



2024

IU BENEFITS

OPEN ENROLLMENT

Enroll Online October 23 – November 3, 2023



oe.iu.edu



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OPEN ENROLLMENT 2024

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Important Reminders

01. Open Enrollment is your annual opportunity to review and adjust your IU benefits.

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

- Medical & dental coverage (including signing a new Tobacco-free Affidavit for the 2024 premium reduction)
- **NEW** Critical illness insurance
- Supplemental AD&D insurance
- 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 23 and November 3.

Open Enrollment begins on **Monday, October 23, 2023**, and **closes at 11:59 p.m. ET on Friday, November 3, 2023**. 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.

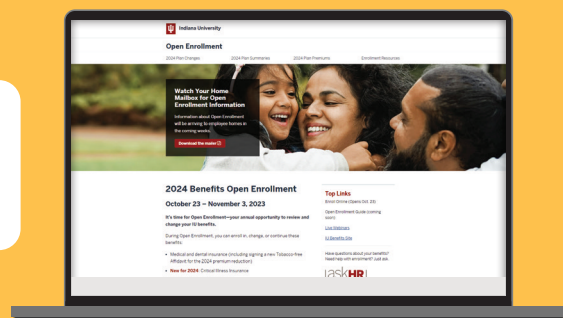
03. Some benefits require re-enrollment each year. If you do not complete online Open Enrollment:

- Your medical, dental, HSA, and supplemental AD&D elections will continue in 2024.
- You **will not** be enrolled in the healthcare or dependent care FSA. You must re-enroll in these accounts each year.
- You **will not** receive the tobacco-free premium reduction. You must re-sign the affidavit for yourself and your spouse, or complete the free tobacco cessation program, each year to receive the reduction.
- You **will not** be enrolled in the new critical illness plan for 2024. You must enroll in this plan during Open Enrollment or within 30 days of hire or an IRS-qualifying life event.

04. The elections you make during Open Enrollment will stay in place for the entire plan year (from January 1 – December 31, 2024).

All Open Enrollment changes are effective January 1, 2024. 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 change your HSA contribution amount at any time during the year.

Remember to bookmark the Open Enrollment website—oe.iu.edu—your destination for all Open Enrollment-related materials and information.





What's New and What's Changing for 2024

Even if you're happy with your current selections, it's important to take this time to confirm that your coverage still aligns with your and your family's needs. Plus, some benefits require you to re-enroll each year. Be sure to review your options carefully—you won't be able to change your elections again until the next Open Enrollment period in the fall of 2024, or within 30 days of experiencing an IRS-defined qualified life event (such as getting married or having a baby).



Critical Illness Insurance **NEW**

A serious illness can leave you with unexpected expenses. Critical illness insurance, offered by The Standard, pays a lump sum following the diagnosis of one of 20 major illnesses, such as cancer, advanced Parkinson's disease, heart attack, advanced Alzheimer's, and stroke. You can use the funds in any way you choose, including for your medical plan deductibles and coinsurance, daily expenses such as rent and groceries, or to replace lost income—whatever you need most while you recover. There are not restrictions or requirements as to how the money must be spent. Other benefits include:

- **It pays you \$100 per year for proactively maintaining your health.** You and your covered family members can each receive a \$100 incentive once per calendar year when you receive one of 22 covered health screening tests, such as a mammogram, lipid panel, mental health assessment, or colonoscopy.
- **Enrolling is easy.** You can enroll yourself and your spouse in coverage without submitting a medical history statement. Children are covered automatically at no additional cost.
 - **Employee:** \$10,000 – \$50,000 in increments of \$10,000
 - **Spouse:** \$5,000 – \$25,000 in increments of \$5,000
 - **Children through age 25:** Automatically covered at 50% of employee's coverage

Learn more about this plan on [page 21](#) of this guide.



Medical Coverage

All Medical Plans

- There will be an overall **3.5% increase** in employee contributions for medical coverage across all salary bands, plans, and coverage levels. [View the full chart of 2024 premiums.](#)
 - The **three lowest salary bands will be adjusted** for 2024.
- The **monthly tobacco-free premium reduction** will be reduced to \$15 for the employee or spouse, or \$30 for both.
- **New CVS Caremark partnership with GoodRx.** With the Caremark Cost Saver program, IU medical plan members will have automatic access to GoodRx prescription pricing which allows you to pay lower costs, when available, on generic medications. No action or separate registration is required to participate—simply present your Anthem ID card at your preferred network pharmacy. The amount paid will be automatically applied to your deductible and out-of-pocket maximum.

Anthem PPO HDHP

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

Anthem PPO \$500 Deductible

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



Need to Know



NEED TO KNOW



Dental Coverage

- No plan or premium changes.
- **All salary bands will be 7r5** to include more employees in the lower-cost premium groups. [View the full chart of 2024 premiums.](#)



Health Savings Account (HSA)

- The IRS-defined **annual contribution limit will increase** to **\$4,150** for employee-only coverage, and **\$8,300** for all other coverage levels. The age 55 & older \$1,000 catch-up contribution will remain the same.
- The university's annual HSA contribution will remain the same, \$1,300 for employee-only coverage and \$2,600 for all other coverage levels.
 - **The deposit schedule for IU's contribution will change from annual to bi-annual.** This means that active members will receive half of IU's contribution in January, and half in July. The amount deposited will depend on your level of coverage at the time contributions are calculated. Employee contributions will continue to be deposited with each paycheck.



