



INDIANA UNIVERSITY
UNIVERSITY HUMAN RESOURCE SERVICES

IU Wellness Health Reimbursement Arrangement (HRA) Plan

Full-time Academic and Staff Employees
Summary of Plan Provisions

JANUARY 2009

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Effective January 1, 2010

This Plan booklet contains only highlights of the IU Health Reimbursement Arrangement (HRA) Plan. Every effort has been made to report information accurately, but the possibility of error exists. Not every Plan detail can be included in this booklet. The booklet should be read in its entirety since many of the provision are interrelated. The Plan is governed by an official Plan document. In the case of any conflict between this booklet and the official Plan document, the Plan document will be the final authority.

Employees are responsible for requesting reimbursements that comply with IRS regulations for tax-free status.

While Indiana University intends to continue this Plan, it reserves the right to change or terminate it at any time.

Plan Highlights

Plan Type/Provisions	Eligibility	Participation
<p>The plan is established under Section 105 of the Internal Revenue Code.</p> <p>The plan is voluntary and there are no fees to participate. Under the plan, the University makes contributions to HRA accounts that can be used for IRS-qualified medical, dental, and vision expenses.</p> <p>Neither contributions nor reimbursements are considered taxable income to the employee.</p>	<p>All full-time Academic and Staff employees are eligible to participate in the IU Wellness HRA Plan. Employees do not need to be enrolled in an IU-sponsored medical or dental plan to participate in this HRA.</p> <p>A participant who terminates employment with the University and is rehired within the plan year will not be eligible to participate until the following Open Enrollment, provided they meet the conditions of participation.</p> <p>A participant who does not honor their affidavit is no eligible to participate for the remainder of the plan year and the next following year.</p>	<p>Eligible employees may elect to participate in the HRA each year.</p> <p>Participation in the HRA is initiated by submitting an affidavit each year during Open Enrollment indicating non-use of tobacco products.</p> <p>Employees who are not tobacco-free at the time of Open Enrollment may still enroll in the Wellness HRA by agreeing to the following:</p> <ul style="list-style-type: none"> • Complete* the <i>Quit for Life</i>TM tobacco cessation program by June 1 of the following year; and the follow-up survey six months from the quit date. <p>IU contributions will be discontinued at any time an employee has failed to honor the affidavit and any account balances will be forfeited.</p> <p><i>* Program completion is defined as completing at least three calls with your Quit Coach.</i></p>
Contributions	Administration	Time Restrictions
<p>An HRA Account will be established for each participant. The account will be credited with the University's contribution at the end of each month and debited for reimbursement of eligible medical expenses. The participant must be eligible on the last day of each month to receive the benefit for that month.</p> <p>The amount of the monthly contribution amount is announced to participants during Open Enrollment each year.</p> <p>Participants are not permitted to make contributions to the plan; all contributions are made by the University.</p> <p>Individuals who currently use tobacco and who wish to participate in this plan by agreeing to complete the <i>Quit for Life</i>TM tobacco cessation program must still complete the Wellness HRA affidavit; however, contributions will not be made until the program has been completed. Once the participant notifies the Human Resources office of the completed program, contributions will be made to catch up for the year.</p>	<p>Claims are administered on behalf of Indiana University by The Nyhart Company. Claims eligible for reimbursement under expense accounts are explicitly defined by the IRS. In addition, they must be incurred during defined time periods and submitted within allowed time restrictions.</p> <p>Reimbursements will only be made from the HRA account for the amount of contributions accumulated at the time of the claim. Participants may use a TSB-HRA Card, or claims can be submitted online, by fax, or by mail to Nyhart.</p>	<p>The plan is governed by several time restrictions:</p> <ul style="list-style-type: none"> • Enrollment is allowed only during Open Enrollment. New employees are not eligible to participate until the Open Enrollment for January 1 following their date of hire. • There are specific time periods during which claims can be incurred and reimbursed.

Plan provision details are in the following sections of this booklet.

General Provisions

Summary

The IU Wellness HRA Plan is a health reimbursement arrangement (HRA) established by the University for the exclusive benefit of Eligible Employees. It is intended to qualify as a health reimbursement arrangement under Section 105 of the Internal Revenue Service Code of 1986, as amended, and is operated in accordance with the provisions of the Internal Revenue Service Code and associated regulations which apply to health reimbursement arrangements.

