2023

IU BENEFITS
OPEN ENROLLMENT

Enroll Online October 24 – November 4, 2022

oe.iu.edu
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OPEN ENROLLMENT 2023

How to Navigate this Guide

This page lists the interactive features you can use to navigate this guide.

Select a Section Title to navigate directly to that part of the guide.

Select this Print button to print a copy of this guide.
**Open Enrollment 2023**

**Need to Know**

**Important Reminders**

**01. Open Enrollment is your annual opportunity to review your IU benefits and make plan changes.**

During Open Enrollment, you have the opportunity to enroll in, or change, these benefits:

- Medical & dental coverage (including signing a new Tobacco-free Affidavit for the 2023 premium reduction)
- Supplemental AD&D
- Healthcare and Dependent Care Flexible Spending Accounts (FSAs)
- Health Savings Account (HSA)

Life events can occur during the year that can affect the types of plans and amount of coverage you need. Think about the changes you and your family have experienced in the past year or anticipate in the coming year. Then determine which benefit plans and programs will suit your needs best.

**02. Enroll online between October 24 and November 4.**

Open Enrollment begins on **Monday, October 24, 2022**, and **closes at 11:59 p.m. ET on Friday, November 4, 2022**. Follow the enrollment instructions on page 7 of this guide to learn how and when to make your Open Enrollment elections through the Employee Center in **One.IU**. If you do not have internet access, contact IU Human Resources for assistance.

**03. Some benefits require re-enrollment each year. If you do not complete online Open Enrollment:**

- Your medical, dental, Health Savings Account (HSA), and Supplemental AD&D elections will continue in 2023.
- You **will not** be enrolled in the Healthcare or Dependent Care Flexible Spending Account and you **will not** receive the Tobacco-free Affidavit premium reduction. You must re-enroll in these plans each year.

**04. The elections you make during Open Enrollment will stay in place for the entire plan year (from January 1 – December 31, 2023).**

All Open Enrollment changes are effective January 1, 2023. IRS regulations require that your Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined qualifying life event, such as marriage or the birth of a child. These events allow you to make changes to your benefit elections, but only within 30 days of the event. An exception is that you can make changes to your HSA contribution amount at any time during the year.

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Remember to bookmark the Open Enrollment website—[oe.iu.edu](http://oe.iu.edu)—your destination for all Open Enrollment-related materials and information.
What's Changing for 2023
Even if you’re happy with your current elections, it’s always a good practice to review and confirm that you’re still in the best plans for you and your family. The information below is a summary of what’s changing for 2023. Review the rest of this guide for full plan details and premiums.

The IU Health HDHP will no longer be offered in 2023.
IU Health Plans is no longer sponsoring IU’s specific plan, so the IU Health HDHP will be discontinued for 2023. Review the information on page 6 of this guide to learn more.

Medical Coverage
All Medical Plans
- All medical plan benefits will be expanded to include a travel benefit of up to $2,000 annually for covered medical services that are not available within 100 miles of the member’s home, subject to plan cost shares.
- There will be an overall 2% increase in employee contributions for medical coverage across all salary bands, plans, and coverage levels. View the full chart of 2023 premiums.
  - The three lowest salary bands will be raised to include more employees in the lower-cost premium groups.
- All HDHP enrollees will be issued a new ID card with updated deductible and out-of-pocket maximum amounts that must be used starting 1/1/2023.
- Expanded programming will be available through Livongo for medical plan members with certain chronic conditions, such as diabetes and hypertension. Eligible members will be contacted directly with details.
- Castlight Health will be discontinued in 2023. However, all medical plan members will have access to Anthem's Sydney Health app which offers 24/7 access to cost comparisons for medical services, digital ID cards, benefit and claim details, and virtual telehealth visits with a doctor.

Anthem PPO HDHP
- In-network: Deductibles will increase to $1,800 / employee-only and $3,600 / all other coverage levels. Out-of-pocket maximums will increase to $3,600 / employee-only and $7,200 / all other coverage levels.
- Out-of-network: Deductibles will increase to $3,600 employee-only / $7,200 all other coverage levels. Out-of-pocket maximums will increase to $7,200 / employee-only and $14,400 / all other coverage levels.

Anthem PPO $500 Deductible
- In-network: Out-of-pocket maximum for prescriptions will increase to $6,700 / individual and $11,000 / family.

Dental Coverage
- There will be an overall 4% increase in employee contributions for dental coverage across all salary bands and coverage levels. View the full chart of 2023 premiums.
  - All salary bands will be raised to include more employees in the lower-cost premium groups.
- No plan changes.

Health Savings Account (HSA)
- The annual IRS contribution maximum will increase to $3,850 for employee-only coverage, and $7,750 for all other coverage levels. The age 55 & older $1,000 catch-up contribution remains the same.
- The university's HSA contribution will remain the same at $1,300 for employee-only coverage and $2,600 for all other coverage levels.
Need to Know

What’s Changing for 2023

Flexible Spending Accounts (FSA)

Healthcare FSA
- The annual contribution maximum will increase to $2,850 per individual.
- The annual carryover limit will increase to $570.

Dependent Care FSA
- Accounts will no longer be “front-loaded.” This means that funds will only be available for reimbursement as they are deposited through payroll deductions.

Supplemental AD&D
No plan or premium changes.

The IU Health HDHP will no longer be offered in 2023.
IU Health Plans is no longer sponsoring IU’s specific plan, so the IU Health HDHP will be discontinued.

What does this mean for current IU Health HDHP members?
Current members will be automatically enrolled in the Anthem PPO HDHP and HSA at the same level of coverage unless a different plan or coverage level is selected during Open Enrollment.

How will my coverage stay the same?
- All IU Health physicians are in-network with Anthem.
- You will have coverage for the same comprehensive medical, prescription, and vision services, and no-cost preventive care.
- In-network services will continue to be covered with a 20% coinsurance after you meet your deductible, and you’re still protected from high out-of-pocket costs through an annual out-of-pocket maximum.
- Prescription coverage will remain under CVS Caremark.

How will my coverage change?
- You will only need one ID card. Under the Anthem plans, you can use one card, your Anthem ID card, for medical, prescription, and vision services. You’ll also have 24/7 access to your card through the Sydney Health app.
- You will have expanded access to any provider in Anthem’s nationwide and overseas network, as well as out-of-network benefits. Find a provider in Anthem’s network.
- You will have access to additional wellness programs and services including LiveHealth Online telehealth, identity theft protection, emotional well-being support, Anthem’s Sydney Health app, and discounts on wellness and fitness products and services.
- Your monthly premium and annual deductible and out-of-pocket maximum amounts will be different.

Learn more about the available medical plan options in the Medical Coverage section of this guide or by visiting the Open Enrollment website.
**Online Enrollment Instructions**

**Between October 24 and November 4, follow these steps to enroll in 2023 benefits:**

1. Go to [one.iu.edu](http://one.iu.edu) and search for “Employee Center”
2. Select and log in to the Employee Center task
3. Select the Open Enrollment tile
4. Review the Welcome screen then click **Next** in the upper right-hand corner to proceed to the Benefits Enrollment screen
5. Select each benefit tile one at a time to review your election, enroll, or make plan changes. For each plan, click the **Done** button in the upper right-hand corner of the screen when you are done selecting your coverage to return to the Benefits Enrollment screen.
   
