



INDIANA UNIVERSITY HUMAN RESOURCES

To: Anthem U65 PPO HDHP Participants (Retirees Under Age 65)
From: Indiana University Human Resources
Date: October 16, 2023
Subject: Healthcare coverage effective January 1, 2024

This is your annual opportunity to review your medical insurance for 2024 and provide the university with any changes to your mailing address or coverage. **If you're enrolled in COBRA for your IU-sponsored dental coverage**, information on that plan, instructions to make changes, and a change form will be sent in a separate mailing. The information and change form in this packet are for your IU Retiree medical coverage only.

2024 Anthem U65 PPO HDHP Premium Rates

Monthly premiums for the Anthem U65 PPO HDHP **will increase by 3.5% overall** for 2024.

Coverage Level	Monthly Rate
One participant	\$470.30
Participant and child(ren)	\$899.77

Coverage Level	Monthly Rate
Participant and spouse	\$1,252.57
Participant and family	\$1,418.28

What's New for 2024

The below listed changes will be effective starting January 1, 2024:

- All medical plan members will be issued a **new ID card** with updated deductible and out-of-pocket maximum amounts that must be used starting January 1, 2024.
- Member cost-share increases:
 - In-Network:** Deductibles will increase to **\$1,900** / employee-only and **\$3,800** / all other coverage levels. Out-of-pocket maximums will increase to **\$3,800** / employee-only and **\$7,600** / all other coverage levels.
 - Out-of-Network:** Deductibles will increase to **\$3,800** employee-only / **\$7,600** all other coverage levels. Out-of-pocket maximums will increase to **\$7,600** / employee-only and **\$15,200** / all other coverage levels.
- 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.

Actions You Need to Take

- If you wish to continue your coverage in this plan**, you do not need to take any action. Your current coverage will continue and your January billing will automatically be updated to reflect the new rate. Make sure to review the 'Changes to Premium Billing' section above for important information.
- If you wish to cancel your coverage**, please complete the enclosed change form and return it to IU Human Resources by November 3, 2023. Remember, if you cancel coverage, you will not be able to re-enroll in this plan at a later time.

Prescription Drug Formulary

As a reminder, CVS Caremark may change the drug formulary throughout the year. While Caremark makes every effort to inform participants when there is a change, it is always good practice to verify your medications are covered by the formulary prior to filling them and periodically throughout the year.

Questions & More Information

For additional information on the Anthem PPO HDHP, please contact the Retiree Benefits Specialist at (812) 856-1234 or askhr@iu.edu, or visit the IU Benefits website at hr.iu.edu/benefits/retirees.html.

For questions about Medicare prescription drug coverage available to you when you reach age 65, please see the Medicare resources listed on the enclosed pages.

Annual 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. 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.



Anthem U-65 PPO High Deductible Health Plan (HDHP)

2024 Plan Summary

MONTHLY PREMIUM RATES

One participant	\$470.30	Participant and spouse	\$1,252.57
Participant and child(ren)	\$899.77	Participant and family	\$1,418.28

Medical Benefits

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.

Covered Charges: Up to the Maximum Allowable Amount that In-Network providers accept as payment in full. The member is responsible for amounts above Maximum Allowable Amounts when Out-of-Network providers are used.

Pre-certification Requirements: Network providers are required to pre-certify all inpatient stays (except deliveries) and certain outpatient services, for example, high-cost procedures such as brain/spine MRIs, PET scans, and sleep studies. When a member receives services out-of-network, the member is responsible for pre-certifying services and any additional costs incurred by failure to pre-certify.

Service	In-Network—Member Pays ¹	Out-of-Network—Member Pays ¹
Annual Deductible Applies to all medical/prescription services except preventive	\$1,900 employee-only coverage \$3,800 all other coverage levels	\$3,800 employee-only coverage \$7,600 all other coverage levels
Medical Out-of-Pocket (OOP) Maximum All coinsurances and deductibles apply to OOP max	\$3,800 employee-only coverage \$7,600 all other coverage levels	\$7,600 employee-only coverage \$15,200 all other coverage levels
Emergency Room for Emergency Medical Condition and Ambulance Services (when Medically Necessary)	20% after deductible No coverage unless an emergency.	
Hearing Care <ul style="list-style-type: none"> Office visit—audiometric exam/hearing evaluation test Hearing Devices/Hearing Aids <ul style="list-style-type: none"> Dependents under age 18 limit 1 per ear every 36 months Adults age 18 and older maximum of \$3,000 once every 5 years for one or both ears 	20% after deductible	40% after deductible
Home Health Care Services <ul style="list-style-type: none"> Maximum 30 Out-of-Network home health care visits Private Duty Nursing only covered in the home 	20% after deductible	40% after deductible
Hospice Care Services	20% after deductible	
Hospital Inpatient Services (Pre-certification required) <ul style="list-style-type: none"> Room and board (semiprivate or ICU/CCU) Hospital services & supplies (x-ray, lab, anesthesia, surgery (pre-certification required), etc.) Physician services (surgeon, anesthesiologist, etc.) 	20% after deductible	40% after deductible (maximum 60 physical medicine/rehabilitation days)
Maternity Care	Covered as any other medical condition. Subject to same deductibles, coinsurance, and maximums.	
Medical Supplies & Equipment <ul style="list-style-type: none"> Medical supplies Durable medical equipment (DME) Prosthetic appliances (external) 	20% after deductible	40% after deductible (certain supplies may only be covered in-network)
Outpatient Hospital/Facility Services <ul style="list-style-type: none"> Outpatient facility Lab and x-ray services Physician services (surgeon, anesthesiologist, etc.) 	20% after deductible	40% after deductible
Physician Office Services <ul style="list-style-type: none"> Primary care (PCP) & Specialist visits/consultations Office surgery, online visits, diagnostic services, allergy testing & treatment Prescription injectables/prescriptions dispensed in physician's office 	20% after deductible	40% after deductible

¹ In-Network and Out-of-Network deductible, coinsurance, and maximums are separate and do not accumulate toward each other.

