

BENEFIT PROGRAM ENROLLMENT INSTRUCTIONS

Medical, Dental, Personal Accident Insurance, Tax Saver Benefit (TSB),
and Tobacco-Free Wellness HRA Program Coverages

Open Enrollment Form Deadline: November 13, 2009

 **FOR THOSE WHO PREFER ONLINE TRANSACTIONS:**

From November 2 to November 13, use the Benefits Self Service area of OneStart to process your enrollment. (Online enrollment is required for those electing the IU HDHP PPO & Medical Savings Plan.) After completing the online enrollment, instant confirmation of your elections will be sent via IU email. Watch your email for details on how to take advantage of this online option through OneStart. If you are interested in the IU HDHP PPO & Medical Savings Plan, but do not have access to online enrollment, please contact a campus HR office for assistance.

 **FOR THOSE WHO PREFER PAPER FORMS:**

For those who prefer using the paper enrollment form, please follow the instructions below. Those who opt to use a hard copy form for manual processing will want to verify their current benefit elections before making any changes.

Completing the Paper Form:

If you wish to make changes to your current (2009) enrollment elections to be effective January 1, 2010, for any of the following benefit plans, you should complete only the corresponding sections of the enclosed form.

- Medical plan*: Section 2 (and Section 4 if you are enrolling dependents).
- Dental plan: Section 3 (and Section 4 if you are enrolling dependents).
- Personal Accident Insurance Plan: Section 5.

If you wish to participate in the Tax Saver Benefit Plan (TSB) for 2010, you must complete Section 6. ***You must re-enroll each year in order to participate in the TSB Plan.***

If you wish to participate in the Tobacco-free Wellness HRA Plan for 2010, you must complete Section 7. ***You must re-enroll each year in order to participate in the Tobacco-free Wellness HRA Plan.*** Failure to re-enroll results in forfeiture of any 2009 account balances.

***IU HDHP PPO & Medical Savings Plan Enrollment:** In order to participate in the IU HDHP PPO & Medical Savings Plan, you *must* enroll online through Benefits Self Service available through OneStart from November 2-13, 2009. Those without online access can contact a campus HR office for assistance.

Who does not need to complete the enclosed form?

- You do not need to complete or submit any part of the enclosed form if you ***do not*** wish to change your current (2009) elections for medical, dental or personal accident coverages for 2010;
- you ***do not*** wish to enroll in the TSB Plan or Wellness HRA Plan for 2010; or
- you completed enrollment online in Benefits Self Service.

If you do not complete the enclosed form or online Open Enrollment, your current medical, dental, and personal accident elections will continue in 2010 (subject to the applicable 2010 contribution rates), and you will not be enrolled in the TSB Plan or Tobacco-free Wellness HRA Plan for 2010.

PLEASE REMEMBER

- The enclosed form is not multi-copy. *You must make a copy to retain for your records.* Submit the enclosed yellow form via campus mail to University Human Resource Services, ATTN: Open Enrollment, Poplars E165, IU Bloomington.
- When choosing beneficiaries for Personal Accident Insurance, the total benefit percent for *Primary Beneficiary(ies)* and the total benefit percent for *Contingent Beneficiary(ies)* must each equal 100%. The percentages must also be whole numbers (decimals and fractions WILL NOT be accepted).

For additional Open Enrollment information, go to
www.indiana.edu/~uhrs/benefits/2010/openenroll_2010.html

Section 1. EMPLOYEE INFORMATION

The requested employee information is required to process your enrollment.

Section 2. MEDICAL PLAN OPTIONS

You do not need to complete this section if you want to continue your medical plan and covered dependents in 2010 without any changes. Complete this section if you wish to add, drop, or change plans, coverage levels, or dependents.

This is an optional employee benefit plan. An option code is listed in parentheses (), in bold beside each plan/coverage level. Identify the option code for the benefit plan in which you want to enroll. For example, the option code for Blue Access PPO family coverage is **(73)**. Write the option code for your selection in the blank provided on the enrollment form.

OPTIONS and MONTHLY EMPLOYEE CONTRIBUTIONS ⁺

	IU PPO \$900 Deductible Plan	IU Blue Access PPO* (formerly Blue Preferred Primary POS)	IU HDHP PPO & Medical Savings Plan	IMPORTANT NOTE ON ENROLLMENT: In order to participate in the IU HDHP PPO & Medical Savings Plan, you <i>must</i> enroll online through Benefits Self Service available in OneStart. Those without online access can contact a campus HR office for assistance.
<u>Employee Only</u>	\$ 5.00 (10)	\$ 5.00 (70)	\$ 5.00	
<u>Employee w/ Child(ren)</u>	\$ 10.00 (12)	\$ 10.00 (72)	\$ 10.00	
<u>Employee w/Spouse</u>	\$ 10.00 (11)	\$ 17.04 (71)	\$ 10.00	
<u>Family</u>	\$ 39.74 (13)	\$ 76.42 (73)	\$ 10.00	

⁺ For Support and Service Staff employees with an annual base salary of less than \$28,143 the employee contributes a lesser amount.

