



The Torch

The official newsletter for Indiana state employees

Checklist

Check the list as you go

A good experience with open enrollment begins before you enroll. Use this checklist to help guide you through the steps to a successful Open Enrollment. So, before you sign on to sign up:

- Educate yourself about changes starting Jan. 1, 2013.
- Access your PeopleSoft account.
- Review your open enrollment record and carefully read the information.
- Confirm or update your personal information including your home and/or mailing address and phone number.
- Review your eligible dependents and beneficiaries. You need to enroll all eligible dependents in each plan. *Please note:* adult dependent children are eligible for coverage up until their 26th birthday.
- Check your current election or make new elections. It is important that you review the dependents enrolled on each of your plans.
- If you have health savings or flexible spending accounts, you need to re-elect or re-state your annual contribution amounts.
- Accept or decline the Non-Tobacco Use Incentive for 2013.
- Be sure to print an Election Summary after you have submitted your elections.

Open Enrollment

2013

Enroll Online Oct. 29 to Nov. 19 at noon EST

www.in.gov/spd/openenrollment
@INSPDBenefits on Twitter



INVEST IN YOUR HEALTH

This *special edition* is dedicated to 2013 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 State Personnel Department's website: www.in.gov/spd/openenrollment.



What's new?

Quick look at what's new for 2013

There are new rates for all medical plans.

There are a number of resources available to help you estimate your 2013 expenses, compare plans and become a more informed consumer.

The Non-Tobacco Use Incentive is increasing to \$35 bi-weekly. You can earn a \$910 reduction in premiums in 2013 if you pledge to abstain from any form of tobacco use.

In this issue:

- | | |
|----------|---|
| 2 | • HSA contributions
• Medical FSAs |
| 3 | • Plan options
• Effective dates |
| 4 | • Adult dependents
• Qualifying events |
| 5 | • PeopleSoft log in
• Anthem 360 |
| 6 | • Non-tobacco incentive
• Life insurance changes |
| 7 | • Dual coverage
• Medicare & HSAs |

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State continues to front-load HSA

The state continues to contribute 45 percent of the Consumer-Driven Health Plan (CDHP) annual deductible to your HSA in 2013. The initial contribution is made on the first paychecks in January. Employees enrolled in a CDHP effective from Jan. 1, 2013, through June 1, 2013, receive the full pre-fund amount. CDHPs effective after June 3, 2012, but before Dec. 3, 2013, 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, 2013.**

HSA type	Coverage	Initial contribution	Biweekly contribution	Monthly contribution	Maximum annual state contribution
HSA 1	Single	\$561.60	\$21.60	\$46.80	\$1,123.20
	Family	\$1,124.76	\$43.26	\$93.73	\$2,249.52
HSA 2	Single	\$336.96	\$12.96	\$28.08	\$673.92
	Family	\$673.92	\$25.92	\$56.16	\$1,347.84

If you have an active HSA with Tower Bank and wish to continue receiving the state’s contributions in 2013, you do not need to open a new HSA account with Tower Bank. If you wish to change your contribution to your account or begin contributing for 2013, you need to access your PeopleSoft record and enter your desired contribution. If you do not change your HSA contribution, it does not carry over for the 2013 plan year.

If you are electing to participate in a HSA for the first time in 2013, 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 electing the HSA option, you need to open an HSA account with Tower Bank before Jan. 1, 2013.

- To open your HSA, link to Tower Bank’s website from PeopleSoft on your HSA election page, or go directly to the Tower Bank website, www.hsa.towerbank.net. The first page of this online session says: **If you have been instructed by your employer to visit this site to open your Health Savings Account, click this button and insert your employer code below.** Enter **100366** in the “employer code” and it will begin the state application.
- You need the following information to complete the HSA application online: (1) driver’s license; (2) Social Security number, dates of birth and addresses for your beneficiaries; (3) Social Security number, dates of birth and address for your authorized signer (if selected); and (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).

Medical FSAs come with limitations

Certain limitations apply to Medical Flexible Spending Accounts (FSA) if you elect to enroll in one of the CDHP options in conjunction with the HSA. If you are enrolled in an HSA, your FSA automatically becomes a Limited Purpose FSA. You should carefully review your expenses when electing both an HSA and a Medical FSA.

