



INDIANA UNIVERSITY  
**HUMAN RESOURCES**

**To:** COBRA Participants on an IU-Sponsored Health Plan  
**From:** Indiana University Human Resources  
**Date:** November 3, 2023  
**Subject:** 2024 Open Enrollment

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Open Enrollment is your annual opportunity to elect certain changes to your health plan coverage. During this time, you can add or drop eligible dependents, add or drop medical and dental coverage, or cancel coverage. **If you do not wish to make any changes to your current medical or dental coverage, you do not need to take any action at this time.** Premium payment slips for 2024 will automatically be mailed to participants in December, with Open Enrollment plan and premium changes taking effect on January 1, 2024.

To **continue** your current medical or dental plan enrollment in 2024, you do not need to take any action. Your coverage will continue, subject to premium payments and eligibility, at the 2024 rates.

To **change** your medical or dental plan enrollment for 2024, complete the enclosed enrollment form and submit it to our office no later than **November 22, 2023**.

Enclosed are the 2024 COBRA premium rates, enrollment form, customer service contacts, and links to federal notices related to the rights and responsibilities of health plan participants. Federal requirements mandate that employers provide the enclosed Creditable Coverage Notice regarding prescription drug coverage available to those with Medicare Part A or B. This notice contains important information, enrollment deadlines, and penalties for Medicare prescription drug coverage available to those ages 65 or older.

If you are age 65 or older, you're encouraged to evaluate your COBRA coverage in comparison to the coverage and costs for Medicare supplement and/or prescription drug plans. For information about the IU Blue Retiree Plan (the IU medical plan for retirees age 65 or older), visit [hr.iu.edu/benefits/retireeblue.html](https://hr.iu.edu/benefits/retireeblue.html) or contact IU Human Resources at [askhr@iu.edu](mailto:askhr@iu.edu) or (812) 856-1234.

Thank you,

Indiana University Human Resources  
COBRA Specialist  
IU Cyberinfrastructure Building, Suite 321  
2709 E. 10th Street  
Bloomington, IN 47408  
[askhr@iu.edu](mailto:askhr@iu.edu)  
812-856-1234



# COBRA Open Enrollment 2024 Plan Changes & Premiums

If you do not wish to make changes to your coverage for 2024, you do not need to take any action at this time.

## What's Changing in 2024

### All Medical Plans

- **New CVS Caremark partnership with GoodRx.** With the Caremark Cost Saver program, IU medical plan members will have automatic access to GoodRx prescription pricing, which allows you to pay lower costs, when available, on generic medications. No action or separate registration is required to participate—simply present your Anthem ID card at your preferred network pharmacy. The amount paid will be automatically applied to your deductible and out-of-pocket maximum.
- Premiums for both medical plans will increase slightly across all coverage levels. Dental premiums will remain unchanged.

#### Anthem PPO HDHP

	Monthly Cost
One Participant	\$470.30
Participant with Child(ren)	\$899.77
Participant with Spouse	\$1,252.57
Family	\$1,418.28

#### Anthem PPO \$500 Deductible

	Monthly Cost
One Participant	\$1,125.77
Participant with Child(ren)	\$2,138.95
Participant with Spouse	\$2,983.26
Family	\$3,377.29

#### CIGNA Dental

	Monthly Cost
One Participant	\$42.70
Participant with Child(ren)	\$76.90
Participant with Spouse	\$100.31
Family	\$146.30

#### Anthem PPO HDHP

- All HDHP enrollees will be issued a **new ID card** with updated deductible and out-of-pocket maximum amounts that should be used starting 1/1/2024.
- **In-network:** Deductibles will increase to **\$1,900** / participant only and **\$3,800** / all other coverage levels. Out-of-pocket maximums will increase to **\$3,800** / participant only and **\$7,600** / all other coverage levels.
- **Out-of-network:** Deductibles will increase to **\$3,800** participant only / **\$7,600** all other coverage levels. Out-of-pocket maximums will increase to **\$7,600** / participant only and **\$15,200** / all other coverage levels.

#### Anthem \$500 Deductible

- **In-network:** Out-of-pocket maximum for prescriptions will increase to **\$7,050** / individual and **\$11,700** / family maximum.

#### IU Dental Plan

- No plan or premium changes.