**Employees currently enrolled in the Blue Preferred POS plan, who do not choose a different medical plan during Open Enrollment will automatically continue enrollment in the IU PPO Blue Access Plan.*

Section 3. DENTAL PLAN OPTIONS

You do not need to complete this section if you want to continue your dental plan and coverage for dependents in 2010 without any changes. Complete this section if you wish to add or drop the plan, change coverage levels, or add or drop dependents.

This is an optional employee benefit plan. An option code is listed in parentheses (), in bold beside each plan/coverage level. Identify the option code for the benefit plan in which you want to enroll. You do not need to be enrolled in medical coverage to enroll in dental coverage. You may also enroll different dependents in dental than you enroll in medical coverage. However, dependents may not enroll in dental coverage unless the employee is enrolled in dental coverage as well.

OPTIONS and MONTHLY EMPLOYEE CONTRIBUTIONS ⁺

	Dental PPO
<u>Employee Only</u>	\$ 2.06 (5)
<u>Employee w/Child(ren)</u>	\$ 11.90 (7)
<u>Employee w/Spouse</u>	\$ 14.07 (6)
<u>Family</u>	\$ 22.65 (8)

⁺ For Support and Service Staff employees with an annual base salary of less than \$28,143 the employee contributes a lesser amount.

Section 4. DEPENDENT INFORMATION for MEDICAL and/or DENTAL COVERAGE

You do not need to complete this section if you are not making any changes to your medical or dental coverage (Sections 2 and 3) for 2010. If you elected EMPLOYEE W/CHILD(REN), EMPLOYEE W/SPOUSE, or FAMILY coverage for medical and/or dental on the enclosed form, you must complete this section. **If additional lines are needed, please make a copy of the dependent page.**

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DEPENDENT INFORMATION for MEDICAL and/or DENTAL COVERAGE *continued*

Before proceeding to enroll dependents, you must carefully read the dependent eligibility requirements in the Open Enrollment packet or at www.indiana.edu/~uhrs/benefits/needknow.html. Enrolling an individual on the enclosed form certifies that:

- You have read and understand the university’s health plan eligibility requirements. The spouse or same-sex registered domestic partner and/or dependent child(ren) listed on this form meet all eligibility requirements;
- You understand your duty to notify the university within 30 days of any changes that affect your dependent’s eligibility; for example, marriage, divorce, or change in IRS tax-exempt status of dependent children; and
- You understand that enrolling a dependent who is not eligible, or failing to provide notice of ineligibility, can result in retroactive termination of health plan coverage for you and your dependents. You also understand that coverage of an ineligible dependent will result in liability [on your part] for costs paid by the plan while your dependent was ineligible, and that there are tax consequences that may result from paying premiums for ineligible dependents on a pre-tax basis.

If you are enrolling a dependent (spouse, same-sex domestic partner, or a child) who has never been covered under your IU-sponsored health plan, you must submit copies of supporting documentation (e.g., marriage certificate, birth certificate) with the enclosed form.

If you are enrolling a same-sex domestic partner and/or domestic partner's child(ren), she/he must first be registered at IU by completing an Affidavit of Domestic Partnership form and having it certified. This form and information about domestic partner benefits are available from a campus Human Resources office or online at www.indiana.edu/~uhrs/benefits. Registered domestic partners should be enrolled in the same manner as a SPOUSE, with a Relationship Code (RC) = DP.

Relationship Codes (RC) – Use these codes in the dependent table to identify the dependent's relationship to you.

HU: Husband	SS: Stepson	DP: Domestic Partner
WI: Wife	SD: Stepdaughter	DM: Male Child of Domestic Partner
SN: Son	MW: Male Ward	DF: Female Child of Domestic Partner
DA: Daughter	FW: Female Ward	

Section 5. PERSONAL ACCIDENT INSURANCE

This is an optional employee benefit plan. Complete this portion of the form if you wish to add coverage in this plan, drop coverage, change your coverage amount, or change your beneficiary(ies). Identify the option code () for the benefit plan in which you want to enroll. Write the option code in the blank provided on the enclosed form.

<i>Employee Coverage</i>		<i>Family Coverage</i>	
Coverage Amount	Monthly Contribution	Coverage Amount	Monthly Contribution
\$30,000	\$0.48 (10)	\$30,000	\$0.78 (21)
\$60,000	\$0.96 (11)	\$60,000	\$1.56 (22)
\$90,000	\$1.44 (12)	\$90,000	\$2.34 (23)
\$120,000	\$1.92 (13)	\$120,000	\$3.12 (24)
\$180,000	\$2.88 (14)	\$180,000	\$4.68 (25)
\$240,000	\$3.84 (15)	\$240,000	\$6.24 (26)
\$300,000	\$4.80 (16)	\$300,000	\$7.80 (27)
\$350,000	\$5.60 (17)	\$350,000	\$9.10 (28)
\$400,000	\$6.40 (18)	\$400,000	\$10.40 (29)
\$450,000	\$7.20 (19)	\$450,000	\$11.70 (30)
\$500,000	\$8.00 (20)	\$500,000	\$13.00 (31)

Section 6. TAX SAVER BENEFIT PLAN

This is an optional benefit plan. It consists of two, pre-tax payroll contribution accounts. You may enroll in either one or both.