Flexible Spending Accounts (FSA)

Healthcare FSA

- The annual contribution maximum will increase to **\$3,050** per individual.
- The annual carryover limit will increase to **\$610**.

Dependent Care FSA

- No changes.



Supplemental AD&D

No plan or premium changes.

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Do you need to take action during Open Enrollment?

The following table highlights which plans require you to make active elections during Open Enrollment versus those that will roll forward if no changes are recorded for 2024. All employees are encouraged to participate in Open Enrollment to ensure that you're still enrolled in the appropriate plans for your needs.

Benefit plan	You must take action to enroll	No action required to continue enrollment	Notes
Medical Plan		✓	Enrollment and coverage will remain the same.
Dental Plan		✓	
Health Savings Account (HSA)		✓	
Supplemental AD&D		✓	
Critical Illness Insurance	✓		If you do not complete online enrollment you will not be enrolled in the new critical illness insurance plan for 2024.
Tobacco-free Premium Reduction	✓		You will not receive the \$15/\$30 monthly medical premium reduction in 2024 if you do not sign a new affidavit.
Healthcare and Dependent Care FSA	✓		You will not be enrolled in the Healthcare or Dependent Care FSA and no contributions will be made.



Online Enrollment Instructions

Between October 23 and November 3, follow these steps to enroll in 2024 benefits:

1. Go to 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 select **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. When you're done selecting your coverage, dependents, and/or beneficiaries for each plan, select the **Done** button in the upper right-hand corner of the screen 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 top of the Medical enrollment page** for yourself and your spouse. You must sign it or complete the university-approved tobacco cessation program each year to get the premium reduction.
 - **Health Savings Account (HSA):** If you enroll in the 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 (FSA):**
 - **Healthcare FSA:** Enter your annual Healthcare FSA pledge. You must re-enroll in this account each year to participate.
 - **Dependent Care FSA:** Enter your annual Dependent Care FSA pledge. You must re-enroll in this account each year to participate.
 - **Critical Illness Insurance:** You can enroll in or waive coverage for 2024.
 - **Supplemental AD&D:** You can add, change, or drop coverage.
6. Once you've made all of your elections, select the **Submit Enrollment** button under the Enrollment Summary heading near the middle of screen.
7. A submission verification will immediately appear on the screen. Select **View** to review your submission, or **Done** to complete online enrollment.
8. Check your IU email account within 24 - 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.

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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](#), or join the IU Benefits team for a [Live Webinar](#).



Live Webinars

Join members of the IU Benefits team to learn more about your 2024 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 2023

All times listed are Eastern Time (ET)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
15 OCT	16	17	18 Livongo Program Noon – 1 p.m. Register	19 Open Enrollment 2024 Overview Noon – 1 p.m. Register	20 Health Savings Account Noon – 1 p.m. Register Open Enrollment 2024 Overview 3 – 4 p.m. Register	21
22	23 SupportLine EAP Noon – 1 p.m. Register Dental Coverage 2:30 – 3:30 p.m. Register	24 Critical Illness Insurance Noon – 1 p.m. Register Open Enrollment 2024 Overview 2 – 3 p.m. Register	25 Supplemental AD&D Noon – 1 p.m. Register Care.com 1:30– 2:30 p.m. Register	26 Open Enrollment 2024 Overview Noon – 1 p.m. Register Critical Illness Insurance 3 – 4 p.m. Register	27 Healthy IU Noon – 1 p.m. Register Medical Coverage 2 – 3 p.m. Register	28
29	30 Healthcare & Dependent Care FSAs Noon – 1 p.m. Register Weight Watchers 1:30 – 2:30 p.m. Register	31 Open Enrollment 2024 Overview Noon – 1 p.m. Register	1 NOV	2 Open Enrollment 2024 Overview Noon – 1 p.m. Register	3	4

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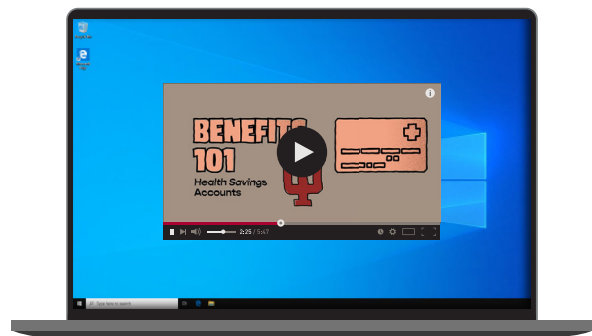
On-Demand Videos

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:

- Anthem's Sydney Health app
- Critical Illness Insurance
- Telehealth
- Health Savings Accounts (HSA)
- Employee Assistance Programs (EAP)



[Watch on-demand videos.](#)



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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.

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.](#)

Mid-year Enrollment Changes (IRS-Defined Qualifying 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

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.





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Choosing a Medical Plan (continued)

Medical Plan Similarities (continued)

- All IU-sponsored employee medical plans cover the following reproductive health 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 were 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.