To participate in the Wellness HRA Plan, employees must meet the conditions of participation by signing an affidavit each year during Open Enrollment indicating that they do not use tobacco products and will not during the upcoming year or agree to an alternative requirement. For each employee who enrolls, the University will contribute a designated amount each month to an HRA account set up in her or his name. Participants can use account balances to pay for IRS-eligible expenses by submitting claims or paying for services using an IU TSB-HRA Card. There are limited provisions to carry over account balances from year to year; however, account balances above a maximum carryover amount are forfeited.

Plan Year

The Plan Year is the tax year, January 1 through December 31.

Eligible Employees

All full-time Academic and Staff employees are eligible to participate in the Wellness Health Reimbursement Arrangement (HRA) Plan subject to the conditions outlined in this section.

Employees may enroll in the Plan by meeting the following requirements:

- The employee signs an affidavit during Open Enrollment that tobacco products are not used and will not be used during the Plan Year; or
- The employee signs an affidavit during Open Enrollment that tobacco products are used, provided, however, the employee agrees to complete the *Quit for Life*[™] tobacco cessation program by June 1 of the following year and complete the six month follow up survey.

Employees who do not honor their affidavit will be terminated from the Plan, will lose any remaining account balance, and will not be eligible to participate in the next Plan Year.

Employees must affirmatively elect participation each Plan Year during Open Enrollment in order to continue to participate. Employees who are newly hired or otherwise become eligible after January 1 each year may enroll during the following Open Enrollment.

Employees do not need to be enrolled in an IU-sponsored medical or dental plan to participate.

A Participant who terminates employment with the University and is rehired within the Plan Year will not be eligible to participate until the following Open Enrollment.

Administration

Reimbursement accounts and associated claims under the HRA are administered by The Nyhart Company.

Commencement of Participation

All enrollments take place during annual Open Enrollment and commence on January 1 each year. An employee's participation begins on the January 1 following the date the employee executes an Open Enrollment affidavit with regard to the use of tobacco products, provided the affidavit is executed by the close of Open Enrollment.

In the case of an employee who first becomes eligible after the Open Enrollment period commences, participation will begin on the next following January 1, as long as the affidavit regarding the use of tobacco products is executed prior to January 1. If a newly Eligible Employee does not execute the affidavit prior to January 1, he or she may not participate until the next following January 1.

Termination of Participation

Participation continues to the end of the Plan Year unless it terminates on one of the following dates:

- the date that this Plan terminates; or
- the date in which it is determined that the Participant has not honored his or her enrollment affidavit; or
- the date that the Participant's employment terminates or the Participant is no longer an Eligible Employee; or
- the last day of the Plan Year in which the employee has elected participation in the account (i.e., the employee must affirmatively elect participation each Plan Year during Open Enrollment).

Failure to honor the affidavit. If it is determined that the Participant has not honored the affidavit, then participation in the Plan will cease immediately, no further Employer contributions will be made, the Participant will be unable to participate for the remainder of the current and the following Plan Year, and any amount remaining in the Participant's HRA account shall be forfeited.

A Participant will not be eligible to receive any further contributions as of the date of termination except as described in the Continuation of Coverage section below. A terminated Participant may continue, however, to submit claims for the payment of qualifying medical expenses in accordance with the procedures specified in the following section, Continuation of Coverage.

Continuation Coverage

An employee who loses eligibility for the Plan has two options following termination of participation in the Wellness HRA.

- 1. Run-out Period Default Option** — A Participant who loses eligibility will be considered to have elected a run-out period in lieu of COBRA coverage unless the Participant elects COBRA in writing. The run-out period is defined as the period between the termination date and the end of the Plan Year in which the termination occurred. The employee makes no payment of premium for this period and no further Employer contributions will be made in the employee's account. During the run-out period the employee can continue to incur eligible expenses. Eligible expenses must be submitted

by the Claim Deadline following the Coverage Period. Employees whose participation ends due to a Reduction in Force (RIF) will have an additional three (3) months to incur and submit claims beyond the run-out period.

