



The Torch

The official newsletter for Indiana state employees



2014 BENEFITS OPEN ENROLLMENT

October 30 through November 20, 2013 at Noon EST

open enrollment communications including carrier information, rates and plan summaries, are posted on the State Personnel Department's website: www.in.gov/spd/openenrollment. *This Open Enrollment information does not apply to conservation officers, excise officers, Indiana State Police plan participants, part-time, temporary employees or contractors.*

This *special edition* is dedicated to 2014 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

Effective dates

When do my changes take effect?

Health, dental, vision, life insurance, Health Savings Accounts and Flexible Spending Accounts changes /enrollments will be effective January 1, 2014.

Deductions for health, dental, vision and life insurance will begin:

- **Payroll A:** Dec. 18, 2013 (10 days at old plans & rates; 4 days for new plans & rates)
- **Payroll B:** Dec. 24, 2013 (3 days at old plans & rates; 11 days for new plans & rates)

Deductions for the Flexible Spending Accounts and Health Savings Accounts will begin on the following dates:

- **Payroll A:** Jan. 15, 2014
- **Payroll B:** Jan. 8, 2014

Reminder: Employees on payroll A will not have 2013 FSA or HSA contributions on December 31, 2013.

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The Torch is published monthly by the State Personnel Department and is available online at www.in.gov/spd

Got a story?

Submit your story ideas to: spdcommunications@spd.in.gov

Follow us on:



Checklist

Check the list as you go

For 2014, there are new rates for all medical plans. There is a new life insurance carrier and rates for 2014. A number of resources are available to help you estimate your 2014 expenses, compare plans and become a more informed consumer.

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 up:

- Educate yourself about changes occurring Jan. 1, 2014.
- 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, phone number.
- Update or confirm your ethnic group.
- Review your eligible dependents and beneficiaries. You will need to enroll all eligible dependents in each chosen medical, dental and vision plan.
- 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 a Health Savings Account, you will need to enter your annual contribution amount.
- If you have a Flexible Spending Account, you will need to re-elect or re-state your annual contribution amount.
- Accept or decline the Non-Tobacco Use Agreement for 2014.
- Be sure to print an Election Summary after you have submitted your elections.

Coverage

Dual coverage is not allowed under any plan

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 will have the choice to continue your retiree coverage and waive your active employee coverage, or vice versa. However, you will not be permitted to carry state retiree insurance and active state employee coverage simultaneously. Dual coverage is only permitted for dependent life.

Smoking

Non-tobacco use incentive did not change

The Non-Tobacco Use Incentive is being offered again for the 2014 plan year. You can receive a \$35 reduction in your group health insurance bi-weekly premium by accepting the agreement during Open Enrollment. By accepting the incentive, you are agreeing to not use any form of tobacco products in 2014. 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, 2014. Keep in mind, by accepting the agreement you are 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 will not have access to the agreement if you waive medical coverage for plan year 2014. 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 will walk you through it. If you rescind the agreement you will be 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 losing your job.**

The Non-Tobacco Use Incentive does not carry over from year-to-year. If you would like to participate in 2014 you must access your PeopleSoft record and accept the agreement.

State offers three different options for single and family coverage

The state is continuing to offer three statewide plans: Consumer-Driven Health Plan 1 (CDHP1), Consumer-Driven Health Plan 2 (CDHP2) and Traditional Preferred Provider Organization (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	CHDP 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*

**In/out of the preferred provider network*

There are a few plan design changes for 2014. Skilled Nursing Care is now covered up to 100 days per calendar year. Private Duty Nursing is now covered up to 82 visits per year and 164 per lifetime. Mental health and substance abuse residential treatment is no longer covered effective Jan. 1, 2014.

All three plans offer 100 percent coverage on preventive services received in-network 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.



HIPAA notice of special enrollment rights

If you are declining 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 towards 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).

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.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your, or your dependents', coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may



Dental coverage will remain 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 nonparticipating 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.

Vision coverage will remain unchanged. The plan is in the Blue View Vision Select network.

Continued on page 5

A new life insurance company has been chosen for 2014

We are excited to introduce Minnesota Life Insurance Company as our new life insurance carrier for 2014. Your current life insurance elections will be carried over to Minnesota Life. You do not need to re-enroll. During this initial enrollment we are offering employees carrying Supplemental Life Insurance the opportunity to increase their coverage up to \$20,000 in additional coverage without Evidence of Insurability. Employees with \$15,000 in dependent life will be able to increase to \$20,000 without Evidence of Insurability.



Employees with any level of Child Only dependent life insurance will be able to increase their coverage up to \$20,000. Additional options that require Evidence of Insurability will be available in 2014.

If you would like to either change 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.