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

- The plan covers a higher percentage of the cost,

resulting in lower out-of-pocket costs (e.g. deductible and coinsurance) for members.

- Lower out-of-pocket maximums.
- 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.
- Claims are typically processed faster since Anthem has established relationships with in-network providers.

OUT-OF-NETWORK

- The plan covers a lower percentage of the cost, resulting in higher out-of-pocket costs (e.g. deductible/coinsurance) for members.
- Deductibles, coinsurance, and out-of-pocket maximums are 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 the HDHP, if you're enrolled in employee only coverage, amounts you pay out-of-pocket for covered healthcare services apply to your individual deductible. When one or more family members are covered, there is no individual deductible. Instead, the amount paid towards these expenses is credited to the family deductible. When the expenses from one or more family members add up to the family deductible, the plan will begin paying its share of the cost of healthcare expenses for all members of the family.





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Choosing a Medical Plan (continued)

What Services Apply to This Plan's Deductible?

All covered services, including prescriptions, are subject to the deductible (except for preventive services and preventive 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 maximum, which is the sum of all the individual family members' deductibles. As medical expenses are incurred, the amount each family member pays toward these expenses is credited to their individual deductible and to the family maximum.

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 maximum 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 maximum.

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.



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 top of the Medical Plan enrollment 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 IU-approved tobacco cessation program

As an alternative to signing the Tobacco-free Affidavit, you and/or your spouse can complete the free tobacco cessation program through the **Indiana Tobacco Quitline**. Program completion is defined as completing four calls with your quit coach, then submitting a certificate of completion to IU Human Resources.

To enroll or learn more, call **1-800-QUIT-NOW** (1-800-784-8669) or text **READY** to 34191.

Completing the affidavit or the tobacco cessation program will reduce your monthly medical plan premium contribution by **\$15 per month for you or your spouse**, or **\$30 for both**. You can sign the affidavit for 2024 during online Open Enrollment—look for it at the top of the medical plan enrollment screen.



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2024 Medical Plan Premiums

For the 2024 plan year there will be an **overall 3.5% 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 lowest three salary bands were adjusted for 2024 to include more employees in the two lowest-cost premium groups.

Medical Plan & Level of Coverage	Annual Base Salary*							Total Monthly Premium
	Below \$38,100	\$38,100 to \$66,949	\$66,950 to \$99,999	\$100K to \$149,999	\$150K to \$199,999	\$200K to \$249,999	\$250K & Above	
ANTHEM PPO HDHP								
Employee Only	\$47.82	\$63.98	\$83.27	\$104.90	\$127.32	\$155.06	\$179.96	\$461.08
Employee + Child(ren)	\$86.06	\$115.17	\$149.89	\$188.80	\$229.17	\$279.10	\$323.92	\$882.13
Employee + Spouse	\$126.72	\$169.55	\$220.67	\$277.96	\$337.41	\$410.90	\$476.89	\$1,228.01
Family	\$153.01	\$204.76	\$266.46	\$335.65	\$407.44	\$496.19	\$575.85	\$1,390.47
ANTHEM PPO \$500								
Employee Only	\$167.81	\$202.82	\$262.66	\$313.64	\$366.51	\$421.39	\$478.28	\$1,103.70
Employee + Child(ren)	\$302.05	\$365.09	\$472.80	\$564.55	\$659.72	\$758.49	\$860.92	\$2,097.01
Employee + Spouse	\$444.70	\$537.50	\$696.08	\$831.16	\$971.25	\$1,116.68	\$1,267.50	\$2,924.77
Family	\$536.99	\$649.02	\$840.54	\$1,003.63	\$1,172.83	\$1,348.43	\$1,530.54	\$3,311.07

*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 IU Health fixed and/or variable compensation, as determined by the School of Medicine.

Calculating Your Contribution

Matthew is enrolled in the Anthem PPO HDHP with coverage for himself and his spouse. His annual salary is \$61,548, and he submitted a Tobacco-free Affidavit for himself and his spouse.

- \$ 169.55 Employee w/spouse monthly premium
- \$ 15.00 Tobacco-free Affidavit for employee
- \$ 15.00 Tobacco-free Affidavit for spouse

\$139.55 Matthew's monthly contribution towards his health insurance

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.

- \$1,228.01 Total Premium
- \$ 139.55 Monthly Employee Premium

\$1,088.46 IU's monthly contribution to Matthew's health insurance

Remember: If you enroll in the Anthem PPO HDHP and participate in the health savings account (HSA), the university also makes biannual contributions to your HSA totaling \$1,300 for employee only coverage or \$2,600 for all other coverage levels. These tax-free funds can be used for eligible health expenses, including out-of-pocket payments towards your deductible and coinsurance. Learn more about the HSA on page 15 of this guide.



