OPEN ENROLLMENT

November 9-20, 2015
Once a year, full-time Academic and Staff employees have the opportunity to make enrollment changes in the following benefit plans:

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

This booklet provides information for consideration in changing or re-enrolling in these benefits, or enrolling for the first time. Visit the web site for instructions on how and when to make benefit elections.

**Enroll and Verify**

From November 9 to November 20 use the Benefits area of One.IU to process your enrollment. After completing the online enrollment, confirmation of elections will be sent via IU email.

Check your email confirmation carefully to verify selections. If you do not receive an immediate email confirmation, the enrollment process was not completed.

If you do not have Internet access, contact a campus HR office for assistance.

**Effective Date and Changes**

Open Enrollment is your annual opportunity to change elections for the benefit plans listed above and to complete a Tobacco-free Affidavit. *All Open Enrollment changes are effective January 1, 2016.*

IRS regulations require that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined Family Status Change. A change in status, such as marriage, divorce, or the birth of a child, allows a corresponding change to your elections, but only *within 30 days of the event.*

An exception is that an employee can make changes to their HSA contribution amount at any time during the year.

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**If you do NOT make any enrollment elections during Open Enrollment**

- Participation in medical and dental plans and Personal Accident Insurance will continue.
- **You will not receive the Tobacco-free Incentive for 2016.** You must complete an affidavit each year to receive the reduction in the medical plan premium.
- **You will not be enrolled in the Tax Saver Benefit Plan(s) for 2016.** You must enroll each year to make pre-tax contributions for health and/or dependent care expenses.

**Information Sessions and Webinars**

A list of times and locations of Open Enrollment information sessions and webinars are available on the web site. Family members are welcome to attend any campus information session and/or webinar.
New for 2016

All Plans
- Two salary bands have been modified so that 1,300 employees will have the advantage of being included in a lower band in 2016. The $30,000-$49,999 band will be expanded to $30,000-$54,999. This means the $50,000-$99,999 band will be $55,000-$99,999. All other salary bands will remain the same.

IU Health High Deductible Health Plan (IU Health HDHP)
hr.iu.edu/benefits/2016/iuh-hdhp.html
- New ID cards will be issued for 2016.
- 20% co-insurance will be added after the deductible is met. Out-of-pocket maximum has increased to $3,000 for employee-only and to $6,000 for all other coverage levels.

Anthem PPO High Deductible Health Plan (Anthem PPO HDHP)
hr.iu.edu/benefits/2016/hdhp.html
- New ID cards will not be issued for 2016 except for those newly enrolled in this plan.
- The in-network out-of-pocket maximum will increase to $2,600 for employee only coverage and $5,200 for all other coverage levels.
- The out-of-network out-of-pocket maximum will increase to $5,200 for employee-only coverage and $10,400 for all other coverage levels.

Anthem PPO $900 Deductible and Anthem PPO $500 Deductible Plans
hr.iu.edu/benefits/2016/ppo900.html
hr.iu.edu/benefits/2016/ppo500.html
- New ID cards will not be issued for 2016 except for those newly enrolled in these plans.
- The out-of-network co-insurance will increase to 40%
- The out-of-network out-of-pocket maximum will increase to $6,850 for employee-only coverage and $13,700 for all other coverage levels.
- It is the University’s intent to discontinue the Anthem PPO $900 Deductible plan for 2017.

Health Savings Account (HSA)
hr.iu.edu/benefits/2016/hsa.html
- There are no changes to the University’s contribution to the Health Savings Accounts in 2016. The contribution for the IU Health HDHP will be $1,600 for employee-only/$3,200 for all other coverage levels. For the Anthem PPO HDHP, the University’s contribution will be $1,300 employee-only/$2,600 for all other coverage levels.
- IRS Maximum Contribution Limits have increased to $3,350 employee-only / $6,750 for all other coverage levels.

Tax-Saver Benefit (TSB)
Healthcare Reimbursement Account
hr.iu.edu/benefits/tsb.html
- Last year, we announced that as of January 2016, the January–February grace period would no longer exist. At the end of 2015, up to $500 of the remaining TSB healthcare balance will automatically roll over to 2016. Any amount above that will be forfeited, so plan accordingly.
- The contribution maximum for the TSB Healthcare account will increase to $2,550.
- Direct deposit of claim payments is required effective January 1, 2016. Debit card use will be declined until direct deposit is activated.
- Anyone enrolled in the TSB Healthcare account will automatically receive 2 debit/Visa cards for use with the account.
- No plan changes for the TSB Dependent Care account.

IU Dental Plan
hr.iu.edu/benefits/dental-2016.html
- No plan changes.

Personal Accident Insurance (PAI)
hr.iu.edu/benefits/pai.html
- No plan changes.
Eligibility for Medical and 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.

Eligible Dependents
Dependents who are eligible for health care coverage are:

• The employee’s spouse or registered same-sex domestic partner.
• The employee’s biological or adopted children, stepchildren, or qualified children of a registered domestic partner 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
hr.iu.edu/benefits/needknow.html

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.

A dependent cannot become covered unless the employee is covered. All dependents of covered employees are third-party beneficiaries of the plan.

An employee is not eligible as the spouse of an employee in a lower premium salary band. When both spouses are eligible for an IU-sponsored medical or dental plan, they 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. For information on how to apply for continued coverage see hr.iu.edu/benefits/needknow.html.

Newborn eligibility
The newborn of a covered employee or spouse is covered for the first 31 days, but in order to continue coverage the newborn must be enrolled through the University within 30 days of birth. After 30 days, the next opportunity to add a newborn is during Open Enrollment for which coverage will not begin until January 1 of the following year.

Midyear changes
IRS regulations require that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined Family Status Change. A change in status, such as marriage, divorce, or the birth of a child, allows a corresponding change to elections, but only within 30 days of the event. (An exception is that HSA contributions can change at any time during the year.)

Duty to notify of ineligibility
The employee is responsible for notifying the University in writing within 30 days of any change that affects an employee’s dependent's eligibility, e.g., divorce. 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.

