

**2020 BENEFITS  
OPEN ENROLLMENT**

[www.in.gov/spd/OpenEnrollment](http://www.in.gov/spd/OpenEnrollment)

**Oct. 30 - Nov. 20**

Deadline: Wednesday  
Nov. 20 by noon EST

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**SPD Benefits  
October 30 through  
November 20, 2019 at noon EST**

**Look Again – Find the Right Fit**



**Indiana State  
Personnel Department**

# Wellness

- Wellness CDHP will no longer be offered
- Employees who qualified for the Wellness Premium Discount can use this discount on any medical plan selected
- Premium reduction will be automatically reflected
- If enrolled in Wellness CDHP for 2019, plan will default to CDHP 1 for 2020, unless another plan is selected.

## Wellness Premium Discount:

- Single = \$374.44
- Family = \$1,123.20



# CDHP 1

- No premium increase!
- Premiums for the CDHP 1 with the wellness incentive rate are **lower** than the current Wellness CDHP rates

2020			2019	2019
Plan	Coverage	Bi-Weekly Employee Rate	CDHP 1 Bi-Weekly Employee Rate	Wellness CDHP Bi-Weekly Employee Rate
CDHP 1	Single	\$68.84	\$68.84	
	Family	\$138.80	\$138.80	
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$33.84	\$33.84	
	Family	\$103.80	\$103.80	
<b>Wellness Incentive Rates</b>				
CDHP 1	Single	\$54.44		\$54.98
	Family	\$95.60		\$98.48
CDHP 1 W/ Non-Tobacco Use Incentive	Single	\$19.44		\$19.98
	Family	\$60.60		\$63.48



# CDHP 1 (continued)

- Deductible is the same
  - Single: \$2,500
  - Family: \$5,000
- Out-of-Pocket is the same
  - Single: \$4,000
  - Family: \$8,000
- Family Individual Embedded Out-of-Pocket no longer applies
- Coinsurance amounts are the same
  - 80% / 20% for in-network services after the deductible
- Prescription Copays and Coinsurance are the same



# CDHP 2

- Premiums are decreasing!

Plan	Coverage	2020	2019
		Bi-Weekly Employee Rate	Bi-Weekly Employee Rate
CDHP 2	Single	\$81.90	\$159.20
	Family	\$186.54	\$391.82
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$46.90	\$124.20
	Family	\$151.54	\$356.82
<b>Wellness Incentive Rates</b>			
CDHP 2	Single	\$67.50	
	Family	\$143.34	
CDHP 2 W/ Non-Tobacco Use Incentive	Single	\$32.50	
	Family	\$108.34	



## CDHP 2 (continued)

- Deductible is increasing
  - Single: \$1,500 to \$1,750
  - Family: \$3,000 to \$3,500
- Out-of-Pocket is the same
  - Single: \$3,000
  - Family: \$6,000
- Coinsurance amounts are the same
  - 80% / 20% for in-network services after the deductible
- Prescription Copays and Coinsurance are the same



# Traditional Plan

- Premiums are decreasing!

Plan	Coverage	2020	2019
		Bi-Weekly Employee Rate	Bi-Weekly Employee Rate
Traditional	Single	\$134.40	\$397.40
	Family	\$374.64	\$1,062.26
Traditional W/ Non-Tobacco Use	Single	\$99.40	\$362.40
	Family	\$339.64	\$1,027.26
<b>Wellness Incentive Rates</b>			
Traditional	Single	\$120.00	
	Family	\$331.44	
Traditional W/ Non-Tobacco Use	Single	\$85.00	
	Family	\$296.44	



