



INDIANA UNIVERSITY HUMAN RESOURCES

To: Anthem U65 PPO HDHP participants (retirees and dependents under age 65)
From: Indiana University Human Resources
Date: October 21, 2024
Subject: Healthcare coverage effective January 1, 2025

This is your annual opportunity to review your medical insurance for 2025 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 will be sent in a separate mailing from the university's COBRA administrator, HRPro. The information and change form in this packet are for your IU retiree medical coverage only.

2025 Anthem U65 PPO HDHP monthly premium rates

Monthly premiums for the Anthem U65 PPO HDHP **will increase by 5% overall** for 2025.

Coverage Level	Monthly Rate
One participant	\$493.36
Participant and child(ren)	\$943.88

Coverage Level	Monthly Rate
Participant and spouse	\$1,313.97
Participant and family	\$1,487.80

What's new for 2025

The below listed changes will be effective starting January 1, 2025:

- 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, 2025.
- Member cost-share increases:
 - In-Network:** Deductibles will increase to **\$2,000** / employee-only and **\$4,000** / all other coverage levels. Out-of-pocket maximums will increase to **\$4,000** / employee-only and **\$8,000** / all other coverage levels.
 - Out-of-Network:** Deductibles will increase to **\$4,000** employee-only / **\$8,000** all other coverage levels. Out-of-pocket maximums will increase to **\$8,000** / employee-only and **\$16,000** / all other coverage levels.
- New partnership with Archimedes for specialty medications.** Thanks to a new partnership, specialty medications (drugs that treat complex/chronic conditions that are often high-cost and require special handling or administration) will be managed and filled through Archimedes instead of CVS Specialty starting January 1, 2025. If you are prescribed a specialty medication, details about this transition will be communicated to you from Archimedes in the coming months. All other prescriptions will continue to be managed through CVS Caremark.

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.
- If you wish to cancel your coverage**, 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 this plan in the future.

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 questions or additional information about your medical coverage or other retiree benefits, 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 Creditable Coverage notice included at the end of this packet.

Important 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 oe.iu.edu/resources/notices.html. 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 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.



Monthly Premiums			
One participant	\$493.36	Retiree and spouse	\$1,313.97
Participant and child(ren)	\$943.88	Family	\$1,487.80

Medical Benefits—Anthem Blue Access PPO network in Indiana
 Anthem BlueCard PPO network in other states, Anthem Blue Cross Blue Shield Global Core network overseas.

Covered charges: In-network providers agree to accept a set amount as full payment (the “maximum allowable amount”). If you go to an out-of-network provider, you may have to pay the difference between what they charge and the maximum allowable amount.

Pre-certification requirements: In-network providers must get approval in advance for hospital stays (except childbirth) and certain high-cost procedures, like brain/spine MRIs, PET scans, and sleep studies. If you go to an out-of-network provider, you are responsible for getting this approval and may have to pay extra if you don't.

Service	You pay in-network ¹	You pay out-of-network ¹
Annual deductible Applies to all medical/prescription services except preventive	\$2,000 employee-only coverage \$4,000 all other coverage levels	\$4,000 employee-only coverage \$8,000 all other coverage levels
Medical out-of-pocket maximum All coinsurances and deductibles apply to OOP max	\$4,000 employee-only coverage \$8,000 all other coverage levels	\$8,000 employee-only coverage \$16,000 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
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) Contraceptive services (e.g. IUDs, implanted/injectable hormones, and sterilization) 	\$0 Covered at 100%—not subject to 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	You pay in-network ¹	You pay out-of-network ¹
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
Travel benefit	Travel expense reimbursement up to \$2,000 for covered medical services that are not available within 100 miles of the member's home, subject to plan cost shares.	
Urgent care clinic visit	20% after deductible	40% after deductible

Mental/behavioral health & substance use disorder

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

Service	You pay in-network ¹	You pay out-of-network ¹
Mental/behavioral health & substance use disorder services	Covered as any other medical condition. Subject to same deductibles, coinsurance, and maximums. Residential treatment is covered as any other inpatient service.	

Human organ & tissue transplants—Blue Distinction Centers for Transplants

Service	You pay in-network ¹	You pay out-of-network 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 subject to prior authorization and quantity limit guidelines. Certain diabetic and asthmatic supplies are covered in full, but limited to in-network pharmacies only.

Service	You pay in-network ¹	You pay out-of-network ¹
Retail prescriptions (up to 90-day supply)	20% after deductible ²	Not covered
Mail order prescriptions (up to 90-day supply)	No coinsurance or deductible on most contraceptives.	

Specialty prescription drugs—Archimedes

Specialty drugs are high cost, scientifically engineered drugs that are usually injected or infused. Member services, prior authorizations, and claims processing for specialty medications are managed through Archimedes. Medication delivery is provided through AcariaHealth specialty pharmacy.

Service	You pay in-network ¹	You pay out-of-network ¹	Limitations/exceptions
Specialty drugs (up to 30-day supply)	20% after deductible	Not covered	When using copay assistance, only the actual amount you pay counts towards your plan deductibles/out-of-pocket maximums.

Vision and eyewear—Anthem Blue View Vision

See separate summary for full benefit details.

Service	You pay in-network ¹	You pay out-of-network 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.

- Acupuncture
- Cosmetic surgery, procedures, and drugs.
- Dental care (Adult)
- Infertility treatment
- Custodial care, convalescent, or "long-term" nursing care.
- 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.

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.

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.



INDIANA UNIVERSITY

Anthem U65 PPO HDHP

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-sponsored medical coverage; or
- you wish to drop medical coverage for your dependents.

You can disregard this form if:

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

Complete only the sections that apply.

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.

- Cancel my IU-sponsored medical plan coverage effective December 31, 2024.
- Drop the following dependents from my IU-sponsored medical plan coverage effective December 31, 2024:

Dependent Name	Relationship to You	Date of Birth (mm/dd/yyyy)

Signature:	Date:
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Return 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 your 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 (IU) and about your options under Medicare. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the plans offering Medicare prescription drug coverage in your area. At the end of this notice is information about where you can get help to make those decisions.

Important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage is available to everyone with Medicare through Medicare Part D plans or Medicare Advantage (Part C) plans that offer 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. Indiana University has determined that the prescription drug coverage offered by the Anthem PPO \$500 Deductible, Anthem PPO HDHP, Anthem IU Resident PPO, and Anthem Under-65 PPO HDHP are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a penalty if you later decide to join a Medicare drug plan.
3. COBRA participants who are under age 65 should be aware that COBRA coverage will end at age 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.

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, 2024

Name of Entity/Sender: Indiana University

Contact: IU Human Resources

Address: 2709 E. 10th Street, Ste 321, Bloomington, IN 47408

Phone Number: (812) 856-1234

Email: askhr@iu.edu