- 2. COBRA Option** — A Participant whose eligibility ends due to a COBRA qualifying event may decline the default run-out period and instead elect to pay a monthly premium for COBRA continuation of the coverage that was in effect on the date prior to the qualifying event. Such coverage is available for the periods prescribed by COBRA, generally 18 months, subject to the conditions and limitations of COBRA. The employee pays a monthly premium, University contributions continue, and the employee can continue to incur eligible expenses. Eligible expenses must be submitted by the Claim Deadline following the Coverage Period.

Upon a COBRA qualifying event, the employee will receive a written COBRA notice including details about coverage, monthly premiums, and enrollment. COBRA must be elected within sixty (60) days of losing eligibility. If a COBRA enrollment form is not submitted within sixty (60) days, the Participant loses the right to COBRA and is defaulted to the run-out period option.

Coverage Period

A Coverage Period begins with the first day of a continuous period of participation and ends when there is a break in participation. The period includes COBRA participation, if elected, or the default run-out period immediately following termination of eligibility as an active employee. When there is a break in participation and a subsequent re-enrollment, a separate Coverage Period begins. Balances do not carry over between Coverage Periods and claims incurred in one Coverage Period cannot be reimbursed from balances in another Coverage Period.

About Taxes

Contributions to Wellness HRA accounts are made solely by Indiana University. Neither contributions nor reimbursements from an HRA are considered taxable income to the employee.

Leave of Absence

If a Participant goes on a qualifying leave of absence under either FMLA or USERRA or an IU academic sabbatical, then the Employer will continue to maintain the HRA of the Participant on the same terms and conditions as if the Participant were still an active employee.

If the Participant goes on a leave of absence that is not subject to FMLA, USERRA, or an IU academic sabbatical, the Participant will be treated as having terminated participation as described in the Termination of Participation section of this booklet.

Recommencement of Participation

A participant who terminates employment with the University and is rehired within the Plan Year shall not be eligible to participate until the following January 1, provided the requirements of eligibility are met.

Health Reimbursement Account

Contributions

For each employee who enrolls, the University will contribute a specified amount each month to an HRA account set up in his or her name. The amount of the monthly contribution is determined by the University prior to the beginning of each Plan Year and announced to Participants during Open Enrollment.

The contribution for the 2010 Plan Year is \$10 per month. Contributions are made solely by Indiana University; the employee cannot make contributions to the account. Contributions for each month are made on the last day of the month as long as the Participant continues to be eligible and enrolled on the last day of the month.

Annual Balance Carryover & Forfeitures

Account balances up to \$240 will automatically be carried over on the last day of the Plan Year into the following year provided the employee is still eligible and enrolled. For employees who enroll in the IU High Deductible Health Plan (HDHP) PPO & Medical Savings Plan in the following year, any balance carried over into the next year will be limited to dental and vision expenses before the deductible is met as detailed in the Eligible Expenses section. Balances in excess of \$240 at the end of any Plan Year are forfeited. Account balances that are not claimed before the Claim Deadline following a Coverage Period are forfeited.

Availability of Funds

The amount of HRA funds available to reimburse claims is the accumulated contributions at the time of the claim.

Eligible Expenses

The IRS allows many medical, dental, and vision expenses to be eligible for reimbursement. These services include health expenses applied to plan deductibles and copayments, amounts over plan maximums, and other expenses that may not be covered under the employee's health plan. Medical, prescription, dental and vision expenses that may be reimbursed from the employee's Wellness HRA account are those that are:

1. Allowed by the IRS; and
2. Not covered by any type of insurance or government program; and
3. Incurred during a Coverage Period and submitted by the Claim Deadline; and
4. Expenses that the Participant is responsible for paying; and
5. Expenses the Participant has not taken as itemized deductions against Federal Income Taxes.

For those employees enrolled in the IU HDHP PPO & Medical Savings Plan, the IRS allows only dental and vision expenses to be reimbursed before the HDHP deductible is met. Once the HDHP deductible is met, all IRS eligible medical, dental and vision expenses incurred after that date are reimbursable.