# Traditional Plan (continued)

- Deductible is increasing
  - Single: \$750 to \$1,000
  - Family: \$1,500 to \$2,000
- Out-of-Pocket is decreasing
  - Single: \$3,000 to \$2,500
  - Family: \$6,000 to \$5,000
- Coinsurance amounts are decreasing
  - 2019: 30% / 70%\*
  - 2020: 20% / 80%\*
- Prescription copays and coinsurance are decreasing
  - Generic: \$20 to \$10\*
  - Preferred Brand Name: 30% to 20%\*
  - Non-Preferred Brand Name: 50% to 40%\*
  - Specialty: 50% to 40%\*

\*in-network services after deductible





# Plan Specifics - Medical

	CDHP 1		CDHP 2		Traditional Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible						
Single	\$2,500		\$1,750		\$1,000	
Family	\$5,000		\$3,500		\$2,000	
Out-of-Pocket Maximum						
Single	\$4,000		\$3,000		\$2,500	
Family	\$8,000		\$6,000		\$5,000	
Office Visit	20%	40%	20%	40%	20%	40%
Inpatient	20%	40%	20%	40%	20%	40%
Emergency Room	20%	20%	20%	20%	20%	20%
Urgent Care	20%	20%	20%	20%	20%	20%
Wellness and Prevention	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)	0% (no deductible)	40% (no deductible)



# Bi-Weekly Medical Plan Rates

Plan	Single	Family
CDHP1	\$68.84	\$138.80
CDHP1 (w/ non-tobacco use incentive)	\$33.84	\$103.80
CDHP2	\$81.90	\$186.54
CDHP2 (w/ non-tobacco use incentive)	\$46.90	\$151.54
Traditional	\$134.40	\$374.64
Traditional (w/ non-tobacco use incentive)	\$99.40	\$339.64
<b>Wellness Incentive Rate</b>		
CDHP1	\$54.44	\$95.60
CDHP1 (w/ non-tobacco use incentive)	\$19.44	\$60.60
CDHP2	\$67.50	\$143.34
CDHP2 (w/ non-tobacco use incentive)	\$32.50	\$108.34
Traditional	\$120.00	\$331.44
Traditional (w/ non-tobacco use incentive)	\$85.00	\$296.44



# Prescription Coverage

## CVS Caremark

- Prescription benefit copay and coinsurance tier design will change for the Traditional plan
- Large network of participating pharmacies
  - There is no requirement to switch to a CVS pharmacy
  - For a full list of in-network pharmacies near you, please visit [www.caremark.com](http://www.caremark.com)
  - 90-Day refills can be filled through CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations
- Point-of-Sale Rebates
  - Reduces employee cost of prescription prior to deductible being met
  - Example: List price \$250, Rebate \$100 – your cost will be \$150
- User friendly CVS Caremark website and mobile app
  - Review your mail order prescriptions
  - Check drug costs and coverage
  - Find network pharmacies
  - Keep track of prescription spending
  - Transfer or submit a prescription by submitting picture of prescription or prescription label



# Plan Specifics - Prescription

Prescription Drug	CDHP 1		CDHP 2		Traditional Plan	
	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)	Retail (up to 30 days)	Mail or CVS Pharmacy (up to 90 days)
Preventive (ACA mandated)	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible
Generic Medicines	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay
Formulary: Preferred Brand-Name Medicines	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
Non-Preferred Brand-Name Medicines	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
Specialty Medicines	40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)		40% Min \$75, Max \$150 (30 day supply)	



# Non-Tobacco Use Agreement Policy Change

- Only proof of use of an FDA approved Nicotine Replacement Therapy product will be accepted as evidence to rebut the presumption of tobacco use that constitutes a breach of the Non-Tobacco Use Agreement.
  - FDA approved medications for smoking cessation can be found at <https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-products-can-help>.
  - Vaping and E-cigarettes products are not legitimate, FDA approved nicotine replacement therapy products