The minimum annual deductible for single coverage is \$1,250 for single coverage and \$2,500 for family coverage. You must meet these amounts within your health plan before you can use FSA money for medical expenses. Until then, the money in the limited purpose FSA can only be used on dental and vision expenses. For more information go to: www.in.gov/spd/2789.htm.



Please note: 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.

You must re-enroll in medical and dependent care FSAs each year if you wish to continue to participate. If you continue participation in the Medical FSA, do not discard the debit card from Key Benefit Administrators. New cards are not automatically issued each year.

Effective dates

When do my changes take effect?

Health, dental, vision, Health Savings Accounts and Flexible Spending Accounts (FSA) changes /enrollments are effective January 1, 2013. Life insurance changes/enrollments that do not require Evidence of Insurability with approval from AUL are effective Jan. 6, 2013, for payroll A and Jan. 13, 2013, for payroll B.

Deductions for health, dental and vision begin:

- **Payroll A:** Dec. 19, 2012 (9 days at old plans & rates; 5 days for new plans & rates)
- **Payroll B:** Dec. 26, 2012 (2 days at old plans & rates; 12 days for new plans & rates)

Deductions for the Flexible Spending Accounts and Health Savings Accounts begin:

- **Payroll A:** Jan. 2, 2013
- **Payroll B:** Jan. 9, 2013

Note: Employees on payroll A do not have FSA or HSA contributions on Dec. 31, 2013.

HSAs

HSAs have contribution limits

Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for

2013 is \$3,250 for self-only policies and \$6,450 for family policies. Individuals age 55 and older may make an additional catch

up contribution of up to \$1,000 in 2013. The maximum includes the state's contributions and any other contributions to your HSA.



Plans

Three different plans: which is best for you?

The state continues to offer three statewide plans: Consumer-Driven Health Plan 1 (CDHP1), Consumer-Driven Health Plan 2 (CDHP2) and Traditional PPO. All three available plans are in the Blue Access PPO network with Anthem and have the same prescription drug plan through Express Scripts. Each plan has differences in premium costs, deductibles and out-of-pocket maximums.

Here are the differences at a glance:

	CDHP 1	CDHP 2	TRADITIONAL PPO
Deductible	\$2,500 single \$5,000 family	\$1,500 single \$3,000 family	\$750/\$1,500 single \$1,500/\$3,000 family
Co-insurance	20%/40%	20%/40%	30%/50%
Preventive services	Covered in full	Covered in full	Covered in full
Out-of-pocket maximum	\$4,000 single \$8,000 family	\$3,000 single \$6,000 family	\$2,500/\$5,000 single \$5,000/\$10,000 family

All three plans offer 100 percent coverage on preventive services such as: annual physicals, well baby visits, mammograms, prostate exams, routine vaccines and annual pap smears. Premiums, co-insurance, out-of-pocket maximum expenditures and contributions to Health Savings Accounts (HSAs) are all part of the equation to make the best decision with your health care dollars. Please take advantage of all the information and resources available online to help you make the best decision for you and your family: www.in.gov/spd/openenrollment.

Dental and vision coverage remains unchanged. Delta Dental has a two-tier network identified as PPO and Premier. You can realize the greatest savings by going to a Delta PPO dentist. Remember that non-participating dentists do not have limits on the amount they can charge you for services, so if you go to a nonparticipating dentist, be sure you understand your potential out-of-pocket costs before you receive services. Network dentists sign a contract with Delta Dental to limit fees. A list of network dentist can be found by going to www.deltadentalin.com and clicking on the "Find a Dentist" link on the top right side of the page.

Program helps cover dependent health costs

The Children's Health Insurance Program Reauthorization Act of 2009 is a premium assistance program for employees who are eligible for health coverage from their employer, but are unable to afford the premiums. States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

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, you can contact your state Medicaid or CHIP office. You can also call 1-877-KIDS NOW or visit www.insurekidsnow.gov to find out how to apply. Please review the information posted on the Benefits website for more details.

Prescription coverage

Medicare provides 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 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, the state of Indiana's Third Party Administrator determined that the prescription drug coverage offered by *Express Scripts* 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.

Dependents

Adult children are covered to age 26

Adult children may be covered under the state of Indiana's medical, dental, vision and dependent life insurance* plans until the date of their 26th birthday. A dependent's last day of coverage is the day before he/she turns 26-years-old. Dependents are offered COBRA when they lose eligibility. Spouses of adult children (deemed children-in-law) and grandchildren are not eligible for this coverage.

