



# The Torch

The official newsletter for Indiana state employees

Open Enrollment Edition

## Enroll online starting October 24

This *special edition* is dedicated to 2019 Open Enrollment. Please review all the enclosed information concerning your health care coverage. During this period, you can choose to make additions or changes to your benefit selections.

All Open Enrollment communications, including carrier information, rates and plan summaries, are posted on the Open Enrollment 2019 website: [www.in.gov/spd/openenrollment](http://www.in.gov/spd/openenrollment).

*This information applies to state employees eligible for benefits and does not apply to conservation officers, excise officers, Indiana State Police plan participants, temporary employees or contractors.*

## Eligibility requirements to enroll

There are no medical, dental, or vision pre-existing condition limitations for participants on the state's plans. All active, full-time employees and elected or appointed officials are eligible to participate. Dependents of eligible employees may be covered under the State's benefit plans. In order for dependents to be covered, the employee must be covered.

For the purpose of benefits eligibility, full-time employees are defined as

# OE 2019

Benefits Open Enrollment

OCT. 24 - NOV. 14

Deadline is Wednesday,  
Nov. 14 by noon EST

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The Torch is published monthly by the Indiana State Personnel Department and is available online at [in.gov/spd/2540.htm](http://in.gov/spd/2540.htm).

## Got a story?

Submit your story ideas to: [spdcommunications@spd.in.gov](mailto:spdcommunications@spd.in.gov)

## Social media



Follow [@SOIEmployees](https://twitter.com/SOIEmployees)



Like [Invest In Your Health](#)



Follow [State of Indiana Employees](#)

## Looking for plan rates?

[View the 2019 plan rates >](#) [Download the complete rate chart >](#)

## Checklist

**Review the 2019 Open Enrollment checklist**

For 2019, there are new rates for the medical and vision plans. You will also have an opportunity to increase your current supplemental life insurance coverage up to \$40,000 not to exceed \$200,000. To be eligible, you must be actively at work and have not been previously denied for coverage through Securian's Evidence of Insurability (EOI) process.

To make the election process easier, a number of resources are available to help you estimate your 2019 expenses, compare plans and become a more informed consumer. Use this checklist to help guide you through the steps to a successful Open Enrollment:

- Educate yourself about changes occurring January 1, 2019.
- Access your HR PeopleSoft account.
- Confirm or update your personal information, including home and/or mailing address, e-mail address, phone number and ethnic group.
- If you wish to drop your insurance coverage you need to select "waive."
- If you are eligible for the 2019 Wellness CDHP, you need to select this option to enroll in the plan, if you are not covered under the 2018 Wellness CDHP.
- If you are enrolled in the 2018 Wellness CDHP, but do not qualify for the 2019 Wellness CDHP, your plan defaults to CDHP 1 unless you make a new selection.
- Review your eligible dependents and beneficiaries.
  - Enroll all eligible dependents in each benefit plan you choose.
  - Remove ineligible dependents from all of your benefit plans and report their eligibility change to the Benefits Hotline.
  - Update personal information for each dependent and/or beneficiary (information must match what is on their social security card).
  - Add your dependent social security numbers.
  - For dependent/beneficiary name changes and Social Security corrections, please contact the Benefits Hotline.
- Check your current elections or make new elections. It is important that you review the dependents enrolled on each of your plans.
- If you have a Health Savings Account (HSA), you need to enter your annual contribution amount.
- If you have a Flexible Spending Account (FSA), you need to re-elect or re-state your annual contribution amount.
- If you wish to increase your supplemental life insurance, you need to select the new coverage amount.
- Accept or decline the Non-Tobacco Use Agreement for 2019.
- Print an **Election Summary** after you have submitted your elections.
- If you have any questions regarding your benefits, please contact the Benefits Hotline at 317-232-1167 or toll-free at 877-248-0007 (if outside of the Indianapolis area).

**Help sessions**

For 2019 plan summaries, rates, PeopleSoft instructions and other Open Enrollment information, please visit [www.in.gov/spd/openenrollment](http://www.in.gov/spd/openenrollment).

Need assistance entering elections and navigating PeopleSoft? In-person help sessions with benefits experts are available. All sessions are located in IGC-S Training Room 31.

- Oct. 24 to Oct. 26: 8 a.m. to noon
- Oct. 29 to Nov. 2: noon to 4 p.m.
- Nov. 5 to Nov. 13: 9 a.m. to 3 p.m.
- Nov. 14: 9 a.m. to noon

If you have specific questions about Open Enrollment not answered on the Indiana State Personnel Department's website, contact a Benefits Specialist:

- 317-232-1167 (in Indianapolis)
- Toll-free 877-248-0007
- E-mail: [SPDBenefits@spd.in.gov](mailto:SPDBenefits@spd.in.gov)

**When do my 2019 Open Enrollment changes take effect?****Medical, dental and vision changes/enrollments:**

- Effective: January 1, 2019
- First Deduction: December 26, 2018 (2 days of 2018 rates; 12 days of 2019 rates)

**Flexible Spending Account (FSA) and Health Savings Account (HSA) changes/enrollments:**

- Effective: January 1, 2019
- First Deduction: January 9, 2019

**Life insurance changes/enrollments:**

- Effective: January 13, 2019
- First Deduction: January 9, 2019

For direct bill agency employees, your benefits will be effective January 1, 2019. For deduction information, please see your agency's Payroll Department.

## Medical Plan Options

**Know your health plan options: 2019 changes**

The State is offering four statewide medical plans for 2019: Wellness Consumer-Driven Health Plan (Wellness CDHP), Consumer-Driven Health Plan 1 (CDHP1), Consumer-Driven Health Plan 2 (CDHP2) and Traditional Preferred Provider Organization (PPO). All four available plans are in the National (BlueCard PPO) network with Anthem and have a prescription drug plan through CVS Caremark. Each plan has differences in premium costs, deductibles and out-of-pocket maximums.

	Wellness CDHP	CDHP 1	CDHP 2	Traditional PPO
Deductible				In-Network/Out of Network
Single	\$2,500	\$2,500	\$1,500	\$750 / \$1,500
Family	\$5,000	\$5,000	\$3,000	\$1,500 / \$3,000
Out-of-Pocket Maximum				
Single	\$4,000	\$4,000	\$3,000	\$3,000 / \$6,000
Family	\$8,000	\$8,000	\$6,000	\$6,000 / \$12,000
- individual embedded	\$7,900	\$7,900	N/A	N/A
Co-insurance				
In-Network	20%	20%	20%	30%
Out-of-Network	40%	40%	40%	50%

Please note in order to be eligible to enroll in the 2019 Wellness CDHP you must have reached an Earned Status of Silver in Go365 by August 31, 2018. This means all points must have been processed and posted to your Go365 account by the August 31 deadline.

If you qualified for the Wellness CDHP and wish to enroll in the plan for 2019, you must select this option within your Open Enrollment event. You will not be automatically enrolled in the plan unless you were enrolled

in the Wellness Plan for the 2018 plan year. If you were enrolled in the 2018 Wellness CDHP but did not qualify for the 2019 Wellness CDHP your coverage will automatically be switched to the CDHP 1, unless you actively elect another plan.

Like last year, the family Wellness CDHP and CDHP 1 plans have an individual embedded out-of-pocket maximum for the family Wellness CDHP and CDHP 1. The individual

embedded out-of-pocket maximum saves families money by limiting the cost spent on any one person to \$7,900. Once a family member meets the individual embedded out-of-pocket maximum all claims incurred by that family member will be 100% paid by the plan. The other family members on the plan will continue to pay the coinsurance amounts for any claims they incur until the family out-of-pocket maximum of \$8,000 is obtained.

