November 2014

The Torch

The official newsletter for Indiana state employees

This *special edition* is dedicated to 2015 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. **This Open Enrollment information does not apply to conservation officers, excise officers, Indiana State Police plan participants, temporary employees or contractors.**

Invest In Your Health

2015 BENEFITS

OPEN ENROLLMENT

OCT. 29 - NOV. 19, 2014 (BY NOON EST)

When do my changes take effect?

Health, dental, vision and life insurance, Health Savings Accounts and Flexible Spending Accounts change and/or enrollments are effective January 1, 2015.

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

- **Payroll A**: Dec. 17, 2014 (11 days at old plans & rates; 3 days for new plans & rates)
- **Payroll B:** Dec. 24, 2014 (4 days at old plans & rates; 10 days for new plans & rates)

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

- **Payroll A:** Jan. 14, 2015
- **Payroll B:** Jan. 7, 2015

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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:

Statehouse MARKET

Checklist

Check the list as you go through the process

For 2015, there is a new medical plan (if you qualified) along with new rates for all medical plans. A number of resources are available to help you estimate your 2015 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, 2015.
- ☐ 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.
- ☐ If you wish to drop your insurance coverage you need to select waive.
- ☐ If you are eligible for the Wellness CDHP you need to select this option to enroll in the plan.
- ☐ Review your eligible dependents and beneficiaries. You 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 need to enter your annual contribution amount.
- ☐ If you have a Flexible Spending Account, you need to re-elect or re-state your annual contribution amount.
- ☐ Accept or decline the Non-Tobacco Use Agreement for 2015.
- ☐ Be sure to print an Election Summary after you have submitted your elections.

Making changes

Qualifying events allow for changes to be made

After noon (EST) on Wednesday, Nov. 19, 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).

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.

Coverage

Children are covered up to age 26

Beginning January 1, 2015, children can be covered until the end of the month in which they turn 26 years old.

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

Disabled dependents can be enrolled in any of your desired plans during the Open Enrollment period if they have not exceeded the month in which they turned 26. Once your dependent reaches the last day in the month in which they turned 26-years-old, you have 120 days from the first day of the month following 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.

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

Medical

Invest in a Consumer Driven Health plan

Are you interested in reining in the costs of your medical expenses? If so, you might consider a consumer-driven health plan (CDHP) for 2015.

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 needs.

	Wellness CDHP		CDHP 1		CDHP 2	
	Single	Family	Single	Family	Single	Family
Deductible	$2,500	$5,000	$2,500	$5,000	$1,500	$3,000
Co-insurance/ non-network	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum	$4,000	$8,000	$4,000/	$8,000	$3,000	$6,000

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

The state of Indiana offers three CDHPs: Wellness CDHP, CDHP 1 and CDHP 2. Each plan covers the same services and they can be compared by closely examining the premiums, deductibles and out-of pocket maximums. The premium rates for CDHPs are considerably less expensive than those of a Traditional PPO plan. For those employees who completed the three steps prior to August 31, 2014, to qualify for the Wellness CDHP, the premiums under this plan are the least expensive of all four health plans offered by the state. They start as low as $10.98 biweekly for single coverage and $35.04 for family coverage.

Dependents

What is an eligible dependent?

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

Spouse: An individual to whom you are legally married. IC 31-11-8-5 provides that a marriage is void if the marriage is a common law marriage that was entered into after Jan. 1, 1958. Employees are not allowed to claim dependents based on common law marriages. An ex-spouse is not eligible for coverage even if court ordered.

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, until the end of the month in which they turn 26.

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 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 $1,300 for single coverage and $2,600 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.

Non-tobacco use incentive

Non-Tobacco Use Incentive did not change for 2015

The Non-Tobacco Use Incentive is being offered again for the 2015 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 2015. 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, 2015. 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 do not have access to the agreement if you waive medical coverage for plan year 2015. 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.

The testing is conducted at random, so there is no knowledge of when to expect the procedure.

To receive the $35 incentive, an employee must be tobacco-free by January 1, 2015, and continue so through the calendar year. If you currently use tobacco, but plan to quit and select the agreement, you would be wise to stop using tobacco now. The use of tobacco includes all forms – smoking or smoke-free (chewing, crushing tobacco leaves and sprinkling on food, etc.).

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 revoke 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 revoke 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 revoke 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 losing your job.

The Non-Tobacco Use Incentive does not carry over from year-to-year. If you would like to participate in 2015 you must access your PeopleSoft record and accept the agreement.