# Non-Tobacco Use Incentive

**Incentive for 2020 is a \$35 reduction in your bi-weekly health plan premium.**

1. I agree to abstain from using any tobacco products during 2020.
2. I understand that to receive the reduction in premium, I may be subject to cheek swab tests for cotinine (an alkaloid in tobacco and metabolite of nicotine), and I agree to submit to such testing. A positive test result creates a rebuttable presumption of tobacco use and breach of this agreement. Refusal to submit to testing constitutes a breach of this agreement.
3. I understand and agree **if I accept this agreement and later use tobacco or otherwise breach this agreement, my employment will be terminated**, for breach of this agreement and inappropriately taking the \$35.00 bi-weekly premium reduction.
4. The only exception to the job loss penalty is if I revoke this agreement by logging into PeopleSoft and completing the self-service process to revoke my agreement prior to using any tobacco product.
5. Only **proof of use of an FDA approved Nicotine Replacement Therapy product will be accepted as evidence to rebut the presumption of tobacco use that constitutes breach of this agreement.** FDA approved medications for smoking cessation can be found at <https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-products-can-help>. Vaping and e-cigarette products are not legitimate, FDA approved nicotine replacement therapy products.
6. If I breach or revoke this agreement, I agree to repay the State of Indiana for each \$35.00 bi-weekly premium reduction I received for 2020. This repayment may be made via payroll deduction if I remain employed with the State of Indiana after the revocation requiring repayment.
7. For enforcement of this agreement, I consent to the release of cotinine test results to management representatives of my employer. Otherwise, disclosure of the cotinine test results are restricted consistent with the [Notice of Indiana State Employee Group Insurance Plan - Privacy Practices, http://www.in.gov/spd/files/HIPAA-Privacy-Notice.pdf](http://www.in.gov/spd/files/HIPAA-Privacy-Notice.pdf).

Notice: 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.



# Health Savings Account (HSA)

- Funded at 45% of the deductible
- This is an increase from 40% last year for CDHP 1 and CDHP 2

Plan	2020 Initial Contribution	2020 Bi-weekly Contribution	2020 Annual Employer Contribution	2019 Annual Employer Contribution
HSA 1 Single	\$562.38	\$21.63	\$1,124.76	\$1,001.52
HSA 1 Family	\$1,124.76	\$43.26	\$2,249.52	\$2,003.04
HSA 2 Single	\$393.90	\$15.15	\$787.80	\$599.04
HSA 2 Family	\$787.80	\$30.30	\$1,575.60	\$1,198.08

- HSA single and family annual maximum contribution limits are increasing
  - Single: \$3,550
  - Family: \$7,100
  - Catch-up provision for individuals over the age of 55 is \$1,000



# HSA Reminders

- HSAs are available to eligible employees that are enrolled in the CDHP 1 or CDHP 2 medical plans
- The contributions to your HSA are pre-tax/tax-deductible
- You use the money in the account to pay for qualified medical expenses for yourself, your spouse and your dependent children (regardless if they are covered under your medical plan)
- It is your responsibility to keep track of your HSA spending and make sure they are in accordance with IRS guidelines
- There are tax penalties if you use your HSA funds for purposes other than qualified medical expenses





# HSA Eligibility Requirements

You are not eligible to open or contribute to a HSA if you:

- Are enrolled in another medical insurance plan (unless it is a qualified CDHP)
- Are enrolled in Medicare (Part A or B)
- Are enrolled in Medicaid (Healthy Indiana Plan – HIP)
- Are enrolled in Tricare
- Have used VA Benefits for anything other than preventive services in the past three months
- Are claimed as a dependent on another person's tax return – Note: this does not include filing jointly with a spouse
- Have, or are eligible to use, a general purpose flexible spending account (FSA) – Note: this does not include a limited purpose flexible spending account