**2019 health plan comparison maximum exposure calculations**

With an HSA	Single Coverage				Family Coverage			
	Wellness CDHP	CDHP 1	CDHP 2	PPO	Wellness CDHP	CDHP 1	CDHP 2	PPO
Annual Employee Premium	\$519.48	\$879.84	\$3,229.20	\$9,422.40	\$1,650.48	\$2,698.80	\$9,277.32	\$26,708.76
Maximum Out-of-Pocket Cost	\$4,000	\$4,000	\$3,000	\$3,000	\$8,000	\$8,000	\$6,000	\$6,000
State Paid HSA Contribution	(\$1,251.12)	(\$1,001.52)	(\$599.04)	N/A	(\$2,502.24)	(\$2,003.04)	(\$1,198.08)	N/A
Total Exposure	\$3,268.36	\$3,878.32	\$5,630.16	\$12,422.40	\$7,148.24	\$8,695.76	\$14,079.24	\$32,708.76
Without an HSA								
Annual Employee Premium	\$519.48	\$879.84	\$3,229.20	\$9,422.40	\$1,650.48	\$2,698.80	\$9,277.32	\$26,708.76
Maximum Out-of-Pocket Cost	\$4,000	\$4,000	\$3,000	\$3,000	\$8,000	\$8,000	\$6,000	\$6,000
Total Exposure	\$4,519.48	\$4,879.84	\$6,229.20	\$12,422.40	\$9,650.48	\$10,698.80	\$15,277.32	\$32,708.76

Footnote: A) Example assumes employee takes advantage of the Non-Tobacco Use Incentive. B) Example assumes costs are incurred within the Anthem provider network.

R/x Coverage

## Prescription coverage remains the same



All four of the medical plans have prescription coverage through CVS Caremark. The three Consumer-Driven Health Plans (CDHPs) have the same copay/coinsurance amounts while the Traditional PPO has slightly higher rates and min/max amounts. As a reminder, there is no requirement for an employee to switch to a CVS pharmacy. However, as an added benefit, 90 day supplies are offered both through mail service and CVS pharmacies. For a full list of in-network pharmacies, please visit [www.caremark.com](http://www.caremark.com).

Through CVS Caremark, point-of-

sale (POS) rebates will continue to be given to members. CVS Caremark negotiates with the drug companies to establish rebates for certain drugs. For example, a drug may have a list price of \$250 with a rebate of \$100. In the past, an employee would have been responsible for the full \$250 until their deductible was met. However, with the point-of-sale rebates, an employee will only be responsible for paying \$150 at the time they pick up their prescription. In this example, the employee would save \$100. Not only does POS rebates save employees money, they also make prescription purchases more transparent.

The easiest way to manage your prescriptions is through CVS Caremark's website or mobile app. Within both platforms, you may review your mail order prescription, check drug costs and coverage, find a network pharmacy and keep track of your prescription spending. You may also transfer a current prescription or submit a new one by simply submitting a picture of the prescription label or written prescription. For additional ease, you can even enroll in automated refills. To get started, all you need to do is register at [Caremark.com](http://Caremark.com) and download the CVS Caremark mobile app.

Below is a quick look at the 2019 prescription coverage.

Prescription Drug	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
	CVS Caremark Retail Pharmacy Network (up to 30 days)	CVS Caremark Mail service Pharmacy or CVS Pharmacy (up to 90 days)	CVS Caremark Retail Pharmacy Network (up to 30 days)	CVS Caremark Mail service Pharmacy or CVS Pharmacy (up to 90 days)	CVS Caremark Retail Pharmacy Network (up to 30 days)	CVS Caremark Mail service Pharmacy or CVS Pharmacy (up to 90 days)	CVS Caremark Retail Pharmacy Network (up to 30 days)	CVS Caremark Mail service Pharmacy or CVS Pharmacy (up to 90 days)
<b>Preventive (ACA mandated)</b>	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible
<b>Generic Medicines</b>	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay	\$20 co-pay	\$40 co-pay
<b>Preferred Brand-Name Medicines</b>	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100	30% Min \$40 Max \$60	30% Min \$80 Max \$120
<b>Non-Preferred Brand-Name Medicines</b>	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140	50% Min \$70 Max \$90	50% Min \$140 Max \$180
<b>Specialty Medicines</b>	40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		50% Min \$100, Max \$175 (30 day supply)	

Anthem programs

## Anthem offers support to help achieve health goals



Tobacco Use, and Weight Management.

To start using the online tools, visit [www.anthem.com](http://www.anthem.com),

log in to your account and click the Health & Wellness tab.

The state is committed to providing health plan members with helpful tools in order to achieve a more active and healthy population. All members enrolled in an Anthem plan receive special services in conjunction with the Anthem Health and Wellness Programs.

Anthem Health and Wellness Programs provides you with support to help you achieve your health goals. Through Anthem's online tool, you have access to resource materials to learn more about health topics and manage any ongoing health issues including Diabetes, COPD, Cancer, Pregnancy,

In addition to the online tools, representatives from Anthem may contact you directly as part of one of the Health and Wellness programs. These programs include:

- **Case Management:** Licensed health care professionals work with you and your treating providers as needed to develop a Care Management plan to help meet your needs. Case Management is designed to help members optimize their health care benefits

- **ConditionCare:** With the guidance of a dedicated nurse team and health professionals you will gain a better understanding of your health, receive help in following your doctor care plan, and learn how to better manage your health.

- **Future Moms:** Provides moms-to-be with telephone access to nurses to discuss pregnancy-related concerns. This program provides the education and tools to help track the pregnancy week-by-week and prepare for the baby.

For more information about these programs please contact Anthem toll-free at 888-279-5449.

Anthem programs

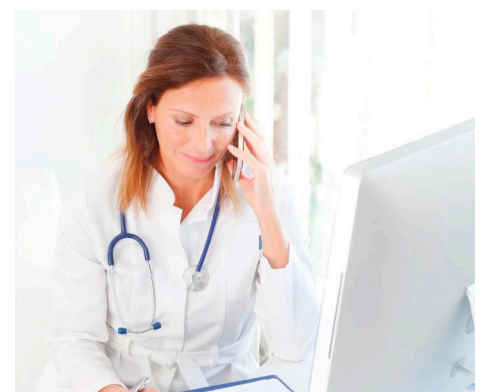
## Anthem's 24 hour NurseLine

For those times you are not sure if you need to seek medical care or what level of care is needed, Anthem's NurseLine is available for you. The NurseLine provides anytime, toll-free access to nurses for answers to general health questions and guidance with health concerns. A nurse can help you understand your symptoms or explain medical treatments. Every caller receives credible, reliable information from a registered nurse.

With the help of NurseLine you can lower your health care costs by finding the appropriate level of care that you may need.

Members who use NurseLine are 50% less likely to go to the ER for non-emergency cases. If non-emergency care is received in the ER when a more appropriate setting is available, that claim may be reviewed by a medical director using the prudent layperson standard and potentially denied. However, if you are advised by the NurseLine to seek treatment at the ER and it is later determined that the visit was for a non-emergent visit, Anthem will approve the visit.

In addition, the NurseLine can also be used to learn more about specific health topics. More



than 300 health topics have been prerecorded in English and Spanish, and are available 24/7 by phone.

To access NurseLine, please call 800-337-4770.



Anthem Programs

## Enhanced Benefits to the Employee Assistance Program (EAP)

We all understand the importance of taking care of our bodies. Eating well, not smoking, exercising, and maintaining a healthy weight can make a big difference in our physical health and how we feel. Sometimes it's easy to forget that we need to care for our minds, too. Research studies have shown that when we care for our minds as well as our bodies we will not only live longer but better.

The state recognizes the importance of self-care for both your body and mind. As such, Indiana State Personnel is thrilled to announce two major enhancements to the current Employee Assistance Program that is offered to all state employees, dependents and members of the employee's household. These enhancements include increasing the number of free face-to-face counseling sessions from three (3) to eight (8) and offering a new online emotional wellness program.

### Eight Free Face-to-Face Counseling Sessions

Beginning January 1, you and your family will have access to receive eight (8) free face-to-face counseling sessions, per issue, per year with a licensed therapist. Access to this benefit is as easy as picking up the phone and calling 1-800-223-7723 and selecting option 1. Once you are connected with an EAP representative ask them about therapy visits.