Examples of eligible expenses are:

- Medical and dental deductibles and copays¹
- Prescription eye glasses, frames, and contacts
- Transportation and parking required for medical services²
- Hearing aids and related expenses²
- Routine care and physical exams²
- Prescription drugs²
- Weight loss programs prescribed by a physician to treat diagnosed obesity (BMI=30 or greater)²
- Stop-smoking programs²
- Radial keratotomy and LASIK
- Certain over-the-counter medications (check with Nyhart or the IRS)¹

¹ Only expenses associated with dental care are eligible expenses when enrolled in an HDHP and the deductible has not been met.

² These expenses are not eligible expenses when enrolled in an HDHP and the deductible has not been met.

Ineligible Expenses

Examples of expenses that are not allowed are:

- Any individual or group medical premium
- Cosmetic procedures
- Retin-A (unless for a specific medical diagnosis)
- Rogaine, or any other medicine prescribed for cosmetic purposes or over-the-counter medicines (even when prescribed by a physician)
- Vitamins and other dietary supplements that do not require a physician prescription, unless prescribed to treat a specific medical diagnosis.

The above are only examples. The IRS modifies its definition of eligible expenses from time to time. Contact Nyhart or your tax advisor if you have questions about whether specific expenses are eligible.

Reimbursements

Eligible expenses can be reimbursed *up to the amount accumulated in the account at the time of the claim.*

There are two ways to access the account:

- The employee may incur eligible expenses and submit a claim form and receipts for reimbursement from the associated account; or
- The IU TSB-HRA Card can be used to pay for expenses if the card has been requested. Some expenses paid using the TSB-HRA Card require substantiation. In this case, the employee will receive an e-mail request for receipts.

For Employees enrolled in both the Wellness HRA and TSB Plans, Nyhart will reimburse claims using Tax Saver Benefit (TSB) funds first since they do not roll over. Employees will be able to view their HRA and

TSB accounts side by side on the Nyhart Web site at <http://iuttsb.nyhart.com>. The TSB-HRA card may be used for HRA claims as well as TSB claims.

Filing Claims. Complete a claim form and include receipts, health claim summaries, bills or checks (photocopies are acceptable) supporting the claim amount and date of service. The claim form must include the name of the provider, type of service provided, date of service, and charge of each service. The claim form must be signed and dated. Mail or fax claims to: **Attn: Claim Reimbursement, The Nyhart Company, Inc. 8415 Allisonville Pointe Boulevard, Suite 300, Indianapolis, IN 46250-4201, Fax: (888) 887-9961.**

Claim forms are available at www.hr.iu.edu/pubs/forms/tsbclaim.pdf, from Nyhart, or at each campus Human Resources office.

Employees may elect to have their claim reimbursement directly deposited to a bank account by completing an election form available on the Nyhart Web site (<http://iuttsb.nyhart.com>). This form is also available on the University Human Resource Services Web site (http://www.hr.iu.edu/pubs/forms/tsb_deposit.pdf). The use of direct deposit is optional.

Reimbursement checks (or direct deposits for those who have requested them) are issued by Nyhart within 7-10 days of their receipt of a complete claim for eligible expenses.

Claim Deadline

Each Coverage Period has a Claim Deadline that is April 15 next following the Coverage Period, or the next business day in the event April 15 falls on a weekend or holiday.

Using the TSB-HRA Card for Services and Purchases

The TSB-HRA Card is a MasterCard issued by M&I Bank that allows Participants to pay for services from their HRA or TSB health care Reimbursement Account.

The card does not change any of the HRA Plan rules for eligible expenses; it simply provides an additional way to access account balances.

The card may be used at any physician office, pharmacy, hospital, or service provider that accepts MasterCard and has registered with credit card vendors as a healthcare-related business, or that has implemented an IRS-approved inventory system for restricting TSB-HRA Card use to eligible items.

If the card is inadvertently used to purchase ineligible items, the Participant must repay their account. The Participant will be notified by Nyhart if ineligible expenses are detected from the receipts. Participants may also use the card to pay for eligible expenses for which they receive bills (e.g., physician visits and hospital services).