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2024 Medical Plans Comparison

	Anthem PPO HDHP		Anthem PPO \$500 Deductible	
Network Availability	Nationwide and Overseas			
Provider Network	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			
HSA Contributions <i>(IU's contribution is deposited in two payments—half in January, and half in July)</i>	IU Contribution: \$1,300 employee-only coverage \$2,600 all other coverage levels Employee Contributions: Minimum \$300 (\$25 monthly) Maximum \$4,150 employee-only / \$8,300 all other levels For those age 55+, additional \$1,000 catch-up		Not Eligible	
MEDICAL	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$1,900 employee-only \$3,800 all other levels	\$3,800 employee-only \$7,600 all other levels	\$500 individual \$1,500 family	\$900 individual \$2,700 family
Out-of-Pocket (OOP) Maximum	\$3,800 employee-only \$7,600 all other levels	\$7,600 employee-only \$15,200 all other levels	\$2,400 individual \$7,200 family	\$6,850 individual \$13,700 family
Office Visits	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Coinsurance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventive Services	\$0 no deductible	40% after deductible	\$0 no deductible	40% after deductible
Mental Health & Substance Use	Covered as any other illness through Anthem Behavioral Health.			
Emergency Room	20% after deductible <i>No coverage unless an emergency</i>		\$150 copay <i>Waived if admitted</i>	
Urgent Care	20% after deductible	40% after deductible	\$75 copay	40% after deductible
PRESCRIPTIONS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Retail <i>(up to 30-day supply)</i>	20% after deductible	No coverage	Tier 1 – 3 \$8 / \$25 / \$45	50% plus amounts above the network's discounted price
Retail <i>(up to 90-day supply)</i>			Tier 1 – 3 \$20 / \$62 / \$112	
Mail Order <i>(up to 90-day supply)</i>			Tier 1 – 3 \$20 / \$62 / \$112	No coverage
Specialty <i>(up to 30-day supply)</i>			Tier 1 – 3 \$20 / \$62 / \$112	
OOP Maximum for Prescriptions	N/A (included with medical OOP max)		\$7,050 individual \$11,700 family	
Preventive Prescriptions	Plans pay 100% for preventive prescriptions such as generic contraceptives, pediatric sodium fluoride and iron, aspirin, folic acid, bowel preps, statins, Metformin, generic antiretroviral therapy, breast cancer preventives. 100% coverage for tobacco cessation products & nicotine replacement. OTC products require a prescription for coverage.			
VISION				
Eye Exams & Eyewear	Routine eye exam (\$10 copay) and eyewear (frames, lenses, contacts) at specific allowances through Anthem Blue View Vision.			



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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.

2024 Dental Plan Premiums

For the 2024 plan year there will be no increase to employee contributions. 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 adjusted for 2024 to include more employees in the two lowest-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:

YEAR	BENEFIT LIMIT	PREVENTIVE CARE
1st Year	\$1,200 (base)	1 cleaning
2nd Year	\$1,300	1 cleaning
3rd Year	\$1,400	No cleaning
4th Year	\$1,400	1 cleaning
5th Year	\$1,500 (max)	1 cleaning

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).

Level of Coverage	Annual Base Salary*			Total Monthly Premium
	Below \$38,100	\$38,100 to \$66,949	\$66,950 & Above	
CIGNA DENTAL				
Employee Only	\$8.88	\$11.14	\$13.24	\$41.86
Employee + Child(ren)	\$16.00	\$20.09	\$23.81	\$75.39
Employee + Spouse	\$20.87	\$26.22	\$31.06	\$98.34
Family	\$30.42	\$38.22	\$45.30	\$143.43

*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 IU Health fixed and/or variable compensation, as determined by the School of Medicine.





Health Savings Account (HSA)



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The university's HSA contribution will be made on a biannual basis starting in 2024. While IU's total contribution will remain the same (\$1,300 for employee only and \$2,600 for all other coverage levels), it will be deposited on a biannual basis instead of in a lump sum. This means half will be deposited in January and the other half will be deposited in July.

Plan Highlights

The HSA is a tax-advantaged savings 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, over-the-counter items, and much more.

HSAs can also be used as for long-term savings. The full account balance rolls over each year and accrues interest tax-free, and funds above a \$1,000 balance in your cash account can be invested.

Contributions to Your HSA

- IU's contribution.** The university makes biannual contributions totaling **\$1,300** or **\$2,600** to your HSA depending on your level of coverage (see table below).
- 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 taken evenly over 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, Archer MSA contributions or the number of months you're covered under the HDHP, if less than the full year.

Coordinating Your HSA with Your Spouse

If you and your spouse are both eligible for an HSA, it's important to coordinate your enrollments and contributions.

- 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 (\$4,150 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 (\$8,300) **as a couple**. In other words, if you or your spouse cover family members on your HDHP, your **combined** HSA contributions cannot exceed \$8,300.
- If you are or will be **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.

2024 HSA Contribution Limits

Each year, the IRS sets annual contribution limits for HSAs. For 2024, that limit is **\$4,150** for employee only coverage, and **\$8,300** for all other coverage levels. When determining how much you can contribute, you need to take IU's contribution, and your eligibility 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.

	IRS Limit	IU contributes	You can contribute up to
Anthem PPO HDHP			
Employee only	\$4,150	\$1,300	\$2,850
All other levels	\$8,300	\$2,600	\$5,700

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.

	IRS Limit	IU contributes	You can contribute up to	Plus the \$1,000 catch-up
Anthem PPO HDHP				
Employee only	\$4,150	\$1,300	\$2,850	\$3,850
All other levels	\$8,300	\$2,600	\$5,700	\$6,700

Enrollment in any part of Medicare makes you ineligible for tax-free HSA contributions. See the next page for details if you're in this situation.