## Customer Service Contacts

### IU Medical Plans

Member Services: 844-736-0920

[www.anthem.com](http://www.anthem.com) (Select Blue Access PPO)

BlueCard Network Providers outside of Indiana:

800-810-2583 or [www.bcbs.com](http://www.bcbs.com)

Vision (Anthem Blue View Vision): 866-723-0515

### Prescriptions

CVS Caremark

Member Services: 866-234-6952

Mail Order Services: 866-234-6952

Specialty Prescriptions: 800-237-2767

[www.caremark.com](http://www.caremark.com)

### IU Dental Plan

CIGNA

Member Services: 800-244-6224

[www.cigna.com](http://www.cigna.com)

### Indiana University Human Resources

Customer Care: 812-856-1234

[hr.iu.edu](http://hr.iu.edu)

Email: [askhr@iu.edu](mailto:askhr@iu.edu)



# COBRA Open Enrollment

## 2024 Medical Plans Comparison

	Anthem PPO HDHP		Anthem PPO \$500 Deductible	
<b>Network Availability</b>	Nationwide and Overseas			
<b>Provider Network</b>	Anthem Blue Access PPO network in Indiana, Anthem National PPO (BlueCard PPO) network in other states, Anthem Blue Cross Blue Shield Global Core network overseas			
MEDICAL	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>	<b>\$1,900</b> employee-only <b>\$3,800</b> all other levels	<b>\$3,800</b> employee-only <b>\$7,600</b> all other levels	<b>\$500</b> individual <b>\$1,500</b> family	<b>\$900</b> individual <b>\$2,700</b> family
<b>Out-of-Pocket (OOP) Maximum</b>	<b>\$3,800</b> employee-only <b>\$7,600</b> all other levels	<b>\$7,600</b> employee-only <b>\$15,200</b> all other levels	<b>\$2,400</b> individual <b>\$7,200</b> family	<b>\$6,850</b> individual <b>\$13,700</b> family
<b>Office Visits</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Coinsurance</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>20%</b> after deductible	<b>40%</b> after deductible
<b>Preventive Services</b>	<b>\$0</b> no deductible	<b>40%</b> after deductible	<b>\$0</b> no deductible	<b>40%</b> after deductible
<b>Mental Health &amp; Substance Use</b>	Covered as any other illness through Anthem Behavioral Health.			
<b>Emergency Room</b>	<b>20%</b> after deductible <i>No coverage unless an emergency</i>		<b>\$150</b> copay <i>Waived if admitted</i>	
<b>Urgent Care</b>	<b>20%</b> after deductible	<b>40%</b> after deductible	<b>\$75</b> copay	<b>40%</b> after deductible
PRESCRIPTIONS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Retail</b> <i>(up to 30-day supply)</i>	<b>20%</b> after deductible	No coverage	Tier 1 – 3 <b>\$8 / \$25 / \$45</b>	<b>50%</b> plus amounts above the network's discounted price
<b>Retail</b> <i>(up to 90-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	
<b>Mail Order</b> <i>(up to 90-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	No coverage
<b>Specialty</b> <i>(up to 30-day supply)</i>			Tier 1 – 3 <b>\$20 / \$62 / \$112</b>	
<b>OOP Maximum for Prescriptions</b>			N/A (included with medical OOP max)	<b>\$7,050</b> individual <b>\$11,700</b> family
<b>Preventive Prescriptions</b>	Plans pay 100% for preventive prescriptions such as generic contraceptives, pediatric sodium fluoride and iron, aspirin, folic acid, bowel preps, statins, Metformin, generic antiretroviral therapy, breast cancer preventives. 100% coverage for tobacco cessation products & nicotine replacement. OTC products require a prescription for coverage.			
VISION				
<b>Eye Exams &amp; Eyewear</b>	Routine eye exam (\$10 copay) and eyewear (frames, lenses, contacts) at specific allowances through Anthem Blue View Vision.			



# COBRA Open Enrollment

## 2024 Federal Notices

Employers, like Indiana University, are required to provide notices to employees about rights and responsibilities they have related to healthcare coverage. Full text of these notices is available at [hr.iu.edu/benefits/federal\\_notices.htm](https://hr.iu.edu/benefits/federal_notices.htm). A summary of each is provided below.

### **ACA Health Insurance Marketplace**

This notice provides basic information about the ACA Health Insurance Marketplace that took effect January 1, 2014, and health coverage offered by IU which meets the affordability and minimum value standards defined by ACA.