Disabled dependents under the age of 26 can be enrolled in any of your desired plans during the Open Enrollment period.

Once your dependent turns 26-years-old, you have 120 days from the day of your disabled dependent's 26th birthday to submit the "Verification of Dependent Disability" form (which must be signed and completed by a physician) to the State Personnel Benefits Division. This form is available on State Personnel's website, www.in.gov/spd/openenrollment.

Please note: In order for a disabled

dependent to continue coverage past 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 age 26.

You must access PeopleSoft during open enrollment and edit your dependent information. Keep in mind, you must enroll your dependents on each plan (medical, dental, vision, dependent life) for which you desire coverage.

*Please review your dependents carefully. The state is conducting an audit for all new dependents added for Open Enrollment 2013. This audit occurs in the first few months of 2013. You are required to submit documentation showing their eligibility. If you have any questions regarding dependent eligibility, please contact the Benefits Hotline.

**For dependent life insurance only, the dependent must be unmarried.*

Changes to your benefits

Qualifying events allow for benefit changes

After noon (EST) on Monday, Nov. 19, you are not able to make changes to your benefits. This means you must be certain you have made all the best choices and remembered to add all eligible dependents to all plans. After Open Enrollment, you can only make changes when a qualifying event occurs. Qualifying events are defined by the IRS. Examples of such are:

- 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, start or end of an unpaid leave of absence, or a change in worksite.
- Changes in dependent eligibility status (such as attainment of limiting age or in the case of life insurance, marriage).

Failure to report the qualifying event and complete any necessary paperwork within 30 calendar days means you are not able to add dependents until the next enrollment period.

Peoplesoft is your tool to sign up for benefits

When you log in: You can access your Open Enrollment elections 24 hours, seven days a week from Monday, Oct. 29 through noon Monday, Nov. 19 (EST)*. Many employee use PeopleSoft during the workday. If you encounter problems with slow response times, please try again at an off-peak time, such as after 6 p.m. or on the weekend.



*** IOT has confirmed that PeopleSoft is down November 10 and 11. You cannot complete Open Enrollment during this time.**

Keep in mind you can access your Open Enrollment event from any computer that allows you internet access to PeopleSoft. You need to locate a PC that operates with Windows/Internet Explorer or a compatible Internet service. If you are using a Mac, you may not be able to complete your online enrollment.

Helpful hints:

1. If you access the state network, the password used to log on to your computer can be used to log into PeopleSoft.
2. If you do not remember the password used to log into your computer, you can use IOT's Self-Service Password Reset to reset your password over the phone anytime. Enrollment is required so if you have not enrolled yet, go to www.passwordreset.iot.in.gov to get started.
3. When making your elections in PeopleSoft, do not use the web browser BACK/FORWARD arrow buttons at the top of the browser. Only use the buttons.
4. Keep in mind you must turn off your "pop-up blocker" in order to print your Benefit Election Summary.

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.

IOT Customer Service can be reached at (317) 234-4357 or toll free at 1-800-382-1095.

You can access PeopleSoft at any time during the year to review your benefits or update contact information. To access PeopleSoft, open a Web browser and go to www.in.gov/spd/instep.

Current Benefit elections: To view current benefit elections you must log in to PeopleSoft and follow these steps:

- Click on Self Service
- Click on Benefits
- Click on Benefit Summary

Your 2013 benefits are not available to view until Jan. 1, 2013.

Support to help you achieve health goals

The state is committed to providing employees with helpful tools in order to achieve a more active and healthy population. All employees enrolled in an Anthem plan receive special services in conjunction with the Anthem 360° Health program.



Anthem 360° Health provides you with support to help achieve your health goals by working with you, your doctor and other health care professionals to assist in improving your health. Visit www.anthem.com for more information. Representatives from the Anthem 360° program may contact you to help reach your health goals.

An exciting feature of Anthem 360° is the Anthem NurseLine. As a state of Indiana employee enrolled in an Anthem plan, you and your dependents have the opportunity to contact a registered nurse at any time to assist you with any medical issue you may be experiencing. NurseLine is available 24 hours a day, seven days a week, anywhere in the country. Nurses are highly qualified and maintain strict confidentiality in accordance with HIPAA laws. NurseLine provides employees an opportunity to call and consult with a nurse before seeking medical attention. NurseLine nurses do not diagnose you. They help you make an educated decision on whether an office visit or emergency room visit is necessary. This service is free of charge to you, so please utilize it when necessary by calling 1-888-279-5449.