Health Savings Account (HSA)



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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.

Eligible HSA Expenses

The HSA can be used tax-free for health 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 to 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.



! 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 just because you turn 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 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 plan) you can delay Medicare enrollment as long as you want (or until you apply for Social Security) without penalty.

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

It's important to understand that enrolling in any part of Medicare makes you ineligible to make or receive tax-free contributions to your HSA. This means that 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 IU's [Medicare & HSA web page](#) or by contacting AskHR at askhr@iu.edu.



Healthcare Flexible Spending Account (FSA)

Plan Highlights

The Healthcare FSA allows you to set aside tax-free funds 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 2024 annual contribution limit is \$3,050.

Your full annual election amount is available starting January 1, 2024. 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

A maximum carryover amount of **\$610 for 2024** (\$570 for 2023) will automatically roll over to the following plan year. After February 28, any unused funds above the carryover amount 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 deductible
- over-the-counter vitamins and supplements
- cosmetic procedures
- exercise equipment (unless accompanied by a medical diagnosis and a prescription)

[View the full list of eligible expenses.](#)

Accessing Your Healthcare FSA Funds

Your entire annual pledge will be available starting January 1, 2024. 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 the carryover limit 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

	Health Savings Account (HSA)	Healthcare FSA
"Use it or lose it" rule	No. Full balance rolls over year-to-year.	Yes. Up to \$610 of unused funds will roll over to the next plan year—any funds over \$610 are forfeited.
Interest/investment options	Offers interest earnings and investment opportunities.	None
Availability of funds	Half of IU's annual contribution deposited in January, the other half in July. Employee's annual contribution is deposited through equal payroll deductions over the course of the year.	Full annual pledge available in January. Employee pays account back through equal payroll deductions over the course of the year.
Annual contribution limits	Minimum: \$300 Maximum: \$3,050 individual / \$8,300 family Catch-Up: additional \$1,000 if age 55 & up	Minimum: None Maximum: \$3,050
Mid-year contribution changes	Change contribution at any time during the year.	Change contribution only if you experience a corresponding IRS-defined qualifying life event (e.g. marriage or birth)
Use of funds	Use funds for IRS-approved health expenses. You are responsible for verifying that use of funds is appropriate. Use funds for non-health expenses after age 65 (you must pay income taxes on those funds).	Use funds for IRS-approved health expenses. Nyhart is responsible for verifying that use of funds is appropriate.
Incurring expenses	Use funds for expenses incurred as far back as the original date the account was opened.	Use funds only for expenses incurred during the plan year (January - December).
Using funds for family members	Use funds for true IRS tax dependents (i.e. spouses, qualified children under age 19 or 24 and going to school full-time)	Use funds for spouse and children through age 25, even those married and/or living away from home
Connection to IU	Your HSA follows you, even when you leave IU or retire.	Participation in the FSA ends when you leave your job at IU or retire.



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 2024 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 2024 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 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
- 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 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 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 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.



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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 continue 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](#).

2024 Supplemental AD&D Premiums

Premiums are paid entirely by you through after-tax payroll deductions.

Benefit Amount	Employee Only Coverage	Family Coverage
\$30,000	\$0.42	\$0.72
\$60,000	\$0.84	\$1.44
\$90,000	\$1.26	\$2.16
\$120,000	\$1.68	\$2.88
\$180,000	\$2.52	\$4.32
\$240,000	\$3.36	\$5.76
\$300,000	\$4.20	\$7.20
\$350,000	\$4.90	\$8.40
\$400,000	\$5.60	\$9.60
\$450,000	\$6.30	\$10.80
\$500,000	\$7.00	\$12.00



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.



If you're interested in this coverage, make sure you enroll during Open Enrollment.

Enrollment in the new Critical Illness plan is **only allowed during Open Enrollment** or within 30 days of hire or experiencing an IRS-qualifying life event. This means that you likely won't have another opportunity to enroll until next year's Open Enrollment period, with a January 1, 2025, start date.

Plan Highlights

A major illness can blindside anyone, even if you have health insurance. Voluntary critical illness insurance from The Standard pays you a lump sum in the event that you, your covered spouse, or your dependent children are diagnosed with a serious illness or medical condition covered by the policy.

Premiums are paid on an after-tax basis through payroll deductions, therefore any benefits paid to you are tax-free. The funds are paid directly to you in a lump sum, and can be used for whatever you need most as you recover—for personal expenses such as medical plan deductibles, coinsurance, groceries, or rent; to replace lost income; or to cover any other financial obligations that may come up. There are no requirements as to how the funds must be spent.

Enrolling in this coverage also makes you and your covered family members each eligible for an annual \$100 incentive for receiving a covered health maintenance screening.

Eligibility & Enrollment

Coverage is available for you, your spouse, and your dependent children through age 25 (coverage may continue for dependents past the age limit who are totally disabled).

Enrollment in this plan is only available during Open Enrollment, or within 30 days of hire or an **IRS-qualifying life event**. You must enroll yourself to enroll your spouse. If your spouse is also a benefit-eligible IU employee, you cannot enroll each other as spouses. Instead, you must each enroll in the employee coverage option. Your children are automatically enrolled at 50% of your benefit amount when you enroll in the plan.