### **COBRA**

Employees and their covered dependents have the opportunity for a temporary extension of medical coverage at group rates in the event that coverage would otherwise end.

### **Healthcare Coverage for Children**

Children of employees who have not yet reached age 26 are eligible to enroll in IU-sponsored healthcare coverage. This includes children whose coverage ended or who were previously ineligible for coverage due to marriage or tax dependent status.

### **Medicare Prescription Drug Coverage**

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

### **Newborns and Mother's Health Protection Act (NMHPA)**

Benefits for hospital length of stay in connection with childbirth, for the mother or newborn child, may not be restricted beyond minimum guidelines as described in this act. IU meets this requirement.

### **No Surprises Act**

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### **Notice of Privacy Practices**

IU maintains the privacy of Protected Health Information (PHI) that is received or created by its healthcare plans. PHI is only used for the payment, treatment, or operations of its healthcare plans consistent with federal and state privacy laws.

### **Notice of Special Enrollment Rights**

IU employees may change health care coverage during the year when there are specified changes in their status and there is immediate notification to the employer. Guidelines for these changes and notification parameters are detailed in this Federal Notice.

### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from IU, the State of Indiana may have a premium assistance program that can help pay for coverage.

### **The Uniformed Services Employment and Reemployment Rights Act (USERRA)**

USERRA establishes employee eligibility and job entitlements, employer obligations, benefits, and remedies under the Act.

### **Women's Health and Cancer Rights Act (WHCRA)**

The mastectomy and reconstruction benefits provided under IU medical plans meet all the requirements of WHCRA.



# COBRA Open Enrollment

## 2024 Benefit Change Form

If you do not wish to make changes to your coverage for 2024, you do not need to submit this form or take any action.

### SECTION 1—PARTICIPANT INFORMATION

Last Name:		First Name:		Middle Initial:
Social Security Number:		Gender:	Date of Birth:	
Enter your contact information below and indicate if this is new information. This information will be used to update your IU record and to contact you, as needed, if additional details are needed for your 2024 enrollment.				
Phone Number:				
Email Address:				
Mailing Address:		City:	State:	Zip:

### SECTION 2—MEDICAL PLAN OPTIONS

Select all changes that apply. Select the **No changes** option if you wish to keep your coverage and enrolled dependents the same in 2024.

<input type="checkbox"/> No changes to medical plan or covered family members in 2024	<input type="checkbox"/> Change from one medical plan to another
<input type="checkbox"/> Add medical	<input type="checkbox"/> Drop medical
<input type="checkbox"/> Add child(ren) to medical ( <i>documentation required</i> ) <sup>1</sup>	<input type="checkbox"/> Drop child(ren) from medical <sup>2</sup>
<input type="checkbox"/> Add spouse to medical ( <i>documentation required</i> ) <sup>1</sup>	<input type="checkbox"/> Drop spouse from medical <sup>2</sup>

<sup>1</sup> If you are enrolling a spouse or child due to marriage, indicate the date of marriage: \_\_\_\_\_

<sup>2</sup> If you are dropping a spouse or child due to divorce, indicate the date of divorce: \_\_\_\_\_

Select the medical plan and level of coverage you wish to participate in for 2024.

Plan Name:  Anthem PPO HDHP     Anthem PPO \$500 Deductible

Coverage Level:  Participant Only     Participant w/Spouse     Participant w/Child(ren)     Family

### SECTION 3—DENTAL PLAN OPTIONS

Check all changes that apply. Select the **No changes** option if you wish to keep your current coverage and enrolled dependents the same in 2024.

<input type="checkbox"/> No changes to dental plan or covered family members in 2024	<input type="checkbox"/> Drop dental
<input type="checkbox"/> Add dental	<input type="checkbox"/> Drop child(ren) from dental <sup>2</sup>
<input type="checkbox"/> Add child(ren) to dental ( <i>documentation required</i> ) <sup>1</sup>	<input type="checkbox"/> Drop spouse from dental <sup>2</sup>
<input type="checkbox"/> Add spouse to dental ( <i>documentation required</i> ) <sup>1</sup>	

<sup>1</sup> If you are enrolling a spouse or child due to marriage, indicate date of marriage: \_\_\_\_\_

<sup>2</sup> If you are dropping a spouse or child due to divorce, indicate date of divorce: \_\_\_\_\_

Coverage Level:  Participant Only     Participant w/Spouse     Participant w/Child(ren)     Family

**SECTION 4—DEPENDENT INFORMATION**

If you indicated changes to your medical or dental coverage, complete this section by listing ALL covered dependents (spouse and/or children) that you wish to have enrolled in medical or dental coverage in 2024. Remember to submit all required documentation (e.g. marriage certificate or birth certificate) with this form.