Non-tobacco use agreement

The non-tobacco use incentive has increased from last year

The Non-Tobacco Use Incentive is being offered again and the incentive increases for the 2013 plan year. You can now receive a \$35 reduction in your group health insurance bi-weekly premium by accepting the agreement during Open Enrollment. By accepting the incentive, you agree to not use **any form** of tobacco products in 2013. This applies to employees who have never used tobacco products, employees who have refrained from using tobacco products in past years and to those employees who have decided to quit using tobacco products prior to Jan. 1, 2013. Keep in mind, by accepting the agreement you are also agreeing to be subject to testing for nicotine at any time during the year.



The Non-Tobacco Use Agreement must be completed each year online.

The Non-Tobacco Use Incentive is only available to employees who have enrolled in medical coverage. You do not have access to the agreement if you waive medical coverage for plan year 2013. The reduction in your group health insurance bi-weekly premium only applies to your employee

medical premium, and does not apply to your dental, vision or life insurance premiums.

If you accept the Non-Tobacco Use Agreement during Open

Enrollment and later use tobacco, your employment will be terminated. The only exception to the job loss penalty is if you rescind the agreement by logging in to PeopleSoft and completing the self-service process to change your agreement prior to the use of any tobacco product. If you need to rescind your agreement and are not sure how to complete the process in PeopleSoft, call the Benefits Hotline and a specialist can walk you through it. If you rescind the agreement, you are responsible for paying the value of the incentive you have received for the year. The \$910 is a great incentive, but it certainly isn't worth your job.

***Note: The Non-Tobacco Use Incentive does not carry over from year-to-year. If you would like to participate in 2013 you must access your PeopleSoft Open Enrollment record and accept the agreement.**

Life insurance

Changes to life insurance require evidence of insurability

By completing the Evidence of Insurability process, you can acquire or make changes to your life insurance plans, at anytime throughout the year. Allowable changes include increasing your coverage level and/or adding eligible dependents to your dependent life insurance plan. This process applies to all three life insurance plans sponsored by the state of Indiana (basic, supplemental and dependent life). Keep in mind, you must have basic life insurance to be eligible to apply for supplemental life insurance, and you must have both basic and supplemental life insurance to apply for dependent life insurance.

The Evidence of Insurability process includes completing a paper application and, if required, an evaluation by a doctor. To initiate

the Evidence of Insurability process you need to log on to the SPD life insurance page, www.in.gov/spd/openenrollment. Print, complete and mail the “[Enrollment Form](#)” and the “[Statement of Insurability Form](#)” to American United Life Insurance (AUL). Do not return them to your agency as this may cause delay and/or denial. AUL reviews your paperwork and informs both you and SPD Benefits of their decision. If approved, SPD Benefits makes appropriate changes to your life insurance plans and starts the deductions through the Auditor’s Office.

If you would like to either decrease your coverage level or drop any of your life insurance plans during open enrollment, you can complete these actions online using PeopleSoft.

You can also make changes to your beneficiary information at any point during the year by accessing PeopleSoft Self-Service. Please remember, you are the only one who can make changes to your beneficiary information.

Reminder: Supplemental life insurance is offered to most employees in increments of \$10,000 up to and including \$150,000, regardless of salary level. Employees reaching age 65 or older on or before Dec. 31, 2012, are limited to \$100,000 of supplemental life insurance coverage. Employees attaining age 65 during the plan year are automatically reduced to \$100,000 of supplemental life insurance coverage and their payroll deductions adjusted accordingly.

FSA's

FSA's contributions amount total reduced

Flexible Spending Accounts (FSA) provide another opportunity to set aside pre-tax dollars from each paycheck for reimbursement of qualified medical and/or dependent daycare expenses. The maximum contribution to a medical flexible spending account is reduced in 2013 to \$2,500 annually. This applies to both the medical FSA and the limited purpose medical FSA. The dependent care FSA continues to have a \$5,000 annual contribution limit.



You must re-enroll in medical and dependent care FSA's each year if you wish to continue participation. If you continue participation in the Medical FSA, do not discard the debit card from

Key Benefit Administrators. New cards are not automatically issued each year.

The administrative fee remains the same at \$2 biweekly. As a reminder, FSA's 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.