As of January 1, 2014 you are no longer required to individually enroll each eligible dependent in dependent life insurance. Your election of dependent life insurance will be considered an election to enroll all eligible dependents within the selected category.

Choosing a plan

Invest in a Consumer Driven Health plan

Are you interested in reining in the costs of your medical expenses? If so, you might consider switching your health plan to a consumer-driven health plan (CDHP) for 2014.

A CDHP is an excellent option and a very effective tool for monitoring health care costs. A CDHP is a health insurance plan that pays for covered services after the deductible is met. Most employees save money with a CDHP, but only you can determine what health plan best meets your need.

primary care physician for an annual physical which includes screenings for high cholesterol and diabetes, the two most prevalent conditions among our plan members. Preventive services are a smart way to invest in your well-being.

The state of Indiana offers two CDHPs – CDHP 1 and CDHP 2. Both plans cover the same services and the two can be compared by closely examining the premiums, deductibles and out-of-pocket maximums.

	CDHP 1	CDHP 2
Deductible	\$2,500 single \$5,000 family	\$1,500 single \$3,000 family
Co-insurance/non-network	20%/40%	20%/40%
Out-of-pocket maximum	\$4,000 single \$8,000 family	\$3,000 single \$6,000 family

The premium rates for CDHPs are considerably less expensive than those of a Traditional PPO plan. For CDHP 1, the premiums are the least expensive of all three health

plans offered by the state. They start as low as \$11.94 biweekly for single coverage and \$38.16 for family coverage.

Don't forget to take advantage of 100% first dollar preventive care services. It is important to visit a

What is an eligible dependent?

Dependents of eligible employees may be covered under the state's benefit plans. Dependents are defined as:

Spouse: A member of the opposite sex to whom you are legally married. IC 31-11-1-1(b) provides: A marriage between persons of the same gender is void in Indiana even if the marriage is lawful in the place where it is solemnized. Indiana does not recognize common law marriage entered into after Jan. 1, 1958. Employees are not allowed to claim dependents based on common law marriages.

Children: Natural, step, foster, or legally adopted children; 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 26.

Visit www.in.gov/spd/2731.htm to learn more information or contact the Benefits Hotline.

Castlight helps you spend your healthcare dollars wisely

Castlight gives you the information you need to make smart health care decisions for you and your family. Using Castlight online or over the phone, you can:

- Compare nearby doctors, medical facilities, and health care services based on the price you'll pay and quality of care.
- See personalized cost estimates based on your location, your health plan, and whether or not you've already paid your deductible.
- Review step-by-step explanations of past medical spending so you know how much you paid and why.



Castlight lists prices for doctors and services that have been used by state employees at your company. Although all medical services may not have prices, the most common ones will, and we'll be

adding new prices every month. Essentially, the service lets all state employees share the costs of their medical services in a completely anonymous and private way. In this way, employees can help each other lower medical costs for themselves and the state of Indiana. [Click here](#) to read more information about Castlight.

Get started with Castlight today! Register at <https://mycastlight.com/stateofindiana>.

Anthem EAP

Get free help with any issue you are facing

Anthem's EAP offers 24 hour, seven days a week phone and online access to an abundance of health, financial and lifestyle services from experts and professionals within their respective fields. There are also many resources available to state employees on Anthem's EAP website. These include online seminars, audio sessions, informative articles and personal assessments available to use in the privacy of your own home. Aiming to help you balance your work and home life, these private and confidential services are free and discuss topics concerning mental, physical and family health.



Anthem's EAP online resources can be found on their recently updated website 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 name which is State of Indiana. Once you've hit the "Log In" button, all of these services are open to you. There is free 24 hour, seven day a week phone access at (800) 223-7723 for immediate support. All of these resources are confidential and available to your dependents and members of your household.

Special enrollments under HIPPA

be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your, or your dependents', determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact the Benefits Hotline at 317-232-1167 (within Indianapolis) or toll free 1-877-248-0007 (outside the 317 area code).

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).

HSA

State continues to contribute almost half of annual deductible to Health Savings Account

The state will continue to contribute 45 percent of the Consumer-Driven Health Plan (CDHP) annual deductible to your Health Savings Account (HSA) in 2014. The initial contribution will be made on the first checks in January. Employees enrolled in a CDHP effective from Jan. 1, 2014, through June 1, 2014, will receive the full pre-fund amount. CDHPs effective after June 2, 2014, but before Dec. 3, 2014, will 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, 2014.

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 2014, 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 2014, you need to access your PeopleSoft record and enter your desired contribution. **If you do not change your HSA contribution, it will not carry over for the 2014 plan year.**

If you are electing to participate in a HSA for the first time in 2014, 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 will need to open an HSA account with Tower Bank before Jan. 1, 2014.