The representative is trained to assist you in finding a therapist that fits your needs and will guide you through the process of scheduling your first appointment. For your convenience, appointments can even be scheduled within LiveHealth Online. If you are interested in this option please let the representative know.

### myStrength

myStrength is a unique, online emotional wellness program brought to you by Anthem EAP. Like a virtual gym for the mind, myStrength provides personalized and proven online and mobile resources to promote ongoing emotional well-being. If you or someone in your family is struggling with depression, anxiety, overuse of drugs or alcohol, chronic pain, difficulty sleeping, or simply trying to manage everyday stress, help is available 24/7 from the comfort and privacy of your own home. myStrength contains stress management tools, inspirational videos, articles, and quotes, as well as step-by-step eLearning modules to help you feel better and stay better. myStrength is free and completely confidential.

To access myStrength today, visit [www.anthemEAP.com](http://www.anthemEAP.com). Once logged in, the myStrength link can be found on the right side of the page.

### Additional Resources Available

While you may think that EAP is only for counseling, that is just one of the many free resources available through EAP. Below is a quick look at some of the other services offered.

- **Assistance with legal and financial concerns**, including a 30-minute initial consultation, per issue, with a qualified attorney or financial advisor.
- **Dependent care referrals**. Locate child and eldercare providers using on-line tools or calling your EAP directly.
- **Convenience services**. Obtain resources and information on pet sitters, educational choices for you

or your children, summer camp programs and much more.

- **Website** – [www.anthemEAP.com](http://www.anthemEAP.com)  
Contains a comprehensive level of resource articles, self-assessments, audio and video material covering emotional well-being, health and wellness, the workplace, and life issues such as childcare, eldercare, adoption and education.
- **Smoking cessation**. Access telephonic tobacco cessation coaching for smoking and chewing, coaching support with weight management as it relates to the cessation program, 10-session online Living Free behavior change module and tobacco cessation tip sheets.
- **ID recovery and credit monitoring**. Assess your risk level and identify steps to resolve potential identity theft. Your EAP can help you complete any necessary paperwork, will report to consumer credit agencies for you, and negotiate with creditors to repair your debt history.
- **Member center**. Includes access to a listing of EAP providers in your preferred area and routine counseling referral service.

To access Anthem's EAP online resources please visit their website [www.anthemEAP.com](http://www.anthemEAP.com). Once on their homepage, click the Members Login button on the left-hand side of the page. The next page will ask you to enter your company code, "State of Indiana". Once you've hit the "Log In" button, all of these services are open to you.

There is free 24 hour, 7 day a week phone access at (800) 223-7723 for immediate support.

Anthem Programs

# Your next doctor's visit could be in the privacy of your own home with LiveHealth Online

## LiveHealth<sup>®</sup> O N L I N E

Have you ever tried to schedule a same day appointment only to find out that your doctor's office does not have any available openings or is closed for the day? LiveHealth has solved that problem. Seeing a doctor has never been so convenient. Through LiveHealth, you have access to in-network, board-certified doctors 24 hours a day, 7 days a week, 365 days per year. The only thing you need is a computer or mobile device with internet access and a camera.

Doctors on LiveHealth are available to diagnose and treat a wide variety of medical care needs. Some common items include the flu, a cold, sinus infection, pink eye, rashes and fever. When appropriate, the doctor can even prescribe medicine and send the prescription to the pharmacy of your choice. The average cost of a doctor visit using LiveHealth is \$49.00.

Not only can you be seen by a medical doctor, you can also receive psychology services through LiveHealth. The psychology services can even be used in coordination with the free EAP counseling sessions. Below is a quick step by step guide on how you can take advantage of the free EAP sessions through LiveHealth.

- Call EAP at (800) 223-7723 and Select Option 1, EASY Program



- Answer some general information such as your name, date of birth and address
- Ask the EAP Representative about therapy visits
- EAP Representative will provide you with a Service Key and Coupon Code to be used in LiveHealth
- Go to [livehealthonline.com](http://livehealthonline.com)
- Sign up or log in
- To Sign up: Download the mobile app from Google Play or the App Store. It is free and takes less than 2 minutes to download. Or visit [www.livehealthonline.com](http://www.livehealthonline.com) and click the Sign Up button at the top right corner of the home page, and create an account. All you need to provide is an email address (this will be your user name); create a password; enter your first & last name; sex; state; and agree to the terms of the use. You are now registered and ready to connect to a provider.
- OR Log In by clicking the Log In button using your user name (email address) and password
- Select Add a Service Key in the MY Services section and enter the provided Service Key
- Select Work-Life Solutions EAP, choose the appointment tab. You can schedule an appointment by Date or Therapist. After scheduling the appointment you will receive a confirmation email.
- Fifteen (15) minutes before your appointment you will receive a reminder email. To initiate the appointment, you need to click on the Start Visit Button included in the email.
- Enter the Coupon Code in the payment screen for each of the free visits. This will reduce the member cost share to \$0.00.
- You will then be connected to the therapist

Sign up for LiveHealth Online today by visiting [www.livehealthonline.com](http://www.livehealthonline.com) or downloading the mobile app from your app store.

## Vision

## Vision plan changes save you money

The State recognizes that frames and contact lens can be expensive. In an effort to save you money, State Personnel is excited to announce an increase to both the frame and contact allowances under the vision plan for 2019. Beginning January 1st, the plan will cover the first \$150 dollars of your frames or contact lenses. This change has the potential of saving you \$40 to \$45 respectfully.

With this added benefit, please take the time this year to have a vision exam. An annual exam with dilation will only cost you \$10 at an in-network provider. Not only is an exam important for your vision but it can also help detect diabetes and high blood pressure.

To view your current eligibility for an exam, frames, lenses, or contacts, please follow the following steps.

- Go to [Anthem.com](http://Anthem.com) and log in to your account
- Place cursor over the “My Plan” drop-down menu on top of the page
- Click “Benefits” on the drop-down menu
- Click the box showing your current Vision benefit period
- Scroll down and click on the “View your vision benefit information” link
- On the new tab, click the “View your Benefits” tab on top of the page
- Select Member
- Select Group “Blue View Select SOI NASCO (1004118)”
- Click “Display Benefits” button on the bottom of the page
- Under the “Service Eligibility” section, you will find your current eligibility for an exam, frames, lens and contacts

Through Anthem Blue View Vision, you and your dependents have a large network of ophthalmologists,

optometrists, opticians and retail locations to choose from. To find an in-network provider go to [Anthem.com](http://Anthem.com) and log in to your account. Once there, put your cursor on the “Care” drop-down menu on top of the page and select “Vision” under the “Care & Cost Finder” section. When the new page loads, you can enter your search criteria.

For 2019, the Vision plan premiums have increased slightly. The new rates are listed below.

Vision	2019 Bi-Weekly Rate
Single	\$0.42
Family	\$3.06

More information about vision coverage can be found at: [www.in.gov/spd/openenrollment](http://www.in.gov/spd/openenrollment).

## Dental

## Dental benefits increasing for 2019

Good dental health may be more important than you think. Studies have identified a link between oral health and chronic conditions such as heart disease. The best way to lower your risk is by keeping up on your preventive exams. Under the Anthem Dental Complete plan, your diagnostic and preventive services such as teeth cleanings, periodic oral exam and bitewing X-rays are covered at 100 percent when using an in-network provider. Other in-network services such as fillings, crowns and root canals are covered at 80 percent.

The State is making it even easier for you to receive dental care by increasing the annual maximum

benefit for 2019. As of January 1st, the maximum benefit will increase from \$1,000 to \$1,500. This increase ensures that more of your dental care is covered under the plan than ever before.

Similar to the other health plans, you can realize the greatest savings by going to an in-network dentist. While network dentists sign a contract with anthem to limit fees, non-participating dentists do not have limits on the amount they can charge you for services. If you decide to go to a non-participating dentist, be sure you understand your potential out-of-pocket costs before you receive services. A list of dentists within the Dental

Complete network can be found by going to [www.Anthem.com](http://www.Anthem.com) and logging into your account. Once there, put your cursor on the “Care” drop-down menu on top of the page and select “Dental” under the “Care & Cost Finder” section. When the new page loads, you can enter your search criteria.