Have a question about Family Medical Leave?



Get your answers by dialing SPD's FML central number:
317-234-7955
or toll-free at
1-855-SPD-INHR
(1-855-773-4647)

Health coverage

Dual coverage is not allowed

Dual coverage of the same individual is not allowed under the state's health, dental and vision benefit plans. For example, dual coverage by two state employees is not allowed, meaning that if both you and your spouse are state employees (or one is a current employee and the other is a retiree), you may not cover each other or 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.

Medicare

Medicare disqualifies you from HSA contributions

If you elected to receive Social Security Benefits at age 62 or older, you are automatically enrolled in Medicare Part A when you turn age 65. If you enroll in Medicare at any time, with or without receiving Social Security Benefits, you may not receive any contributions into an Health Saving Account (HSA). Enrolling in Medicare disqualifies you from having contributions into an HSA. If you wish to participate in the HSA, you should decline to receive Social Security retirement benefits, which declines Medicare Part A. Keep in mind that there are potential consequences if you choose to decline your enrollment once you have started receiving benefits. Please research your options before making your decision.

Please note: Although you can no longer make contributions to your HSA once you enroll in Medicare, the money that has accumulated in your HSA from past years remains yours to spend, tax-free, on eligible expenses, including Medicare co-pays or deductibles, vision expenses and dental expenses. If you are age 65 or older, you also have the option to withdraw the money for any purpose and pay only the income tax without penalty.



If your spouse is covered by Medicare and is not covered under your CDHP, you can still use your HSA funds for their eligible health expenses. You can use funds in your HSA to pay for eligible medical expenses your dependents (as defined by the federal regulations) incur even if they are not covered under your medical plan, or have other coverage, such as Medicare. 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.

The same rules also apply if you receive Social Security disability benefits and are enrolled in Medicare.

State reduces debt by more than half in eight years

On October 17, Governor Mitch Daniels ceremonially burned the mortgages of 10 state facilities with the help of legislators and state employees who have won awards for cost-cutting ideas. These facilities include the Government Center South and North buildings, announcing the buildings have been paid off with bond reduction payments totaling \$147 million.

Since January 2005, the state has reduced its outstanding debt from \$3.6 billion to \$1.7 billion, a decrease of more than 50 percent. Indiana's debt situation – the third lowest debt per capita for state governments – is in stark contrast to other states struggling with their fiscal conditions.

“In recent years, the total debt level for all other states has increased by 35 percent, and that doesn't count their massive unfunded pensions burden,” said Daniels. “Here in Indiana, by cutting our debt more than half, we have freed up millions of future revenue for better uses, and told the job creators of the world that here is one place of low taxes and fiscal stability.”

The governor thanked legislators and state employees who have achieved costs savings and efficiencies for taxpayers. Major contributors to the state's debt reduction include:

- \$244 million in revenue collections from the tax amnesty program of 2005-06
- Immediately paying off \$198 million in Indiana Toll Road bonds with proceeds from the lease of the Indiana Toll Road
- \$266 million in savings from outsourcing functions such as food services in correctional facilities and printing and mail services for state government employees

Daniels said the most important contributions have come from the day-in, day-out ideas of state employees, such as combining spending on common items to better leverage the state's purchasing power, renegotiating contracts for products and services, and developing better billing and collection procedures.

“We have diligently worked with the governor over the last eight years helping to spearhead the concept that our state must live within its means. That simple fiscal principle has made our state the envy of the nation,” said House Speaker Brian Bosma. “We will continue to lead with fiscal integrity and work with the next administration in reducing debt and making strategic investments.”

State debt includes facilities such as buildings, prisons, hospitals and parks; state highway debt; Toll Road debt; payment delays to schools, universities and local governments; and Bureau of Motor Vehicles.

The debt on these facilities in Indianapolis previously scheduled to be retired in 2015, has been retired early:

- Indiana Government Center South
- Indiana Government Center North
- Senate Street Parking Garage
- Washington Street Parking Garage
- White River State Park

The debt on these facilities was scheduled to be retired in 2020, but has been retired early:

- Pendleton Juvenile Correctional Facility
- Rockville Correctional Facility

And the debt also has been retired on these facilities, previously scheduled for 2032 or 2033:

- McCarty Street Warehouse,

Indianapolis

- PEN Products Warehouse, Plainfield
- New Castle Correctional Facility Annex, New Castle

The state reduced the debt early because it was able to utilize current appropriations and surplus funds, including savings from the refinancing of various bonds. Even after these repayments, the Office of Management and Budget is forecasting fiscal year-end reserves in excess of \$2 billion again next June.