   - **Medical**: You can add, change, or drop coverage as well as dependents.
     - Remember to **sign the Tobacco-free Affidavit at the bottom of the Medical enrollment page** for yourself and your spouse. You must sign it **each year** to get the premium reduction.
   
   - **Health Savings Account (HSA)**: If you enroll in a high deductible health plan (HDHP), review and update your annual HSA election.
   
   - **Dental**: You can add, change, or drop coverage as well as dependents.
   
   - **Flexible Spending Accounts**: Enter your annual Healthcare and/or Dependent Care FSA pledge. You must re-enroll in these accounts **each year** to participate.
   
   - **Supplemental AD&D**: You can add, change, or drop coverage.

6. Once you’ve made all of your elections, click the **Submit Enrollment** button under the Enrollment Summary heading.
7. A submission verification will immediately appear on the screen. Click **View** to review your submission, or **Done** to complete online enrollment.
8. Check your IU email account within 48 hours for a confirmation that your elections were accepted and processed by IU Human Resources. If you do not receive this email within 48 hours, your changes were not submitted properly.

**Need help? Check out our step-by-step enrollment instructions.**

If you’re looking for additional assistance with the online enrollment process, check out the visual step-by-step instructions on the [Open Enrollment website](http://www.openenrollment.iu.edu), or join the IU Benefits team for a **Live Webinar**.

**What happens if I don’t complete online Open Enrollment?**

<table>
<thead>
<tr>
<th>Benefit Plan:</th>
<th>If you do not take any action during Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Dental Health Savings Account (HSA) Supplemental AD&amp;D</td>
<td>Enrollment will <strong>remain the same</strong> (IU Health HDHP participants will be enrolled in the Anthem PPO HDHP &amp; HSA at the same level of coverage unless another election is made).</td>
</tr>
<tr>
<td>Tobacco-free Affidavit</td>
<td>You <strong>will not receive</strong> the $25/$50 monthly medical premium reduction in 2023.</td>
</tr>
<tr>
<td>Healthcare and Dependent Care Flexible Spending Accounts (FSA)</td>
<td>You <strong>will not be enrolled</strong> in the Healthcare or Dependent Care FSA and no contributions will be made to your account(s).</td>
</tr>
</tbody>
</table>
## Live Webinars

Join members of the IU Benefits team to learn more about your 2023 benefit options and how to enroll, and get your questions about Open Enrollment answered.

Each webinar will include an online presentation and a live Q&A session. You can register for the session(s) you wish to attend by following the links below.

### OCTOBER/NOVEMBER 2022

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### On-Demand Videos

Unable to attend one of the live sessions?

Visit the [Open Enrollment website](#) to watch an on-demand recording of the virtual Open Enrollment session.

Additional videos are also available to teach you the basics about benefits-related topics including:

- Using Your IU Healthcare Plans
- Insurance Payments
- Telehealth
- Health Savings Accounts (HSA)
- Employee Assistance Programs (EAP)

[Watch on-demand videos.](#)
Eligibility for Medical and Dental Coverage

Eligible Employees
Full-time (75% FTE or greater) appointed Academic and Staff employees are eligible for plan membership.

Dependent Eligibility
The following dependents are eligible to be covered under your IU-sponsored medical and dental plan:

- your spouse; and
- your children, including biological, adopted, stepchildren, and children for which you have a legal guardianship, up to the end of the month they turn age 26; and
- your children of any age who qualify for disabled child eligibility.

Your dependents can only be covered on your IU-sponsored medical or dental plan if you are enrolled in coverage.

Dual Coverage
No individual is eligible for coverage under more than one IU-sponsored medical or dental plan. Ineligible coverage includes an individual covered as:

- the employee on more than one plan, or
- as both an employee and a dependent, or
- as a dependent of more than one employee.

Choosing a Medical Plan

Preventive Medical Services are Covered at No Cost
In-network preventive care is covered at no cost when the services received are consistent with the U.S. Preventive Services Task Force guidelines and nationally recognized schedules. Preventive care services may include:

- Routine and periodic wellness exams.
- Routine immunizations for adults and children.
- Screening tests such as colonoscopies, mammograms, bone density testing, cancer screenings, and cholesterol labs.
- Women’s health services including oral contraceptives, IUDs, hormone implants, injections, and sterilization.
- Pediatric fluoride, low dose aspirin, and tobacco cessation products (up to certain limits).

Some services may have age or other restrictions to be considered preventive. View the full list of preventive medical services.

Medical Plan Similarities
- No pre-existing condition limits or waiting periods.
- Both plans offer a travel benefit for covered medical services that aren't available within 100 miles of your home.
- Services are comprehensive and include medical, prescription, behavioral health, transplants, durable medical equipment, home health care, skilled nursing, therapy, and chiropractic services.
- Preventive services are covered at 100% when in-network providers are used.
- Both plans have a nationwide and overseas network of providers, and offer out-of-network benefits.
- Both plans include a vision care benefit.
- Both plans have annual out-of-pocket maximums. Once the maximum is met, each plan pays 100% for in-network covered services for the remainder of the year.
- No lifetime maximum benefit on medical services.

Higher Compensated IU Spouse
When you and your spouse are both eligible for IU employee coverage, you have one of two options:

1. Enroll as ‘Employee Only’ or ‘Employee with Children’ in separate plans.
2. Enroll as ‘Employee with Spouse’ or ‘Family’ in the higher compensated spouse’s health plan.

Newborn Eligibility
If you are enrolled in a health plan, and you or your spouse has a baby, the newborn is covered for the first 31 days. To continue coverage the child must be enrolled in an IU-sponsored plan within 30 days of birth. Learn more about adding a new child to your coverage.

Midyear Changes (Life Events)
Open Enrollment elections must remain in place for the entire year unless you experience an IRS-defined qualifying life event such as marriage or the birth of a child. Such an event allows a corresponding change to elections, but only within 30 days of the event. Learn more about Life Events.
Choosing a Medical Plan (continued)

Coverage for reproductive healthcare.

All IU-sponsored employee medical plans cover the following services:

Abortion (Therapeutic or Elective)
Abortion is covered without restrictions and for any reason (elective or therapeutic) where the procedure is legally allowed.

Contraceptives
Many contraceptives are covered at no cost under the Affordable Care Act (ACA). Plan B is considered a contraceptive medication, covered at no cost, and can be obtained at a retail pharmacy without a prescription.

Travel Benefit
Beginning January 1, 2023, medical benefits will be expanded to include a travel benefit up to $2,000 annually for covered medical services that are not available within 100 miles of the member's home, subject to plan cost share.

IRS regulations also allow you to use Health Savings Account (HSA) funds to pay for travel (flights, mileage, hotel, etc.) to receive medical care in another state.

Medical Plan Differences

- **Premiums.** The higher the deductible, the lower the premiums.
- **Deductible and prescription benefits.** How the deductible and prescription benefit are structured in an HDHP versus a traditional plan.
- **Out-of-pocket expenses/maximums**
  Deductibles, coinsurance, and copays vary in structure and amounts.
- **Health Savings Account (HSA).** A unique tax-advantaged health savings account (HSA) is available to those enrolled in an HDHP.

Understanding In- and Out-of-Network

Using in-network providers is key to receiving the highest level of healthcare benefits. Services from a provider other than an in-network one are considered out-of-network, except for emergency or urgent care away from home.

IN-NETWORK

- Lower out-of-pocket costs (e.g. deductible and coinsurance).