Must know
Newborns must be added with a Change of Family Status even if the employee already has coverage for other children.

Spouse means either an opposite-sex or same-sex spouse by marriage, legally entered into in one of the 50 states, the District of Columbia, or a U.S. territory or a foreign country. Spouses qualify for preferential federal tax treatment of health care benefits.

Registered domestic partnerships, civil unions or similar formal relationships recognized under state law are not recognized by the IRS for preferential federal tax treatment. The value of benefits provided to these individuals is added to the employee’s taxable income unless they can also be claimed as a tax exemption by the employee.
Choosing a Medical Plan

hr.iu.edu/benefits
hr.iu.edu/benefits/open_enroll

Similarities between the Medical Plans

• There are no pre-existing condition limits or waiting periods. After enrolling, coverage is effective from the first day of eligibility.
• Services are comprehensive and include those that are traditionally covered by medical insurance: medical; prescription; behavioral health; transplants; durable medical equipment; home health care; skilled nursing; physical, occupational, and speech therapies, chiropractic services; and vision wear.
• Preventive services are covered at 100% when in-network providers are used. Preventive services include contraceptive services and most birth control pills, physical exams, well-child visits, immunizations, lab tests (e.g., Pap, PSA, cholesterol), and other screening diagnostic services (e.g., mammograms and colonoscopies).
• Each plan offers 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.

Preventive Care Services for All Plans

hr.iu.edu/pubs/misc/preventive_services.pdf

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, iron, folic acid, low dose aspirin, and tobacco cessation products (up to certain limits). Over the counter medications require a prescription.

Differences between the Medical Plans

• How the deductible is structured in an HDHP plan versus a traditional plan (e.g., $900/$500 deductible plans).
• How the prescription benefit is structured in an HDHP plan versus a traditional plan.
• Residency requirements (e.g., IU Health HDHP is only available in certain counties).
• A unique tax-advantaged health savings account (HSA) is available to participants enrolled in the Anthem PPO HDHP or the IU Health HDHP medical plans.

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 IU Health HDHP, does not cover out-of-network services other than emergency care and 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 co-insurance).
• Deductibles, co-insurance, 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 co-insurance).
• Deductibles, co-insurance, and out-of-pocket maximums are higher.
• The member is responsible for charges above the plan’s allowed amounts, these changes 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 in-network deductibles and co-insurance, the member is responsible for charges above the allowed amount.
How the Deductibles Work

Anthem PPO HDHP and IU Health HDHP

When one or more family members are covered, the family deductible must be met before services are covered for any member. 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.

All covered services, including prescriptions, are subject to the deductible (except for wellness/preventive services and prescriptions).

Anthem PPO $900 and Anthem PPO $500 Deductible Plans

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.

Tobacco-Free Incentive

The IU Tobacco-free Incentive applies to employees and their spouses/domestic partners enrolled in an IU medical plan.

Tobacco-free Affidavit

During Open Enrollment, November 9 to 20, the employee can complete an affidavit indicating the employee and/or spouse does not use tobacco and will not in the future.

Completing the affidavit will reduce the employee’s premium contribution by $25 per month for the employee or the domestic partner/spouse, or $50 for both.

For purposes of this incentive, tobacco includes any form of tobacco or nicotine products that are smoked (e.g., cigarettes, cigars, pipes), applied to the gums (e.g., dipping, chewing tobacco, or snuff), and/or inhaled (e.g., e-cigarettes, nicotine delivery systems). If a person declaring non-use of tobacco on the affidavit begins using tobacco during the year, she/he is no longer eligible for the premium reduction and must report this change to University Human Resources immediately.

As an alternative to completing the affidavit, the employee and/or their spouse may still receive the Tobacco-free Incentive 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

www.quitnow.net/iu

Medical benefits cover the cost of the Alere Wellbeing Quit For Life tobacco cessation program. The benefit is available to all full-time Academic and Staff employees and spouses/domestic partners covered by an IU-sponsored medical plan.

The plan is fully paid by the University. The Quit For Life 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 the web site.
Medical Rates for 2016

For the fiscal year 2015/2016 the University budget allocates $218.9 million dollars for Indiana University’s contributions to employee healthcare program costs. University contributions to specific medical and dental plans for the 2016 plan year will equal University contributions for 2015 plus a 5.3% increase. Medical plan premiums will increase between 4.9% and 7.2%.

### Employee Only

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### Employee w/Child(ren)

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### Employee w/Spouse

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### Family

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### Calculating Premiums

For an employee with coverage for a spouse/domestic partner enrolled in the Anthem PPO HDHP plan:

- Annual IU salary of $51,548
- Affidavit confirming employee and spouse do not use tobacco

$128.16 employee premium
- 50.00 tobacco affidavit

$78.16 monthly employee premium

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

$797.44 total premium
- $719.28 monthly University contribution*

*The University also contributes annually to the employee’s HSA in the Anthem PPO HDHP and the IU Health HDHP. For specific amounts, please see those plans.
EXAMPLE

Medical Plan Cost Comparison: Maternity

The following example has been designed by the U.S. Department of Health & Human Services as a part of health care reform. It provides a set of typical services and sample charges that employers can use to make apples-to-apples comparisons of the cost of services for different medical plans. The employee’s total cost for medical plan coverage includes both out-of-pocket costs (deductibles and co-insurance) and premiums. In the case of an HDHP with an HSA, employee costs can be reduced by using the University’s HSA contributions to pay the plan deductible.

The premiums used in the example are based on employee only coverage, an annual salary of $51,000, and include a $25 monthly reduction for completing a Tobacco-free Affidavit.

