



INDIANA UNIVERSITY
UNIVERSITY HUMAN RESOURCE SERVICES

2010

Healthcare Program
Enrollment Opportunities
for
Full-Time Academic & Staff Employees

Medical Plans
Dental Plan
Tax Saver Benefit Plan

A video presentation of Indiana University's benefit program is located at
www.hr.iu.edu/benefits

Eligibility and Enrollment Guidelines for

IU-sponsored Medical & Dental Plans

Full-time Academic or Staff employees are eligible for plan membership.

Dependents that are eligible for health care coverage are:

- The employee's spouse as defined by Indiana law or registered same-sex domestic partner; and
- the employee's unmarried biological and/or adopted children, stepchildren, or qualified children of a registered domestic partner age 23 or under, as long as the child can be claimed as an income tax dependent of the employee, spouse, or registered domestic partner.* Regardless of tax-exempt status, eligibility ceases at the end of the month in which the child reaches age 24, unless the child is totally disabled.

**The IRS does not recognize the employee's domestic partner and children for preferential tax treatment. Domestic partners and their tax-exempt children are eligible for IU-sponsored coverage, but 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.*

Tax Dependent Status - IU requires the employee to certify that the employee or domestic partner can claim the child as an IRS tax exemption. Generally, the child must live with the employee at least half of the year, not provide more than half of his or her own support, and, if age 19 or older for any part of the year, be a full-time student. Children age 19 or older who are not full-time students may still be a tax exemption under certain IRS support and income limits if they are not the tax exemption of any other person. Special IRS rules apply to children of divorced or separated parents. Employees who are uncertain of their child's tax-exempt status should check with a tax advisor or IRS Publication 501 (available at www.irs.gov/pub/irs-pdf/p501.pdf). Enrolling an ineligible child can result in meaningful tax consequences.

Disabled Child Eligibility - A fully disabled child may be eligible to continue coverage after reaching age 24. Contact a campus Human Resources office for information on how to apply for continued coverage.

Newborn Eligibility - In most cases, a newborn is covered for the first 31 days, but in order to continue coverage employee's must enroll the newborn through a campus Human Resources office within 30 days of birth. After 30 days, the next opportunity to add a newborn is Open Enrollment for the next year.

Midyear Changes - The IRS requires that the initial healthcare elections must stay in effect for the remainder of the year unless the employee experience an IRS-defined change of status, such as marriage, a birth, or your spouse's loss of other employer coverage. Changes must be made within 30 days of the date of the change of status. After that time, the employee must wait until the next Open Enrollment.

Domestic Partner Coverage - The following benefits may apply to same-sex registered domestic partners of IU employees: Medical and Dental coverage, IU Tuition Benefit, Basic Life Insurance (dependent coverage), and Personal Accident Insurance (family coverage). For more information on domestic partner eligibility, instructions on how to register, and associated forms, please visit www.hr.iu.edu/dp/dp.html.

For more information on eligibility, visit www.hr.iu.edu/benefits/needknow.html.

IU Contribution Policy

Indiana University contributes a significant amount to an employee's health care coverage, regardless of the plan selected, with a minimum employee contribution of \$5/month for employee-only coverage, and \$10/month for coverage that includes one or more family members. The employee's contribution, deducted from employee pay on a pre-tax basis, generally equals the difference between the IU contribution and the total premium for the associated plan. IU contributes a greater amount for Support and Service Staff employees with an annual base salary of less than \$28,143.

2010 ANNUAL IU CONTRIBUTIONS

The university will contribute up to the amounts listed below for an employee's health care coverage.

Level of Coverage	Medical	Dental
Employee Only	\$ 4,894.08	\$262.09
Employee w/Child(ren)	\$ 9,726.24	\$373.63
Employee w/Spouse	\$11,898.48	\$504.87
Family	\$12,984.84	\$710.93

IU Dental Plan

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.

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 following coverage according to the network status of the dentist used:

DPPO Network Dentist

- Annual \$25 deductible (not applied to preventive care).
- Two routine cleanings/exams per year covered at 100 percent.
- Other services covered at 50 percent.

Non-network Dentist

- Annual \$25 deductible.
- Two routine cleanings/exams per year covered at 100 percent at Usual & Reasonable.
- Other services covered at 50 percent.
- Member is responsible for amounts above Usual & Reasonable.

(A full list of Exclusions and Limitations can be found in the IU Dental Plan booklet.)