- Deductibles, coinsurance, and out-of-pocket maximums are lower.
- The member is not responsible for charges above the plan's allowed amounts.
- Preventive services are paid at 100%.
- Services requiring approval are authorized in advance.

OUT-OF-NETWORK

- Higher out-of-pocket costs (e.g. deductible and coinsurance).
- Deductibles, coinsurance, and out-of-pocket maximums are higher and separate from in-network deductible and out-of-pocket maximum.
- The member is responsible for charges above the plan's allowed amounts—these charges can be significant.
- Preventive services are not paid at 100%.
- Out-of-network providers are not required to authorize services in advance. The member may have to request authorization or risk being responsible for charges.

How the Deductibles Work

HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

Anthem PPO HDHP
For HDHPs, as each family member incurs medical expenses, the amount paid toward these expenses is credited to the family’s deductible. When these individual expenses add up to the family deductible, the plan will begin paying its share of the cost of healthcare expenses for members of the family.

The family deductible can be satisfied by one or more family members. This means that when you cover members of your family, there is no individual deductible—only the family deductible must be met before the plan pays its share of the cost of healthcare expenses for any family member.

What Services Apply to This Plan’s Deductible?
All covered services, including prescriptions, are subject to the deductible (except for preventive services and prescriptions).

TRADITIONAL DEDUCTIBLE PLANS

Anthem PPO $500 Deductible Plan
For this type of plan, each family member has an individual deductible and the family as a whole has a family deductible. As medical expenses are incurred, the amount each family member pays toward these expenses is credited to their individual deductible and to the family deductible.
Choosing a Medical Plan (continued)

There are two ways the plan will begin to pay its share of the cost of healthcare expenses for a particular individual within the family.

- If an individual meets his or her individual deductible, the plan begins to pay its share of the cost of healthcare expenses for that individual only, but not for the other family members.
- If the family deductible is met, the plan begins to pay its share of the cost of healthcare expenses for all members of the family whether or not they’ve met their own individual deductibles.

Each enrollee may contribute no more than the amount of the individual deductible to the family deductible.

What Services Apply to This Plan’s Deductible?
The deductible applies to all covered medical services except emergency room and in-network urgent care centers, preventive care, prescription drugs (except drugs administered in a physician’s office), and transplants.

Understanding In- and Out-of-Network
Using in-network providers is key to receiving the highest level of healthcare benefits. Services from a provider other than an in-network one are considered out-of-network, except for emergency or urgent care away from home. You still have coverage for these services, but at a lower level.

Tobacco-Free Premium Reduction
Don’t forget to re-certify your tobacco-free status during Open Enrollment.

You can reduce the monthly premium for your IU medical insurance by doing one of the following each year.

01. Sign the Tobacco-free Affidavit during Open Enrollment

Each year during Open Enrollment, you can sign the Tobacco-free Affidavit (located at the bottom of the Medical Plan screen) indicating you and/or your spouse do not use tobacco and will not in the future.

Tobacco includes any form of tobacco or nicotine products that are smoked, applied to the gums, and/or inhaled (e.g. e-cigarettes, vapes, nicotine delivery systems).

02. Complete the Quit for Life© tobacco cessation program

As an alternative to signing the Tobacco-free Affidavit, you and/or your spouse can complete the Quit For Life tobacco cessation program. Program completion is defined as completing at least five (5) interactions with the program. This can consist of five (5) one-on-one sessions, or three (3) one-on-one sessions and two (2) group sessions.

To enroll or learn more, visit quitnow.net/iu or call 866-784-8454.

Completing the affidavit or the Quit Life program will reduce your monthly medical plan premium contribution by $25 per month for you or your spouse, or $50 for both. You can sign the affidavit for 2023 during online Open Enrollment—look for it at the bottom of the medical plan screen.
2023 Medical Plan Premiums

For the 2023 plan year there will be an overall 2% increase in employee contributions across all salary bands and plans. The "Total Monthly Premium" column below includes your monthly contribution and the university's monthly contribution to the medical plan on your behalf.

The three lowest salary bands were raised for 2023 to include more employees in the lower-cost premium groups.

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*Salary band is determined by your annual base salary at the time payroll runs each month. For School of Medicine full-time faculty who receive a portion of their pay from an IU Health or VA paycheck, annual base salary includes both IU base salary and certain IU Health fixed and/or variable compensation, as determined by the School of Medicine.

Calculating Your Contribution

Ash is enrolled in the Anthem PPO HDHP with coverage for herself and her spouse. Her annual salary is $51,548, and she has submitted a Tobacco-free Affidavit for herself and her spouse.

- $ 163.82 Employee w/Spouse Premium
- $ 25.00 Tobacco-free Affidavit from Employee
- $ 25.00 Tobacco-free Affidavit from Spouse

$113.82 Your Monthly Contribution

Calculating the University's Contribution

The university's contribution is the difference between the total monthly premium and the employee contribution. Using the same example, here is what the university contributes each month to Ash's medical premium.

- $ 1,140.44 Total Premium
- $ 113.82 Monthly Employee Premium

$1,026.62 IU’s Monthly Contribution

Remember: If you enroll in the Anthem PPO HDHP and participate in the Health Savings Account (HSA), the university also makes an annual contribution to your HSA—$1,300 for employee only coverage or $2,600 for all other coverage levels.
## 2023 Medical Plans Comparison

<table>
<thead>
<tr>
<th>Network Availability</th>
<th>Nationwide and Overseas</th>
</tr>
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<tbody>
<tr>
<td>Provider Network</td>
<td>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</td>
</tr>
</tbody>
</table>

### HSA Contributions

IU Contribution:
- $1,300 employee-only coverage
- $2,600 all other coverage levels

Employee Contributions:
- Minimum $300 ($25 monthly)
- Maximum $3,850 employee-only / $7,750 all other coverage levels
- For those age 55+, additional $1,000 catch-up

Not Eligible

### MEDICAL

#### Deductible

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<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
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<td>$1,800 employee-only $3,600 all other levels</td>
<td>$3,600 employee-only $7,200 all other levels</td>
<td>$500 individual $1,500 family</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>$3,600 employee-only $7,200 all other levels</td>
<td>$7,200 employee-only $14,400 all other levels</td>
<td>$2,400 individual $7,200 family</td>
</tr>
</tbody>
</table>

#### Out-of-Pocket (OOP) Maximum

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem PPO HDHP</td>
<td>$3,600 employee-only $7,200 all other levels</td>
<td>$7,200 employee-only $14,400 all other levels</td>
<td>$500 individual $1,500 family</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>$7,200 employee-only $14,400 all other levels</td>
<td>$14,400 employee-only $28,800 all other levels</td>
<td>$2,400 individual $7,200 family</td>
</tr>
</tbody>
</table>

#### Office Visits

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem PPO HDHP</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

#### Coinsurance

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem PPO HDHP</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

#### Preventive Services

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem PPO HDHP</td>
<td>$0 no deductible</td>
<td>40% after deductible</td>
<td>$0 no deductible</td>
</tr>
<tr>
<td>Anthem PPO $500 Deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
</tr>
</tbody>
</table>

#### Mental Health & Substance Use

Covered as any other illness through Anthem Behavioral Health.