Always keep receipts when using the card. In some cases, the Participant may receive a request (by means of e-mail or U.S. mail) from Nyhart to substantiate certain purchases with receipts. The Participant must mail or fax their receipts with a copy of Nyhart's request. If purchases are not substantiated within 30 days, the card will be deactivated until receipts are submitted.

Just like a credit card, lost or stolen cards must be promptly reported and deactivated.

How to Obtain the Card

The card is voluntary and only issued upon request during a designated period following Open Enrollment by visiting Nyhart's Web site at <http://iutso.nyhart.com>. The card will be issued by the end of January. The TSB-HRA Card has an expiration date that is typically 3 years from the date of initial issue. The Participant does not need to obtain a new card each year.

Privacy of Personal Health Information

In order to administer the benefits described in this Plan booklet, personal health information is exchanged between Plan members, their health care providers, the Plan Administrator, and, in some cases, the Plan sponsor. The types of uses of health information are described below. Indiana University has a longstanding policy of maintaining the confidentiality of such health information. Beginning April 14, 2003, the University, as the health plan sponsor, is also required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to protect the confidentiality of private health information. A complete description of employee rights under HIPAA can be found in the Plan's Notice of Privacy Practices located in the back of this booklet, and is also available to Plan Participants at the University Human Resource Service's Web site; and from the Health Care Data Administrator.

With respect to Protected Health Information, Indiana University, as Plan sponsor, will:

- not use or disclose information other than as described by the Plan documents or as required by law;
- ensure that anyone who receives information in the course of operating the health plan agrees to the same conditions that apply to the Plan sponsor with respect to such information;
- ensure reasonable separation between the health plan and the Plan sponsor such that health information is not used for employment-related actions and decisions, nor disclosed in connection with any other employee benefit plan without authorization;
- report to the Plan's designee any use of information that it becomes aware is inconsistent with permitted uses;
- make such information available to an individual for review or amendment and provide an accounting of disclosures as required by HIPAA;
- cooperate with the Secretary of the U.S. Department of Health and Human Services as needed to determine the Plan's compliance with HIPAA; and
- if feasible, return or destroy all protected health information received from the health plan when no longer needed; and if not feasible, limit further uses and disclosures consistent with HIPAA.

Within the University, only employees designated as having responsibility for benefit administration functions within Human Resources offices will be given access to HIPAA Protected Health Information. These individuals may only obtain and use Protected Health Information to carry out administrative functions needed to support the benefit Plan. If these persons do not comply with the University's privacy practices, the University provides a procedure for resolving issues of noncompliance, including corrective sanctions.

Under HIPAA, a health plan member has certain rights with respect to Protected Health Information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. Members also have the right to file a complaint with the University or with the Secretary of the U.S. Department of Health and Human Services if there is a concern that rights have been violated.

How Your Health Information May Be Used by This Plan. Indiana University, as the Plan sponsor of the Wellness HRA Plan, engages a third party to administer these benefits on behalf of the Plan. The Plan uses and discloses personal health information for the purposes of carrying out Plan operations. This includes such activities as processing applications for enrollment; customer service; detecting and preventing fraud or misrepresentations; internal and external audits; administration of claims; appeal and grievance review; and coordination of benefits. The health plan also uses and discloses personal health information as required by law and government oversight agencies.

The Wellness HRA Plan does not use personal health information for purposes other than HIPAA permitted uses without the written authorization of the member.

The Wellness HRA Plan Administrator mails claim payment explanations for the employee, spouse, and children (adult and minor) to the address of record for the person in whose name the coverage is held, the employee. The health plan also discloses information about the payment of claims by the Plan for the spouse and children covered upon inquiry by the person in whose name the coverage is held. If the spouse and or Dependent child over age 18 does not want such information disclosed in this manner or wishes to have the Plan communicate with them in a different manner, the spouse or child must make a written request to the Plan Administrator stating where and how communication should take place. The Plan Administrator will make every effort to honor reasonable requests for special communications. A member who has a question about the privacy of health information or wishes to file a complaint, may contact the HealthCare Data Administrator in University Human Resource Services, Poplars E165, Bloomington, IN, 47405.