# Maximum Exposure

With an HSA	Single			Family		
	CDHP 1	CDHP 2	Traditional	CDHP 1	CDHP 2	Traditional
Annual Employee Premium	\$879.84	\$1,219.40	\$2,584.40	\$2,698.80	\$3,940.04	\$8,830.64
Maximum Out-of-Pocket Cost	\$4,000	\$3,000	\$2,500	\$8,000	\$6,000	\$5,000
State Paid HSA Contribution	(\$1,124.76)	(\$787.80)	N/A	(\$2,249.52)	(\$1,575.60)	N/A
<b>Total Exposure</b>	<b>\$3,755.08</b>	<b>\$3,431.60</b>	<b>\$5,084.40</b>	<b>\$8,449.28</b>	<b>\$8,364.44</b>	<b>\$13,830.64</b>

Without an HSA	Single			Family		
	CDHP 1	CDHP 2	Traditional	CDHP 1	CDHP 2	Traditional
Annual Employee Premium	\$879.84	\$1,219.40	\$2,584.40	\$2,698.28	\$3,940.04	\$8,830.64
Maximum Out-of-Pocket Cost	\$4,000	\$3,000	\$2,500	\$8,000	\$6,000	\$5,000
<b>Total Exposure</b>	<b>\$4,879.84</b>	<b>\$4,219.40</b>	<b>\$5,084.40</b>	<b>\$10,698.28</b>	<b>\$9,940.04</b>	<b>\$13,830.64</b>

## Wellness Incentive Rates

With an HSA	Single			Family		
	CDHP 1	CDHP 2	Traditional	CDHP 1	CDHP 2	Traditional
Annual Employee Premium	\$505.44	\$845.00	\$2,210.00	\$1,575.60	\$2,816.84	\$7,707.44
Maximum Out-of-Pocket Cost	\$4,000	\$3,000	\$2,500	\$8,000	\$6,000	\$5,000
State Paid HSA Contribution	(\$1,124.76)	(\$787.80)	N/A	(\$2,249.52)	(\$1,575.60)	N/A
<b>Total Exposure</b>	<b>\$3,380.68</b>	<b>\$3,057.20</b>	<b>\$4,710.00</b>	<b>\$7,326.08</b>	<b>\$7,241.24</b>	<b>\$12,707.44</b>

Without an HSA	Single			Family		
	CDHP 1	CDHP 2	Traditional	CDHP 1	CDHP 2	Traditional
Annual Employee Premium	\$505.44	\$845.00	\$2,210.00	\$1,575.60	\$2,816.84	\$7,707.44
Maximum Out-of-Pocket Cost	\$4,000	\$3,000	\$2,500	\$8,000	\$6,000	\$5,000
<b>Total Exposure</b>	<b>\$4,505.44</b>	<b>\$3,845.00</b>	<b>\$4,710.00</b>	<b>\$9,575.60</b>	<b>\$8,816.84</b>	<b>\$12,707.44</b>

A) Examples assume employee takes advantage of the Non-Tobacco Use Incentive

B) Examples assume costs are incurred within the Anthem provider network



# Case Study 1

The Williams' are a middle aged couple with family health care coverage. Both Mr. and Mrs. Williams have annual physicals which include vaccines and routine lab work. Mrs. Williams also has an routine annual mammogram. On January 15th, Mrs. Williams visits the local ER believing she is having a heart attack. This is ultimately diagnosed, after multiple tests, as an anxiety attack and she is released from the ER and sent home. Between them, the Williams, take three generic medicines for chronic conditions which are filled at a retail pharmacy every month on the 20th. The Williams' use only in network providers for their health care needs and have accepted the non-tobacco use agreement. They also qualified for the 2020 Wellness Premium Discount.