Anyone interested in getting help to become tobacco free, log onto or call Quit Now Indiana: www.quitnowindiana.com or call 1-800-QUIT-NOW (1-800-784-8669). This is a free service.

Upgrade

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 through the mobile app, 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 HEALTH

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

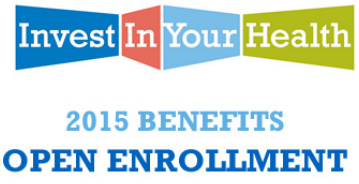
Beneficiaries

Review, update your life insurance beneficiary information

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

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

Once you have designated your beneficiaries, it is a good idea for you to notify them of your policy and your decision to list them as a beneficiary. Providing policy information to your beneficiaries prior to a claim occurring makes a difficult situation easier to cope with especially when dealing with the financial aspect of the loss.



Life insurance

Make changes to your life insurance policy at any time

By completing the Evidence of Insurability (EOI) process, you can acquire or make changes to your life insurance plans, at any time throughout the year. Allowable changes include increasing your coverage level and/or adding an eligible spouse to your dependent life insurance plan. This process applies to 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. Also please note that child only dependent life insurance is guaranteed issue, regardless of when the application is made.

The EOI application can be done online at any time at www.LifeBenefits.com/SubmitEOI. On average the application takes 10 to 30 minutes to complete. Instructions on how to submit EOI through Minnesota Life can be found at www.in.gov/spd/2868.htm. Once submitted, Minnesota Life reviews your application and informs both you and SPD Benefits of its decision. If approved, SPD Benefits makes the appropriate changes to your life insurance plans and start the premium deductions.

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 $500,000, regardless of salary level. Employees reaching age 65 or older on or before Dec. 31, 2014, are limited to $200,000 of supplemental life insurance coverage. Employees attaining age 65 during the plan year are automatically reduced to $200,000 of supplemental life insurance coverage and their payroll deductions are adjusted accordingly.

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.

State offers four different options for single and family coverage

The state is offering four statewide plans: Wellness Consumer-Driven Health Plan (Wellness CDHP), Consumer-Driven Health Plan 1 (CDHP1), Consumer-Driven Health Plan 2 (CDHP2) and Traditional Preferred Provider Organization (PPO). All four available plans are in the Blue Access PPO network with Anthem and have a prescription drug plan through Express Scripts. Each plan has differences in premium costs, deductibles and out-of-pocket maximums. Please note in order to be eligible to enroll in the Wellness CDHP you must have completed the three steps to upgrade prior to August 31, 2014.

Here are the differences at a glance:

**In/out of the preferred provider network*

	Wellness CDHP	CDHP 1	CDHP 2	Traditional PPO
Deductible	$2,500 single $5,000 family	$2,500 single $5,000 family	$1,500 single $3,000 family	$750/$1,500 single $1,500/$3,000 family
Co-insurance/non-network	20%/40%*	20%/40%*	20%/40%*	30%/50%
Preventive services	Covered in full/40%*	Covered in full*	Covered in full*	Covered in full*
Out-of-pocket maximum	$4,000 single $8,000 family	$4,000 single $8,000 family	$3,000 single $6,000 family	$3,000/$6,000 single* $6,000/$12,000 family*

All three of the Consumer-Driven Health Plans (CDHPs) have the same prescription coverage while the Traditional PPO has slightly higher copays, coinsurance rates and min/max amounts.

	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
Prescription drugs	Retail (30 day supply)	Mail (90 day supply)	Retail (30 day supply)	Mail (90 day supply)	Retail (30 day supply)	Mail (90 day supply)	Retail (30 day supply)	Mail (90 day supply)
Preventive (mandated by the ACA)	$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
Generic	$10 copay	$20 copay	$10 copay	$20 copay	$10 copay	$20 copay	$20 copay	$40 copay
Brand, Formulary	20% Min $30 Max $50	20% Min $60 Max $100	20% Min $30 Max $50	20% Min $60 Max $100	20% Min $30 Max $50	20% Min $60 Max $100	30% Min $40 Max $60	30% Min $80 Max $120
Brand, Non-formulary	40% Min $50 Max $70	40% Min $100 Max $140	40% Min $50 Max $70	40% Min $100 Max $140	40% Min $50 Max $70	40% Min $100 Max $140	50% Min $70 Max $90	50% Min $140 Max $180
Specialty	40% Min $75, max $150 (30 day supply)		40% Min $75, max $150 (30 day supply)		40% Min $75, max $150 (30 day supply)		50% Min $100, max $175 (30 day supply)	

All four 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: in.gov/spd/openenrollment

Please note that if you qualify for the Wellness CDHP and wish to enroll in the plan for 2015, you must select this option within your Open Enrollment event. You are not be automatically enrolled into the plan.

