



INDIANA UNIVERSITY

UNIVERSITY HUMAN RESOURCE SERVICES

2009

Benefit Plan
Enrollment Opportunities
for

Full-Time Academic & Staff Employees

Medical Plans
Dental Plan
Tax Saver Benefit Plan
Tobacco-free Wellness Program

Eligibility and Enrollment Guidelines for IU-sponsored Medical Plans

Persons employed by Indiana University as 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 - The university 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 you must enroll the newborn through a campus Human Resources office within 30 days of birth. After 30 days, the next opportunity to add your newborn is Open Enrollment for the next year.

Midyear Changes - The IRS requires that the initial elections you make must stay in effect for the remainder of the year unless you 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 Fee Courtesy, 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.indiana.edu/~uhrs/dp/dp.html.

For more information on eligibility, visit www.indiana.edu/~uhrs/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, with minimum contributions of \$3.50 or \$7.00.

2009 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	\$ 5,362.22	\$ 262.09
Employee w/Child(ren)	\$ 9,330.53	\$ 373.63
Employee w/Spouse	\$ 11,335.95	\$ 504.87
Family	\$ 12,186.47	\$ 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.)

2009 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.

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 office visits.

Deductible

The amount a participant must pay for covered services before the plan begins to pay benefits. The individual/family deductibles differ between the PPO \$900 and the IU HDHP PPO plans.

PPO \$900 – Benefits of each covered individual begin when their individual deductible is met, or when all covered family members together meet the family deductible. No family member can contribute more than their individual deductible amount to the family deductible.

HDHP PPO – The individual deductible applies to employee-only coverage. When one or more family members are covered, there is no individual deductible. No family member receives benefits until the family as a group meets the deductible. Any family member may contribute to part or all of the family deductible.

Formulary

A list of preferred brand drugs that usually have a lower copay based on clinical efficacy and cost.

Health Savings Account (HSA)

An IRS-qualified account that provides substantial tax savings features and must be combined with an IRS-qualified High Deductible Health Plan. The Medical Savings feature of the IU HDHP PPO & Medical Savings Plan is an HSA. Contributions to and distributions from an HSA are regulated by the IRS.

High Deductible Health Plan (HDHP)

A health plan that has a deductible and other features defined by IRS regulations. The IRS requires participation in an HDHP in order to make contributions to an HSA.

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

Also called Usual & Reasonable, or U&R. Benefits for covered services are based on the Maximum Allowable Amount, which is the maximum amount the Plan will pay for a given service. Network providers have agreed to accept the Maximum Allowable Amount as payment in full. When you use a Non-Network Provider you are responsible for any balance due between the Non-Network Provider's charge and the Maximum Allowable Amount in addition to any copayments, deductibles, and non-covered charges.

Member

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

Network

A group of physicians and hospitals who have agreed to provide medical services under a contracted arrangement. Members receive greater benefits for using network providers.

Out-of-Network Benefits

Benefits for covered services rendered by non-contracted physicians and hospitals. Users of Out-of-Network providers receive lower or no benefits for service.

Primary Care Physician (PCP)

A network physician selected by the member to provide routine care and recommend specialty care.

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. Eye exams for individuals with diagnosed eye disease are not generally routine.

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	
	Primary Care Physician (PCP)	
	Maximum Allowable Amount	
	In-Network Benefits:	Deductibles Copays Out-of-Pocket Maximum
	Out-of-Network Benefits:	Deductibles Copays Out-of-Pocket Maximum
	Wellness Services	
	Vision	
	Emergency Room and Urgent Care Facility	
PRESCRIPTION	Mental Health	
	Prescription Drugs (Rx):	In-Network copays Out-of-Network copays