- **Healthcare Reimbursement Account** - medical and dental expenses for you and your IRS dependents.
- **Dependent (Day) Care Reimbursement Account** - day/evening care for IRS-allowed children or adults.

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TAX SAVER BENEFIT PLAN *continued*

You do not need to be enrolled in an IU-sponsored health plan to enroll in this plan. Tax Saver Benefit reimbursement accounts are governed by IRS regulations that determine eligible health expenses, eligible dependents, and when expenses must be incurred and submitted for reimbursement. The annual pledge cannot be changed during the year except in the event of an IRS-defined "Change of Status," which allows for a change or revocation if requested within 30 days of the event. Eligible claims incurred during the Tax Year (or the end of the following February in the case of health expenses incurred during the grace period) must be submitted by April 15, 2010.

For those employees who enroll in both the IU HDHP PPO & Medical Savings Plan and the Tax Saver Benefit (TSB) Plan, IRS regulations limit the types of claims that can be paid from a TSB account. Eligible reimbursements are limited to:

- Dental and vision services; and
- Medical services received after the HDHP deductible is met.

IU HDHP PPO & Medical Savings Plan participants will need to adjust their annual TSB healthcare reimbursement account pledges accordingly.

Unused pre-tax salary contributions are forfeited, per IRS regulations, and cannot be returned to the employee for any reason. Read the IU Tax Saver Benefit Plan booklet, available from your Human Resources office or at www.indiana.edu/~uhrs/benefits before enrolling.

Enrollment is required each year to participate in this plan. To enroll, enter a 2010 Tax Year Pledge for the amount of the pre-tax salary contribution you wish to make. The annual election pledge amount entered will be divided equally over the number of pay periods in the 2010 calendar year (26 for biweekly; 12 for monthly). If you do not enter a 2010 Tax Year Pledge amount, you will be waived for enrollment and no pre-tax salary reduction will be made.

Section 7. TOBACCO-FREE WELLNESS HRA PLAN AFFIDAVIT

This is an optional benefit plan. Each year, employees who are eligible for an IU-sponsored medical plan may enroll by signing the Wellness HRA Plan affidavit on the enrollment form indicating that they do not use tobacco and will not use tobacco during the plan year. For each enrolled employee, Indiana University will contribute \$10 per month to a Wellness HRA account set up in his or her name. Employees who are not tobacco-free at the time of Open Enrollment may still enroll (during Open Enrollment only) in the Wellness HRA by agreeing to complete the *Quit for Life*TM Tobacco Cessation program by June 1, 2010 and a follow-up survey six months from the quit date. Once the participant notifies the Human Resources office of the completed program, contributions will be made to catch-up for the year. IU contributions will be discontinued at any time an employee has failed to honor the affidavit.

Plan highlights include:

- The Wellness HRA account is funded entirely by the university.
- Neither IU contributions nor reimbursements from the HRA are considered taxable income to the employee.
- Reimbursements from the Wellness HRA will be allowed for any IRS-approved medical expenses incurred by the employee, such as deductibles, copays, non-covered medical expenses, and over-the-counter medications.
- HRA unused year-end account balances up to \$240 maximum will carry over into the next year.

For those employees who enroll in both the IU HDHP PPO & Medical Savings Plan and the Wellness HRA Plan, IRS regulations limit the types of claims that can be paid from an HRA account. Eligible reimbursements are limited to:

- Dental and vision services; and
- Medical services received after the HDHP deductible is met.

A Tobacco-free Wellness HRA Plan affidavit is required each year to participate in this plan. **Failure to re-enroll results in forfeiture of any 2009 account balances.** To enroll, choose either the first or second check box indicating your status as a non-tobacco user or your agreement to complete the IU-sponsored tobacco cessation program. The \$10 per month contribution will be made at the end of each month, beginning in January 2010. If you wish not to enroll, indicate this by choosing the last check box. **If no box is checked, you will be waived for enrollment, no contributions will be made, and you will forfeit any remaining 2009 balance.**

Terminating employees will be able to use their balance through the end of the year in which they leave the university or transfer to an ineligible position. Claims will only be paid from the HRA account for the amount of contributions accumulated at the time of the claim. The HRA will be administered by Nyhart. Claims can be submitted online, by fax, or by mail to Nyhart. The TSB-HRA debit card may also be used for HRA claims as well as TSB plan claims.

Contact Free & Clear[®] at 800-Quit-4-Life (800-784-8454) or visit www.freeclear.com/iu to participate in the *Quit for Life*TM cessation program or to find out more information about the program. Contact Nyhart at 800-284-8412 for information on HRA-eligible expenses.

EMPLOYEE AUTHORIZATION / CERTIFICATION

Please review the authorization and certification information. Your signature is required to process any benefit enrollment.