#### Emergency Room

- **20% after deductible**
- **No coverage unless an emergency**
- **$150 copay**
- **Waived if admitted**

#### Urgent Care

- **20% after deductible**
- **40% after deductible**
- **$75 copay**
- **40% after deductible**

### PRESCRIPTIONS

#### Retail (up to 30-day supply)

<table>
<thead>
<tr>
<th>Tier 1 – 3</th>
<th>Tier 1 – 3</th>
<th>Tier 1 – 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8 / $25 / $45</td>
<td>$20 / $62 / $112</td>
<td>$20 / $62 / $112</td>
</tr>
</tbody>
</table>

#### Retail at CVS Pharmacies (up to 90-day supply)

<table>
<thead>
<tr>
<th>Tier 1 – 3</th>
<th>Tier 1 – 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8 / $25 / $45</td>
<td>$20 / $62 / $112</td>
</tr>
</tbody>
</table>

#### Mail Order (up to 90-day supply)

<table>
<thead>
<tr>
<th>Tier 1 – 3</th>
<th>Tier 1 – 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8 / $25 / $45</td>
<td>$20 / $62 / $112</td>
</tr>
</tbody>
</table>

#### Specialty (up to 30-day supply)

<table>
<thead>
<tr>
<th>Tier 1 – 3</th>
<th>Tier 1 – 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8 / $25 / $45</td>
<td>$20 / $62 / $112</td>
</tr>
</tbody>
</table>

#### Out-of-Pocket Maximum for Prescriptions

- **N/A (included with medical OOP max)**
- **$6,700 individual**
- **$11,000 family**

#### Preventive Prescriptions

All plans pay 100% for preventive prescriptions including generic contraceptives, pediatric sodium fluoride, low dose aspirin, folic acid, Vitamin D for age 65 and older, Tamoxifen, Raloxifene, and iron. 100% coverage for tobacco cessation products & nicotine replacement (up to 180-day supply each year). OTC products require a prescription for coverage.

### VISION

#### Eye Exams & Eyewear

Routine eye exam ($10 copay) and eyewear (frames, lenses, contacts) at specific allowances through Anthem Blue View Vision.
Plan Highlights
You can 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 you are enrolled.

Members may receive dental care from any licensed dentist. However, you will receive a higher level of benefits when covered services are obtained from a Total Cigna PPO Network dentist.

Coverage Summary
Total Cigna PPO Network Dentist
- Two routine exams/cleanings per year are covered at 100%.
- There is an annual $25 deductible (not applied to preventive care).
- Other services are covered at 50% up to the annual benefit limit.

Non-Network Dentist
- Two routine exams/cleanings per year are covered at 100% of allowed charges.
- There is an annual $25 deductible.
- Other services are covered at 50% up to the annual benefit limit.
- The member is responsible for amounts above allowed charges.

2023 Dental Plan Premiums
For the 2023 plan year there will be an overall 4% increase in employee contributions across all salary bands and coverage levels. The "Total Monthly Premium" column below includes your monthly contribution and the university's monthly contribution to the dental plan on your behalf.

All three dental plan salary bands were raised for 2023 to include more employees in the lower-cost premium groups.

Annual Benefit Limit
The IU Dental Plan has an initial annual benefit limit of $1,200 per covered member. For each member who receives at least one preventive cleaning/exam per calendar year, the annual benefit limit will increase by $100 in the subsequent year, up to a maximum of $1,500. Child orthodontia is covered up to a $1,000 lifetime limit.

ANNUAL BENEFIT LIMIT EXAMPLE:

<table>
<thead>
<tr>
<th>YEAR</th>
<th>BENEFIT LIMIT</th>
<th>PREVENTIVE CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
<td>$1,200 (base)</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>2nd Year</td>
<td>$1,300</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>3rd Year</td>
<td>$1,400</td>
<td>No cleaning</td>
</tr>
<tr>
<td>4th Year</td>
<td>$1,400</td>
<td>1 cleaning</td>
</tr>
<tr>
<td>5th Year</td>
<td>$1,500 (max)</td>
<td>1 cleaning</td>
</tr>
</tbody>
</table>

Exclusions & Limitations
- Some services are excluded from coverage (e.g. cosmetic procedures).
- There are limits on the number and frequency of some services (e.g. the number of routine cleanings is limited to two per year).
- Some services are limited by age (e.g. orthodontia is limited to children age 18 or under).

Annual Base Salary*

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>Below $37K</th>
<th>$37K to $64,999</th>
<th>$65K &amp; Above</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIGNA DENTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$8.88</td>
<td>$11.14</td>
<td>$13.24</td>
<td>$41.86</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$16.00</td>
<td>$20.09</td>
<td>$23.81</td>
<td>$75.39</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$20.87</td>
<td>$26.22</td>
<td>$31.06</td>
<td>$98.34</td>
</tr>
<tr>
<td>Family</td>
<td>$30.42</td>
<td>$38.22</td>
<td>$45.30</td>
<td>$143.43</td>
</tr>
</tbody>
</table>

*Salary band is determined by your annual base salary at the time payroll runs each month. For School of Medicine full-time faculty who receive a portion of their pay from an IU Health or VA paycheck, annual base salary includes both IU base salary and certain IU Health fixed and/or variable compensation, as determined by the School of Medicine.
Plan Highlights

The Health Savings Account (HSA), is a tax-advantaged account that can be used to pay for IRS-qualified health expenses for you, your spouse, and your tax dependents. After you open an HSA, you can use funds to pay for medical, dental, and vision plan deductibles and coinsurance, office visits, prescriptions, and much more.

The three main tax advantages of an HSA are:

• No taxes are taken on contributions
• No taxes are taken when funds are used for IRS-qualified health expenses
• No taxes are taken on the account interest or investment earnings.

HSAs can also be used as a long-term savings vehicle. Funds in the account roll over and accrue interest tax-free, and funds above a $1,000 balance in your cash account can be invested.

HSA Eligibility

To be eligible for tax-free HSA contributions, you must be covered on a high deductible health plan (HDHP) and:

1. Have a valid Social Security Number; and
2. Not be claimed as a dependent on someone else's tax return; and
3. Not be enrolled in a federal government plan such as Medicare A, B, or D, or Tricare (if you have VA benefits, receiving preventive care services or treatment for a service-related disability from the VA does not disqualify an individual from participating in an HSA); and
4. Have no other medical coverage.

Your spouse can have other medical coverage, but you cannot be covered on your spouse’s non-HDHP medical plan, HRA, or unrestricted healthcare FSA and still be eligible to make tax-free HSA contributions.

If you are ineligible for tax-free contributions, you can waive the HSA and still elect to enroll in an HDHP. If you mistakenly elect the HSA, you are responsible for reporting the ineligible HSA contributions on your annual tax return.

Medicare enrollment makes you ineligible for tax-free HSA contributions.

Enrollment in any part of Medicare has a major impact on your ability to make or receive tax-free contributions to an HSA. Review the information on page 16 of this guide or on the Medicare & HSA web page to learn more.

Eligible HSA Expenses

The HSA can be used tax-free for healthcare expenses incurred by you, your spouse, or your IRS-qualified tax dependents, even if they are not covered on your HDHP. Examples of eligible expenses include:

• medical, dental, and vision deductibles and coinsurance
• prescriptions
• medical equipment and supplies
• acupuncture
• disability aids and hearing aids
• travel to and from medical services
• nursing home and home health care
• dental and orthodontia services
• eyeglasses or contacts

View the full list of eligible expenses.