Customer Service

Claims Administrator

Wellness HRA expense Reimbursement Account questions concerning qualified expenses, claims, and account balances may be directed to:

The Nyhart Company
8415 Allison Pointe Boulevard, Suite 300
Indianapolis, IN 46250-4201
Phone: (800) 284-8412
Fax: (888) 887-9961
Web: <http://iutsb.nyhart.com>

Account Reporting

During the year, account balances may be viewed on the Nyhart Web site (<http://iutsb.nyhart.com>). Participants may also contact Nyhart directly to obtain account information. Employees will be able to view their HRA and TSB accounts side by side on the Nyhart Web site.

Appeals

A Participant may, in writing, request a review of a wholly or partially denied claim within 90 days of the denial. Within 60 days of receipt of the request, the Plan Administrator will review the claim and inform the Participant in writing of its final and binding decision. The written decision will contain the reason for the denial and references to the section of the Plan that supports the denial. The written request for review should be directed to:

University Human Resource Services
Attn: IU Wellness HRA Plan
400 East 7th Street, Poplars E165
Bloomington, IN 47405

Definitions

Benefit Program Enrollment Form	The form that is used by an employee to elect the IU Wellness HRA by completing the required affidavit.
Claim Deadline	Claims for reimbursement for a given Coverage Period must be submitted by April 15 following the end of the Coverage Period or the next following business day in the event that April 15 falls on a weekend or holiday.
Coverage Period	A Coverage Period begins with the first day of a continuous period of participation and ends when there is a break in participation. The period includes COBRA participation, if elected, or the default run-out period immediately following termination of eligibility as an active employee. When there is a break in participation and a subsequent re-enrollment, a separate Coverage Period begins. Balances do not carry over between Coverage Periods and claims incurred in one Coverage Period cannot be reimbursed from contributions in another Coverage Period.
Dependent	Dependent means an individual for whom the Participant is entitled to claim an exemption under Section 151(c) of the Internal Revenue Code.
Eligible Employee	A full-time appointed Academic or Staff employee of Indiana University.
Employer	Indiana University, and any successor which may adopt the Plan.
Health Savings Account	An account established pursuant to Internal Revenue Code Section 223 with a trustee or custodian contracted by Indiana University for use by its employees.
High Deductible Health Plan	Health insurance plan with IRS regulated design including deductible and out-of-pocket maximums. Enrollment in an HDHP is required to open and contribute to an HSA.
HIPAA	Health Insurance Portability and Accountability Act of 1996.
Medical Savings Plan	See Health Savings Account.
Open Enrollment	The annual period specified by Indiana University, generally corresponding to the month of November, during which the employee may elect this Plan effective for the following Plan Year (calendar year) beginning January 1.
Participant	Any Employee who is enrolled in the IU Wellness Health Reimbursement (HRA) Plan.

Plan	The Indiana University Wellness Health Reimbursement (HRA) Plan.
Plan Administrator	The person(s) or entity designated by the Plan as being responsible for the administration of the Plan pursuant to Plan provisions. The Plan Administrator is Indiana University. Indiana University contracts with The Nyhart Company to administer claim payment and customer service aspects of the Health Reimbursement Account.
Plan Year	The one (1) year period beginning each January 1, that is, the calendar year.
Qualified Benefit	Any benefit which is not includable in the gross income of the Participant by reason of an express provision of Chapter 1 of the Code (other than as provided under Section 117, 124, 127 or 132). Qualified benefit does not include long-term care insurance or expenses.
Reimbursement Account	An account maintained by or under the direction of Indiana University to account for the contributions and reimbursement of qualified expenses attributable to each Participant in the the IU Wellness Health Reimbursement Arrangement (HRA) Plan. These accounts are for accounting purposes only and will reflect the balances available to the Participant for purchase of Qualified Benefits under this Plan.
Tobacco	Tobacco includes any form of tobacco products that are smoked, applied to the gums, and/or inhaled, as snuff.
University	Indiana University.

Notice of Privacy Practices

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As the Plan Sponsor of employee health care Plans, Indiana University considers personal health information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as the University's policy. We are required to give you notice of our legal duties and privacy practices, and to follow the terms of this notice currently in effect.