2010 MONTHLY EMPLOYEE CONTRIBUTION for IU-SPONSORED DENTAL PLAN

Level of Coverage	Monthly Employee Contribution	With Additional IU Subsidy*
Employee Only	\$ 2.06	\$ 1.44
Employee w/Child(ren)	\$ 11.90	\$ 8.33
Employee w/ Spouse	\$ 14.07	\$ 9.85
Family	\$ 22.65	\$ 15.85

**Additional IU Subsidy is for Support and Service Staff employees with a base salary of less than \$28,143.*

IU HDHP PPO & Medical Savings Plan

The IU HDHP (High Deductible Healthcare Plan) PPO & Medical Savings Plan combines comprehensive medical coverage, a tax advantaged savings account for medical expenses, and Personal Health and Biometric Assessment features. Just like other IU-sponsored medical plans, the HDHP PPO provides access to high quality health care through Anthem’s provider network. The plan pays a large part of medical costs after the deductible is met and employee expenses are limited by an annual out-of-pocket maximum. The HDHP PPO does have a higher deductible; however, the deductible is offset by IU and employee contributions to a health savings account.

The medical savings feature is a Health Savings Account (HSA)—an IRS-qualified feature that provides substantial tax savings and participant flexibility. IU will make a contribution to the employee’s account, and the employee can decide whether to make contributions above a required minimum. The account is owned by the employee. This means that account balances roll over from year to year, even when an employee leaves IU. The account has the flexibility to be used for current medical expenses or money can be left in the account to save for health care expenses during retirement. Balances of \$1,000 or more may be placed in an array of investment options. Contributions, interest, and investment earnings are not subject to federal, state, or FICA taxes. IU pays the monthly banking fees for the savings account.

Because the plan is different than other plans offered by IU, it is important to read and understand the plan provisions and tax features before enrolling. Additional information can be found at www.hr.iu.edu/benefits/2010/hdhp.html.

Definitions

Copay

The member’s share of a covered expense. For example, if a plan pays 90%, the member’s copay is 10%. Some plans have a fixed dollar copay on some services, such as \$25 for an office visit.

Deductible

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

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.

Maximum Allowable Amount

Refers to the reimbursement that In-Network providers accept as payment in full. Out-of-Network providers are not obligated to accept Maximum Allowable Amount, and members may have to pay these excess charges in addition to the Out-of-Network copays and deductibles.

Out-of-Network Benefits

Benefits for covered services rendered by non-contracted physicians and hospitals.

Preventive Prescription

In the HDHP PPO plan, preventive medications are covered without a deductible. Generally they are prescription drugs used for the prevention of conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, and prenatal nutrient deficiency.

Routine Eye Exam

An annual exam performed to detect undiagnosed eye health problems and to measure visual acuity (refraction). An annual eye exam for those with diabetes is covered as routine.

Specialty Drugs

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

Three-Tier Prescription Copay

Within the brand and generic categories, drugs are assigned a copay “tier” based on cost and therapeutic value compared to other drugs. Tier 1 drugs are mostly preferred generics and some lower cost brand drugs that have the greatest therapeutic value; Tier 2 drugs are preferred brands and some low-cost generic drugs; Tier 3 drugs include mostly brand drugs that cost more compared to lower tiered drugs, but may also include some high-cost generics.

Wellness Services

Routine screening tests to detect undiagnosed health problems (e.g., mammograms, pap smears, PSA tests) and preventive services such as childhood immunizations.

Medical	Monthly Rates	Employee Only Employee w/Child(ren) Employee w/Spouse Family
	Annual IU Contribution to Health Savings Account	
	Provider Network	
	In-Network Benefits: Deductibles	
	Copays	
	Out-of-Pocket Maximum	
	Out-of-Network Benefits: Deductibles	
	Copays	
	Out-of-Pocket Maximum	
	Wellness Services	
Vision		
Emergency Room		
Prescription Drugs (Rx): In-Network Copays		
Mental Health		

