



# INDIANA UNIVERSITY HUMAN RESOURCES

**To:** Anthem IU Blue Retiree plan participants (retirees and spouses age 65 or older)  
**From:** Indiana University Human Resources  
**Date:** October 21, 2024  
**Subject:** Your healthcare coverage effective January 1, 2025

This is your annual opportunity to review your medical plan coverage for 2025 and to provide the university with any changes to your mailing address.

## 2025 IU Blue Retiree premium rates

Monthly premiums for the IU Blue Retiree Plan **will remain the same** for 2025.

Coverage level	Monthly rate
One participant	\$201.39
Participant and spouse	\$401.49

## What's changing in 2025

- No plan changes.
- A copy of the IU Blue Retiree plan summary will no longer be included in this mailing for sustainability purposes, however, it is available to view or download on the Open Enrollment website at [oe.iu.edu/retiree.html](https://oe.iu.edu/retiree.html).

## Actions you need to take

- **If you wish to continue your coverage in this plan**, you do not need to take any action.
- **If you wish to cancel your coverage under this plan**, please complete the enclosed change form and return it to IU Human Resources by November 30, 2024. Remember, if you cancel coverage, **you will not be eligible to re-enroll** in the future.

## Other coverage options

Prescription drug coverage is not included under the IU Blue Retiree Plan. Instead, you can enroll in prescription drug coverage through Medicare, known as Medicare Part D. Medicare recommends reviewing your current coverage and comparing it to their 2025 coverage options. If you wish to sign up for or change prescription plans, you can only do so during Medicare's annual open enrollment period from October 15 to December 7 each year. Visit [medicare.gov/drug-coverage-part-d](https://www.medicare.gov/drug-coverage-part-d) to learn about your options.

If you're exploring your medical and prescription coverage options for 2025, you can also consider a Medicare Advantage or Medicare PPO plan if they're available in your area. These plans typically include both medical and prescription coverage, but cannot be used in conjunction with the IU Blue Retiree Plan or other commercial Medigap plans. Also keep in mind that **if you cancel your IU Blue Retiree coverage, you won't be able to re-enroll** in the future.

For additional information about Medicare prescription drug coverage and tools to help you decide which plan best meets your needs please visit [medicare.gov](https://www.medicare.gov) or contact Medicare (800) MEDICARE (800-633-4227). TTY users should call (877) 486-2048.

## Questions and more information

For questions or additional information about your IU retiree medical coverage or other benefits, contact the Retiree Benefits Specialist at (812) 856-1234 or [askhr@iu.edu](mailto:askhr@iu.edu), or visit the IU benefits website at [hr.iu.edu/benefits/retirees.html](https://hr.iu.edu/benefits/retirees.html).

**Important reminder**—Information about the IU Blue Retiree Plan will only come from Anthem or Indiana University. Mailings from other sources or about other plans (including IU Health or Indiana University Health plans) are not sponsored or offered by Indiana University.



INDIANA UNIVERSITY

# Anthem IU Blue Retiree Plan

## ADDRESS CHANGE OR COVERAGE TERMINATION FORM

**Submit this form only if:**

- you need to change your mailing address; or
- you wish to cancel your IU Blue Retiree Plan coverage for yourself or your spouse.

**Complete only the sections that apply.**

**You can disregard this form if:**

- your address remains the same; and
- you wish to continue enrollment in the IU Blue Retiree Plan.

PARTICIPANT INFORMATION		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Anthem Health Plan ID Number:</b>		

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

CANCEL COVERAGE	
Complete this section only if you wish to cancel medical coverage for yourself.	
You will receive monthly billing statements for 2025 unless you indicate that you wish to cancel this coverage. You can cancel your coverage at any time during the year by contacting the IU Retiree Benefits Specialist at <a href="mailto:askhr@iu.edu">askhr@iu.edu</a> or (812) 856-1234. NOTE: If you cancel your IU-sponsored coverage, you will not be eligible to re-enroll in IU-sponsored retiree coverage in the future.	
<input type="checkbox"/> <b>Cancel my IU Blue Retiree Plan coverage effective December 31, 2024.</b> <input type="checkbox"/> <b>Cancel my spouse's IU Blue Retiree Plan coverage effective December 31, 2024.</b>	
<b>Signature:</b>	<b>Date:</b>

**Return to [askhr@iu.edu](mailto:askhr@iu.edu); or mail to IU Human Resources, ATTN: Retiree Specialist, 2709 E 10th Street, Ste 321, Bloomington, IN 47408.**



# Non-Creditable Coverage Notice

## Important notice from Indiana University about your prescription drug coverage and Medicare

### **IMPORTANT: read this notice carefully and keep it where you can find it.**

This notice has information about prescription drug coverage available for people with Medicare Part D. If you are not already enrolled in Medicare D prescription drug coverage, it can help you decide whether or not you want to enroll. If you are enrolled in Medicare D, it will give you information about when you can change your Medicare D plan. The end of this notice provides resources where you can get assistance to make decisions about your prescription drug coverage.

### **There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare Part D and Medicare Advantage Plan that offers prescription drug coverage. All Medicare 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. The Anthem IU Blue Retiree Plan sponsored by Indiana University does not provide prescription drug coverage. This allows you to take advantage of a Medicare prescription plan.
3. Most Indiana University retirees covered under the Anthem IU Blue Retiree Plan have already enrolled in Medicare prescription coverage. If you are not enrolled, you have decisions to make that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully - it explains your options.

Because the Anthem IU Blue Retiree Plan does not include prescription drug coverage, you should consider enrolling in a Medicare drug plan if you have not already done so. Individuals can join a Medicare drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Dependents leaving employer/union coverage may be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you decide not to join a Medicare drug plan when you are first eligible you may pay a higher premium (a penalty) if you join a plan later and you may pay that higher premium as long as you have Medicare prescription drug coverage.

If you go 63 continuous days or longer without prescription drug coverage, your premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **If you are not already enrolled in Medicare D Prescription Coverage, you need to make a decision.**

When you make your decision, you should also 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 are already enrolled in Medicare D Prescription Coverage, you may want to take this opportunity to evaluate your current coverage.**

You may want to review the prescription plans that will be available for 2024 and their cost so you can decide if you want to keep your current Medicare prescription coverage or change to another prescription plan. If you wish to change plans, you can only do so during Medicare's annual enrollment period each year between October 15 and December 7.

### **For more information about this notice or your current medical plan coverage:**

Please call IU Human Resources 1-812-856-1234.

NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll 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 notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.***

**Date:** October 1, 2024

**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)