Accessing Your HSA Funds

Once HSA contributions are made, funds can be accessed in several different ways:

IU Benefit Card. All HSA participants automatically receive an IU Benefit Card—a debit-type Visa card that allows you to pay for purchases and services from your Health Savings Account (HSA), Healthcare FSA, or both. The card is effective for three years, and new cards are automatically reissued as they expire.

Online. Log in your account at iu.nyhart.com and use the 'Send Payment' feature to pay a healthcare provider online or the ‘File Claim/Reimburse Self’ to reimburse yourself for eligible expenses you pay out-of-pocket.

Contributions to Your HSA

UNIVERSITY CONTRIBUTION

The university makes an annual contribution to your HSA of $1,300 or $2,600 depending on your level of coverage (see next page). The full amount is deposited into your account with your second paycheck in January.

YOUR CONTRIBUTIONS

You are required to make a minimum annual contribution of $300, and can make additional contributions up to the IRS limit. Your annual election is spread evenly over each of your paychecks, and can be changed at any time. Remember that the maximum amount you can contribute can be affected by your spouse’s HSA contributions and any Archer MSA contributions.

Coordinating Your HSA Contributions with Your Spouse

• If you and your spouse are each enrolled separately in employee-only HDHP coverage, each of you are subject to the employee-only HSA limit ($3,850 each).
If either you or your spouse has family HDHP coverage (employee with children or family coverage), then you will be subject to the family contribution limit ($7,750) as a couple. In other words, if you or your spouse cover family members on your HDHP, your combined HSA contributions cannot exceed $7,750.

If you are age 55 or older by the end of the tax year, you can contribute up to an additional $1,000 each year to your HSA (make a “catch-up contribution”). If you and your spouse are both eligible to make a catch-up contribution (i.e. enrolled in an HDHP, either together or separately, and age 55+), you can each make a $1,000 catch-up contribution, but each of you must deposit the funds into your own individual HSA.

### 2023 HSA Contribution Limits

Each year, the IRS sets an annual contribution limit for HSAs. For 2023, that limit is **$3,850** for employee only coverage, and **$7,750** for all other coverage levels. When determining how much you can contribute, you need to take IU’s contribution, and your eligiblity for the catch-up contributions, into account.

**IF YOU’RE UNDER AGE 55...**

The maximum amount you can contribute is the IRS limit minus IU’s contribution.

<table>
<thead>
<tr>
<th>Anthem PPO HDHP</th>
<th>IRS Limit</th>
<th>IU contributes</th>
<th>You can contribute up to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$3,850</td>
<td>$1,300</td>
<td><strong>$2,550</strong></td>
</tr>
<tr>
<td>All other levels</td>
<td>$7,750</td>
<td>$2,600</td>
<td><strong>$5,150</strong></td>
</tr>
</tbody>
</table>

**IF YOU’RE AGE 55 & UP...**

The maximum amount you can contribute is the IRS limit minus IU’s contribution, plus an additional $1,000 catch-up contribution.

<table>
<thead>
<tr>
<th>Anthem PPO HDHP</th>
<th>IRS Limit</th>
<th>IU contributes</th>
<th>You can contribute up to</th>
<th>Plus the catch-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$3,850</td>
<td>$1,300</td>
<td><strong>$2,550</strong></td>
<td><strong>$1,000</strong></td>
</tr>
<tr>
<td>All other levels</td>
<td>$7,750</td>
<td>$2,600</td>
<td><strong>$5,150</strong></td>
<td><strong>$1,000</strong></td>
</tr>
</tbody>
</table>

If you are (or soon will be) eligible for Medicare, it’s important to understand how Medicare enrollment affects your eligibility for the HSA.

You don’t have to enroll in Medicare at age 65.

Many people enroll in Medicare Part A at age 65 because they believe they should, or because it’s free. You may also receive mailings or information suggesting that you must enroll in Medicare or incur penalties. **This is not true in all cases.** As long as you’re enrolled in a “creditable” group health plan (such as an IU employee medical plans) you can delay Medicare enrollment without penalty, or until you apply for Social Security.

**Medicare enrollment makes you ineligible for tax-free HSA contributions.**

It’s important to understand this because enrolling in any part of Medicare makes you ineligible to make or receive tax-free contributions to your HSA, and any ineligible contributions made by you or the university are potentially subject to excise and income taxes. Even if you delay your Medicare enrollment, when you apply for Social Security you’re automatically enrolled in Medicare Part A and do not have the option to dis-enroll.

If you’re already enrolled in Medicare, or are thinking about enrolling soon, learn about your options by visiting the [IU Medicare & HSA web page](https://example.com) or by contacting AskHR at [askhr@iu.edu](mailto:askhr@iu.edu).
Healthcare Flexible Spending Account (FSA)

Plan Highlights
The Healthcare FSA allows you to set aside tax-free money to be used for certain IRS-eligible medical, dental, or vision expenses not covered by insurance for you, your spouse, and your eligible dependents (children through age 25, even if they are not covered on your medical plan, are married, or are living away from home).

Contributions are elected on an annual basis and cannot be changed during the year unless you experience an IRS-defined qualifying life event.

The 2023 annual contribution limit is $2,850.
Your full annual election amount is available starting January 1, 2023. Enrollment is required each year to participate.

To be reimbursed from your account, the expenses you claim must be eligible under IRS regulations, incurred during the tax year (January 1 through December 31), and submitted to Nyhart by the following February 28.

Special rules and restrictions apply when you and/or your spouse are enrolled in both the Health Savings Account (HSA) and a Healthcare FSA. See the next page for details.

Carryover Provision
At the end of each year, up to $550 of unused Healthcare FSA funds will carry over to be used in the following plan year. Any remaining funds in excess of $550 are forfeited.

Eligible Healthcare Expenses
ELIGIBLE EXPENSES:
- deductibles and coinsurance
- prescriptions
- over-the-counter medicines (e.g., cold or pain meds)
- menstrual products
- hearing aids and related expenses
- dental care and orthodontia
- acupuncture
- transportation costs to/from medical services
- vision exams, eyewear, or vision surgery

NON-ELIGIBLE EXPENSES:
The following are examples of expenses not allowed by IRS regulations:
- HDHP Plan deductible
- over-the-counter vitamins and supplements
- cosmetic procedures
- exercise equipment (unless accompanied by a medical diagnosis and a prescription)

Accessing Your Healthcare FSA Funds
Your entire annual pledge will be available starting January 1, 2023. To access those funds you must first authorize Nyhart to direct deposit your reimbursements by logging on to iu.nyhart.com or by completing the Direct Deposit Authorization Form. Then, there are two ways to use the funds in your account. You may:

- Request Reimbursement for Out-of-Pocket Expenses. You can pay for eligible healthcare expenses then submit claims for reimbursement by logging in to iu.nyhart.com or by submitting a FSA Claim Form to Nyhart. Both must include supporting documents, such as a receipt for payment from your provider.

- Use the IU Benefit Card to pay at the time of purchase or service. All Healthcare FSA participants automatically receive an IU Benefit Card—a debit-type Visa card that allows you to pay for purchases and services from your Health Savings Account (HSA), Healthcare FSA, or both. The card is effective for three years, and new cards are automatically reissued as they expire.

How much should I pledge to my Healthcare FSA?
When deciding how much to pledge to your Healthcare FSA, a review of your recent medical, dental, vision, and prescription expenses can give you an idea of costs you might expect.

Don’t put money in your account for anything but predictable expenses—any unused funds above $570 at the end of the year will be forfeited.