Example - Maternity

An employee, age 30 and tobacco-free, has an uncomplicated pregnancy and birth with the following in-network services for the year:

• Hospital charges (mother)
• Routine obstetric care
• Hospital charges (baby)
• Anesthesia
• Laboratory tests
• Prescriptions
• Radiology
• Vaccines, other preventive health related procedures
• Birthing classes

Total annual cost of in-network service = $7,540

DISCLAIMER: This narrative and the accompanying benefit scenario illustrate care for a hypothetical patient. The scenario is provided by the federal government as a result of health care reform and is intended to help consumers compare plans apples-to-apples. The care, and cost of care, will vary for each patient. No portion of this narrative or the accompanying benefit scenario should be construed as recommendations for care, or cost of care, by the United States Government.
Medical Plan Cost Comparison: Type 2 Diabetes

The following example has been designed by the U.S. Department of Health & Human Services as a part of health care reform. It provides a set of typical services and sample charges that employers can use to make apples-to-apples comparisons of the cost of services for different medical plans. The employee’s total cost for medical plan coverage includes both out-of-pocket costs (deductibles, co-insurance and co-pays) and premiums, and in the case of an HDHP with an HSA, employee costs can be reduced by using the University’s HSA contributions to pay the plan deductible.

The premiums used in the example are based on employee-only coverage, with an annual salary of $51,000, and include a $25 monthly reduction for completing a Tobacco-free Affidavit.

Example - Type 2 Diabetes

An employee, age 52 and tobacco-free, has type 2 diabetes that is well-controlled with the following in-network services for the year:

- Metformin (500 mg), twice daily
- Long-acting insulin (20 units), daily
- Ramipril (10 mg), once daily
- Aspirin as a cardiovascular preventive
- Primary care physician, four visits a year
- Podiatrist and ophthalmologist, one visit per year
- Glucagon emergency kit
- Annual influenza vaccine
- Medication and supplies as needed, including insulin testing supplies
- Diabetes self-management and nutrition education
- Once yearly blood tests for microalbuminuria, lipids, and comprehensive metabolic panel
- One time pneumococcal vaccine
- Twice yearly lab tests for blood glucose, hemoglobin A1C, urinalysis, and an estimated glomerular filtration rate

Total annual cost of in-network service = $5,400

Patient Cost Comparison

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<th>IU Health HDHP (limited network)</th>
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<tr>
<td>Total amount owed to in-network providers for the year</td>
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<td>Plan pays</td>
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<td>Amount patient is responsible for</td>
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<tr>
<td>Patient uses University’s HSA contribution</td>
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<td>HSA reduces patient responsibility ($2,980 - $1,600)</td>
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<td>Patient's annual plan premium</td>
<td>$261</td>
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<td>Patient’s total out-of-pocket cost</td>
<td>$1,641</td>
</tr>
</tbody>
</table>

Anthem PPO HDHP

| Total amount owed to in-network providers for the year | $5,400 |
| Plan pays | $3,306 |
| Amount patient is responsible for | $2,094 |
| Patient uses University’s HSA contribution | $1,300 |
| HSA reduces patient responsibility ($2,094-$1,300) | $794 |
| Patient’s annual plan premium | $331 |
| Patient’s total out-of-pocket cost | $1,125 |

Anthem PPO $900 Deductible

| Total amount owed to in-network providers for the year | $5,400 |
| Plan pays | $3,650 |
| Amount patient is responsible for | $1,750 |
| Patient's annual plan premium | $1,115 |
| Patient’s total cost ($1,750 + $1,115) | $2,865 |

Anthem PPO $500 Deductible

| Total amount owed to in-network providers for the year | $5,400 |
| Plan pays | $3,970 |
| Amount patient is responsible for | $1,430 |
| Patient's annual plan premium | $1,699 |
| Patient’s total cost ($1,430 + $1,699) | $3,129 |

The costs in this example are nationwide average costs provided by the Federal Government. **The actual care you receive will be different than this example, and the local cost of care will also be different than these sample costs.**

**DISCLAIMER:** This narrative and the accompanying benefit scenario illustrate care for a hypothetical patient. The scenario is provided by the federal government as a result of health care reform and is intended to help consumers compare plans apples-to-apples. The care, and cost of care, will vary for each patient. No portion of this narrative or the accompanying benefit scenario should be construed as recommendations for care, or cost of care, by the United States Government.
Health Savings Account (HSA) for the HDHP Plans

hr.iu.edu/benefits/2016/hsa.html

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 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.

Because this account offers tax-advantages, it is regulated by the IRS. The IRS stipulates the maximum annual contribution amount that you can contribute to the HSA, the eligibility rules for being allowed to have an HSA account, and the list of expenses for which the HSA can be used. You must be an eligible individual to qualify for the HSA account.

Accessing HSA Funds

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

• **You have the option to use the IU Benefit Debit/Visa card at Retail locations.** The IU Benefit debit/Visa card can be used at doctors’ offices, pharmacies and other 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.

• **You have the option to use the HSA to pay bills online.** Enroll in the Online Bill Payment feature, set up payees and schedule one-time or repeating payments. You can even set yourself up as a payee to send yourself a reimbursement (a fee may apply).

• **You have the option to use the Transfer feature of the HSA to reimburse yourself.** Enroll in the online transfer feature, set up your transfer account and send yourself one-time or repeating payments to reimburse yourself for healthcare bills that you paid out of another account or with cash.

IRS Requirements to Qualify

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

• Must be covered under a high deductible health plan (HDHP),
• Must not be enrolled in Medicare.
• Must not be claimed as a dependent on someone else’s 2015 or 2016 tax return.
• Must have a valid Social Security number.
• Must have *no other medical coverage* (see next section for details).

Due to the U.S. Department of State regulation regarding a maximum deductible of $500, J-1 Visa holders cannot enroll in an HDHP, and thus are also not eligible for an HSA.

“No other medical coverage” requirement

In order to be eligible for tax-free contributions into an HSA, the IRS requires that you have no medical coverage other than an IRS-qualified high deductible health plan. You are disqualified for tax-free contributions if:

• You are covered by a federal government plan like Medicare A, B, or D, Tricare, or have received VA services in the last three months.
• Your spouse covers you on an IU plan or another employer’s medical plan unless it is also a high deductible plan.
• Your spouse has a Health Reimbursement Account (HRA) or flexible spending account (FSA) that is unrestricted, and the account could be used to cover your HDHP deductible (such as IU’s TSB Healthcare Account).