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 HSA, click this button and insert your employer code below. Enter **100366** in the "employer code" and it will begin the state application.

You will 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)

Recently, Tower Bank was acquired by **Old National Bank**. We expect the transition to be seamless. The HSA Authority will remain the same with no major changes expected. Your Health Savings Accounts will remain the same and you will continue to use the Tower Bank website.

FSA

Medical FSAs come with limits

Certain limitations apply to Medical FSAs 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 will automatically become 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/2870.htm.



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 Limited Purpose FSA, do not discard the debit card from Key Benefit Administrators. New cards are not automatically issued each year. The Limited Purpose FSA has 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.

Children are covered until 26th birthday

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 will be the day before they turn 26. Dependents will still be 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 will have 120 days from the day of your disabled dependent's 26 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 will not be eligible to continue coverage past age 26.

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

HSA

Medicare disqualifies you from having a health saving account

If you elected to receive Social Security Benefits at age 62 or older, you will automatically be 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 Savings Account (HSA). Enrolling in Medicare will disqualify 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 will decline 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.

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 over, 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. Although, 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.

Paying for healthcare costs

Are there other ways to save besides an HSA?

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 in 2014 is \$2,500 annually. This applies to both the medical FSA and the limited purpose medical FSA. The dependent care FSA will continue to have a \$5,000 annual contribution limit.

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.

The administrative fee will remain the same at \$2 biweekly. As a reminder, FSAs 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.

Medicare

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.

Anthem

Use Healthy Lifestyles to help you build healthier life habits

Healthy Lifestyles

When you sign up for Healthy Lifestyles and take your private Well-Being Assessment, you'll get instant access to wellness resources, including a personalized well-being plan. With your plan, you can focus

on any three of the following areas: exercise, weight management, nutrition, quitting tobacco, stress management and more. Your well-being plan is designed to keep you motivated as you make progress toward your goals.

As you complete steps in your well-being plan, you earn points that can be redeemed for prizes in the online Rewards Center.

You can use the following tools to help you improve your health and make positive changes:

- Customized trackers to help take charge of your exercise, medication, weight or healthy eating goals.
- Wellness resources, including videos, articles, healthy recipes and more.
- Online groups for connecting with people who have the same goals.
- Connect with people who have the same goals.

And all it takes to get access to Healthy Lifestyles is about 15 minutes to complete your Well-Being Assessment. How to get started:

1. Go to MyHealthyLifestyles.com.
2. Select Not Registered? Sign Up Now at the bottom of the screen.
3. Enter your name (as shown on Anthem card), date of birth and ZIP code.
4. Enter your e-mail address and select a username and password that you'll remember.
5. Answer the security questions (used if your password is lost) and accept the Terms and Conditions.
6. Select Get Started to take your Well-Being Assessment and build your personalized well-being plan.

Congratulations! You now have access to the tools and resources that will help you achieve your goals. If you have difficulties signing up, please use the Live Chat feature located at the bottom of the login screen.

Healthy Lifestyles is available only to Anthem State of Indiana members and their adult dependents.

HSA's has a maximum contribution limit

Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for 2014 is \$3,300 for self-only policies and \$6,550 for family policies. Individuals age 55 and over may make an additional catch up contribution of up to \$1,000 in 2014. The maximum includes the state's contributions and any other contributions to your HSA.

Enrollment

Submit your Open Enrollment selections through PeopleSoft

You can access your Open Enrollment event 24 hours, seven days a week from Wednesday, Oct. 30 through noon Wednesday, Nov. 20 (EST). You may have trouble accessing PeopleSoft during the workday, so if you run into problems, please try again at an off-peak time, such as after 6 p.m. or on the weekend.

Keep in mind you can access your Open Enrollment event from any computer that allows you access to PeopleSoft.

Note: PeopleSoft works on OS X (all Safari, Chrome, Firefox versions work); with Windows (all Firefox and Chrome versions work). For Internet Explorer only versions 7,8 and 9 are certified, while IE10/11 do not work.

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 <https://myweb.in.gov/IOT/PasswordResetEnrollment> to get started.
3. When making your elections in PeopleSoft, do not use the BACK/FORWARD arrow buttons at the top of your web browser.
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.

Remember, you can access PeopleSoft at any time during the year to review your benefits or update contact information. To access PeopleSoft, go to <https://hr85.gmis.in.gov/hr91prd/signon.html>.

To view your current benefit elections, you need to login to PeopleSoft and follow these steps: Click on Self Service, Click on Benefits and Click on Benefit Summary. Your 2014 benefits will not be available to view until Jan. 1, 2014.

Making changes

Qualifying events allow for changes

After noon (EST) on Wednesday, Nov. 20, you will not be 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 due to a qualifying event.