To help you review and estimate your personalized medical and prescription costs, register or log in to Anthem’s Sydney Health app. This service is available at no cost to IU medical plan members.
When You’re Enrolled in the Healthcare FSA and the HSA

Coordinating Your Accounts
Separately, the Health Savings Account (HSA) and Healthcare FSA can be used for many of the same IRS-qualified healthcare expenses.

However, when you enroll in both the Healthcare FSA and HSA, your FSA funds can only be used for dental and vision expenses until your annual HDHP deductible has been met. Once the deductible is met, and proof of meeting the deductible has been provided to Nyhart, then funds in your Healthcare FSA can be used for medical and prescription expenses from that date forward. For additional information on the coordination of these two accounts, review IRS Publication 969.

Accessing Your Funds
When you use your IU Benefit Card at a medical or pharmacy provider, the funds will be drawn from your HSA. When used at a dental or vision provider, the funds will be drawn from your Healthcare FSA. Once you meet your annual HDHP deductible, and provide proof of meeting it to Nyhart, your IU Benefit Card will automatically draw all expenses from your Healthcare FSA first, then from your HSA once your Healthcare FSA funds are exhausted.

You also have the option to pay for expenses out-of-pocket, then submit a claim for reimbursement to Nyhart.

Comparing the Healthcare HSA and FSA

<table>
<thead>
<tr>
<th></th>
<th>Health Savings Account (HSA)</th>
<th>Healthcare FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Use it or lose it”</td>
<td>No. Full balance rolls over year-to-year.</td>
<td>Yes. Up to $570 of unused funds will roll over to the next plan year—any funds over $570 are forfeited.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest/investment</td>
<td>Offers interest earnings and investment opportunities.</td>
<td>None</td>
</tr>
<tr>
<td>options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of funds</td>
<td>IU’s full contribution is available as deposited. Employee contributions are available as they are deposited.</td>
<td>Full contribution is available immediately.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual contribution</td>
<td>Minimum: $300 Maximum: $3,850 individual / $7,750 family Catch-Up: additional $1,000 if age 55 &amp; up</td>
<td>Minimum: None Maximum: $2,850</td>
</tr>
<tr>
<td>limits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-year</td>
<td>Change contribution at any time during the year.</td>
<td>Change contribution only if you experience a corresponding IRS-defined qualifying life event (e.g. marriage or birth)</td>
</tr>
<tr>
<td>contribution changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of funds</td>
<td>Use funds for IRS-approved healthcare expenses. You are responsible for verifying that use of funds is appropriate.</td>
<td>Use funds for IRS-approved healthcare expenses. Nyhart is responsible for verifying that use of funds is appropriate.</td>
</tr>
<tr>
<td></td>
<td>Use funds for non-healthcare expenses after age 65 (you must pay income taxes on those funds).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incurring expenses</td>
<td>Use funds for expenses incurred as far back as the original date the account was opened.</td>
<td>Use funds only for expenses incurred during the plan year (January - December).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using funds for</td>
<td>Use funds for true IRS tax dependents (i.e. spouses, qualified children under age 19 or 24 and going to school full-time)</td>
<td>Use funds for spouse and children through age 25, even those married and/or living away from home.</td>
</tr>
<tr>
<td>family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connection to IU</td>
<td>Your HSA follows you, even when you leave IU or retire.</td>
<td>Participation in the FSA ends when you leave your job at IU or retire.</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

The Dependent Care FSA will no longer be front-loaded in 2023.
This means that if you enroll in the Dependent Care FSA during Open Enrollment, your full 2023 annual pledge will not be deposited into your account in January. Instead, you will fund the account throughout the year through equal payroll deductions, and can access the funds for reimbursement as they are deposited.

Dependent Care Flexible Spending Account (FSA)

Plan Highlights

The Dependent Care FSA allows you to set aside tax-free money for daycare expenses for your dependents that allow you and your spouse to work.

Contributions are elected on an annual calendar year basis, and cannot be changed during the year unless you experience an IRS-defined qualifying life event.

The 2023 annual contribution limit is $5,000 per household. Spouses can each elect participation in the Dependent Care FSA, but their combined elections cannot exceed $5,000 ($2,500 each for married employees who file their income taxes separately).

Enrollment is required each year to participate. Participation is not automatic.

To be reimbursed from your account, the expenses must be eligible under IRS regulations and incurred between January 1 and March 15 of the following year. Claims must be submitted to Nyhart by April 15 of the following year. Daycare services cannot be reimbursed before they are incurred, even when the daycare provider requires payment in advance.

Unused 2023 Dependent Care FSA contributions are forfeited under IRS regulations. They cannot be “rolled over” beyond the plan year, and cannot be moved between accounts.

Eligible Dependent Care Expenses

ELIGIBLE DEPENDENTS:

Care expenses must be for one the following types of dependents to be considered eligible:

- **Children** – tax dependents under the age of 13.
- **Spouse** – who is physically or mentally unable to care for themselves.
- **Elders/Adults** – tax dependents who are physically or mentally unable to care for themselves.

ELIGIBLE EXPENSES:

The following are examples of IRS-allowed daycare expenses:

- Nursery school, pre-school, or similar programs for children below the level of kindergarten
- Before- or after-school care of a child in grade K or above
- Summer or overnight camp during working hours

(for children under age 13)

- Household employee whose services include the care of a qualifying person
- Application or registration fees, deposits, and fees paid to reserve a spot in a daycare center

NON-ELIGIBLE EXPENSES:

The following are examples of expenses not allowed by IRS regulations:

- Expenses paid for but not yet incurred
- Kindergarten or private school tuition
- Overnight camp during non-working hours
- Summer school or tutoring programs

Accessing Your Dependent Care FSA Funds

You fund your account throughout the year through equal pre-tax payroll deductions, and can access the funds for reimbursement as they are deposited. You must authorize Nyhart to direct deposit your reimbursements by logging on to [iu.nyhart.com](http://iu.nyhart.com) or by completing the Direct Deposit Authorization Form.

When you incur eligible expenses, you must pay for them out-of-pocket then submit a claim for reimbursement. You can do this by logging in to [iu.nyhart.com](http://iu.nyhart.com) or by submitting a FSA Claim Form to Nyhart. Your claims must include supporting documents, such as a receipt for payment from your daycare provider.

Even if your FSA balance is less than your claim, you can still file the claim. If approved, you will be reimbursed as funds become available in your account. For example, if you submit a claim for $500 and your account balance is $200, Nyhart will reimburse you for the $200 available in your account, and your balance will be reflected as negative $300. As additional funds are deposited into your account, Nyhart will automatically reimburse you for the remaining amount.

How much should I pledge to my Dependent Care FSA?

Use the Dependent Care Worksheet to help calculate your annual Dependent Care FSA contribution.
Plan Highlights
Voluntary Supplemental AD&D coverage provides you or your beneficiaries an insurance benefit in the event of death or dismemberment as a result of a covered accident.

Coverage is provided to members 24 hours a day, 365 days a year, for injuries caused by accidents that occur on or off the job, at home, and while traveling by plane, train, or automobile (except as limited by exclusions).

Eligibility
Coverage is available for you and your eligible dependents including your spouse and dependent children through age 25 (coverage may be kept in force for dependents past the age limit who are totally disabled).