Who Should Read This Notice

This notice applies to all employees covered under an IU-sponsored health Plan, but particularly to employees enrolled in IU self-funded Plans including the IU HDHP PPO & Medical Savings Plan, IU \$900 Deductible, PPO Blue Access, and the IU Employee Assistance Program. Employees enrolled in insured Plans, like HMOs, will also receive a "Notice of Privacy Practices" directly from those Plans.

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

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

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

Treatment

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

Payment

Medical information may be used and disclosed to providers so that they may bill and receive payment for a member's treatment and services. For example, a member's

provider may give a medical diagnosis and procedure description on a request for payment made to the Plan's claim administrator; and the claim administrator may request clinical notes to determine if the service is covered. Medical information may also be shared with other covered entities for business purposes, such as determining the Plan's share of payment when a member is covered under more than one health Plan. Explanations of payments are also mailed to the address of record for the employee, the primary insured.

Health Care Operations

Health information may be used or disclosed when information is needed to administer the Plan. For example, medical information may be reviewed by the manager of the provider network to evaluate provider performance with respect to network credentialing. Other examples of Plan administration may include activities such as quality management, underwriting, detection and investigation of fraud, data and information system management; and coordination of health care operations between health Plan Business Associates.

Individuals Involved in Your Care or Payment of Care

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

Legal Proceedings, Government Oversight, or Disputes

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

Health – Related Services and Research

Medical information may be used to inform members about an upcoming health-related service or program to help members better manage a chronic condition. For example, a diabetes or asthma management program.

Uses and Disclosures Requiring Your Written Authorization

In all situations, other than the categories described above, we will ask for your written authorization before using or disclosing personal information about you. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it.

Member Rights Regarding Protected Health Information

Right to Inspect and Copy

Members have the right to inspect and obtain a copy of the Protected Health Information maintained by the Plan including medical records and billing records. To inspect and copy PHI, members must submit in writing a request to the Plan Administrator. Requests to inspect and copy PHI may be denied under certain circumstances. If a member's request to inspect and copy has been denied written documentation stating the reason for the denial will be sent to the member.

Right to Amend

Members have the right to request an amendment to PHI if they feel the medical information is incorrect for as long as the information is maintained. To request an amendment members must submit requests, along with a reason that supports the request, in writing to the Plan Administrator. The Plan may deny a member's request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, the Plan may deny a member's request to amend information that:

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

Right to an Accounting of Disclosures

Members have the right to an accounting of PHI disclosures during the six years prior to the date of a request. To request an accounting of disclosures, members must submit requests in writing to the Plan Administrator. Requests may not include permitted PHI disclosures made to carry out treatment, payment or healthcare operations included in the six categories listed above. The members written request must include a date or range of dates and may not include any dates before the April 14, 2003, compliance date.

Right to Request Restrictions

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

The Plan is Not Required to Agree to Your Request.

To request restrictions, members must submit requests in writing to the Plan. Requests must include the following: (1) information the member wants to limit; (2) whether the member wants to limit our use, disclosure or both; and (3) to whom the member wants the limit to apply, for example, disclosures to a spouse.

Right to Request Confidential Communications

Members have the right to request that the Plan communicate with them about health information in a certain way or at a certain location. For example, asking that the Plan to contact members only at work. To request confidential communications, members must submit requests in writing to Anthem, the Health Plan Administrator and must include where and how members wish to be contacted. The Plan will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

Members have the right to a paper copy of this Notice. To obtain a copy please contact the Privacy Administrator.

Changes Made to This Notice

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed notice effective for Protected Health Information the Plan already has about members as well as any information received in the future. The Plan will make the notice available to members at all times.

How to File Complaints

If a member believes that their privacy rights have been violated, they may file a complaint to the Privacy Administrator at the following address: Privacy Administrator 400 E. Seventh St., Poplars E165, Bloomington, Indiana 47405-3085, Phone (812) 855-6709.

Members may file a complaint with the Secretary of the U.S. Department of Health and Human Services at the following address: Hubert H. Humphrey Building 200 Independence Avenue S.W., Washington D.C. 20201.

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

A Note About Personal Representatives

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

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

University Human Resource Services
400 E. Seventh St., Poplars E165
Bloomington, IN 47405-3085