2009 Medical Plans Distinguishing Features

IU PPO \$900 Deductible		Blue Preferred Primary POS		IU HDHP PPO & Medical Savings Plan	
Employee Contribution	With Additional IU Subsidy	Employee Contribution	With Additional IU Subsidy	Employee Contribution	With Additional IU Subsidy
\$ 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.		\$250 for employee-only coverage. \$500 when one or more family members are covered.	
Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.		Full benefits for services provided by the member's Anthem PCP or Blue Preferred network providers and certain Blue Card providers in other states.		Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.	
PCP not required.		Must select PCP at enrollment.		PCP not required.	
<p>Also called Usual & Reasonable, or U&R. Benefits for covered services are based on the Maximum Allowable Amount, which is the maximum amount the Plan will pay for a given service. Network providers have agreed to accept the Maximum Allowable Amount as payment in full. When you use a Non-Network Provider you are responsible for any balance due between the Non-Network Provider's charge and the Maximum Allowable Amount in addition to any copayments, deductibles, and non-covered charges.</p>					
\$900 individual/\$2,700 family maximum.		No deductible.		\$1,150 employee-only/\$2,300 when one or more family members are covered (excludes wellness services).	
After deductible, member pays 10% copay.		\$25 per office visit. \$250 per hospital admission. \$100 per outpatient facility visit.		After deductible, member pays 20% copay.	
When deductible plus copays equal \$2,400 individual (\$6,700 family maximum), then there is no copay.		When copays equal \$2,000 (\$5,000 family maximum), then there is no copay.		When deductible plus copays equal \$2,500 (\$5,000 family maximum), then there is no copay.	
\$900 individual/\$2,700 family maximum.		\$500 individual/\$1,000 family maximum.		\$2,300 employee-only/\$4,600 when one or more family members are covered.	
After deductible, member pays 30% copay.		After deductible, member pays 30% copay.		After deductible, member pays 40%.	
When deductible plus copays equal \$2,400 (\$6,700 family maximum), then there is no copay.		When deductible plus copays equal \$5,000 (\$10,000 family maximum), then there is no copay.		When deductible plus copays equal \$5,000 (\$10,000 family maximum), then there is no copay.	
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 ER visit. 10% copay per Urgent Care visit after deductible.		\$100 copay per visit. \$40 copay per Urgent Care Facility visit.		20% in-network copay after deductible (40% out-of-network).	
Full benefits from IU Psychiatric Management Providers. All services must have prior authorization for coverage. See plan summary for copays and deductibles.		Full benefits from Anthem Behavioral Health network providers. All services must have prior authorization for coverage. See plan summary for copays and deductibles.		20% copay after deductible for Anthem Behavioral Health network providers. All services must have prior authorization.	
<p>Retail (up to 30-day supply): \$8 generic and brands with generic* \$20 low-cost brand (up to \$65)** \$40 high-cost brand (\$65 or more)** Non-covered with network discount - 100%</p> <p>Mail Order (up to 90-day supply): \$20 generic and brands with generic* \$45 low-cost brand (up to \$65)** \$90 high-cost brand (\$65 or more)** Non-covered with network discount - 100%</p>		<p>Retail (up to 30-day supply): \$8 formulary generic R_x \$20 formulary brand/generic R_x \$40 non-formulary brand/generic R_x Non-covered with network discount - 100%</p> <p>Mail Order (up to 90-day supply): \$20 formulary generic R_x \$45 formulary brand/generic R_x \$90 non-formulary brand/generic R_x Non-covered with network discount - 100%</p>		20% copay after deductible.	
* For brands with generic, member pays generic copay and cost difference between brand and generic. **Brand costs are higher when generic is available.					
50% copay plus amounts above the network's discounted price.		50% copay plus amounts above the network's discounted price.		40% copay after deductible.	

Tax Saver Benefit (TSB) Plan

The TSB plan is designed to save tax dollars when you pay for certain IRS-eligible expenses. When you 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 to you. You may elect to participate in either or both reimbursement accounts:

- **Health Care Reimbursement Account** - for medical, dental, or vision expenses incurred by you or your eligible tax dependents who are not eligible for plan reimbursement.
- **Dependent (Day) Care Reimbursement Account** - for child or elder day care (not health care) expenses that allow you to work.