Service	In-Network—Member Pays ¹	Out-of-Network—Member Pays ¹
Preventive Services <ul style="list-style-type: none"> Office Services (e.g. routine exams, well child visits, immunizations, labs, routine vision and hearing exams, pelvic exams, STI screenings) Hospital/Facility Procedures (e.g. screening colonoscopy, pap tests, mammograms, PSA test) Women’s contraceptive services (e.g. IUDs, implanted and injectable hormones, and sterilization) 	\$0 Covered at 100%—not subject to deductible	40% after deductible
Therapy Services (Outpatient) Combined in- and out-of-network limits apply to: <ul style="list-style-type: none"> Physical/Occupational/Speech Therapy: 140 visits combined Manipulation Therapy: 12 visits Cardiac Rehabilitation: Unlimited Pulmonary Rehabilitation: Unlimited 	20% after deductible	40% after deductible
Urgent Care Clinic Visit	20% after deductible	40% after deductible

Behavioral Health & Substance Use Disorder
 Many services (in- and out-of-network) must be preauthorized by Anthem Behavioral Health.

Service	In-Network—Member Pays ¹	Out-of-Network—Member Pays ¹
Behavioral Health & Substance Use Disorder	Covered as any other medical condition. Subject to same deductibles, coinsurance, and maximums. Residential BH/SUD treatment covered as any other inpatient service.	

Human Organ & Tissue Transplants—Blue Distinction Centers for Transplants

Service	In-Network—Member Pays ¹	Out-of-Network—Member Pays ¹
Transplants Except kidney and cornea (covered as medical benefit)	20% after deductible	50% after deductible (does not count towards OOP max)

Outpatient Prescription Drugs—CVS Caremark
 Benefits are subject to certain prior authorization and quantity limit guidelines. Certain diabetic and asthmatic supplies are covered in full, but coverage is limited to in-network pharmacies only.

Service	In-Network—Member Pays ¹	Out-of-Network—Member Pays ¹
Retail Prescriptions (Up to 90-day supply) Mail Order Prescriptions (Up to 90-day supply) Specialty Drugs³ (Up to 30-day supply)	20% after deductible ² Specialty Drugs ³ are not covered at retail. No coinsurance or deductible on most contraceptives.	Not covered.

Vision and Eyewear—Blue View Vision
 See separate summary for full benefit details.

Service	In-Network—Member Pays ¹	Out-of-Network—Member Pays ¹
Annual Eye Exam Annual comprehensive eye exam and refraction	\$10 copay, no deductible	\$42 allowance
Vision Wear Contacts, frames, and lenses	Specific allowances and discounts. Highest level of benefit in-network. Some enhancements are not covered out-of-network. See the separate summary for details.	

Partial List of Exclusions
 See the plan booklet for a full list of exclusions.

<ul style="list-style-type: none"> Acupuncture Cosmetic surgery, procedures, and drugs. Dental care (Adult) Infertility treatment Custodial care, convalescent, or “long-term” nursing care. 	<ul style="list-style-type: none"> Private duty nursing in a hospital or skilled nursing facility. Supportive devices for the feet, and routine foot care. Routine eye care except as covered in Vision Benefit. Any service not medically necessary as determined by the Plan Administrator. Services and supplies for obesity or weight control, except surgery for morbid obesity.
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¹ In-Network and Out-of-Network deductible, coinsurance, and maximums are separate and do not accumulate toward each other.
² No deductible on preventive prescriptions. For drug list, visit hr.iu.edu/benefits.
³ Specialty Drugs: High cost, scientifically engineered drugs that are usually injected or infused. These drugs are only covered through mail order.

This is a plan summary. The entire provisions are contained in the Plan Booklet which can be obtained at hr.iu.edu/benefits. In the event of a conflict with this document, the terms of the Plan Booklet will prevail.



ANTHEM U-65 PPO HDHP CHANGE FORM

Deadline: November 3, 2023

Submit this form only if:

- you have an address change to report; or
- you wish to cancel your IU-sponsored medical coverage; or
- you wish to drop medical coverage for your dependents.

Complete only the sections that apply.

You can disregard this form if:

- your address remains the same; and
- you wish to continue enrollment in IU-sponsored medical coverage.

PARTICIPANT INFORMATION		
Last Name:	First Name:	Middle Initial:
Anthem ID Number:		

ADDRESS CHANGE		
Complete this section only if you have an address change to report.		
Street:		
City:	State:	Zip:
Phone:	Email:	
Signature:		Date:

CANCEL COVERAGE		
Complete this section only if you wish to cancel coverage for yourself and/or your dependent(s). Check all options that apply.		
<input type="checkbox"/> Cancel my IU-sponsored medical plan coverage effective December 31, 2023.		
<input type="checkbox"/> Drop medical plan coverage for the following dependents:		
Dependent Name	Relationship to You	Date of Birth (mm/dd/yyyy)
Signature:		Date:

To sign this form digitally you must first save it to your device.

Emailed to askhr@iu.edu; or mail to IU Human Resources, ATTN: Retiree Specialist, 2709 E 10th Street, 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
- 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, 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: 420 N. Walnut Street, Bloomington, IN 47404

Phone Number: (812) 856-1234

Email: askhr@iu.edu