For 2019, the Dental premiums will remain the same. Please see the below rates.

Dental	2019 Bi-Weekly Rate
Single	\$1.32
Family	\$3.42

More information about dental coverage can be found at: [www.in.gov/spd/openenrollment](http://www.in.gov/spd/openenrollment).



## Non-Tobacco Use Incentive

## Non-Tobacco Use Incentive offered again in 2019

The state will continue to offer an opportunity for you to save \$35 in medical premiums per pay period by agreeing to not use tobacco during the 2019 plan year. To be eligible, you must be tobacco-free by January 1, 2019, and continue throughout the calendar year. The use of tobacco includes all forms – smoking or smoke-free (chewing, crushing tobacco leaves and sprinkling on food, etc.).

In order to receive the premium reduction, you must accept the Non-Tobacco Use Agreement within your Open Enrollment event. By selecting the “I accept” button you are agreeing to not use any tobacco products throughout 2019 and

understand that you may be subject to cotinine testing and agree to such testing. You also understand that if you agree and later use tobacco, your employment will be terminated for breach of the agreement and you will be responsible for repaying the State of Indiana for each \$35 bi-weekly premium reduction you received for 2019.

Please note that the agreement does not carry over year to year, so you must elect it each year to retain the incentive. The incentive is available only to state employees who have enrolled in medical coverage.

Additionally, please be aware that if your physician determines

abstaining from the use of tobacco is not medically appropriate, a reasonable alternative standard will be made available for the incentive.

If you are interested in getting help to become tobacco free, there are resources available to help you. Both EAP and Quit Now Indiana offer free services. To get started please log onto or call:

### Quit Now Indiana

[www.quitnowindiana.com](http://www.quitnowindiana.com)

1-800-QUIT-NOW (1-800-784-8669)

### Employee Assistance Plan (EAP)

Live Tobacco Free

[www.AnthemEAP.com](http://www.AnthemEAP.com)

1-800-232-7723

## PeopleSoft Steps

## PeopleSoft login and online self-service instruction guide

You can access your Open Enrollment event 24 hours, seven days per week from Wednesday, October 24 through Wednesday, November 14 at noon (EST). Keep in mind, you can access your Open Enrollment event from any computer that allows you access to the internet.

### Helpful hints:

1. Your User ID is your first initial of your first name capitalized followed by the last six (6) digits of your PeopleSoft number. If you have forgotten your PeopleSoft number please contact your agency’s Human Resources Department or the Benefits Hotline for assistance.
2. If you access the state network, the password used to log on to your computer can be used to log into PeopleSoft.
3. For password resets and unlocks please use the Self Service Password Management tool using the following link <https://www.in.gov/password>
4. For network connectivity or issues

accessing the website, contact IOT Customer Service at 317-234-HELP (4357) or Toll-Free at 1-800-382-1095, and follow the menu options.

5. When making your elections in PeopleSoft, do not use the BACK/FORWARD arrow buttons at the top of your web browser.
6. Keep in mind you must turn off your “pop-up blocker” in order to print your Benefit Election Summary.
7. For any benefit related questions call the Benefits Hotline at 317-232-1167 or Toll-Free at 877-248-0007 (if outside the 317 area code).

**IMPORTANT:** Once you are satisfied with your Open Enrollment elections, it is essential that you submit your elections and print a Benefit Election Summary for your records. As a reminder, the 2019 Non-Tobacco Use Agreement can only be accessed through the Open Enrollment event. Please do not attempt to elect to participate in the 2019 agreement by going through PeopleSoft Self-Service, as that platform is only used to

revoke your current Non-Tobacco Use Agreement.

Remember, you can access PeopleSoft at any time during the year to review your benefits or update contact information. You may access PeopleSoft through any of the links below:

- <https://hr.gmis.in.gov/psp/hrprd/?cmd=login&languageCd=ENG&>
- <http://www.in.gov/spd>: click on the PeopleSoft HR link on the right side
- <http://myshare.in.gov>: select the Oracle Human Resources link

To view your current benefit elections, log in to PeopleSoft and follow these steps: click on “Self Service,” click on “Benefits” and click on “Benefit Summary.” Your 2019 benefits are not available to view until January 1, 2019.

If you have questions about your elections, contact the Benefits Hotline, 7:30 a.m. to 5 p.m. (EST) Monday through Friday. Call 317-232-1167 within the Indianapolis area or 877-248-0007 toll-free outside of Indianapolis.

## Dependent Eligibility

**Children covered to the end of the month they turn 26 years of age**

Adult children may be covered under the State of Indiana's medical, dental, vision and dependent life insurance plans until the end of the month of their 26th birthday. A dependent's last day of coverage is the last day in the month in which they turn 26. Dependents are offered COBRA when they lose eligibility. Spouses of adult children (deemed children-in-law) and grandchildren are not eligible for this coverage.

We recommend you access PeopleSoft during Open Enrollment to review or edit your dependent information. Keep in mind, you have to enroll your dependents on each plan (medical, dental and vision) for which you desire coverage.

**Disabled Dependents**

Disabled dependents can be enrolled in any of your desired plans during the Open Enrollment period if they have not exceeded

the month in which they turn 26 or were approved through the Anthem recertification process. If you wish to enroll a dependent during Open Enrollment who is over the age of 26 and meets the definition of a disabled dependent, but was not certified through Anthem, please call the Benefits Hotline at 317-232-1167 or toll-free at 877-248-0007, if outside of Marion County.

Upon your request, Anthem will be notified to mail you an Application for Continuation of Coverage. This form must be completed and returned to Anthem within 30 days of the issue date. If Anthem certifies your dependent meets the definition of a disabled dependent, the state then enrolls your dependent in your plans with the effective date of January 1, 2019.

**Please note, you must initiate the certification process by contacting the Benefits Hotline during Open**

**Enrollment to be eligible to enroll your dependent(s) as part of your Open Enrollment event for an effective date of January 1, 2019.**

Outside of Open Enrollment, you may only add a disabled dependent through a qualifying event or when your dependent turns age 26. Similar to the process outlined above, you must contact the Benefits Hotline to initiate the certification process. Notification must be done within 30 days of the qualifying event or within 31 days from your dependent turning 26-years-old.

Please note: In order for a disabled dependent to continue coverage past the month in which they turn 26 years of age, that dependent child must have been deemed disabled prior to age 19. If a dependent child was deemed disabled after age 19, they are not eligible to continue coverage past the month they turn age 26.

## Making Changes

**Qualifying events allow for changes throughout the year**

After noon (EST) on Wednesday, November 14, you are not able to make further changes to your benefits. This means you must be certain you elect the coverage that is right for you and add all eligible dependents you wish to cover to all plans (medical, vision and dental). After Open Enrollment, you can only make changes in conjunction with a qualifying event.

Qualifying events are regulated and defined by the IRS, including:

- Changes in your legal marital status (marriage, divorce, separation, annulment or death of spouse).

- Changes in the number of dependents (birth, adoption, placement for adoption or death).
- Changes in employment status for you or your spouse, such as termination of or change in employment, a strike or lockout, or the start or end of an unpaid leave of absence.
- Changes in dependent eligibility status (such as attainment of limiting age).

If you do not report a qualifying event and complete any necessary paperwork within 30 calendar days from the date of the qualifying event, you are not able to add or

remove dependents until the next Open Enrollment period. Please note that an ex-spouse is ineligible for coverage as of the day of divorce. It is important that you report ineligible dependents even if it is beyond the 30 day period to minimize recovery of claims.



Visit the [State of Indiana Employee's YouTube channel](#) to watch a video explanation about qualifying events.

