




 <b>Indiana University</b> <a href="http://hr.iu.edu/benefits">hr.iu.edu/benefits</a>	 <b>IU Health Physicians</b> <a href="https://team.myiuhealth.org/benefits">https://team.myiuhealth.org/benefits</a>
<b>MEDICAL</b>	
<ul style="list-style-type: none"> <li>Four coverage levels: Employee Only, Employee+Spouse, Employee+Children, or Family</li> <li>Premium based on plan, coverage level, and combined IU/IUHP salary.</li> <li>Sign Tobacco-free Affidavit each year to certify that you and/or your spouse do not use tobacco to receive \$25 premium reduction (\$50 for both).</li> <li>Three plans available to choose from:             <ul style="list-style-type: none"> <li><b>IU Health High Deductible Health Plan &amp; Health Savings Account (IU Health HDHP &amp; HSA)</b> <ul style="list-style-type: none"> <li><b>In-network benefits:</b> <ul style="list-style-type: none"> <li>IU Health Physician network available in most Indiana counties</li> <li>Employee-only coverage: <b>\$2,700</b> deductible/<b>\$5,400</b> OOPM</li> <li>All other coverage levels: <b>\$5,400</b> deductible/<b>\$6,800</b> OOPM</li> </ul> </li> <li><b>No out-of-network benefits</b> except emergency</li> </ul> </li> <li><b>Anthem PPO High Deductible Health Plan &amp; Health Savings Account (Anthem PPO HDHP &amp; HSA)</b> <ul style="list-style-type: none"> <li><b>In-network benefits:</b> <ul style="list-style-type: none"> <li>Nationwide and overseas network</li> <li>Employee-only coverage: <b>\$1,700</b> deductible/<b>\$3,400</b> OOPM</li> <li>All other coverage levels: <b>\$3,400</b> deductible/<b>\$6,800</b> OOPM</li> </ul> </li> <li><b>Out-of-network benefits</b> with separate deductibles/OOPM</li> </ul> </li> <li><b>Anthem PPO \$500 Deductible</b> <ul style="list-style-type: none"> <li><b>In-network benefits:</b> <ul style="list-style-type: none"> <li>Nationwide and overseas network</li> <li>Deductible: <b>\$500</b> per individual/<b>\$1,500</b> family max</li> <li>OOP Max: <b>\$2,400</b> per individual/<b>\$7,200</b> family max</li> </ul> </li> <li><b>Out-of-network benefits</b> with separate deductibles/OOPM</li> </ul> </li> </ul> </li> </ul>	<b>Do Not Enroll</b>
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>	
<ul style="list-style-type: none"> <li>Must be enrolled in HDHP</li> <li>Contribute from <b>\$300 up to IRS max</b> each year for health expenses             <ul style="list-style-type: none"> <li><b>IU Health HDHP &amp; HSA</b> <ul style="list-style-type: none"> <li>IU contribution: <b>\$1,600</b> employee-only/<b>\$3,200</b> all other coverage levels</li> </ul> </li> <li><b>Anthem PPO HDHP &amp; HSA</b> <ul style="list-style-type: none"> <li>IU contribution: <b>\$1,300</b> employee-only/<b>\$2,600</b> all other coverage levels</li> </ul> </li> </ul> </li> </ul>	<b>N/A</b>
<b>PRESCRIPTIONS</b>	
<ul style="list-style-type: none"> <li>Included with medical plan coverage with no additional premium.</li> <li>Preventive prescriptions covered at 100%             <ul style="list-style-type: none"> <li><b>IU Health HDHP &amp; HSA</b> <ul style="list-style-type: none"> <li><b>In-network:</b> 20% coinsurance after deductible</li> </ul> </li> <li><b>Anthem PPO HDHP &amp; HSA</b> <ul style="list-style-type: none"> <li><b>In-network:</b> 20% coinsurance after deductible</li> </ul> </li> <li><b>Anthem PPO \$500 Deductible</b> <ul style="list-style-type: none"> <li><b>In-network:</b> <ul style="list-style-type: none"> <li>\$8/\$25/\$45 for 30-day retail supply</li> <li>\$20/\$62/\$112 for 90-day CVS retail &amp; mail order and 30-day specialty</li> <li>OOP max: <b>\$6,150</b> per individual/<b>\$9,900</b> family max</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<b>N/A</b>
<b>VISION</b>	
<ul style="list-style-type: none"> <li>Included with medical plan coverage with no additional premium.             <ul style="list-style-type: none"> <li><b>IU Health HDHP &amp; HSA:</b> EyeMed</li> <li><b>Anthem PPO HDHP and Anthem \$500:</b> Anthem Blue View Vision</li> </ul> </li> <li>Annual eye exam (\$10 copay) and eye wear (frames, lenses, contacts) with specific allowances.</li> </ul>	<ul style="list-style-type: none"> <li>Separate plan through EyeMed</li> <li>Annual eye exam (\$10 copay) and eye wear (frames, lenses, contacts) with specific allowances.</li> <li>Option to elect on voluntary basis, but receive vision coverage under IU medical plan.</li> </ul>