Plan Benefits
The plan provides benefits if the accident results in:

- Death or dismemberment or loss of sight, speech, or hearing caused by an accident
- Paraplegia, quadriplegia, or hemiplegia
- Coma lasting more than 30 days
- Permanent and total disability caused by an accident

When an AD&D insurance benefit is payable, additional benefits may be available including:

- Higher education costs for your surviving children
- Career adjustment benefits for your surviving spouse
- Additional benefit if an insured member passes away due to an automobile accident and was wearing a seat belt or if their air bag deploys
- Child care benefit to allow your surviving spouse to work or obtain training for work
- Repatriation if you pass away more than 200 miles from home
- Additional line of duty benefits for public safety officers

Specific benefit details can be found in the Supplemental AD&D Plan Certificate.

Coverage Amounts
You can elect employee only or family Supplemental AD&D coverage in an amount from $30,000 to $500,000.

The benefit amount for each dependent is as follows:

- **Spouse only**—60% of your coverage
- **Children only**—20% of your coverage for each child, not to exceed $50,000
- **Spouse and children**—50% of your coverage for your spouse and 15% of your coverage for each child

The benefit amount payable is a percentage of the AD&D benefit in effect on the date of the accident and is determined by the loss suffered. Specific percentage payable amounts can be found in the Supplemental AD&D Plan Booklet.

### 2023 Supplemental AD&D Premiums
Premiums are paid entirely by you through after-tax payroll deduction.

<table>
<thead>
<tr>
<th>Benefit Amount*</th>
<th>Employee Only Coverage</th>
<th>Family Coverage</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>$500,000</td>
<td>$7.00</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

Remember to review and update your Supplemental AD&D beneficiaries.

Did you know that beneficiary designations take precedence over any other form of legal documentation, including your will? If your beneficiaries are outdated, your benefits could end up in the wrong hands, leaving your unnamed beneficiary with little legal recourse, if any. Even if you’re keeping the same level of Supplemental AD&D coverage, you should still review your beneficiaries during Open Enrollment and update them if needed.
SupportLinc Employee Assistance Program (EAP)

888-881-LINC (5462) | SupportLinc.com

Challenges at work and home are a part of everyday life. But when they become a distraction, it may be time to reach out to SupportLinc. Their licensed clinicians can help you to identify and address any issues or difficulties you are facing, and help you create strategies for managing them.

Eligible employees and their household members have access to SupportLinc services at no cost, including:

- 24/7 access to licensed clinicians for in-the-moment support by phone, text, or video
- Up to six (6) face-to-face counseling sessions per presenting issue (in-person or virtual)
- Access to SupportLinc’s comprehensive technology suite including their website, video counseling platform, digital support groups, and mobile apps
- Expert referrals for local service providers including child and elder care, home repair, pet care, housing needs, and more
- Financial and legal planning support and consultations
- Wellbeing Place blog for articles, tips and healthy recipes to help you improve your overall wellbeing

SupportLinc is available 24/7 by calling 888-881-LINC (5462) or by creating an account at SupportLinc.com (use group code "iu").

24-Hour Nurse Line

800-337-4770

The 24-Hour Nurse Line is a resource for employees and family members who need guidance on non-emergency health questions and concerns from registered nurses. Eligible users include IU employees and their household members covered by an IU-sponsored medical plan.

Care@Work by Care.com

iu.care.com | 855-781-1303

Care@Work is a resource for finding and hiring pre-screened caregivers and care companies for children, adults, pets, or your home. Eligible employees have access to a premium membership to find, book, and pay caregivers; senior care management services; backup care services; and discounts on care through LifeMart. The university covers the cost of membership fees, but members pay the full cost of caregivers hired. Activate and use your benefit by registering at iu.care.com.

CVS Caremark

Caremark.com

Keep your IU prescription drug benefits at your fingertips! IU-sponsored medical plan members can use Caremark.com or the Caremark app to create a CVS Caremark account, which will allow you to:

- Locate a participating pharmacy;
- Scan a prescription for refill;
- View the drug formulary & preventive drug list;
- Check and compare prescription drug prices;
- Request mail order refills quickly and conveniently;
- View prescription history;
- Learn more about the drugs you take;
- Identify unknown pills;
- Check for potential drug interactions;
- Contact a pharmacist.

To create an account, select Register on the homepage of Caremark.com or the Caremark app.
Healthy IU
healthy.iu.edu

Healthy IU is Indiana University’s workplace wellness program, serving the following populations:

- Full-time faculty and staff
- Part-time faculty and staff (adjunct faculty and hourly with retirement benefits)
- Spouses on an IU medical plan
- IU medical and optometry residents
- Student academic appointees (SAAs)
- Former employees with IU Retiree Status (*not eligible for taxable incentives/benefits)

Healthy IU offerings are free for eligible participants, including:

- Tobacco cessation
- Nutrition and weight management
- Work+Life
- Maternal health and lactation support
- Life safety
- Child and elder care
- and much more!

For more information, and for a list of resources and programs on each campus, visit healthy.iu.edu.

Identity Protection for Anthem Medical Plan Members
anthemcares.allclearid.com

Anthem medical plan members and their covered family members are automatically enrolled in the following identity protection service:

- AllClear Identity Repair: provides identity repair assistance to help fix identity theft issues and return your information to its proper condition.

For an extra layer of protection, you can sign up for the following additional service at no extra charge:

- AllClear Credit & Identity Theft Monitoring Services: credit monitoring, identity theft insurance (up to $1 million), ChildScan for minors, and more.

To learn more, visit anthemcares.allclearid.com or call 1-855-227-9830 Monday through Saturday from 8:00 AM – 8:00 PM Central Time.

Nyhart, an Acensus Company
iu.nyhart.com

Save time and hassles while making the most of your HSA and FSA using Nyhart’s web portal and mobile app. Features include:

- View your balances 24/7
- File and view claims
- Call or email Nyhart Customer Service
- Make HSA transactions
- Order a new debit card

When you log in for the first time, you must use the following credentials:

**Website (iu.nyhart.com)**
Username: 10-digit employee ID
Password: Last 4 digits of SSN

**Mobile App (Nyhart IU)**
Username: 10-digit employee ID
Password: 10-digit employee ID + last 4 digits of SSN

Get started at iu.nyhart.com or by downloading the Nyhart IU HSA/FSA app.

Save Automatically for College with a 529 College Savings Plan

Did you know that you can get tax breaks and other benefits by opening an account specifically designed to let you save for college? Also known as qualified tuition programs, 529 college savings plans are designed to help you save for future education expenses for anyone—your child, your grandchild, your niece, your nephew, or even yourself.

**Is Indiana’s 529 Plan Right for You?**
You can open a 529 savings plan in any state, however, most states offer incentives for their residents. For example, Indiana taxpayers who sign up for Indiana’s CollegeChoice 529 receive additional benefits including no annual account maintenance fees and a state income tax credit equal to 20% of your contributions, up to $1,000 maximum per year.

Bottom line—no matter what state’s plan you sign up for, a 529 savings plan is a smart choice.

Visit [529.iu.edu](https://529.iu.edu) for more information and to learn how IU employees can save automatically through IU Payroll direct deposit.
Sydney Health for Anthem Medical Plan Members

**sydneyhealth.com**

Getting your benefits information when and where you need it is now faster, simpler, and more personal with Sydney. The Sydney Health app works with you by guiding you to better overall health — and for you by bringing your benefits and health information together in one convenient place. With Sydney you can:

- See your claims and benefit progress
- View and use your Anthem ID card
- Plan and track health and fitness goals
- Find and compare healthcare providers and costs
- Visit with a provider through video or text
- Connect with all of your third party benefits

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time, and can provide you with alerts, reminders, and tips, suggest a doctor, or help you stay healthy and save money on medical costs.