Dependents' name

## Are dependents' names and social security numbers entered and correct in Peoplesoft?

In accordance with Section 6055 and 6056 of the Internal Revenue Code under the Affordable Care Act (ACA), the state is required to file health coverage information with the IRS by completing an information return along with furnishing statements to individuals who are or have been employed by the state during the year. The IRS will use the information gathered to determine if the employee was in compliance with the individual shared responsibility provision in section 5000A.

In order to file the health coverage information with the IRS, each employee and dependent's name and social security number must match the information listed on their social security card.

Please take a moment to review your dependent information by following these steps:

- Log in to PeopleSoft HR
- Click Main Menu
- Click Self Service
- Click Benefits
- Click Dependent/Beneficiary Info
- Click on each dependent name and review information
- If a dependent is missing their social security number, please click the edit button, add the information, then click save.
- If one of your dependent's names have changed or you notice an error on their social security number, please provide a copy of their social security card to State Personnel Benefits via one of the methods below:
  - Mail:
    - State Personnel Department
    - Attn: Benefits Division
    - 402 W. Washington St.
    - Room W161
    - Indianapolis, IN 46204
  - Fax: 317-232-3011

It is your responsibility to ensure that the correct information is in PeopleSoft for you and all of your dependents. If it is identified that PeopleSoft has an incorrect name or social security number on file, you will be required to provide documentation to State Personnel Benefits to correct your record.

**Please note:** if you do not provide your dependent's social security number, the IRS may be unable to match the information you provide on your tax return. This may result in receiving an inquiry from the IRS or being liable for a shared responsibility payment.

For more information please visit our FAQ page or contact Indiana State Personnel Benefits at, 317-232-1167 or toll-free at 877-248-0007 (if outside of the 317 area code).

Federal Notice

## Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, 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.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## New membership ID cards

All State of Indiana health plan participants will receive a new ID card in the mail for the 2019 plan year. Each family member will receive their own unique card prior to January 1, with his or her name. As in the past, the cards will be used for medical, prescription, dental and vision.

Please continue to use your current card for any health or prescription services received before January 1, 2019. Beginning January 1, please present your new ID card to your provider or pharmacy.

## Non-emergent Emergency Room visits may be denied

Did you know that more than 65% of all emergency room (ER) visits are not for life-threatening illnesses or injuries but for non-emergency medical concern that could be treated at a doctor's office or urgent care center? Seeking treatment outside of the ER, will save you both money and time. Below is a quick look at the cost difference between alternative treatment facilities.

**Non-emergency services are not covered when treated in an emergency room (ER), if more appropriate settings are available.** ER claims are reviewed by Anthem using the prudent layperson standard and potentially denied. If your claim is denied, you will be solely responsible for the ER charges. Please note that non-emergency visits to the ER will be covered if:

- Directed to the emergency room by another medical provider
- Services were provided to a child under the age 14
- There isn't an urgent care or retail clinic within 15 miles
- Visit occurs on a Sunday or major holiday

When seeking medical care, it is important that you consider all your options. Below is a brief overview of each alternative.

Care Facility	Cost
LiveHealth Online	\$49
Urgent Care Center	\$190
Doctor's Office	\$125
Retail Health Clinic	\$85
Emergency Room	\$1,200

*\*Rates are national averages of the total cost, not what members paid. Your actual cost may vary depending on your plan and where you go for care.*

*As a reminder, Anthem's NurseLine is available 24/7 for those times you are not sure where you should seek medical care. If you are advised by the NurseLine to seek treatment at the ER and it is later determined that the visit was for a non-emergent visit, Anthem will approve the visit. To access NurseLine, please call 800-337-4770.*

	LiveHealth Online	Retail Health Clinic	Doctor's Office	Urgent Care	Emergency Room
Overview	See a doctor or therapist without leaving your home!	Visit your local retail clinic for help with mild rashes, fevers, or colds.	Your doctor's office is a great place for scheduled care and check-ups, and you should try them first during office hours in a non-life-threatening emergency.	Urgent Care is accessible in many communities at all hours of the day and night. Doctors and nurses can help with non-life-threatening but urgently-needed care quickly.	You should always go to the ER if you believe your life or health is in danger.
Conditions	Flu, Allergies, Fever, Sinus Infections, Diarrhea, Pinkeye and other eye infections, Skin infections or rash	Rash, Minor burns, Cough, Sore Throat, Shots, Ear or sinus pain, Burning with urination, Minor fever, Cold, Minor allergic reactions, Bumps, Cuts, Scrapes, Eye pain or irritation	Mild asthma, Rash, Minor burns, Minor fever or cold, Nausea or diarrhea, Back pain, Minor headache, Ear or sinus pain, Cough, Sore throat, Bumps, Cuts, Scrapes, Minor allergic reactions, Burning with urination	Sprains & strains, Nausea or diarrhea, Ear or sinus pain, Minor allergic reactions, Animal bites, Back pain, Cough, Sore throat, Mild asthma, Burning with urination, Rash, Minor burns, x-rays, Stiches, Minor fever or cold, Eye pain or irritation, Minor headache, Shots, Bumps, Cuts, Scrapes	



## Health Savings Account (HSA)

## State continues to contribute to Health Savings Account

The state continues to contribute 39 percent or more of the Consumer Driven Health Plan (CDHP) annual deductible to your Health Savings Account (HSA) in 2019, depending on what plan you choose. If you elect an HSA during Open Enrollment, the initial contribution will be made on your January 09, 2019 paycheck. Employees enrolled in a CDHP effective from January 1, 2019 through June 1, 2019 receive the full pre-fund amount. CDHPs effective after June 2, 2019, but before December 2, 2019, receive one-half of the initial contribution. The initial pre-fund contribution is based on the coverage type (single/family) that is effective Jan. 1, 2019 or your first day of coverage in a state health plan during 2019.

If you have an active HSA with The HSA Authority at Old National Bank and wish to continue receiving the state's contributions in 2019, you do not need to open a new HSA account. **Employee HSA contribution amounts do not carry over from year to year. To contribute to your account during 2019, you need to access your PeopleSoft record during Open Enrollment and enter your desired contribution.**

If you are electing to participate in an HSA for the first time in 2019, you must edit the online HSA option in PeopleSoft and choose the HSA that corresponds to your medical CDHP election in order to receive the state's contribution. In addition to

Plan	2019 Initial Contribution	2019 Bi-Weekly Contribution	Annual Employer Contribution
Wellness HSA Single	\$625.56	\$24.06	\$1,251.12
Wellness HSA Family	\$1,251.12	\$48.12	\$2,502.24
HSA 1 Single	\$500.76	\$19.26	\$1,001.52
HSA 1 Family	\$1,001.52	\$38.52	\$2,003.04
HSA 2 Single	\$299.52	\$11.52	\$599.04
HSA 2 Family	\$599.04	\$23.04	\$1,198.08

electing the HSA option, you need to open an HSA account with The HSA Authority before January 1, 2019.

Reminder, to be eligible for an HSA you:

- Must be currently enrolled in an HSA-qualified health plan;  
May not be enrolled in any other non-HSA qualified health plan;
- May not have, or be eligible to use, a general purpose Flexible Spending Account (FSA);
- Cannot be claimed as a dependent on another person's tax return;
- May not be enrolled in Medicare, Medicaid, HIP or Tricare;
- Must not have used VA benefits for anything other than preventative services in the past three months.
  - Please note: veterans with a disability rating are eligible to participate in an HSA if all of the other criteria are met.

To open your HSA, link to The HSA Authority's website from PeopleSoft on your HSA election page, or go directly to [www.theHSAauthority.com](http://www.theHSAauthority.com) and click on the "Enroll Now" button. The first page of this online session says: If you have been instructed by your employer to visit this site to open your HSA, click this button and insert your employer code below. Enter **100366** in the "employer code" to begin the state application.

You need the following information to complete the HSA application online:

1. Driver's license
2. Social Security number, date of birth and address for your beneficiaries
3. Social Security number, date of birth and address for your authorized signer (if selected)
4. Security passwords for you and your authorized signer (based on the answer to one of the five questions you select during the application process)

## HSAs have a maximum contribution limit

Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for 2019 is \$3,500 for self-only policies and \$7,000 for

family policies. Individuals age 55 and over may make an additional catch up contribution of up to \$1,000 in 2019.