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.
Contributions to the HSA

IU contribution
IU makes its contribution to the HSA account on the second paycheck in January. When enrolled in the Anthem PPO HDHP the IU contribution will be $1,300 for employee-only coverage and $2,600 for all other coverage levels. When enrolled in the IU Health HDHP, the IU contribution will be $1,600 for employee-only coverage and $3,200 for all other coverage levels.

Employee contributions
To participate in the HSA, you must elect to contribute a minimum of $300 ($25 monthly) up to the IRS limits (less the IU contribution). Employee contributions are spread out over 12 or 26 paychecks throughout the year and can be increased or decreased at any time during the year.

IRS contribution maximums
For 2016, the IRS annual contribution maximums (IU contribution plus employee contribution) are $3,350 for employee-only coverage and $6,750 for all other coverage levels. Those that turn age 55 or older during 2016 can contribute up to an additional $1,000 each year.

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

EXAMPLES

Eligible HSA expenses
The HSA account balance can be used tax-free for the health care expenses incurred by you, your spouse, or an IRS qualified tax dependent, even if they are not covered on your HDHP plan. See IRS Publication 502 for more information on qualified expenses. Examples include:

- Medical plan deductibles and co-insurance
- 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

Non-eligible HSA expenses
See IRS Publication 502 for more information on non-qualified expenses. Examples include:

- Advance payment for services rendered next year
- Athletic club membership
- Cosmetic surgery and procedures
- Over-the-counter medication (unless accompanied by a prescription)
- Exercise equipment (unless accompanied by a medical diagnosis and a prescription)

Spouse means either an opposite-sex or same-sex spouse by marriage, legally entered into in one of the 50 states, the District of Columbia, or a U.S. territory or a foreign country. Spouses qualify for preferential federal tax treatment of health care benefits, but may not qualify for preferential state tax treatment depending on their state of residency.
<table>
<thead>
<tr>
<th>2016 Medical Plans Distinguishing Features</th>
<th>IU Health HDHP</th>
<th>Anthem PPO HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency Requirement</td>
<td>Residents of Bartholomew, Benton, Blackford, Boone, Carroll, Clinton, Decatur, Delaware, Greene, Hamilton, Hancock, Hendricks, Howard, Jay, Johnson, Lawrence, Marion, Miami, Monroe, Morgan, Orange, Owen, Shelby, Tippecanoe, Tipton, Warren, Wayne, White.</td>
<td>Full benefits.</td>
</tr>
<tr>
<td>Provider Network</td>
<td>Benefits only from IU Health network providers.</td>
<td>Full benefits.</td>
</tr>
</tbody>
</table>
| HSA Contributions                        | **IU Contribution**  
$1,600 for employee only coverage/$3,200 all other coverage levels. Contribution is deposited with the employee's second January paycheck.  
**Employee Contribution**  
$300 ($25 monthly) minimum up to $1,750 employee only coverage/$3,550 all other coverage levels; for those age 55+, an additional $1,000 catch-up. | **IU Contribution**  
$1,300 for employee only coverage/$2,600 all other coverage levels. Contribution is deposited with the employee's second January paycheck.  
**Employee Contribution**  
$300 ($25 monthly) minimum up to $2,050 employee only coverage/$4,150 all other coverage levels; for those age 55+, an additional $1,000 catch-up. |
| MEDICAL                                  | **In-Network Benefits**  
Deductibles  
Co-insurance  
Out-of-Pocket Maximum  
Out-of-Network Benefits  
Deductibles  
Co-insurance  
Out-of-Pocket Maximum | **In-Network Benefits**  
Deductibles  
Co-insurance  
Out-of-Pocket Maximum | **In-Network Benefits**  
Deductibles  
Co-insurance  
Out-of-Pocket Maximum |
| Emergency Room                           | 20% co-insurance after deductible.                                           | 20% co-insurance after deductible.                                           |
| Urgent Care                              | 20% co-insurance after deductible (paid as in-network when 50 miles from home). | 20% co-insurance after deductible; 40% out-of-network cost for out-of-network services or pharmacy. |
| Mental Health                            | Covered as any other illness through IU Health network providers. Prior authorization is required. | Covered as any other illness through IU Health network providers. Prior authorization is required. |
| PRESCRIPTION DRUGS                        | **Retail** (up to 30-day supply):  
20% co-insurance after deductible.  
**Mail Order** (up to 90-day supply):  
20% co-insurance after deductible.  
Plan deductible applies, except for the preventive drug list.  
(Specialty drugs only available through Mail Order.) | **Retail** (up to 30-day supply):  
20% co-insurance after deductible.  
**Mail Order** (up to 90-day supply):  
20% co-insurance after deductible.  
Plan deductible applies, except for the preventive drug list.  
(Specialty drugs only available through Mail Order.) |
| Out-of-Network Benefits                  | No out-of-network benefits.                                                  | **Retail** (up to 30-day supply):  
40% co-insurance after deductible.  
Plan deductible applies, except for the preventive drug list.  
**Mail Order** Not covered |
| Preventive Prescription Exceptions (In-Network Only) | Plan pays 100% for generic contraceptives, pediatric sodium fluoride, low dose aspirin, folic acid, Vitamin D, over-the-counter products require a prescription for coverage. | Plan pays 100% for generic contraceptives, pediatric sodium fluoride, low dose aspirin, folic acid, Vitamin D, over-the-counter products require a prescription for coverage. |
| VISION CARE                              | Routine eye exam ($10 co-pay) and eyewear (frames, lenses, and contacts) with specific allowances. IU | Routine eye exam ($10 co-pay) and eyewear (frames, lenses, and contacts) with specific allowances. IU |
Exams and Eyewear Routine

- Eye exam ($10 co-pay) and eyewear (frames, lenses, and contacts) with specific allowances.
- IU Health members use EyeMed network and ID card; Anthem PPO members use Blue View Vision network and their Anthem medical card.