## Claim Cost Submitted to Insurance

Description	Amount	Date
Annual Physicals	\$ 260.00	January
Routine Labs w/ Physicals	\$ 84.00	January
Vaccines w/ Physicals	\$ 180.00	January
Annual Mammogram	\$ 138.00	January
ER visit with Tests	\$ 3,000.00	January
Generic Chronic Condition RX	\$ 100.00	Monthly
<b>Total Cost of Services</b>	<b>\$ 4,862.00</b>	



# Case Study 1 (cont.)

	CDHP 1	CDHP 2	Trad
<b>Family Coverage:</b>			
Annual Deductible	\$5,000.00	\$3,500.00	\$2,000.00
Out of Pocket Maximum	\$8,000.00	\$6,000.00	\$5,000.00
<b>Preventive Services</b>			
Annual Physicals	\$0.00	\$0.00	\$0.00
Routine Labs w/ Physicals	\$0.00	\$0.00	\$0.00
Vaccines w/ Physicals	\$0.00	\$0.00	\$0.00
Annual Mammogram	\$0.00	\$0.00	\$0.00
<b>Cost of Preventive Services</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>ER Visit</b>			
Applied to Deductible	\$3,000.00	\$3,000.00	\$2,000.00
Co Insurance	\$0.00	\$0.00	\$200.00
<b>Cost of ER Visit</b>	<b>\$3,000.00</b>	<b>\$3,000.00</b>	<b>\$2,200.00</b>
<b>Generic Chronic Condition RX</b>			
Applied to Deductible	\$1,200.00	\$500.00	\$0.00
Copay / Coinsurance	\$0.00	\$70.00	\$120.00
<b>Cost of Chronic Condition RX</b>	<b>\$1,200.00</b>	<b>\$570.00</b>	<b>\$120.00</b>
<b>Total Point of Service Employee Costs</b>	<b>\$4,200.00</b>	<b>\$3,570.00</b>	<b>\$2,320.00</b>
Employee Premium Contribution	\$1,575.60	\$2,816.84	\$7,707.44
State's HSA Contribution	(\$2,249.52)	(\$1,575.60)	\$0.00
<b>Net Cost to Employee</b>	<b>\$3,526.08</b>	<b>\$4,811.24</b>	<b>\$10,027.44</b>



# Case Study 2

Susan is a single, non Tobacco user, enrolled in the State's health care program. She has an annual physical exam in January which includes routine lab work and vaccinations. She also has an annual mammogram in connection with her physical. Susan suffers from an arthritic condition which is managed with the drug ENBREL (a Specialty Drug). Susan has chosen to self administer her treatment. Susan uses only in network providers for her health care needs and has accepted the non-tobacco use agreement. In addition, Susan also qualified to receive the 2020 Wellness Premium Discount.

## Claim Cost Submitted to Insurance

Description	Amount	Date
Annual Physical	\$ 130.00	January
Routine Labs w/ Physical	\$ 42.00	January
Vaccines w/ Physical	\$ 60.00	January
Annual Mammogram	\$ 138.00	January
ENBREL treatments / Month	\$ 2,740.00	Monthly
<b>Total Cost of Services</b>	<b>\$ 33,250.00</b>	



# Case Study 2 (cont.)

	CDHP 1	CDHP 2	Trad PPO
<b>Single Coverage:</b>			
Annual Deductible	\$2,500.00	\$1,750.00	\$1,000.00
Out of Pocket Maximum	\$4,000.00	\$3,000.00	\$2,500.00
<b>Preventive Services</b>			
Annual Physical	\$0.00	\$0.00	\$0.00
Routine Labs w/ Physical	\$0.00	\$0.00	\$0.00
Vaccines w/ Physical	\$0.00	\$0.00	\$0.00
Annual Mammogram	\$0.00	\$0.00	\$0.00
<b>Cost of Preventive Services</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>ENBREL treatments / Month</b>			
Applied to Deductible	\$2,500.00	\$1,750.00	\$1,000.00
Copay / Coinsurance	\$1,500.00	\$1,250.00	\$1,500.00
<b>Cost of ENBREL Treatments</b>	<b>\$4,000.00</b>	<b>\$3,000.00</b>	<b>\$2,500.00</b>
<b>Total Point of Service Employee Costs</b>	<b>\$4,000.00</b>	<b>\$3,000.00</b>	<b>\$2,500.00</b>
Employee Premium Contribution	\$505.44	\$845.00	\$2,210.00
State's HSA Contribution	(\$1,124.76)	(\$787.80)	\$0.00
<b>Net Cost to Employee</b>	<b>\$3,380.68</b>	<b>\$3,057.20</b>	<b>\$4,710.00</b>



