7</td>
<td>10:00 a.m.–2:00 p.m.</td>
<td>Health &amp; Benefits Fair Community Resources in IMU–Alumni Hall Benefit Vendors in IMU–Frangipani Room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9:30–11:00 a.m. (OE Presentation)</td>
<td>Open Enrollment Information Sessions IMU–Oak Room, Tree Suites</td>
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<tr>
<td></td>
<td></td>
<td>12:00–12:30 p.m. (Retirement Improvements)</td>
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<tr>
<td></td>
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<td>1:00–2:30 p.m. (OE Presentation)</td>
<td></td>
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<tr>
<td>November 9</td>
<td>8:30–10:00 a.m.</td>
<td></td>
<td>Physical Plant–Davis Conference Room</td>
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<tr>
<td>November 13</td>
<td>10:30–12:00 Midnight</td>
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<td>Global Studies–Room 001 Auditorium</td>
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<tr>
<td>November 14</td>
<td>10:00–11:30 a.m.</td>
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<td>UITS CIB Wrubel Lobby</td>
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<tr>
<td>Indianapolis</td>
<td>November 1</td>
<td>9:00 a.m.–3:00 p.m.</td>
<td>Health &amp; Benefits Fair Campus Center–Multipurpose Room</td>
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<tr>
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<td>November 6</td>
<td>9:30–11:00 a.m. (OE Presentation)</td>
<td>Open Enrollment Information Sessions Campus Center–Room 305</td>
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<tr>
<td></td>
<td></td>
<td>11:00 a.m.–1:00 p.m. (Q&amp;A)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>1:00–2:30 p.m. (OE Presentation)</td>
<td></td>
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<tr>
<td>Columbus</td>
<td>November 6</td>
<td>10:00–11:30 a.m. 1:00–2:30 p.m.</td>
<td>Learning Center–Summerville Room</td>
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<tr>
<td>East</td>
<td>November 6</td>
<td>10:00–11:30 a.m. 1:00–2:30 p.m.</td>
<td>Whitewater Hall–Room 120</td>
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<tr>
<td>Fort Wayne</td>
<td>November 9</td>
<td>11:00 a.m.–1:00 p.m. (Q&amp;A)</td>
<td>Neff Hall–Room 101</td>
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<td></td>
<td></td>
<td>1:00–3:00 p.m. (OE Presentation)</td>
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<tr>
<td>Kokomo</td>
<td>November 2</td>
<td>2:00–3:30 p.m.</td>
<td>Kelley Student Center–KC130</td>
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<tr>
<td>Northwest</td>
<td>October 29</td>
<td>9:30–11:00 a.m. (CST) 1:30–3:00 p.m. (CST)</td>
<td>Savannah Center–Bergland Auditorium</td>
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<tr>
<td>South Bend</td>
<td>October 30</td>
<td>10:00–11:30 a.m. 1:00–2:30 p.m.</td>
<td>Student Activity Center–Room 225</td>
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<td>Southeast</td>
<td>November 5</td>
<td>10:00–11:30 a.m. 1:00–2:30 p.m.</td>
<td>University Center North–Room 127</td>
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### Open Enrollment Webinars (All times are EST)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Type</th>
<th>Connection</th>
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<tr>
<td>November 8</td>
<td>9:00–10:30 a.m.</td>
<td>OE</td>
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<td>12:00–1:30 p.m.</td>
<td>HDHP</td>
<td><a href="https://iu.zoom.us/j/579554545">https://iu.zoom.us/j/579554545</a></td>
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<td>2:30–4:00 p.m.</td>
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<td><a href="https://iu.zoom.us/j/427564722">https://iu.zoom.us/j/427564722</a></td>
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<td>12:00–1:30 p.m.</td>
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<td>2:30–4:00 p.m.</td>
<td>OE</td>
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<td>HDHP</td>
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<tr>
<td></td>
<td>2:00–3:30 p.m.</td>
<td>OE</td>
<td><a href="https://iu.zoom.us/j/555669346">https://iu.zoom.us/j/555669346</a></td>
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Webinar Types:  OE = Open Enrollment  HDHP = High Deductible Health Plans (HDHPs) and Health Savings Accounts (HSAs)
NOVEMBER 5-16, 2018

2019 OPEN ENROLLMENT

INFORMATION
BENEFITS ENROLLMENT
LOOK INSIDE FOR 2019