Exceptions (In-Network Only)

- Preventive Prescription
- Mental Health: Covered as any other illness through IU Health network.
- Urgent Care: 20% co-insurance after deductible (paid as in-network).
- Emergency Room: 20% co-insurance after deductible.

In-Network Preventive Services

- HSA Contributions: Provider Network Benefits only from IU Health network providers. Full benefits from Anthem Blue Access and Blue Card PPO providers in a nationwide and overseas PPO network.

Residency Requirement

- Medical Vision Care
- Prescription Drugs

Out-of-Pocket Maximum

- Co-insurance After deductible, member pays 40%.
- Deductibles:
  - Out-of-pocket Maximum: $2,500 employee only coverage/$5,000 all other coverage levels.
  - Tier 1 - $8
  - Tier 2 - $25
  - Tier 3 - $45

- (Specialty drugs only available through Mail Order.)

Plan deductible applies, except for the preventive drug list.

- Tier 1 - $20
- Tier 2 - $62
- Tier 3 - $112

Out-of-pocket Maximum

- Employee Only Coverage: $4,200
- All Other Coverage Levels: $6,000

Medication Costs

- Retail (up to 30-day supply):
  - Tier 1 - $8
  - Tier 2 - $25
  - Tier 3 - $45

- Mail Order (up to 90-day supply):
  - Tier 1 - $20
  - Tier 2 - $62
  - Tier 3 - $112

- Out-of-pocket Maximum

- Retail (up to 30-day supply): 50% co-insurance
- Mail Order: Not covered

- Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.

- Medications covered as preventive medical services.
  - Tier 1 - $62
  - Tier 2 - $20

- Plan pays 100%.

- $150 co-pay per visit (waived if admitted).

- $75 co-pay per visit; 40% out-of-network after deductible.

- Monroe, Morgan, Orange, Owen, Shelby, Tippecanoe, Tipton.


- 100% for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for Tobacco cessation products and nicotine replacement (up to 180

- Health members use EyeMed network and ID card; Anthem PPO members use Blue View Vision network and their Anthem medical card.
Tax Saver Benefit (TSB) Plan
Healthcare Reimbursement Account
hr.iu.edu/benefits/tsb.html

Plan Highlights
The TSB Healthcare Reimbursement Account, administered by the Nyhart Company, is designed to save tax dollars when you pay for certain IRS-eligible medical, dental, or vision expenses not covered by insurance. When you elect to set aside salary contributions into the TSB, the contributions are not subject to federal income taxes and are generally not subject to state, local, or FICA taxes. This can mean substantial savings.

The TSB Plan is offered annually, and elections for participation in reimbursement accounts expire automatically at the end of each calendar year. Continuing employees must enroll each year during the Open Enrollment period in November to participate the following year. Participation is not automatic.

Contribution amounts are elected annually. Elections cannot be changed during the year unless you experience an IRS-defined Family Status Change. If you wish to continue to participate (incur eligible claims) while on leave without pay, you must make your regular TSB contributions on an after-tax basis.

The total election amount is available starting January 1, 2016. The 2016 annual contribution maximum is $2,550 per employee.

Must know
You must enroll each year if you want to participate in the Tax Saver Benefit Plan. Participation is NOT automatic.

Carryover Provision
The TSB Healthcare Reimbursement Account has a carryover provision at the end of each plan year.

Plan participants are able to carryover up to $500 of unused TSB funds into a new account in the following plan year. Expenses for the 2016 plan year can only be incurred from January 1, 2016 through December 31, 2016. Any funds in the TSB account at the end of the plan year that are in excess of the $500 carryover amount will be forfeit.

Direct Deposit Requirement
All 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.

EXAMPLES

Reimbursable healthcare expenses
- Medical plan deductibles and co-insurance
- Prescriptions
- Acupuncture
- Dental care, orthodontia
- Hearing aids
- Transportation for medical services
- Vision exams, prescription lenses, frames, contacts, and vision surgery

Expenses not allowed by IRS regulations
- HDHP plan deductibles
- Over-the-counter medicines (unless prescribed)
- Cosmetic procedures or medicines prescribed for cosmetic purposes
- Expenses paid but not yet incurred
- Exercise equipment (unless accompanied by a medical diagnosis and a prescription)
Tax Saver Benefit (TSB) Plan
Dependent Care Reimbursement Account

hr.iu.edu/benefits/tsb.html

Plan Highlights
The Dependent (Day/Evening) Care Reimbursement Account allows you to set aside tax-free money to be used to reimburse yourself for a child (under age 13) or an elder tax dependent’s day care expenses 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 Family Status Change. If you wish to continue to participate (incur eligible claims) while on leave without pay, you must make your regular TSB contributions on an after-tax basis.

The annual election amount is available starting January 1, 2016; therefore, money can be taken out before it is put in through payroll deduction.

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 April 15th.

Daycare services cannot be reimbursed before they are incurred, even when the daycare provider requires payment in advance.

Unused 2016 TSB contributions are forfeited under IRS regulations. They cannot be “rolled over” beyond the plan year, nor can they be moved between accounts.

Direct Deposit Requirement
All participants in the TSB Dependent Care Reimbursement Account are required to complete a Direct Deposit Authorization form before reimbursements can be sent from the 2016 TSB account. Forms are available at iu.nyhart.com.

TSB Dos and Don’ts
• Do list the annual amount you want to contribute; don’t list the per-paycheck amount.
• Do estimate pledges based on expenses anticipated during the tax year (January 1 through December 31); don’t estimate on an academic year.
• Do estimate your expenses conservatively; don’t include expenses that you are unsure will be incurred.

The contribution maximum is $5,000 per household. Spouses can each elect the TSB Dependent Care, but the combined elections cannot exceed $5,000.