# Dental Plan

- Dental exams and cleanings will be covered at 100% for network providers, limit 2 per year
- Annual maximum is \$1,500
- Orthodontic Services have a lifetime maximum to \$1,500 per eligible person
- No premium changes for Dental

Plan	2020 Bi-Weekly Rate
Dental Single	\$1.32
Dental Family	\$3.42



# Vision Plan

- Vision exams are \$10 for network providers, limit 1 per year
- Frame allowance is \$150
- Contact lens allowance is \$150
- \$25 Copay for in-network standard plastic lenses
- Look for Blue View Vision network providers at [www.anthem.com](http://www.anthem.com)
  - Select “Care & Cost Finder”
  - Enter Optometry in the search browser
- No premium changes to vision

Plan	2020 Bi-Weekly Rate
Vision Single	\$0.42
Vision Family	\$3.06





# Flexible Spending

- ASIFlex will be the new third party vendor
- Health Flexible Spending Account
  - Maximum Annual Contribution is increasing to \$2,700
- Limited Purpose Health Flexible Spending Account
  - Maximum Annual Contribution is increasing to \$2,700.
  - Can use for dental and vision expenses only until you reach the IRS set minimum annual deductible for a CDHP: \$1,400 for single and \$2,800 for family.
- Dependent Care Flexible Spending Account
  - Maximum Annual contribution is \$5,000

\* The Flexible Spending Accounts employee bi-weekly administrative fee is being paid by the State for 2020. Read the plan documents carefully, all FSA and Reimbursement plans have a use-it-or-lose-it provision.



# Commuter Benefit Reimbursement Account

- Administered by ASIFlex
- Allow employees to set aside money from paycheck pretax to pay for work-related commuting expenses
- Monthly maximum contribution of \$265
- Eligible expenses include:
  - Bus
  - Monorail
  - Train
  - Ferry
  - Streetcar
  - Subway
  - Rail
  - Trolley
  - Vanpool



# Life Insurance Plans Overview

## Coverage Options

- Basic Life and AD&D Insurance –150% of employees annual salary
- Supplemental Life Insurance – Maximum amount is 500k with evidence of insurability
- Voluntary AD&D Insurance – Maximum amount is 500k
- Dependent Life Insurance – Maximum amount is 20k



**Supplemental**  
\$10,000 - \$500,000



**Voluntary AD&D**  
\$10,000 - \$500,000

**Spouse**  
\$5,000 - \$20,000

**Child**  
\$5,000 - \$20,000



# Life Insurance (continued)

## Premium Reduction

- Premiums for Basic Life and AD&D and Supplemental life will be decreasing for 2020

Basic Life and AD&D	
Bi-weekly rate per \$1,000 of salary	\$0.098
Supplemental term life	
Age	Biweekly rate per \$1,000 of coverage
Under 39	\$0.041
40 - 44	\$0.066
45 - 49	\$0.107
50 - 54	\$0.165
55 - 59	\$0.264
60 - 64	\$0.379
65 and older	\$0.611



# Life Insurance (continued)

## One – Time Guarantee Issue for Supplemental Life

- May enroll in Supplemental Life in the amount of \$10,000
- May increase coverage in increment of \$10,000, not to exceed a maximum of \$200,000
- Eligibility
  - Must be enrolled in Basic Life and AD&D
  - Available to employees who have not previously been denied coverage through Securian’s Evidence of Insurability (EOI) process
  - Must be actively working
- To increase coverage, you must actively select your new coverage amount within Open Enrollment