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

In order to be reimbursed from your account, the expenses you claim 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 2009 health TSB contributions are forfeited per IRS regulations. They cannot be “rolled over” beyond the grace period, nor can they be moved between accounts.

You do not have to be enrolled in a medical or dental plan to participate; all full-time Academic and Staff employees are eligible. Contributions are elected on an annual calendar-year basis and cannot be changed during the year unless you experience an IRS-defined change of status such as marriage, divorce, or birth or adoption of a child. Your annual election amount is available from the date of hire. You must enroll each year in TSB reimbursement accounts in order to participate; you 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.indiana.edu/~uhrs/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 and Wellness HRA Plan accounts. 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.

IU Tobacco-free Wellness Program

This program is an incentive for the non-use of tobacco which includes two distinguishable plans:

- Tobacco Cessation Plan
- Wellness HRA (Health Reimbursement Arrangement) Plan

Tobacco Cessation Plan

Free & Clear's *Quit for Life*[™] program includes an individualized cessation plan. The program offers an assigned Quit Coach, phone counseling sessions designed 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 “quit.” To enroll, individuals may call 866-784-8454 (1-866-QUIT-4-LIFE) or visit www.freeclear.com. The plan is fully paid by the university.

Tobacco-free Wellness (HRA) Plan

During Open Enrollment in November 2009, full-time Academic and Staff employees will have the opportunity to enroll in the Wellness Health Reimbursement Arrangement (HRA) Plan effective January 1, 2010. To participate, employees must sign an affidavit indicating that they do not use tobacco products and will not during the upcoming year. For each of these employees, the university will contribute \$10 a month to an HRA account set up in his or her name. For additional information visit the IU Tobacco-free Wellness Program Web site at www.indiana.edu/~uhrs/benefits.

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 Health Risk 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 university 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. The university 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 the university. 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. The university pays the monthly banking fees for the savings account.

Because the plan is different than other plans offered by the university, it is important to read and understand the plan provisions and tax features before enrolling. Additional information can be found at www.indiana.edu/~uhrs/benefits/2009/hdhp.html.

Preferred Providers and Customer Service Contacts

IU PPO \$900 Deductible IU HDHP PPO

Medical - Anthem

Member Services: 800-345-2460
www.anthem.com (select Blue Access PPO)
BlueCard network providers outside of Indiana:
800-810-2583
www.bluecares.com

Prescription - Anthem / WellPoint NextRx

Member Services: 800-345-2460
www.wellpointnextrx.com
Mail Order Services: 800-962-8192

Mental Health

IU PPO \$900 Deductible - IU Psychiatric Management
Member Services: 800-230-4876
IU HDHP PPO - Anthem Behavioral Health
Member Services: 800-345-2460

Blue Preferred Primary POS Plan

Medical - Anthem

Member Services: 800-345-2460
www.anthem.com (select Blue Preferred HMO/POS/EPO)
BlueCard network providers outside of Indiana:
800-810-2583
www.bluecares.com

Prescription - Anthem / WellPoint NextRx

Member Services: 800-345-2460
www.wellpointnextrx.com
Mail Order Services: 800-962-8192

Mental Health - Anthem Behavioral Health

Member Services: 800-345-2460

Savings Account for Medical Savings Plan

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

Health Risk Assessment

24-Hour Nurse Line

Member Services: 866-895-5835
www.indiana.edu/~uhrs/webhealth.html

IU Dental Plan

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

Tax Saver Benefit (TSB) Plan

The Nyhart Company
Member Services: 317-803-7750 or 800-284-8412
iutspb.nyhart.com

Tobacco-free Wellness HRA Plan

The Nyhart Company
Member Services: 317-803-7750 or 800-284-8412
iutspb.nyhart.com

Quit for Life™ Cessation Plan

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

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
- a child losing dependent status

COBRA must be elected within 60 days from the day medical 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.indiana.edu/~uhrs/

(click on Benefits)

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