Download the Sydney Health app from the App Store or Google Play to get started!

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Telehealth

**livehealthonline.com**

IU-sponsored medical plan participants have 24/7 access to doctors from a smartphone, tablet, or computer with a webcam.

Online visits for urgent, allergy, or dermatology care cost around $59, and a typical visit lasts about 10 – 15 minutes. The provider can assess your condition, provide treatment options, and even send a prescription to the pharmacy, if needed, all from the privacy of your home. Urgent care is also available for children and for Spanish-speaking members.

You can also schedule a virtual visit with a licensed therapist, psychiatrist, or psychologist.

Get started at livehealthonline.com or download the LiveHealth Online mobile app.

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WW—Weight Watchers

**iu.ww.com**

Indiana University is proud to offer WW—Weight Watchers at no cost to all benefit-eligible employees and spouses enrolled in an IU-sponsored medical plan.

WW delivers programming in two ways to fit your lifestyle:

1. **Digital Only (e-Tools):** an easy-to-use app and website to track your food, movement, and weight goals; barcode scanner, restaurant items, and over 5,000 recipes; and expert chat available 24/7.
2. **Digital + Workshops:** offers access to virtual and community workshops with guidance from a trained WW Coach and motivation from members who are on the same path. There's even a private group just for IU members!

To get started, visit iu.ww.com. You and/or your spouse will need your 10-digit university ID to enroll. IU covers 100% of cost of WW; however, per IRS rules, the value of the program is considered a taxable benefit.

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**Dental Telehealth Visits**

**MyCigna.com** (IU Dental Plan members)

IU Dental Plan members have 24/7 virtual access to licensed dentists for urgent dental concerns such as infection, pain, swelling, and more. Depending on the situation, the dentist can also prescribe medications such as antibiotics and non-narcotic pain relievers, as appropriate.

Online visits typically cost around $45 and are available 24/7. To access services:

1. Log in to MyCigna.com (you must connect to the portal via your MyCigna account in order to use the service without having to enter a payment method)
2. Under “Latest Updates” at the bottom of the page, select the link to See details (there will be a blue heart/plus sign icon near to the link)
3. Click Get Started in the popup box
4. Click Sign up to get started or click Log in now if you already have a TeleDentists account
5. Follow the prompts to request a consultation.
Customer Service & Federal Notices

Customer Service Contacts

24-HOUR NURSE LINE
800-337-4770

ANTHEM
Member Services: 844-736-0920
anthem.com (Select Blue Access PPO)
BlueCard PPO providers outside of Indiana:
800-810-2583 or bcbstexas.com
BCBS Global Core providers overseas
800-810-2583 or bcbsglobalcore.com
Vision (Anthem Blue View Vision): 866-723-0515

CARE@WORK by CARE.COM
Member Services: 855-781-1303
iu.care.com

CIGNA DENTAL
Member Services: 800-244-6224
cigna.com

CVS CAREMARK
Member Services: 866-234-6952
Mail Order: 866-234-6952

Specialty Prescriptions: 800-237-2767
caremark.com

NYHART
Health Savings Account (HSA) and Flexible Spending Accounts (FSA)
Member Services: 800-284-8412
Email: support@nyhart.com
iu.nyhart.com (available after account is opened)

QUIT FOR LIFE® TOBACCO CESSION
Member Services: 866-784-8454
quitnow.net/iu

SUPPORTLINC EMPLOYEE ASSISTANCE PROGRAM (EAP)
24/7 Support Line: 888-881-LINC (5462)
SupportLinc.com

WW—WEIGHT WATCHERS
Member Services: 866-204-2885
iu.ww.com

Annual Federal Notices

Employers, like IU, are required to provide you with notices about your rights and responsibilities related to healthcare coverage. A summary of each is provided below. Visit the Open Enrollment website for full text of these notices.

ACA Health Insurance Marketplace
Basic information about the ACA Health Insurance Marketplace and health coverage offered by IU which meets the affordability and minimum value standards defined by ACA.

COBRA
Learn about the temporary extension of certain benefits (such as medical and dental coverage) at group rates in the event that you or your dependents lose coverage.

Prescription Drug Coverage & Medicare:

Creditable Coverage Notice
For active employees and retirees under age 65.

Non-Creditable Coverage Notice
For retirees age 65 or older.

Newborns and Mother’s Health Protection Act
Under Federal Law, group health plans cannot restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

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
Notice that IU maintains the privacy of Protected Health Information (PHI) that is received or created by its healthcare plans.

Notice of Special Enrollment Rights
IU employees may change health coverage during the year when they experience specified changes in status and there is immediate notification to the employer. This notice contains guidelines for these changes and notification parameters.

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)
Notice that IU’s medical plans cover services related to mastectomy, including reconstruction and prosthesis, as defined by the WHCRA.
Review the Rest of Your IU Benefits

After Open Enrollment is closed, we encourage you to review your benefits that aren’t tied to Open Enrollment and your beneficiaries.

Your medical, dental, Supplemental AD&D, and flexible spending account elections can only be changed during Open Enrollment, or within 30 days of an IRS-defined qualifying life event such as marriage or the birth of a child. Other benefits offered by IU, including those listed below, allow you to enroll or change your election at any time during the year.

Review the information below then click the plan name to learn how to make changes to these benefits.

- **Health Savings Account (HSA):** You can enroll in or change your HSA contribution at any time during the year. By submitting your 2023 HSA pledge during Open Enrollment, you ensure that you will begin making contributions in January 2023.

- **Long Term Disability (LTD):** You can enroll in or change your LTD coverage at any time during the year, but proof of good health may be required if it’s been more than 30 days since your initial eligibility date (typically the date you were hired into a benefit eligible position), or if you want to increase your coverage.

- **Supplemental Employee Life Insurance:** You can enroll in or change your supplemental life coverage at any time during the year, but proof of good health may be required if it’s been more than 30 days since your initial eligibility date (typically the date you were hired into a benefit eligible position), or if you want to increase your coverage.

- **Supplemental Dependent Life Insurance:** You can enroll in or change your supplemental dependent life coverage at any time during the year. Enrollment is Supplemental Employee Life is required.

- **Supplemental Retirement Plans:** You can enroll in or change your supplemental retirement plans at any time during the year. Other actions you can take at any time include changing your investments and updating your beneficiaries.

- **IU Tuition Benefit:** You can apply for the IU Tuition Benefit for yourself, your spouse, or your eligible children on a semester/term basis or for an entire academic year at one time, as long as your application is received before the semester/term deadline.

Don’t forget to also review/update your beneficiaries.

Beneficiary designations take precedence over any other form of legal documentation, including your will. This makes it extremely important to keep them up to date.

Remember, you have to name beneficiaries for each plan and each retirement account separately. In some cases, you can change beneficiaries with IU, while in other cases you must work with the vendor directly.

**Update with IU through the Employee Center:**
- Basic Life Insurance
- Supplemental Life
- Supplemental AD&D

**Update with the vendor:**
- Health Savings Account (HSA)
- Each retirement plan account

Visit the IU Benefits site for step-by-step instructions to review and update your beneficiaries.