Today's actions eliminate about \$68 million that otherwise would have needed to be spent in the 2014-15 budget, in addition to nearly \$125 million that would have needed to be spent between 2016 and 2033. The effective interest rates on the McCarty Street Warehouse and PEN Products facility, entered about 10 years ago, were 16.2 percent and 14.9 percent, respectively.

Other fiscal facts about Indiana:

- Indiana has maintained its first Triple-A credit rating since being awarded in 2008
- Indiana's expenditures have grown at less than one-quarter of the rate of the previous decade
- Indiana has the fewest state employees per capita in the country
- Indiana has the third lowest debt per capita for state governments (*State Budget Solutions, August 2012*)
- Indiana has the second lowest debt per private sector worker (*State Budget Solutions*)
- Indiana has the third lowest debt as a percentage of gross domestic product (*State Budget Solutions*)



Governor Daniels, along with Lt. Governor Becky Skillman, ceremonially burned the mortgages of 10 state facilities, which decreased state debt by more than 50 percent.

Women's health

What is WHCRA?

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter. Contact Anthem at 1-877-814-9709 for more information.

Access to PeopleSoft

No access to Peoplesoft November 10 & 11

Due to the planned technical maintenance on Saturday, **November 10** and Sunday, **November 11** in Indiana Government Center North, PeopleSoft is unavailable to all users during that time. Please make plans to complete your Open Enrollment submission before November 10 or after November 11. Open Enrollment runs October 29 to noon EST on November 19.

Do you have questions or need help?

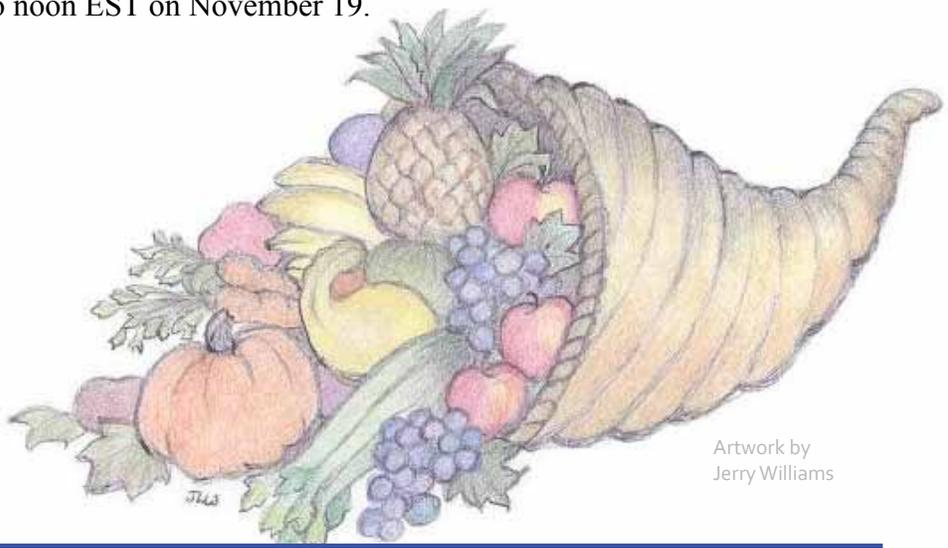
For 2013 plan summaries, rates, PeopleSoft instructions and other Open Enrollment information, please log onto www.in.gov/spd/openenrollment.

Help sessions are provided in Indiana Government Center South Training Room 31 throughout Open Enrollment for those needing assistance with entering elections and navigating through PeopleSoft. Hours are (Eastern Standard Time):

- October 29 to November 2 – 8 a.m. to 3 p.m.
- November 5 to November 9 – 8 a.m. to 4 p.m.
- November 13 to November 16 – 8 a.m. to 5 p.m.
- Monday, November 19 – 8 a.m. to noon

If you have specific questions about Open Enrollment not answered on the State Personnel Department's website, call or email a Benefits Specialist in State Personnel:

- 232-1167 (within Indianapolis)
- Toll free 1-877-248-0007 (outside the 317 area code).
- SPDBenefits@spd.in.gov



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