EXAMPLES
Reimbursable day care expenses
• Expenses for a child in nursery school, pre-school, or similar programs 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

Expenses not allowed by IRS regulations
• Expenses paid but not yet incurred
• Kindergarten
• Overnight camp
• Summer school or tutoring programs
Use of the HSA and TSB Healthcare Account

**IU Benefit Card**

The IU Benefit Card is a debit-type Visa card that allows participants to pay for purchases and services from either their TSB Healthcare Reimbursement Account, their Health Savings Account, or BOTH. When the card is used at medical or pharmacy providers, the card will automatically draw from the HSA account funds. When the card is used at dental and vision providers, the card will automatically draw from the TSB funds first, then the HSA funds if the TSB funds have been exhausted.

All participants in the either the TSB Healthcare plan or the Health Savings Account will automatically receive 2 debit/Visa cards through the mail.

The IU Benefit card is effective for three years, and participants can continue to use the card for that period as long as they 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.

**Special Note:** When the employee has both the TSB & HSA accounts, the TSB Healthcare account funds can only be used for dental and vision expenses until the 2016 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, the funds in the TSB can then be used for medical and prescription expenses; HOWEVER, the debit/Visa card will only pull medical and prescription expenses from the HSA account. To use the funds in the TSB 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 and/or TSB funds for Family Members**

A spouse means by marriage; either opposite-sex or same-sex; and legally entered into in one of the 50 states, the District of Columbia, or a U.S. territory or a foreign country. Health expenses of a same-sex spouse now qualify for tax-free reimbursement from an HSA or TSB.

While domestic partners and their tax-exempt children are eligible for IU-sponsored health care plan coverage; registered domestic partnerships, civil unions, or similar formal relationships recognized under state law are not recognized by the IRS for preferential federal tax treatment. HSA and TSB funds cannot be used for the domestic partner's or the domestic partner children's health expenses unless they qualify as the employee's tax dependent.

The healthcare reform law has made it possible for parents to keep children through age 25 on their health plans – even those who are married and living away from home. TSB funds can be used for the healthcare expenses for these children, even if they are not covered on your medical plan; however, HSA funds can only be used tax-free on family members who qualify as true tax dependents.

**SIDE-BY-SIDE COMPARISON**

<table>
<thead>
<tr>
<th>Health Savings Account (HSA)</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/investments</td>
<td>• No interest/investments</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 anytime throughout 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 contribute up to: $3,350 or $6,750</td>
<td>• Can contribute up to $2,550 per employee</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, 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>
IU Dental Plan
hr.iu.edu/benefits/dental-2016.html

Plan Highlights
Academic and Staff employees employed by Indiana University as full-time employees (75% FTE or greater) are eligible for plan membership. Eligible employees are able to 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 the employee is enrolled.

Members may receive dental care from any licensed dentist. However, members will receive a higher level of benefits when covered services are obtained from a Cigna DPPO Network dentist, since these dentists have agreed to charge a reduced, negotiated fee for their services. For a directory of providers, visit www.cigna.com and choose “Dentist” under Provider Type.

Coverage Summary
The IU Dental Plan has an annual benefit limit of $1,200 per covered member. Child orthodontia is covered up to a $750 lifetime limit. Members receive the coverage below according to the network status of the dentist used.

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>DPPO Network Dentist</th>
<th>Non-Network Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual $25 deductible (not applied to preventive care)</td>
<td>Annual $25 deductible</td>
</tr>
<tr>
<td></td>
<td>Two routine cleanings/exams per year covered at 100%</td>
<td>Two routine cleanings/exams per year covered at 100% of allowed charges</td>
</tr>
<tr>
<td></td>
<td>Other services covered at 50%</td>
<td>Other services covered at 50%</td>
</tr>
<tr>
<td></td>
<td>Member is responsible for amounts above allowed charges</td>
<td>Member is responsible for amounts above allowed charges</td>
</tr>
</tbody>
</table>

Exclusions and 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 Employee Contributions for IU Dental Plan
Employee contributions are deducted before taxes. The employee's salary band is determined by the Annual Base Salary at the time each payroll is run.

<table>
<thead>
<tr>
<th>Annual Base Salary</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $30,000</td>
<td>$32.88</td>
</tr>
<tr>
<td>$30,000 to $54,999</td>
<td>$59.22</td>
</tr>
<tr>
<td>$55,000 and Above</td>
<td>$77.25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>$6.98</th>
<th>$8.76</th>
<th>$10.40</th>
<th>$32.88</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee w/Child(ren)</td>
<td>$12.56</td>
<td>$15.78</td>
<td>$18.70</td>
<td>$59.22</td>
</tr>
<tr>
<td>Employee w/ Spouse</td>
<td>$16.39</td>
<td>$20.59</td>
<td>$24.40</td>
<td>$77.25</td>
</tr>
<tr>
<td>Family</td>
<td>$23.90</td>
<td>$30.03</td>
<td>$35.58</td>
<td>$112.67</td>
</tr>
</tbody>
</table>
Personal Accident Insurance (PAI)

hr.iu.edu/benefits/pai.html

Plan Highlights

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

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).

Enrollment for current members in this plan will continue for 2016 unless a change is submitted during Open Enrollment.

Personal Accident Insurance is available for Employee Only or Family coverage, in eleven coverage amounts from $30,000 to $500,000.

Accident benefits include payments for:
- Accidental death
- Irreversible paralysis
- Medical evacuation
- Dismemberment
- Coma
- Repatriation
- Loss of sight, hearing, or speech
- Travel assistance services

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

Plan Contributions

The premiums for coverage under the Personal Accident Insurance plan are entirely paid by the employee. Employee contributions are 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>$0.48</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>
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<td>$7.80</td>
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</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.

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

- Search for a primary care physician for any family member and find provider profile information, the provider’s gender, where they went to medical school, how long they have been practicing, and if they are accepting new patients.
- Know where you stand in your deductible by logging in to the tool to see what claims have accumulated towards the deductible and how much is left to meet over the course of the year. The deductible and out-of-pocket update upon each login.
- Estimate personalized costs for medical services based on the medical plan and amount of deductible that has been met.
- Learn more about prescription drug options. Discover in-network pharmacies nearby and compare costs for filling specific prescriptions either at a retail pharmacy or mail order.