2010 Medical Plans Distinguishing Features

IU PPO \$900 Deductible		IU PPO Blue Access		IU HDHP PPO & Medical Savings Plan	
<u>Employee Contribution</u>	<u>With Additional IU Subsidy</u>	<u>Employee Contribution</u>	<u>With Additional IU Subsidy</u>	<u>Employee Contribution</u>	<u>With Additional IU Subsidy</u>
\$5.00	\$3.50	\$5.00	\$3.50	\$5.00	\$3.50
\$10.00	\$7.00	\$10.00	\$7.00	\$10.00	\$7.00
\$10.00	\$7.00	\$17.04	\$11.93	\$10.00	\$7.00
\$39.74	\$27.82	\$76.42	\$53.50	\$10.00	\$7.00
Not applicable.		Not applicable.		\$300 for employee-only coverage. \$750 when family members are covered.	
Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.		Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.		Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.	
\$900 individual/\$2,700 family maximum. After deductible, member pays 10%. When deductible plus copays equal \$2,400 (\$7,200 family maximum) then there is no copay.		No deductible. \$25 per primary care/\$35 per specialist office visit. \$50 urgent care. \$400 per hospital admission. \$150 per outpatient facility visit. 10% for other services. When copays equal \$2,400 (\$7,200 family maximum), then there is no copay.		\$1,200 employee-only/\$2,400 when family members are covered (applies to all services except wellness/preventive and preventive R _x). After deductible, member pays 20%. When deductible plus copays equal \$2,500 (\$5,000 family maximum), then there is no copay.	
\$900 individual/\$2,700 family maximum. After deductible, member pays 30%. When deductible plus copays equal \$2,400 (\$7,200 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.		\$900 individual/\$2,700 family maximum. After deductible, member pays 30%. When deductible plus copays equal \$2,400 (\$7,200 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.		\$2,400 individual/\$4,800 family maximum. After deductible, member pays 40%. When deductible plus copays equal \$5,000 (\$10,000 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.	
Covered with copay.		Covered with copay.		Covered with copay.	
One routine eye exam per year, with copay.		One routine eye exam per year, with copay.		One routine eye exam per year, with copay.	
\$100 copay per visit.		\$100 copay per visit.		After deductible, member pays 20%.	
Retail (up to 30-day supply): \$8 Tier 1 \$25 Tier 2 \$45 Tier 3 100% non-covered R _x (with plan discounts) Mail Order (up to 90-day supply): \$20 Tier 1 \$62 Tier 2 \$112 Tier 3 100% non-covered R _x (with plan discounts) Specialty drugs only available through Mail Order.		Retail (up to 30-day supply): \$8 Tier 1 \$25 Tier 2 \$45 Tier 3 100% non-covered R _x (with plan discounts) Mail Order (up to 90-day supply): \$20 Tier 1 \$62 Tier 2 \$112 Tier 3 100% non-covered R _x (with plan discounts) Specialty drugs only available through Mail Order.		Retail (up to 30-day supply): 20% after deductible. (No deductible on preventive prescriptions) Mail Order (up to 90-day supply): 20% after deductible. (No deductible on preventive prescriptions) 100% non-covered R _x (with plan discounts) Specialty drugs only available through Mail Order.	
Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.		Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.		Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.	

Tax Saver Benefit (TSB) Plan

The TSB plan is designed to save tax dollars when enrollees pay for certain IRS-eligible expenses. When enrollees elect to set aside salary contributions into one or both of the TSB expense reimbursement accounts, the contributions are not subject to federal, state, local, or FICA taxes. This can mean substantial savings. Employees may elect to participate in either or both reimbursement accounts:

- **Health Care Reimbursement Account** - for medical, dental, or vision expenses not covered by insurance that are incurred by the employee or their eligible tax dependents.
- **Dependent (Day) Care Reimbursement Account** - for child or elder day care (not health care) expenses that allow the employee to work.

The TSB expense reimbursement accounts are administered by The Nyhart Company.

In order to be reimbursed from the account, the expenses claimed must be eligible under IRS regulations, incurred during the tax year (or during the January-February grace period in the case of health reimbursement accounts), and submitted by the following April 15. Unused 2010 health TSB contributions are forfeited per IRS regulations. They cannot be “rolled over” beyond the grace period, nor can they be moved between accounts.

Employees do not have to be enrolled in a medical or dental plan to participate. Contributions are elected on an annual calendar-year basis and cannot be changed during the year unless the employee experiences an IRS-defined change of status such as marriage, divorce, or birth or adoption of a child. For new employees, the annual election amount is available from the date of hire. Employees must enroll each year in TSB reimbursement accounts in order to participate; employees are not automatically enrolled each year. Special rules apply to participants enrolled in both a TSB Health Reimbursement Account and the IU HDHP PPO & Medical Savings Plan. For additional information visit the IU Tax Saver Benefit (TSB) Plan Web site at www.hr.iu.edu/benefits/tsb.html.

THE IU TSB-HRA CARD OPTION

The IU TSB-HRA card is a debit-type MasterCard that allows participants to pay for purchases and services from their TSB healthcare reimbursement account. The card may be used at any physician’s office, hospital, or service provider that accepts MasterCard for eligible expenses only. The card does not apply to the TSB dependent care reimbursement account.

The card is voluntary and only issued upon request. Requests may only be made during Open Enrollment or by new or newly eligible employees within 30 days of hire.

Tobacco Cessation Program

Medical benefits have been enhanced to cover the cost of a Tobacco Cessation Plan with Free & Clear’s *Quit for Life*[™] cessation program. The benefit is available to all full-time Academic and Staff employees and their family members 18 or older even if they are not enrolled in an IU-sponsored medical plan.