Dental 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 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 remains unchanged. The plan is in the Blue View Vision Select network.

State continues to contribute to Health Savings Account

The state will contribute approximately 40 percent or more of the Consumer-Driven Health Plan (CDHP) annual deductible to your Health Savings Account (HSA) in 2015 depending on what plan you choose. The initial contribution is made on the first checks in January. Employees enrolled in a CDHP effective from Jan. 1, 2015, through June 1, 2015, receive the full pre-fund amount. CDHPs effective after June 2, 2015, but before Dec. 2, 2015, 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, 2015.

HSA Account	Coverage	Initial Contribution	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
Wellness HSA	Single	$625.56	$24.06	$52.13	$1,251.12
	Family	$1,251.12	$48.12	$104.26	$2,502.24
HSA 1	Single	$500.76	$19.26	$41.73	$1,001.52
	Family	$1,001.52	$38.52	$83.46	$2,003.04
HSA 2	Single	$299.52	$11.52	$24.96	$599.04
	Family	$599.04	$23.04	$49.92	$1,198.08

If you have an active HSA with The HSA Authority at Old National Bank and wish to continue receiving the state's contributions in 2015, you do not need to open a new HSA account with The HSA Authority. If you wish to change your contribution to your account or begin contributing for 2015, 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 2015 plan year.**

If you are electing to participate in a HSA for the first time in 2015, 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 The HSA Authority before Jan. 1, 2015.

To open your HSA, link to The HSA Authority's website from PeopleSoft on your HSA election page, or go directly to www.theHSAauthority.com and click on the "Enroll Now" button. The first page of this online session says: If you have been instructed by your employer to visit this site to open your HSA, click this button and insert your employer code. 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, 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)

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).

Anthem

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.

Anthem

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 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. Free 24 hour, seven day a week phone access is available at (800) 223-7723 for immediate support. All of these resources are confidential and available to your dependents and members of your household.

HSAs have a maximum contribution limit

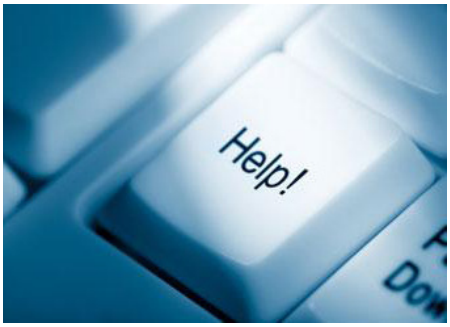
Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for 2015 is $3,350 for self-only policies and $6,650 for family policies. Individuals age 55 and over may make an additional catch up contribution of up to $1,000 in 2015. Combined household contributions cannot exceed the family limit. The maximum includes the state's contributions and any other contributions to your HSA.

Need help?

Help sessions are available

For 2015 plan summaries, rates, PeopleSoft instructions and other Open Enrollment information, please log onto 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. 29 to Nov 7:** 8 a.m. to 3 p.m.
- **Nov. 10 to Nov 14:** 8 a.m. to 4 p.m.
- **Nov. 17 to Nov. 18**: 8 a.m. to 5 p.m.
- **Nov. 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)
- Email: SPDBenefits@spd.in.gov

Invest In Your Health

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OPEN ENROLLMENT

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 with insurance coverage (or one is a current employee and the other is a retiree), you may not cover each other on both plans or have the same children on family coverage. This also applies to parents of children who are not married to each other. You may each elect a single plan, one may carry family and the other may waive coverage, or one may carry family with the children and the other carry single coverage.

A second example occurs when an employee who has retired from one area of state employment begins active work in another state position. In this instance, you 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.

Artwork by Jerry Williams

PeopleSoft steps

Submit your Open Enrollment selections through PeopleSoft

You can access your Open Enrollment event 24 hours, seven days a week from Wednesday, Oct. 29 through noon Wednesday, Nov. 19 (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 IE 10/11 **do not work.**

Helpful hints:

1. Your username is comprised of your first initial of your first name (capitalized) and then the last six digits of your employee ID.
2. If you access the state network, the password used to log on to your computer can be used to log into PeopleSoft.
3. 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 http://bit.ly/1sb7O0Z to get started.
4. When making your elections in PeopleSoft, do not use the BACK/FORWARD arrow buttons at the top of your web browser.
5. 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.

If you have problems accessing PeopleSoft (for example, password issues) please contact IOT Customer Service 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 2015 benefits will not be available to view until Jan. 1, 2015.