To register and start searching, visit hr.iu.edu/benefits/castlight.html.
Health Programs and Resources

No Enrollment Necessary

24-Hour Nurse Line for Anthem PPO Plans
hr.iu.edu/benefits/24nurse.html
A 24-Hour Nurse Line is a resource for employees and family members who need guidance on non-emergency health questions and concerns. Specially trained registered nurses will assess the situation and provide the information and support you need to take the right action.
Access the Nurse Line by calling 888-279-5449.

Childcare and Eldercare Resources
hr.iu.edu/benefits/care.html
IU employees have access to Care.com, a resource for finding and hiring pre-screened caregivers and care companies in these areas:

- **Children**: babysitters, special needs, nannies, au pairs, tutors
- **Adults**: caregivers, home health aides, special needs
- **Other**: pet care and home assistants

The Care.com web site features an array of informational topics ranging from advice on how much to pay a sitter and tutoring options for a child to tips for hiring a live-in nurse.

Employee Assistance Program (IUEAP)
hr.iu.edu/benefits/eap.html
The IU Employee Assistance Program is a voluntary program that provides professional, confidential counseling to help individuals bring their life into better balance when day-to-day activities are interrupted by stress. Participants are eligible for a maximum of six, face-to-face visits per year. Common reasons to use IUEAP services include:

- Depression
- Stress and anxiety
- Conflict in the workplace
- Drug and alcohol abuse
- Family and marital problems
- Grief and loss

Weight Talk® Program
hr.iu.edu/benefits/weightloss.html
The Alere Wellbeing Weight Talk Program helps reduce weight and waist size permanently. The 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 throughout the program through phone and online interactions with a dedicated Weight Talk Coach, along with nutritionists and fitness specialists. Participants receive an ActiPed computer-linked pedometer to track physical activity. To enroll, visit www.weighttalk.net/iu or call 855-948-8255.

Castlight Health for Anthem PPO Plans
hr.iu.edu/benefits/castlight.html
Indiana University has contracted with Castlight Health to provide employees and their adult family members enrolled in IU-sponsored PPO medical plans help with finding in-network medical services based on price and quality of care. Castlight also provides a step-by-step review of past medical spending and provider ratings when selecting a doctor to visit.
Visit hr.iu.edu/benefits/castlight.html and click on the Register button to register and create an account at Castlight’s web site. As a registered user, return to the site as often as you wish or call a Castlight Guide toll-free at 888-272-9572 for full service by phone.

IU Benefits Video
hr.iu.edu/benefitsvideo

To watch the video, visit hr.iu.edu/benefitsvideo.
Preferred Providers & Customer Service Contacts

Anthem PPO Plans
(HDHP, $900 Deductible, $500 Deductible)
Medical - Anthem
Member Services: 800-345-2460
www.anthem.com (select Blue Access PPO)
BlueCard network providers outside of Indiana:
800-810-2583 or www.bcbs.com

IU Health (IU Health HDHP)
Medical - IU Health
Member Services: 317-816-5170 or 1-800-873-2022
Email: iuhmembersvcs@iuhealth.org
www.iuhealthplans.org

Prescription - Express Scripts
Member Services: 800-988-1794
Mail Order Services: 800-988-1794
www.expressscripts.com/iu

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

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

Tax Saver Benefit Plan (TSB)
The Nyhart Company
Member Services: 800-284-8412
Email: flexplans@nyhart.com
iu.nyhart.com

Quit For Life® Cessation Program
Alere Wellbeing
Member Services: 866-784-8454 (1-866-QUIT-4-LIFE)
www.quitnow.net/iu

Weight Talk® Program
Alere Wellbeing
855-948-8255
www.weighttalk.net/iu

24-Hour Nurse Line
888-279-5449

Benefit Plan Links

Eligibility
hr.iu.edu/benefits/needknow.html

Medical Plans
hr.iu.edu/benefits/medical.html

IU Health HDHP
hr.iu.edu/benefits/2016/iuh-hdhp.html

Anthem PPO HDHP
hr.iu.edu/benefits/2016/ppo900.html

Anthem PPO $900 Deductible
hr.iu.edu/benefits/2016/ppo500.html

Anthem PPO $500 Deductible
hr.iu.edu/benefits/2016/ppo500.html

Health Savings Account
hr.iu.edu/benefits/2016/hsa.html

Prescription Benefits
hr.iu.edu/benefits/medco_express.html

IU Dental Plan
hr.iu.edu/benefits/dental-2016.html

Tax Saver Benefit
hr.iu.edu/benefits/tsb.html

Personal Accident Insurance
hr.iu.edu/benefits/pai.html

Domestic Partners
hr.iu.edu/benefits/dp/dp.html
Definitions for Medical Plans

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

**Co-insurance**
The member’s share of the cost of a covered service. For example, if a plan pays 80%, the member’s co-insurance is 20%.

**Co-payment**
A fixed amount paid for a covered service. For example $75 for urgent care.

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

**In-network benefits**
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/domestic partner 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**
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 do not cover out-of-network providers except for emergency care away from home.

**Out-of-pocket maximum**
The out-of-pocket maximum helps protect you from high medical bills. 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. Plan deductible and percent co-insurance count toward the out-of-pocket maximum. Fixed dollar co-payments (e.g., urgent care, emergency room) are covered without a deductible; they count only toward the out-of-pocket maximum, not the deductible.

**Preferred Provider Organization (PPO)**
A Preferred Provider Organization is 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 co-insurance and balance billing for charges in excess of the allowed amount.

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

Annual Federal Notices

Employers, like Indiana University, are required to provide notices to employees about rights and responsibilities they have related to healthcare coverage. The full text of these notices is available at [hr.iu.edu/benefits/federal_notices.htm](http://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.