# Life Insurance (continued)

## Additional changes not requiring Evidence of Insurability (EOI)

- Elect Voluntary AD&D coverage up to \$500,000 (in \$10,000 increments)\*
- Elect Child Only Dependent Life insurance coverage up to \$20,000 (in \$5,000 increments)\*
- Reduce or waive life insurance coverage

\* Must be enrolled in Basic Life and AD&D



# Life Insurance (continued)

## Changes Requiring Evidence of Insurability Approval

- Enroll into Basic Life and AD&D insurance coverage in the amount of 150% of employees annual salary.
- Enroll in Supplemental Life Insurance
  - If requesting over \$10,000 in coverage or if previously denied coverage through EOI
- Increase your Supplemental Life Insurance coverage up to \$500,000 (in \$10,000 increments)\*
  - If requesting to increase more than the one-time guarantee issue amount or if previously denied coverage through EOI process
  - Note: the limit for employees over the age of 65 is \$200,000
- Enroll or increase your Spouse only or Spouse & Child(ren) Dependent Life insurance coverage up to \$20,000 (in \$5,000 increments)\*

\* To be eligible, you must be enrolled in Basic Life and AD&D



# Eligible Dependent

“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.





# The Big Picture

## Making strides towards better overall health

The state continues to offer many tools and programs to help lower costs and provide the greatest access to care

- Invest In Your Health ([www.investinyourhealthindiana.com](http://www.investinyourhealthindiana.com))
- LiveHealth Online
  - Acute care
  - Behavioral health services
- Employee Assistance Program (EAP)



# LiveHealth Online

- Have a doctor by your side 24/7
- Face-to-face interaction with a doctor through your mobile device or computer with a webcam
- No appointments, no driving and no waiting at an urgent care center
- Use for common health concerns
  - Colds, Flu, Fever, Rashes, Infections, Allergies, etc.
  - Psychology
- Affordable
  - Cost of an online doctor is typically \$59 for acute care visits before your deductible has been met.
  - Psychology visits are similar in cost to office therapy visit.
- How does it work?
  - Go to [www.livehealthonline.com](http://www.livehealthonline.com) or use the mobile app
  - Establish an account
  - Simply click on a doctor's photo and click connect



# Employee Assistance Program (EAP)

- **Counseling sessions:** 8 face-to-face sessions, per issue, per year with a licensed therapist – no deductibles or copays
- **ID recovery and credit monitoring:** Assess your risk level and identify steps to resolve potential identity theft.
- **Member center:** Includes access to a listing of EAP providers in your preferred area and routine counseling referral service.
- **Smoking cessation:** Access telephonic tobacco cessation coaching for smoking and chewing.
- **Convenience services:** Obtain resources and information on pet sitters, educational choices for you or your children, summer camp programs and much more
- **Assistance with legal and financial concerns**
- **Dependent care referrals**
- **Website:** [www.anthem.EAP.com](http://www.anthem.EAP.com)
- **Free 24 hour, seven day a week phone access (800) 223-7723**



# Free EAP Counseling 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](https://livehealthonline.com)
- Sign up or log in to LiveHealth Online
- 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. 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 three free visits.
- You will then be connected to the therapist



# Diabetes Prevention Programs

## Lifestyle change program with proven results for employees with Type 2 Diabetes

- Goals of the program
  - Lose at least 5% of beginning body weight
  - Increase physical activity to 150 minutes weekly
- Employees have seen a drop in their weight and fasting blood glucose levels
- Eligibility criteria
  - Be at least 18 years of age,
  - Have a BMI of 24 or greater (Asian American BMI 22 or greater), and/or
  - Have a past history of gestational diabetes
- Working on expanding access to programs across the state
  - Statewide list of program locations can be found at [www.preventdiabetes.isdh.in.gov](http://www.preventdiabetes.isdh.in.gov)
    - Some locations offer the program free of charge
    - Contact the National Diabetes prevention Program near you to see if there is a charge for the program



# Remember the Dates!

**October 30 through  
November 20, 2019 at noon EST**