Coverage Amounts

Coverage is available for you, your spouse, and your eligible children in the following amounts:

- **Employee**—\$10,000 – \$50,000 in increments of \$10,000
- **Spouse**—\$5,000 – \$25,000 in increments of \$5,000 (cannot exceed 50% of employee benefit)
- **Children through age 25**—Automatically covered at 50% of employee's coverage for no additional cost.

Covered Medical Conditions

To be eligible for benefit payment under the policy, you or your covered spouse or child must be diagnosed with one of the following conditions after the effective date of coverage.

COVERED CONDITIONS FOR ADULTS

Receive **100%** of your coverage amount following a diagnosis of:

- Heart Attack
- Stroke
- Cancer
- End-Stage Renal Failure
- Major Organ Failure
- Coma
- Paralysis
- Loss of Sight
- Occupational Hepatitis
- Occupational HIV
- Amyotrophic Lateral Sclerosis (ALS)
- Advanced Alzheimer's Disease
- Advanced Multiple Sclerosis
- Advanced Parkinson's Disease
- Benign Brain Tumor
- Bone Marrow Transplant
- Loss of Hearing
- Loss of Speech

Receive **25%** of your coverage amount following a diagnosis of:

- Severe Coronary Artery Disease with Recommendation of Bypass Surgery
- Carcinoma in Situ

COVERED CONDITIONS FOR CHILDREN

Your eligible children are covered for these childhood illnesses in addition to the 20 critical illnesses for adults:

- 20 named critical illnesses for adults
- Anal Atresia
- Anencephaly
- Biliary Atresia
- Cerebral Palsy
- Cleft Lip
- Cleft Palate
- Club Foot
- Coarctation of the Aorta
- Cystic Fibrosis
- Diaphragmatic Hernia
- Down's Syndrome
- Gastroschisis
- Hirschsprung's Disease
- Hypoplastic Left Heart Syndrome
- Infantile Hypertrophic Pyloric Stenosis
- Muscular Dystrophy
- Omphalocele
- Patent Ductus Arteriosus
- Spina Bifida
- Cystica with Myelomeningocele
- Tetralogy of Fallot
- Transposition of the Great Arteries



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\$100 Health Maintenance Screening

Regular health checkups and preventive exams are vital for your well-being, and most are covered at no cost if you have IU-sponsored medical insurance. Each year you're enrolled in Critical Illness insurance, you and your covered family members are each eligible to receive a \$100 tax-free cash incentive for receiving one of the following covered health screenings:

- Abdominal Aortic Aneurysm ultrasound
- Ankle Brachial Index (ABI) screening for peripheral vascular disease
- Biopsies for cancer
- Bone density screening
- Breast ultrasound
- Cancer antigen (CA 125) blood test for ovarian cancer
- Cancer antigen (CA 15-3) for breast cancer
- Carcinoembryonic antigen (CEA) blood test for colon cancer
- Colonoscopy

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
- COVID-19 testing and antibody testing for COVID-19
- Electrocardiogram (EKG)
- Hemocult stool analysis
- Hemoglobin A1C
- Human Papillomavirus (HPV) vaccination
- Lipid panel
- Mammography
- Mental health Assessment
- Pap smears or thin prep pap test
- Prostate Specific (PSA) test
- Stress test on a bicycle or treadmill

The screening must be received during the plan year (January 1 – December 31) to qualify for the incentive. Following the screening, simply submit a claim form directly to The Standard (*form will be available on the IU Benefits website in 2024*).



Critical Illness Insurance Premiums

Premiums for this coverage are paid through after-tax payroll deductions. This policy uses an attained age pricing structure. This means that when you first purchase the policy, the premiums for you and your spouse are calculated based on **your age** at the time of purchasing the policy. However, your premium is not fixed—it is recalculated each year, and increases as you get older and move into the next age bracket.

Benefit Amount	Employee Monthly Contribution					
	Age 18 – 29	Age 30 – 39	Age 40 – 49	Age 50 – 59	Age 60 – 69	Age 70 & Up
EMPLOYEE COVERAGE¹						
\$10,000	\$2.10	\$3.00	\$5.70	\$11.40	\$20.70	\$52.10
\$20,000	\$4.20	\$6.00	\$11.40	\$22.80	\$41.40	\$104.20
\$30,000	\$6.30	\$9.00	\$17.10	\$34.20	\$62.10	\$156.30
\$40,000	\$8.40	\$12.00	\$22.80	\$45.60	\$82.80	\$208.40
\$50,000	\$10.50	\$15.00	\$28.50	\$57.00	\$103.50	\$260.50
SPOUSE COVERAGE²						
\$5,000	\$1.05	\$1.50	\$2.85	\$5.70	\$10.35	\$26.05
\$10,000	\$2.10	\$3.00	\$5.70	\$11.40	\$20.70	\$52.10
\$15,000	\$3.15	\$4.50	\$8.55	\$17.10	\$31.05	\$78.15
\$20,000	\$4.20	\$6.00	\$11.40	\$22.80	\$41.40	\$104.20
\$25,000	\$5.25	\$7.50	\$14.25	\$28.50	\$51.75	\$130.25

¹ Eligible children through age 25 are automatically covered at 50% of the employee's benefit amount for no additional cost.