Combined household contributions cannot exceed the family limit. The maximum includes the state's contributions and any other contributions to your HSA.

Plan	Coverage	IRS Maximums	State Contribution	Max EE Contribution	Max-Bi Weekly	Max EE Contribution Over 55	Max Bi-Weekly Over 55
Wellness HSA	Single	\$3,500	\$1,251.12	\$2,248.88	\$86.50	\$3,248.88	\$124.96
Wellness HSA	Family	\$7,000	\$2,502.24	\$4,497.76	\$172.99	\$5,497.76	\$211.45
HSA 1	Single	\$3,500	\$1,001.52	\$2,498.48	\$96.10	\$3,498.48	\$134.56
HSA 1	Family	\$7,000	\$2,003.04	\$4,996.96	\$192.19	\$5,996.96	\$220.80
HSA 2	Single	\$3,500	\$599.04	\$2,900.96	\$111.58	\$3,900.96	\$150.04
HSA 2	Family	\$7,000	\$1,198.08	\$5,801.92	\$223.15	\$6,801.92	\$261.61

Health Savings Account (HSA)

## Medicare, Medicaid and HIP disqualify you from having a Health Savings Account (HSA)

The IRS established Health Savings Accounts (HSAs) as a method to provide individuals a tax advantage to offset their health care costs. In doing so, the IRS created eligibility criteria to qualify for the account. Enrolling in Medicare, Medicaid or HIP 2.0 disqualifies you from having contributions into an HSA. Once enrolled in any of these plans, you may not receive or make any contributions into an HSA.

Although you can no longer make contributions to your HSA once you are covered by Medicare, Medicaid or HIP 2.0, the money accumulated in your HSA from past years remains yours to spend, tax-free, on eligible expenses, including Medicare copays or deductibles, vision expenses and dental expenses. If you are age 65 or over, you also have the option to withdraw the money for any purpose and pay only the income tax without penalty. The same rules also apply if you receive Social Security disability benefits and are enrolled in Medicare.

Review the following information carefully as it relates to your eligibility to qualify for an HSA.

### Medicare

If you elect to receive Social Security benefits, you are automatically enrolled in Medicare Part A when you turn age 65. If you wish to participate in a Health Savings Account (HSA), you should decline to receive Social Security retirement

benefits and waive Medicare Part A. Keep in mind there are potential consequences if you choose to decline or postpone your enrollment. Additionally, if you decided not to take Medicare when you first qualify, please be advised that your Medicare Part A start date may backdate up to six months when you apply for Social Security benefits. Please carefully research all of your options before making your decision.

You can use funds in your HSA to pay for incurred eligible medical expenses for your dependents (as defined by federal regulations), even if they are not covered under your medical plan, or have other coverage, such as Medicare. However, keep in mind that if your spouse is on Medicare, she/he is not eligible to contribute to an HSA in her/his name, regardless of whether or not she/he is covered on your medical plan.

### Medicaid and HIP 2.0

According to IRS regulations, an individual who is enrolled in Medicaid or HIP 2.0 is not eligible to make or receive contributions to an HSA. There are tax consequences to both the individual and the employer, if the employer is also contributing to an HSA for the employee. Similar to Medicare, if your dependent(s) is/are covered by Medicaid or HIP 2.0 but you are not, you may continue to receive contributions to your HSA. Eligibility is based on the subscriber/ account holder.

Federal Notice

## State plans provide creditable coverage

If you are Medicare-eligible, there are two important things you need to know about your current coverage and Medicare's prescription drug coverage. First, Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan (Medicare Part D) or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.

Second, it has been determined that the prescription drug coverage offered as a part of the State of Indiana employee health plans is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you are considering joining Medicare's prescription drug coverage, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. For more information about Medicare's prescription drug coverage please visit: [www.medicare.gov](http://www.medicare.gov).

Flexible Spending Account (FSA)

## FSA's give tax-free help for qualified medical expenses with no administration fee

A Flexible Spending Account (FSA) provides another opportunity for you to better control your health care dollars. By tucking away pre-tax dollars from your paycheck, you have an account that is dedicated to the reimbursement of qualified medical, vision and dental expenses. In addition, the bi-weekly employee administration fee is paid by the state during the 2019 plan year, providing you with even more opportunities to save.

There are three types of FSA's: Medical Care, Limited Purpose Medical Care and Dependent Care. All of the state's FSA programs are administered through Key Benefits Administrators and have a use-it-or-lose-it rule. Money left at the end of the plan year is not rolled over or reimbursed, so plan carefully. You must re-enroll in medical and dependent care FSA's each year if you wish to continue to participate. If you continue participation, do not discard the debit card from Key Benefit Administrators. New cards are not automatically issued each year.

### Medical Care and Limited Purpose FSA

Medical Care and Limited Purpose FSA's allow employees to use pre-tax dollars to cover health care costs for medical, dental, vision, hearing and other out-of-pocket expenses not paid by insurance. For 2019, the maximum annual contribution for the Medical Care and Limited Purpose FSA's is \$2,500.

A Limited Purpose FSA may only be used for dental, vision and

preventive care expenses until the minimum deductible of a Consumer Driven Health Plan (CDHP) is met. Once the minimum deductible of \$1,350 for single and \$2,700 for family is met, the Limited Purpose FSA can be used as a Medical Care FSA. If you are enrolled in a CDHP with a Health Savings Account (HSA), your FSA automatically becomes a Limited Purpose FSA. You do not need to meet the minimum deductible to use the funds in your Limited Purpose FSA for dental and vision expenses. You can pay for dental and vision expenses from your Limited Purpose FSA at any point during the year.

### Dependent Care FSA

A Dependent Care FSA is used to pay for dependent care services, such as preschool, summer day camp, before or after school programs and child or elder daycare. Dependent care expenses do not include medical expenses and therefore can be used even if you participate in an HSA.

Dependent Care FSA's are not frontloaded. Portions of your biweekly pay are put into a pre-tax account to pay for eligible dependent care costs throughout the year. Currently, the maximum annual contribution amount for the Dependent Care FSA is \$5,000 (\$2,500 if married and filing separate tax returns).

- [View more information and download enrollment information packets >](#)

Flu Shot

## Get your flu shot

The best protection against the flu is to get a flu shot every year before the flu season starts. Since influenza viruses change over time, it is important to get a shot every year. Each year the vaccine is remade to include the types of flu virus expected to cause illness during that flu season. The vaccine begins to protect you within a few days after vaccination, but the vaccine is not fully effective until about 14 days after vaccination.

It is not too late for you to get a flu vaccination. CVS has partnered with the state to offer flu shot clinics at many state facilities across Indiana. The onsite vaccination clinics will be available to anyone 11 years of age and older. For employees and dependents who carry state insurance, the flu vaccine is covered at 100 percent. Please be sure to bring your Anthem ID and waiver form when attending the flu shot clinic.

If you do not carry state insurance, you may still receive a flu shot at one of the clinics. The cost of the vaccine will vary depending on your age. For those patients under 65 years of age the cost will be \$40.99, while patients over the age of 65 can receive their vaccine for \$66.99. Payments can be made by check to CVS Pharmacy. Please note, other insurances may also be accepted but are not guaranteed.

**Find the schedule of state-sponsored Flu Shot Clinics at [www.investinyourhealthindiana.com/flu-shots/](http://www.investinyourhealthindiana.com/flu-shots/)**

*Note: Nasal vaccines are not being provided this year.*

Life Insurance

## Review & update your life insurance beneficiary information

Open Enrollment is a great time to review your current life insurance beneficiary information. It only takes a couple of minutes to verify your beneficiary designations and update their contact information in your Open Enrollment event. By routinely checking this information you are assuring you have allocated your life insurance benefits as desired, since certain life events such as marriage, divorce, birth or death may change how you want your benefits paid out.