Full Legal Name*	Relationship to You*	Date of Birth* (mm/dd/yyyy)	Sex*	SSN	Enroll in Medical?*	Enroll in Dental?*

\*Required information

**SECTION 5—COORDINATION OF BENEFITS**

Enter the details about any other medical or dental coverage your or your dependents have. If none, skip to the next section.

Covered Individual name	Medical or Dental?	Carrier/Plan Name	Coverage Start Date

**SECTION 6—AUTHORIZATION/CERTIFICATION**

1. I request membership for myself and/or my dependent(s) in the plans I have elected on this form, for which I am also an eligible COBRA participant. I further understand I am responsible for the premium payments in order to keep my coverage active.
2. I have read and understand the university's plan eligibility requirements; the dependents listed on this form meet all eligibility requirements.
3. I understand it is my duty to notify the university within 30 days of any changes that affect the eligibility of any of my covered dependents; for example, marriage or divorce.
4. I understand that the plan may use my personal health information for the purposes of treatment, payment, health care operations, and other uses as outlined in the plan's privacy notice, and consistent with federal HIPAA regulations.
5. The information supplied on this form is true and complete. I understand that any intentional false information or statements will be grounds for IU to void my coverage.

Signature:

Date:

***Make a Copy of this form for your records.***

***Return to: IU Human Resources, ATTN: COBRA Benefits Specialist, 2709 E 10th St, Suite 321, Bloomington, IN 47408.***



# CREDITABLE COVERAGE NOTICE

## Important Notice from Indiana University about Prescription Drug Coverage and Medicare

### **PLEASE READ THIS NOTICE CAREFULLY AND KEEP IT WHERE YOU CAN FIND IT.**

This notice has information about your current prescription drug coverage with Indiana University and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Indiana University has determined that the prescription drug coverage offered by the PPO \$500 Deductible, Anthem PPO HDHP, Anthem Under-65 PPO HDHP, IU Resident PPO, and IU SAA PPO plans are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.
3. COBRA participants that are under age 65 should be aware that COBRA coverage will end at the age of 65. At age 65, there is an initial Medicare enrollment period, beginning three months prior to age 65 and ending three months after age 65. If you do not enroll in Medicare during this period, you may pay a higher premium as long as you have Medicare prescription drug coverage.
4. COBRA participants that are already age 65 should be aware that there is no special Medicare enrollment period at the end of COBRA coverage. If you do not enroll in Medicare prescription drug coverage between October 15 and December 7 you will have to wait until the next annual enrollment to join—between October 15 and December 7—and your coverage will not begin until January 1. If this delay results in more than a 63 day lapse of coverage, you will have to pay a higher premium as long as you have Medicare prescription drug coverage.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**If you decide to enroll in a Medicare prescription drug plan and drop your Indiana University coverage, be aware that you and your dependents may not be able to get this coverage back.**

**Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.**

**At age 65 you are eligible to enroll in the medical plan that IU sponsors for Medicare-eligible retirees; however this plan does not include prescription drug coverage. If you enroll in this plan at age 65, you will also need to make a decision about your prescription drug coverage.**

You should also know that if you drop or lose your Indiana University sponsored medical plan coverage with Indiana University and go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

**For more information about this notice or your current prescription drug coverage:**

Contact our office for further information (812) 856-1234. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Anthem changes. You also may request a copy. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll or change Medicare prescription drug coverage. You also may request a copy.

**For more information about your options under Medicare prescription drug coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook from Medicare. This handbook is typically mailed every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you may call them at 1-800-772-1213 (TTY 1-800-325-0778).

***Remember to keep this Creditable Coverage notice. If you enroll in a Medicare prescription drug plan, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).***

**Date:** October 1, 2023

**Name of Entity/Sender:** Indiana University

**Contact:** IU Human Resources

**Address:** 2709 E 10th Street, Suite 321, Bloomington, IN 47408

**Phone Number:** (812) 856-1234

**Email:** [askhr@iu.edu](mailto:askhr@iu.edu)