² Premium for spouse coverage is calculated based on the employee's age.



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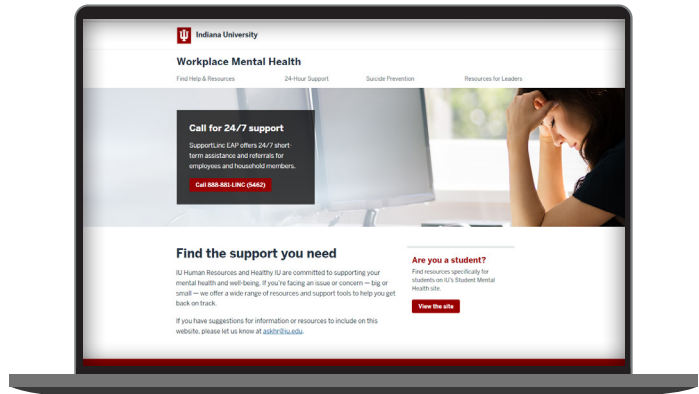
IU Workplace Mental Health Website

workplacementalhealth.iu.edu

As part of the ongoing effort to improve access to mental health care for the IU community, IU Human Resources and Healthy IU teamed up to develop and launch a website to support employee mental well-being, workplacementalhealth.iu.edu.

The site serves as a virtual hub that can guide you to benefits and services if you're experiencing a mental health concern or want to support a coworker or family member.

Here's what you can find on the site:



24-HOUR SUPPORT

Visit the [24-Hour Support page](#) to connect with SupportLinc, the university's employee assistance program (EAP). Their licensed care advocates can provide short-term assistance for issues such as grief and loss, work-related pressures, stress, depression, and anxiety, and can connect you with ongoing care as needed.

To connect with SupportLinc simply call **888-881-LINC (5462)** or visit SupportLinc.com and create an account using group code "iu".



RESOURCES FOR LEADERS

Departments, managers, and supervisors can visit the [Resources for Leaders page](#) to find things such as expert resources and training related to organizational concerns or how to find support after a critical incident in the workplace.



FIND HELP & RESOURCES

Visit the [Find help & Resources page](#) to learn how to access the wide range of mental health services available to IU employees, leaders, residents, student academic appointees, and family members. Whether you're struggling at home or work, needing someone to talk to, or just looking for ways to improve your mental well-being, everything you need is in one place, including:

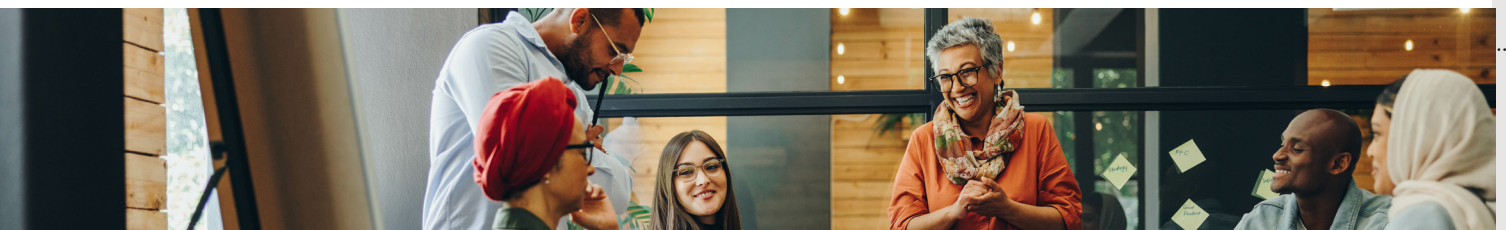
- **Counseling, therapy, and coaching:** telebehavioral health, text therapy, anonymous virtual group support, 24/7 telephone support and referrals through SupportLinc EAP (phones answered by licensed mental health clinicians), counseling and coaching for children and teens
- **Tools to stay mentally well:** Healthy IU, work-life programs, mental health first aid training, social connection groups
- **Policies related to leaves and accommodations:** mental health days, FMLA or workplace accommodations for mental health conditions,



SUICIDE PREVENTION

Visit the [Suicide Prevention page](#) to connect with suicide and crisis helplines and learn how to assist someone who is in crisis or thinking about suicide.

It's all of our responsibility to foster open communication and build a workplace culture where everyone feels valued and supported. Mental health is an essential aspect of our lives, therefore important to prioritize, both individually and as a community. For questions about the website or coverage for mental and behavioral health under IU-sponsored medical plans, contact AskHR at 812-856-1234 or askhr@iu.edu.