In addition to confirming your beneficiary allocation, you should also update their contact information. It is extremely important PeopleSoft has the correct addresses and phone numbers for all of your beneficiaries. This information is used to identify and locate your designated beneficiaries if a claim is processed. Without updated contact information it may take a

significantly longer period of time to pay out a claim.

### Notify your Beneficiaries

Once you have designated your beneficiaries, it is a good idea for you to notify them of your policy and your decision to list them as a beneficiary. Under Indiana State Personnel's policy, we will not share coverage amounts or beneficiary information to anyone besides you as the policy holder. Providing policy information to your beneficiaries prior to a claim occurring makes a difficult situation easier to cope with, especially when dealing with the financial aspect of the loss.

Note: All beneficiary changes made within your Open Enrollment event take effect on January 13, 2019 unless you are employed with a direct bill agency, in which case your changes will be effective January 1, 2019.

Federal Notice

## HIPAA Notice of Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 30 days after your, or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or to obtain more information, please call the Benefits Hotline at, 317-232-1167 or toll-free at 877-248-0007 (if outside of the 317 area code).

Federal Notice

## Women's Health & Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician & the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under this plan. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter. If you would like more information on WHCRA benefits, contact Anthem at 1-877-814-9709.



Life Insurance

## Special Enrollment Opportunity for Supplemental Life Insurance

State Personnel is excited to announce that employees who are currently enrolled in supplemental life insurance have a one-time opportunity during Open Enrollment to increase their coverage amount without going through the Evidence of Insurability (EOI) process. Increases in coverage can be made in \$10,000 increments up to \$40,000, not to exceed \$200,000. To be eligible for the increase, you must be enrolled in supplemental life, actively working, and have never been denied life insurance coverage through the Securian EOI process. If you wish to increase your coverage amount you must actively select the new coverage level within your Open Enrollment event in PeopleSoft.

In addition to the above opportunity, you may also make other changes to your life insurance during Open Enrollment without

going through the EOI process. For example, if you are currently enrolled in Basic Life and AD&D you may elect or increase your Voluntary AD&D and/or Child Only Dependent Life insurance. Voluntary AD&D can be elected in increments of \$10,000 to a maximum of \$500,000 while Child Only Dependent life can be elected in increments of \$5,000 up to \$20,000. You may also elect to decrease or waive any of your currently elected life insurance plans.

If you wish to elect or increase your Basic Life and AD&D, Supplemental Life (over the one-time allowable increase) or Spouse Dependent Life coverage, the process could not be easier. All you need to do is complete the online Evidence of Insurability (EOI) process at [www.lifeBenefits.com/SubmitEOI](http://www.lifeBenefits.com/SubmitEOI). On average the application only takes

10 to 30 minutes to complete. Once you submit your application Securian will review your information through underwriting and if approved, State Personnel Benefits will automatically enroll you in the requested coverage.

Last but not least, Open Enrollment is a great time to review your current life insurance beneficiary information. It only takes a couple of minutes to verify your beneficiary designations and update their contact information in your Open Enrollment event. By routinely checking this information you are assuring that you have allocated your life insurance benefits as desired since certain life events such as marriage, divorce, birth, or death may change how you would like your benefits paid out. All beneficiary changes made during Open Enrollment will be effective in January.

# OE 2019

**Benefits Open Enrollment**

**OCT. 24 - NOV. 14**

Deadline is Wednesday,  
Nov. 14 by noon EST

Publications: [The Torch](#) • [Around the Circle](#)

Social Media: [Twitter](#) • [Facebook](#)

Web: [SPD Benefits](#) • [Invest In Your Health](#)



Artwork by  
Jerry Williams

## Life Insurance

**Life Insurance - Are you prepared?**

Life insurance is something no one wants to think about but is important to have. The State of Indiana makes having coverage easier by offering four types of coverage: basic, supplemental, voluntary AD&D and dependent life insurance. During this Open Enrollment, take the time to review your finances and consider which option and coverage amount is best for you and your family.

Some life insurance changes can be completed within your Open Enrollment event, including:

- Decreasing your coverage level
- Waiving your life insurance plans
- Electing or increasing voluntary AD&D coverage
  - Must be currently enrolled in basic life insurance with AD&D
- Electing or increasing child dependent life insurance
  - Must be currently enrolled in basic life insurance with AD&D
- Increase supplemental life insurance up to \$40,000, not to exceed \$200,000
  - Must be currently enrolled in supplemental life
  - Must be actively working
  - Have never been denied life insurance coverage through the Securian Evidence of Insurability (EOI) process
- Update your beneficiary information and/or allocation amounts
  - All changes are effective in January 2019

Outside of Open Enrollment you may acquire or make changes to your life insurance plans by completing the Evidence of Insurability (EOI) process at

any time throughout the year. Allowable changes include increasing your coverage level and/or adding an eligible spouse to your dependent life insurance plan. This process applies to the basic, supplemental and dependent life policies.

The EOI application can be completed online at any time of the year. On average the application takes 10 to 30 minutes to complete. Instructions on how to submit EOI through Securian can be found [here](#). Once submitted, Securian reviews your application and informs both you and SPD Benefits of its decision. If approved, SPD Benefits makes the appropriate changes to your life insurance plans and starts the premium deductions.

Please keep in mind, you may also make changes to your beneficiary information at any point during the year by accessing PeopleSoft self-service. Instructions on how to change your life insurance beneficiaries can be found [here](#). Please remember, you are the only one who can change your beneficiary information.

**Reminder:** Supplemental life insurance is offered to most employees in increments of \$10,000 up to and including \$500,000, regardless of salary level. Employees reaching age 65 or older on or before December 31, 2018, are limited to \$200,000 of supplemental life insurance coverage. Employees reaching age 65 during the plan year are automatically reduced to \$200,000 of supplemental life insurance coverage and their payroll deductions are adjusted accordingly.

## Annual Physical

**Don't forget to get your annual physical**

As we near the end of the year, it is important to remember to set some time aside to get your annual physical, if you have not already done so. It is easy to get in the mindset that you don't need a physical if you don't feel sick. However, having an annual physical is one of the best ways to maintain your health.

Preventive care, such as an annual physical, can help identify underlying health concerns before they become a major issue. By routinely visiting your doctor, you can establish a baseline on your health statistics regarding your weight, height, blood sugar, blood pressure and cholesterol. In addition, you are able to keep your doctor informed about your family's changing medical history. By doing so, your doctor will be able to identify any significant changes in your health statistics or concerns based on your family history that could indicate a problem. Once identified, an early treatment plan can be established to prevent the condition from getting worse.

Outside of identifying health conditions, having an annual physical is a great way to ensure that you are up-to-date on all of your vaccinations to maintain your health. Likewise, your doctor can recommend preventive care goals based on your current health to assist you in continuing down a path of healthy living. Overall, an annual physical is one of the easiest things you can do to maintain a healthy lifestyle. To find an in-network doctor near you, follow these steps:

- Log in to [www.Anthem.com](http://www.Anthem.com)
- Click the "Find / Rate a Doctor" tab on the top of the page
- Complete the search criteria
  - Select "Doctor / Medical Professional" on first drop down menu
  - Select "Family / General Practice, Internal Med" on the second drop down menu
- Click the "Search" tab

## Coverage

**Make sure your dependents are eligible**

Dependents of eligible employees may be covered under the state's benefit plans. Please see the below definition of a dependent.

(1) "Dependent" means:

- (a) Spouse of an employee;
- (b) Any children, step-children, foster children, legally adopted children of the employee or spouse, or children who reside in the employee's home for whom the employee or spouse has been appointed legal guardian or awarded legal custody by a court, under the age of twenty-six (26). Such child shall remain a "dependent" for the entire calendar month during which he or she attains age twenty-six (26). In the event a child:
  - i.) was defined as a "dependent", prior to age 19, and
  - ii.) meets the following disability criteria, prior to age 19:
    - (I) is incapable of self-sustaining employment by reason of mental or physical disability,
    - (II) resides with the employee at least six (6) months of the year, and
    - (III) receives 50% of his or her financial support from the parent

Such child's eligibility for coverage shall continue, if satisfactory evidence of such disability and dependency is received by the State or its third party administrator in accordance with disabled dependent certification and recertification procedures.