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<b>DENTAL</b>	
<ul style="list-style-type: none"> <li>One Plan: <b>CIGNA Dental PPO</b></li> <li>Four coverage levels: Employee Only, Employee+Spouse, Employee+Children, or Family</li> <li>Premium based on coverage level and combined IU/IUHP salary.</li> <li>Preventive cleanings/exams = Two per member per year covered at <b>100%</b></li> <li>Deductible = <b>\$25</b> per member</li> <li>Annual benefit limit = <b>\$1,200</b> per member (for each member who receives at least one preventive cleaning/exam per calendar year, their annual benefit limit will increase by \$100 in the subsequent year, up to a \$1,500 maximum)</li> <li>Child orthodontia = <b>\$1,000</b> lifetime limit</li> </ul>	<b>Do Not Enroll</b>
<b>FLEXIBLE SPENDING ACCOUNT</b>	
<ul style="list-style-type: none"> <li>Tax Saver Benefit (TSB) Plan</li> <li>Enroll in one or both accounts: <ul style="list-style-type: none"> <li>Health Care Spending Account*: contribute up to <b>\$2,750</b> per individual (<i>Special limitations apply if also enrolled in the Health Savings Account (HSA)</i>)</li> <li>Dependent Care Spending Account: contribute up to <b>\$5,000</b> per household</li> </ul> </li> <li>Requires annual election</li> <li>\$550 carryover of unused Healthcare Spending Account funds to next year</li> </ul>	<b>Do Not Enroll</b>
<b>BASE RETIREMENT PLAN</b>	
<ul style="list-style-type: none"> <li>IU contribution = <b>10% of annual IU base salary</b></li> <li>403(b) defined contribution plan</li> <li>3 year cliff vesting</li> <li>Investment Vendor: Fidelity</li> </ul>	<ul style="list-style-type: none"> <li>IUHP contribution = <b>100% match of first 4% of employee contributions</b> up to IRS comp limit</li> <li>401(k)</li> <li>Immediate vesting</li> <li>Additional discretionary employer contribution based on IUHP salary (minus IUHP-funded red check) up to IRS comp limit</li> <li>Learn more at <a href="http://www.iuhretirement.com">www.iuhretirement.com</a></li> </ul>
<b>SUPPLEMENTAL RETIREMENT PLAN</b>	
<ul style="list-style-type: none"> <li>Two plans available: <ul style="list-style-type: none"> <li><b>IU Tax Deferred Account (TDA) Plan—403(b)</b> <ul style="list-style-type: none"> <li>Participation NOT recommended in this plan due to IRS aggregation rules requiring coordination with IUHP's 401(k)</li> <li>Automatically enrolled at <b>5% contribution level</b></li> <li><b>Must waive enrollment in this plan via online process</b></li> <li>Can defer up to IRS limit annually (additional \$6,500 catch-up if age 50+)</li> <li>Make pre-tax or after-tax (Roth) contributions</li> <li>Investment Vendor: Fidelity</li> </ul> </li> <li><b>IU 457b Retirement Plan—457(b)</b> <ul style="list-style-type: none"> <li>Can defer up to IRS limit (\$19,500 for 2021) annually (additional \$6,500 catch-up if age 50+; additional \$19,500 special catch-up for those age 62, 63, and 64)</li> <li>Make pre-tax or after-tax (Roth) contributions</li> <li>Investment Vendor: Fidelity</li> </ul> </li> </ul> </li> </ul>	<b>N/A</b>
<b>BASIC LIFE INSURANCE</b>	
<ul style="list-style-type: none"> <li>Death benefit = <b>2X annual IU base salary up to \$50K maximum</b></li> <li>Provides insurance for eligible dependents: \$3K for spouse/\$1K for children</li> <li>Additional Services: Travel Assistance, Life Services Toolkit (assistance with estate planning, funeral arrangements, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Death benefit = <b>2X annual IUHP salary up to \$500K maximum</b></li> </ul>
<b>SUPPLEMENTAL LIFE INSURANCE</b>	
<ul style="list-style-type: none"> <li>Voluntary plan</li> <li>Can elect from <b>1–4X annual IU salary</b></li> </ul>	<ul style="list-style-type: none"> <li>Voluntary plan</li> <li>Can elect from <b>\$5K–\$500K benefit amount</b></li> </ul>