OPEN ENROLLMENT 2024

Additional Programs, Resources, & Apps



SupportLinc Employee Assistance Program (EAP)

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



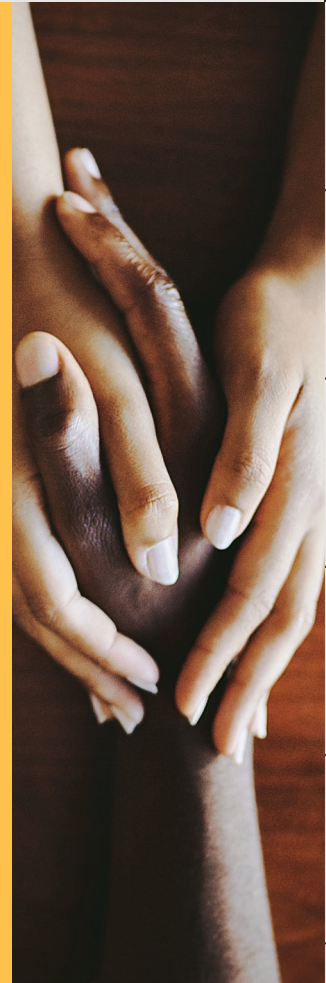
Challenges at work and home are a part of everyday life. But when they become a distraction, it may be time to reach out to SupportLinc. Their licensed clinicians can help you to identify and address any issues or difficulties you are facing, and help you create strategies for managing them.

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)**. To access their wide range of digital tools, create an account at SupportLinc.com using group code "iu", or download the eConnect Mobile app.

SupportLinc upholds strict confidentiality standards. Nobody, including Indiana University, will know you have accessed the program unless you specifically grant permission or express a concern that presents SupportLinc with a legal obligation to release information.



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24-Hour Nurse Line

800-337-4770

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

Care.com

iu.care.com | 855-781-1303

Care.com 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 planning services; backup care services for finding last-minute care providers at a reduced cost when normal care arrangements are disrupted; 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:

- Refill mail order prescriptions without registering or signing in (Easy Refill)
- See number of refills due and orders in progress without signing in
- Check order status
- Renew or request new mail service prescriptions
- Check drug costs and coverage
- View prescription history
- Find a pharmacy in your network
- Identify unknown pills
- Check for potential drug interactions

To create an account, select Register on the homepage of Caremark.com or the Caremark app.





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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 Health & Benefits

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 for more information and to learn how IU employees can save automatically through IU Payroll direct deposit.



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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!



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.



Dental Telehealth Visits

[MyCigna.com](https://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. [Learn how to start a dental telehealth visit.](#)

Weight Watchers

iu.ww.com

Indiana University is proud to offer 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. **Core (Digital only):** 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. **Premium (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.*

Fidelity NetBenefits

[NetBenefits.com/Indiana](https://netbenefits.com/indiana)

Conveniently manage your IU retirement plans all in one place—from sending accessing your investments and beneficiary designations to receiving personalized guidance to make (and stay on track with) your retirement goals. With NetBenefits you can:

- Easily view your retirement savings accounts including your account balances
- View or change your investments
- Review recent contributions
- See how your account(s) are performing
- View or name beneficiaries

To get started, create an account at [NetBenefits.com/Indiana](https://netbenefits.com/indiana) or download the NetBenefits app.





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Customer Service Contacts

ANTHEM

Member Services: 844-736-0920
anthem.com (Select Blue Access PPO)
BlueCard PPO outside of Indiana: bcbs.com
BCBS Global Core overseas: bcbsglobalcore.com
Vision (Anthem Blue View Vision): 866-723-0515

CVS CAREMARK

Member Services: 866-234-6952
Mail Order: 866-234-6952
Specialty Prescriptions: 800-237-2767
caremark.com

24-HOUR NURSE LINE

800-337-4770

CIGNA DENTAL

Member Services: 800-244-6224
cigna.com

NYHART HEALTH & BENEFITS

Member Services: 800-284-8412
Email: support@nyhart.com
iu.nyhart.com

CARE.COM

Member Services: 855-781-1303
iu.care.com

INDIANA TOBACCO QUITLINE

Member Services: 1-800-QUIT-NOW (1-800-784-8669)
quitnowindiana.com

SUPPORTLINC EAP

24/7 Support Line: 888-881-LINC (5462)
SupportLinc.com

WEIGHT WATCHERS

Member Services: 866-204-2885
iu.ww.com

FIDELITY

Member Services: 800-343-0860
NetBenefits.com/Indiana
Appointment scheduling: 800-642-7131 or use the
[online Appointment Scheduling](#)

PERF

Member Services: 844-GO-INPRS
in.gov/INPRS

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.





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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, critical illness, 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 contributions at any time during the year. By submitting your 2024 HSA pledge during Open Enrollment, you ensure that you will begin making contributions in January 2024.

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. You can also update your beneficiaries at any time during the year.

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

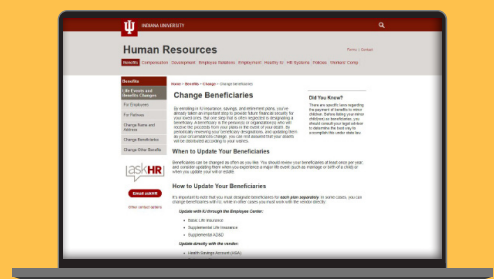
Remember, you have to name beneficiaries for each plan and each retirement account separately. In some cases, you can change beneficiaries with IU, while in other cases you must work with the vendor directly.

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.](#)





INDIANA UNIVERSITY
HUMAN RESOURCES

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Bloomington, Indiana 47408
askhr@iu.edu | 812-856-1234

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