Eligibility for coverage of the "Dependent" will continue until the employee discontinues his coverage or the disability criteria is no longer met. A Dependent child of the employee who attained age 19 while covered under another Health Care policy and met the disability criteria specified above, is an eligible Dependent for enrollment so long as no break in Coverage longer than sixty-three (63) days has occurred immediately prior to enrollment. Proof of disability and prior coverage will be required. The plan requires periodic documentation from a physician after the child's attainment of the limiting age.

When completing your Open Enrollment, please make sure you carefully review the dependents listed on your summary. **Enrolling dependents who are ineligible for medical, dental, or vision insurance will result in your dismissal from employment.**

Additionally, if a dependent becomes ineligible for coverage during the year, you must notify Indiana State Personnel Benefits within thirty days of the dependent becoming ineligible. **Maintaining coverage on dependents who become ineligible during the plan year may result in disciplinary action.**

**Please Note:** If you have questions or concerns about dependent coverage, or wish to enroll a dependent on your plans during Open Enrollment who is over age 26 and meets the definition of a disabled dependent but was not certified through Anthem, call the Benefits Hotline at 317-232-1167 or toll-free at 877-248-0007, if outside the 317 area code, to initiate the disabled dependent certification

process. **To be eligible to enroll your dependent(s) as part of your Open Enrollment event for an effective date of January 1, 2019, you must contact the Benefits Hotline during Open Enrollment and Anthem must certify that your dependent(s) meets the definition of a disabled dependent.**

## Coverage

**Dual coverage is not allowed**

Dual coverage of the same individual is not allowed under the state's medical, dental and vision benefit plans. For example, if both you and your spouse are state employees with insurance coverage (or one is a current employee and the other is a retiree), you may not cover each other on both plans or have the same children on family coverage. This also applies to parents of children who are not married to each other. You may each elect a single plan, one may carry family and the other may waive coverage, or one may carry family with the children and the other carry single coverage.

A second example occurs when an employee who has retired from one area of state employment begins active work in another state position. In this instance, you have the choice to continue your retiree coverage and waive your active employee coverage, or vice versa. However, you are not permitted to carry state retiree insurance and active state employee coverage simultaneously. **Dual coverage is only permitted for dependent life insurance.**

## 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 your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> <a href="#">x</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563



<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-785-296-3512</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a>  Phone: 603-271-5218  Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>  Phone: 1-800-635-2570</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website:  <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website:  <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>  Phone: 1-888-695-2447</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website:  <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website:  <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>  Phone: 1-800-692-7462</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: (855) 632-7633  Lincoln: (402) 473-7000  Omaha: (402) 595-1178</p>	<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 855-697-4347</p>
<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>

<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>  Phone: 307-777-7531</p>
<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



# YOUR RIGHTS UNDER USERRA

## THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

**USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.**

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

### HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



**U.S. Department of Labor**  
1-866-487-2365



**U.S. Department of Justice**



**Office of Special Counsel**



**1-800-336-4590**

Publication Date — April 2017

## DISCRIMINATION IS AGAINST THE LAW

State of Indiana Employee Health Plans comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. State of Indiana Employee Health Plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

State of Indiana Employee Health Plans:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact State Personnel, Employee Relations Division.

If you believe that the State of Indiana Employee Health Plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: State Personnel Department, Employee Relations Division, 402 W. Washington St, Room W161, Indianapolis, IN 46204, 1-855-773-4647, V/TTY 1-317-232-4555, Fax 317-232-3089, Email [EmployeeRelations@spd.in.gov](mailto:EmployeeRelations@spd.in.gov). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the State Personnel Employee Relations Division is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-248-0007 (TTY: 1-317-232-4555).

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( TTY : 1-317-232-4555 ) .



ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-248-0007 (TTY: 1-317-232-4555).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-248-0007 (TTY: 1-317-232-4555).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 1-877-248-0007 (TTY: 1-317-232-4555) သို့ ခေါ်ဆိုပါ။

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-248-0007 (رقم هاتف الصم والبكم: 1-317-232-4555).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-248-0007 (TTY: 1-317-232-4555)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-248-0007 (TTY: 1-317-232-4555).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-248-0007 (ATS : 1-317-232-4555).

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-248-0007 (TTY:1-317-232-4555) まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-248-0007 (TTY: 1-317-232-4555).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-248-0007 (TTY: 1-317-232-4555).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-248-0007 (телетайп: 1-317-232-4555).

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿੰਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਿਓਂ ਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿਧ ਹੈ। 1-877-248-0007 (TTY: 1-317-232-4555) 'ਤੇ ਕਾਲ ਕਰੋ।

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-248-0007 (TTY: 1-317-232-4555) पर कॉल करें।

## Affordable Care Act: Section 6055 and 6056

In accordance with Section 6055 and 6056 of the Internal Revenue Code under the Affordable Care Act (ACA), the state is required to file health coverage information to the IRS by completing an information return along with furnishing statements to individuals who are or have been employed by the state during the year. The IRS will use the information gathered to determine if the employee was in compliance with the individual shared responsibility provision in section 5000A.

Under the Affordable Care Act large employers, such as the State of Indiana, are required to request dependent social security numbers for use in completing IRS forms, 1094-C and 1095-C. Listed below are four methods in which you may report this information to the Benefits Division.

<b>Phone/Fax</b>	<b>Mail</b>	<b>PeopleSoft Self Service</b>
317-232-1167 (Indianapolis area)	State Personnel Department Attn: Benefits Division. 402 W Washington St. Room W161 Indianapolis, IN 46204-2261	Go to <a href="http://www.in.gov">www.in.gov</a> Click on PeopleSoft HR Log in using your unique user ID and password Click on Main Menu Click Self Service Click Benefits Click Dependent/Beneficiary Info Click Edit Enter the SSN Click Save Sign out of PeopleSoft
877-248-0007 (outside Indianapolis)		
Fax 317-232-3011		

All names and social security numbers in PeopleSoft must match the information listed on you and your dependents social security card. If you decide to report the information via phone, fax or email you must provide the Benefits Division with a copy of your social security card along with your dependents. It is your responsibility to ensure that the correct information is in PeopleSoft for you and all of your dependents. If it is identified that PeopleSoft has an incorrect name or social security number on file for either you or one of your dependents, you will be required to provide documentation to State Personnel Benefits to correct your record. Please note, if you do not provide your dependent's social security number the IRS may be unable to match the information you provide on your tax return. This may result in receiving an inquiry from the IRS or being liable for a shared responsibility payment.

If you have any questions regarding this notice, please do not hesitate to call the Benefits Hotline at 317-232-1167 or toll free at 877-248-0007 (if outside of Indianapolis). Your prompt response is greatly appreciated. Thank you in advance for your time and cooperation.

## **NOTICE REGARDING WELLNESS PROGRAM**

Indiana's wellness program & non-tobacco use incentives are voluntary and available to all individuals enrolled in the State health insurance plans. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participants health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be encouraged to complete:

- a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease); and
- a biometric screening, which will include a blood test for total cholesterol, HDL, LDL, triglycerides and fasting blood glucose.

You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program may receive incentives.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you the wellness program services, such as goal setting, educational activities, fitness recommendations, or health coaching. You also are encouraged to share your results or concerns with your own doctor.

Additional incentives (such as a \$35 bi-weekly premium discount) may be available for plan participants who participate in certain health-related activities (e.g., enter into the Non-Tobacco Use Agreement).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Hotline: [SPDBenefits@spd.in.gov](mailto:SPDBenefits@spd.in.gov) or 877-248-0007.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the State of Indiana may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable

accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are registered/licensed health care providers (in order to provide you with services), or as necessary for plan administration.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be protected, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, or complaints about the wellness program, please contact the Benefits Hotline: [SPDBenefits@spd.in.gov](mailto:SPDBenefits@spd.in.gov) or 877-248-0007.