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

**HIPAA 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.

**Women's Health and Cancer Rights Act (WHCRA)**
The mastectomy and reconstruction benefits provided under IU medical plans meet all the requirements of WHCRA.

**Medicare/CHIP Special Enrollment Rights**
IU employees have the right to change health coverage during the year when there is a change in the eligibility of a dependent child to receive coverage under Medicaid or a state Children's Health Insurance Program (CHIP).

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

**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.

**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.
<table>
<thead>
<tr>
<th>Campus</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomington</td>
<td>November 9</td>
<td>1:30 - 3:00 pm</td>
<td>IT CIB, Lobby</td>
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<tr>
<td></td>
<td>November 10</td>
<td>9:00 am - 3:00 pm</td>
<td>Wellness Fair (Vendors in Alumni Hall)</td>
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<td></td>
<td></td>
<td>9:00 - 10:30 am</td>
<td>Whittenberger Auditorium</td>
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<td></td>
<td>12:00 - 1:30 pm (HDHP/HSA)</td>
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<tr>
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<td>2:00 - 3:30 pm</td>
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<tr>
<td></td>
<td>November 11</td>
<td>8:00 - 9:30 am</td>
<td>Facility Operations (Physical Plant)</td>
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<tr>
<td></td>
<td></td>
<td>10:30 am to 12:00 am</td>
<td>Davis Conference Room</td>
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<tr>
<td></td>
<td>November 12</td>
<td>3:00 pm to 4:30 pm</td>
<td>Kelley School of Business</td>
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<td></td>
<td>BLHH, Room 4000</td>
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<tr>
<td></td>
<td>November 13</td>
<td>1:30 to 3:00 pm</td>
<td>Union St. Residence Center</td>
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<td>IUPUI</td>
<td>October 30</td>
<td>9:00 am - 3:00 pm</td>
<td>Health &amp; Benefits Fair</td>
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<td></td>
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<td>10:00 - 11:30 am</td>
<td>Campus Center, Multipurpose Room (4th floor)</td>
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<td></td>
<td>1:00 - 2:30 pm</td>
<td>Campus Center, Room 305</td>
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<td>November 3</td>
<td>1:00pm – 2:30pm</td>
<td>Campus Center, Room 305</td>
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<td>November 11</td>
<td>1:00pm – 2:30pm</td>
<td>Dental School, Room S117</td>
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<td>November 16</td>
<td>1:30pm – 3:00 pm</td>
<td>ROC Auditorium</td>
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<td>November 17</td>
<td>1:00pm - 2:30 pm</td>
<td>Nursing, Room 103</td>
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<td>IUPUC</td>
<td>November 12</td>
<td>9:30am-11:00am</td>
<td>LC 1400</td>
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<td>East</td>
<td>November 3</td>
<td>10:00 - 11:30 am</td>
<td>Whitewater Hall</td>
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<td>1:30 - 3:00 pm</td>
<td>Vivian Auditorium</td>
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<td>Kokomo</td>
<td>October 27</td>
<td>10:00 - 11:30 am</td>
<td>Kelley Student Center, KC 130AC</td>
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<td>November 5</td>
<td>9:30 - 11:00 am (central time)</td>
<td>Bergland Auditorium,</td>
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<td></td>
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<td>1:30 - 3:00 pm (central time)</td>
<td>Savannah Center</td>
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<td>Education &amp; Arts Building,</td>
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<td></td>
<td>1:00 - 2:30 pm</td>
<td>Lecture Hall Room 1011</td>
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<td>Southeast</td>
<td>October 29</td>
<td>10:00 - 11:30 am</td>
<td>University Center North, Hoosier Room East</td>
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<td>WEBINARS</td>
<td>November 2</td>
<td>9:00 - 10:30 - OE</td>
<td>connect.iu.edu/oe2016</td>
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<td>2:30 - 4:00 - HDHP</td>
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<td>November 16</td>
<td>9:00 - 10:30 - HDHP</td>
<td>connect.iu.edu/hdhp2016</td>
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<tr>
<td></td>
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<td>11:00 - 12:30 - OE</td>
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<td>9:00 - 10:30 - HDHP</td>
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<td>November 19</td>
<td>9:00 - 10:30 - OE</td>
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<td></td>
<td>3:00 - 4:30 - HDHP</td>
<td>connect.iu.edu/hdhp2016</td>
</tr>
</tbody>
</table>
Checklist

Open Enrollment: November 9-20

All benefit elections made during Open Enrollment will be effective January 1, 2016.

- Attend one of the Open Enrollment information sessions or webinars, or contact enews@iu.edu with questions.
- Complete the online open enrollment at One.IU.
  - Go to one.iu.edu.
  - Search for “Employee Center”.
  - Click on the Employee Center app.
  - Complete your login.
  - Click on Benefits.
  - Click on the Open Enrollment button under Benefit Actions.
  - Enter benefit selections for each plan.
  - Review your selections, including changes in types of medical and dental coverage due to adding or dropping dependents.

- Review medical and dental selections. You can add, change, or drop medical and dental coverage as well as dependents.
- Complete the Tobacco-free Affidavit, if applicable. Even if you are not changing medical coverage, you must re-enroll in this benefit each year. The affidavit can be found at the bottom of the medical page of the online open enrollment form.
- Complete the TSB Healthcare and/or Dependent Care section, if applicable. You must re-enroll in this benefit each year.
- Review your Personal Accident Insurance elections. You can add, change or drop coverage.
- Submit your elections. Until you click ‘Submit’, your elections will not be registered for 2016.
- Check your IU email account for confirmation of selections.
- Log out, especially if you were on a public computer.

Note: You can change and resubmit your enrollment elections as many times as you need to until the end of Open Enrollment on November 20th. With each submission you will receive a new email notice confirming your benefit elections. Please review each notice. Changes to your benefit elections cannot be made after the close of Open Enrollment.

After completing enrollment:

- If you are adding a dependent for the first time be sure to turn in required dependent eligibility documents.
- In January, complete the TSB direct deposit form(s) and the HSA beneficiary information at iu.nyhart.com.