Free & Clear’s *Quit for Life*[™] program includes:

- Telephone-based program accessible across all IU campuses;
- An individualized cessation plan for each participant;
- A “Quit Coach” assigned to each participant;
- Phone counseling sessions to set and reach a quit date;
- Nicotine replacement therapy, as needed; and
- One year of follow-up phone and web assistance to help participants stay tobacco-free.

To enroll, individuals may call 866-784-8454 (1-866-QUIT-4-LIFE) or visit www.freeclear.com/iu.

Wellness and Lifestyle Resources

There are many wellness and lifestyle tools available through IU’s health care partners, Wellpoint (Anthem), Clarian Healthy Results, and Free & Clear, Inc.. These programs can be used to learn about, monitor and improve employees’ health.

HealthMedia® Succeed[™] Personal Health Assessment

After completing a 20-25 minute confidential health history and questionnaire, participants receive a report with results of their health status and personalized feedback. The assessment is offered to employees and covered spouses and domestic partners annually so their health status can be monitored year to year. Visit www.hr.iu.edu/benefits/health_risk.html for step-by-step instructions on how to complete the health risk assessment.

24-Hour Nurse Line

Clarian's 24-Hour Nurse Line is a confidential line where callers can speak with a nurse at any time, day or night, about any non-emergency health question or concern they have. Specially trained registered nurses will assess the situation and advise callers how to get the right care, at the right time, in the right setting. The Nurse Line is available to all individuals covered by an IU-sponsored medical plan 24 hours a day. To access the Nurse Line call **1-866-895-5835** and press option #1.

Preferred Providers and Customer Service Contacts

PPO \$900 Deductible, IU HDHP PPO, & PPO Blue Access Plans

Medical - *Anthem*
Member Services: 800-345-2460
www.anthem.com (select Blue Access PPO)

BlueCard network providers outside of Indiana:
800-810-2583
www.bluecard.com

Prescription - *Anthem / Express Scripts*
Member Services: 800-345-2460
Mail Order Services: 800-962-8192

Mental Health - *Anthem Behavioral Health*
Member Services: 800-345-2460

Savings Account for IU HDHP PPO & Medical Savings Plan

JP Morgan Chase
Member Services: 866-566-7101
www.chasehsa.com (available after account is opened)

IU Dental Plan

CIGNA
Member Services: 800-244-6224
www.cigna.com/dental

Tax Saver Benefit Plan (TSB)

The Nyhart Company
Member Services: 800-284-8412
iutbs.nyhart.com

Quit for Life™ Cessation Program

Free & Clear, Inc.
Member Services: 866-784-8454 (1-866-QUIT-4-LIFE)
www.freeclear.com/iu

Wellness & Lifestyle Resources

Clarian Healthy Results
24-Hour Nurse Line: 866-895-5835 (Option #1)
Personal Health Assessment: 866-895-5835 (Option #2) or
www.hr.iu.edu/benefits/health_risk.html

The most current provider information can be found by calling the vendor phone numbers listed above or by visiting the vendor Web sites.

CONTINUATION COVERAGE (COBRA)

Federal law allows for a "continuation" of coverage for specific periods of time (typically between 18 to 36 months, depending on the reason for continuation) when a covered employee or covered dependent loses medical or dental plan coverage due to termination of employment, death, divorce, and/or a child losing dependent status.

COBRA must be elected within 60 days from the day medical or dental plan coverage ends.

For more information please visit www.indiana.edu/~uhrs/benefits/cobra.html, or contact:

COBRA Specialist
University Human Resource Services
400 E. Seventh St., Poplars E165
Bloomington, IN 47405
Phone: (812) 855-7833 • Fax: (812) 855-3409

QUESTIONS?

For benefit plan information, go to:

www.hr.iu.edu

or call a campus Human Resources office:

Bloomington _____	(812) 855-1286
Indianapolis _____	(317) 274-4596
South Bend _____	(574) 520-4850
Gary _____	(219) 980-6620
Richmond _____	(765) 973-8487
New Albany _____	(812) 941-2357
Kokomo _____	(765) 455-9368
Fort Wayne _____	(260) 481-6683

IMPORTANT FEDERAL NOTICES

Visit www.hr.iu.edu/benefits/federal_notices.htm to view these important Federal Notices regarding employee rights and healthcare plan coverage.

- Notice of Privacy Practices
- Prescription Drug Coverage and Medicare Notice
- Women's Health and Cancer Rights Act
- Notice of Medicaid/CHIP Special Enrollment Rights
- The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)