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<b>DEPENDENT SUPPLEMENTAL LIFE</b>	
<ul style="list-style-type: none"> <li>• Voluntary plan</li> <li>• Must be enrolled in Supplemental Group Life Insurance for employee</li> <li>• Spouse Options: <b>\$10,000, \$20,000, \$30,000, or \$45,000</b></li> <li>• Child(ren) Option: <b>\$10,000</b> per child (birth through age 25)</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary plan</li> <li>• Two options available: <ul style="list-style-type: none"> <li>– Option 1: <b>\$10,000</b> spouse/<b>\$3,000</b> child</li> <li>– Option 2 <b>\$25,000</b> spouse/<b>\$7,500</b> child</li> </ul> </li> </ul>
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D) INSURANCE</b>	
<ul style="list-style-type: none"> <li>• Voluntary plan available for employee &amp; eligible dependents</li> <li>• Benefit amounts employee or family: <b>\$30K–\$500K</b></li> <li>• Living and death benefit</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary plan available for employee &amp; eligible dependents</li> <li>• Benefit amounts employee/spouse: <b>\$10K–\$500K</b></li> <li>• Benefit amounts children: <b>\$2K–\$50K</b></li> <li>• Living and death benefit</li> </ul>
<b>SHORT TERM DISABILITY</b>	
<p><b>N/A</b></p>	<ul style="list-style-type: none"> <li>• <b>6 weeks at 100%</b> of IUHP salary up to \$3,500/week, 14 day waiting period (salary continuation for all FMLA qualifying events except parental leave)</li> <li>• Parental Leave: <b>2 continuous weeks at 100%</b> of IUHP benefits salary up to \$3,500/week. No waiting period.</li> <li>• Voluntary benefit available in two options: <ul style="list-style-type: none"> <li>– <b>70%</b> benefit (<b>\$3,500</b> per week max) up to 180 days; 8 week waiting period</li> <li>– <b>60%</b> benefit (<b>\$2,500</b> per week max) up to 180 days; 14 day waiting period</li> </ul> </li> </ul>
<b>LONG TERM DISABILITY</b>	
<ul style="list-style-type: none"> <li>• Voluntary benefit</li> <li>• Replaces up to <b>60%</b> of IU salary up to <b>\$10K</b> per month max</li> <li>• 90– or 180–day waiting period</li> <li>• Optional Annuity Contribution Benefit which contributes to retirement annuity fund</li> </ul>	<ul style="list-style-type: none"> <li>• Provided benefit</li> <li>• Replaces up to <b>50%</b> of base monthly pay up to <b>\$8,333</b> per month max</li> <li>• 180–day waiting period</li> <li>• Voluntary buy-up (<b>additional 10%</b> up to a max monthly benefit of \$1,667); 180 day waiting period</li> </ul>
<b>TUITION BENEFIT</b>	
<ul style="list-style-type: none"> <li>• Provides a subsidy toward tuition cost for Indiana University classes. Applies to employee, spouse and dependent children.</li> </ul>	<ul style="list-style-type: none"> <li>• Designated health careers only–information available on the <i>My IU Health Team Member Portal</i> under My Life &amp; Career, My Pay and Benefits, Tuition Reimbursement</li> </ul>
<b>OTHER BENEFITS</b>	
<ul style="list-style-type: none"> <li>• Phased Retirement Program for Faculty</li> <li>• Care@Work (child, elder, home, pet care) premium membership, senior care solutions, and backup care</li> <li>• WW (Weight Watchers Reimagined) membership</li> <li>• Quit for Life® tobacco cessation program</li> <li>• SupportLinc Employee Assistance Program (EAP)</li> <li>• 24-Hour Nurse Line</li> <li>• Telehealth</li> <li>• Healthy IU (Workplace Wellness Program)</li> <li>• Work+Life resources and programming</li> </ul>	<ul style="list-style-type: none"> <li>• IUHP Voluntary Benefits – information available on the <i>My IU Health Team Member Portal</i> under My Life &amp; Career, My Pay and Benefits, Tuition Reimbursement</li> </ul>
<b>ENROLLMENT INFORMATION</b>	
<a href="http://hr.iu.edu/enroll/index.html">hr.iu.edu/enroll/index.html</a>	Benefits enrollment via <i>Oracle</i> from the main team member website.
<b>CONTACT INFORMATION</b>	
IU Human Resources Customer Care (812) 856-1234 <a href="mailto:askhr@iu.edu">askhr@iu.edu</a>	IU Health Physicians Human Resources (317) 962-0700 phone (317) 968-1007 fax <a href="mailto:scantoiuhphr@iuhealth.org">scantoiuhphr@iuhealth.org</a>