Qualifying events are governed by the IRS. Examples of qualifying events 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 will not be able to add dependents until the next enrollment period.



Artwork by
Jerry Williams

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 you achieve your health goals by working with you, your doctor and other health care professionals to assist you in improving your health. Visit www.anthem.com for more information.

Representatives from the Anthem 360° program may contact you to help you reach your health goals.

A great resource available to state employees to help you decide which option is best for you is the 24/7 Nurse Line (1-888-279-5549). NurseLine provides anytime, toll-free access to nurses for answers to general health questions and guidance with health concerns. The nurse can help you understand your symptoms or explain medical treatments. Every caller receives credible, reliable information from a registered nurse. The Nurse Line number is located on the back of your Anthem ID card.

Help sessions are available

For 2014 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):

- Oct. 30 to Nov 8: 8 a.m. to 3 p.m.
- Nov. 12 to Nov 15: 8 a.m. to 4 p.m.
- Nov. 18 to Nov. 19: 8 a.m. to 5 p.m.
- Wednesday, Nov.20: 8 a.m. to noon

Women’s Health and Cancer Rights Act of 1998

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

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. 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.



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

Children’s Health Insurance Program Reauthorization Act of 2009

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.



Make an ornament for the First Lady to hang on the Statehouse Tree

This year at the Indiana Statehouse, the tradition of placing a large coniferous tree in the Rotunda is scheduled to return. Assistance is needed to help decorate this special tree. This year's theme is "Pets Across Indiana!" Students are asked to create an ornament that celebrates a special pet that they have known or maybe even one that they would like to have!

The ornament is put on the State House tree or a tree at the Governor's Residence. Ornaments should:

- Not be larger than eight square inches.
- Can be decorated with any available materials—paper, poster board, papier-mâché, pipe cleaners, wood, yarn, photographs, etc.
- No breakable or perishable items, please.
- A hook or way to hang the ornament from a branch should be attached.
- Ornaments **are not** returned.

- All ornaments must be received by December 3rd in order to be placed on one of the trees.
- **Please put the student's name and school on each ornament.**
- Ornaments can be mailed or delivered to the address below:

State House Tour Office
200 W. Washington St,
Rm 220
Indianapolis, Indiana
46204



Students from across Indiana decorate the 2012 Rotunda Christmas tree.

The official State Holiday Tree Trim takes place on Friday, December 13. The kick off program is held at 11 a.m. in the State House Rotunda. Festivities include the official tree trimming by the students, special guests including First Lady Karen Pence and holiday music.

You can make arrangements to attend the Tree Trim program through the

State House Tour Office at (317) 233-5293. Schools will be scheduled on a first come, first served basis, so please make your arrangements soon.

Photos from the State Holiday Tree Trim can be viewed after December 16 on the First Lady's website at www.in.gov/gov/firstlady. Click on photo gallery.



On Oct. 15, Governor Mike Pence joined the Tragesser family, whose pumpkin farm generously donated all pumpkins for the Governor's Great Pumpkin Patch on the Statehouse south lawn. The event benefited the Midwest Food Bank as part of the 2013-2014 State Employees' Community Campaign. To see more pictures of Governor Pence, visit www.in.gov/gov/2387.htm

SECC is close to reaching our goal!

On Sept. 4 the State Employees' Community Campaign (SECC) officially began with the theme "Indiana: A State that Gives" given by chairman **Lt. Governor Sue Ellspermann**.

The State is just shy of our \$1.3M goal. Remember to make your donation by



October 25 by logging onto www.insecc.org and click "Donate Now" button on the right hand side. Your contribution is needed to help those who are in search of food, shelter, jobs and medical care. Please consider making a pledge this year.



State of Indiana

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INDIANA GIS DAY & CONFERENCE

**NOVEMBER 5, 2013
TUESDAY
8:30 am - 3:00 pm**

TOPICS

**Earthquakes in Indiana,
Past and Future**

GIS - (Where do I Start?)

**When GOOD Maps
Go BAD**

**How to Unlock the GIS
Data Vault - and other
Super Secret GIS Mysteries
Revealed!**

Meet Your GIS Partners

**Arc Hydro: GIS for Water
Resources**

And many more!

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Location:

Indiana Government Center South
Conference Center
402 W Washington St
Indianapolis, IN 46204

FREE Registration

Everyone who plans, manages, or performs any geospatial activities will benefit from attending this event. Presentations and resources are for GIS users at all levels of experience.

Pre-Registration is Required

<http://www.in.gov/gis/gisday>

INDIANA EARTHQUAKE EXPERIENCE



For more information, contact:

Jim Sparks - Indiana Geographic Information Officer
Indiana Office of Technology
(317) 234-5889
gjo@iot.in.gov <http://www.in.gov/gis/gisday>



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