If you have questions about your selections, contact the Benefits Hotline, 7:30 a.m. to 5 p.m (EST) Monday through Friday. Call 317-232-1167 within Indianapolis area or 1-877-248-0007 toll-free outside Indianapolis

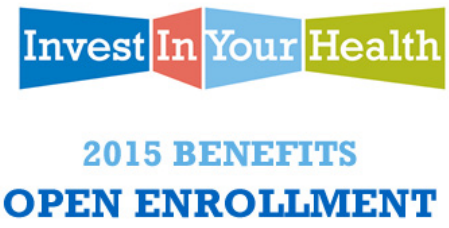
HIPAA

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

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

To request special enrollment or 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).



FSAs

Are there other ways to save besides a 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 2015 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.

Effective January 1, 2015 the administrative fee will be reduced to $1.62 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.

Coverage

Medicare disqualifies you from a Health Saving Account (HSA)

Enrolling in Medicare disqualifies you from having contributions into a Health Savings Account (HSA). Once enrolled in Medicare, you may not receive or make any contributions into a HSA. If you elect 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 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. Additionally, if you decided not to take Medicare when you first qualify, please be advised that your Medicare Part A start date may backdate up to 6 months when you apply for Social Security benefits. Please carefully research all of 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.

Medical

State Plans 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.

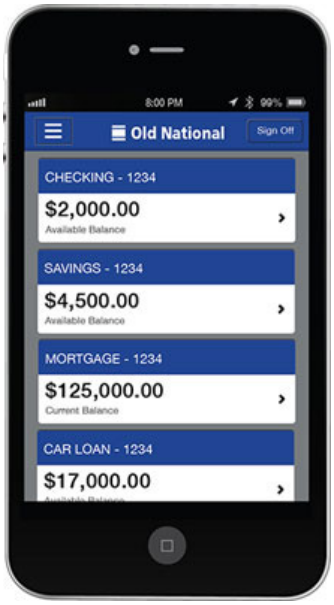
If you are considering joining Medicare's prescription drug coverage, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. For more information about Medicare's prescription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

Medical

Access your HSA information on your smartphone

Old National Bank now provides Mobile Banking through both a Mobile App and Mobile Web to access your HSA account from your mobile phone or tablet.

The Mobile App provides an enhanced Mobile Banking experience for IPhone and Android users. The Mobile Web offers account access through the browser of many web-enabled devices. Either solution will enable you to:



- View account balances and activity
- Transfer money between Old National accounts
- Pay bills
- Locate a banking center or ATM

Plus, with the Mobile App you can use Mobile Deposit, so you can deposit checks from your iPhone or Android phone.

It's easy to enroll! For both the Mobile App and Mobile Web:

1. Sign in to your Old National Online Banking www.oldnational.com.
2. Within Online Banking, choose the Mobile Banking tab and follow on-screen prompts to enroll.
3. Receive an on-screen activation code and text message on your enrolled mobile phone.
4. Select the Mobile Banking link in the text message. When prompted on your phone, enter your activation code and a ten-digit phone number.
5. You are now enrolled in Mobile Banking.

To download the App, use the Download the Application link within Mobile Banking or the store links below. (Click for mobile version of store links.)

For iPhone: Click the icon below

Download on the App Store

or visit the App Store™ and search "Old National Bank"

For Android: Click the icon below

ANDROID APP ON Google play

or visit the Google Play™ and search "Old National Bank"

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**COLORADO** – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	**FLORIDA** – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268

	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	**MONTANA** – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	**NEBRASKA** – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
IOWA – Medicaid	**NEVADA** – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	**NEW HAMPSHIRE** – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY** – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/Medicaid Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK –** Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA** – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA** – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	**UTAH** – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	**VERMONT**– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427

PENNSYLVANIA – Medicaid	**VIRGINIA** – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	**WASHINGTON** – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA** – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	**WISCONSIN** – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING** – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

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

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

YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

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

REEMPLOYMENT RIGHTS

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

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

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

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

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

then an employer may not deny you:

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

because of this status.

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

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

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

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at http://www.dol.gov/vets**. An interactive online USERRA Advisor can be viewed at **http://www.dol.gov/elaws/userra.htm**.

- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.

- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

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

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

U.S. Department of Justice

Office of Special Counsel

1-800-336-4590

Publication Date—October 2008

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 2*** *for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ ***See page 3*** *for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ ***See pages 3 and 4*** *for more information on these uses and disclosures*

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive	• We can use your health information and share it with professionals who are treating you.	***Example:*** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. • **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.	***Example:*** *We use health information about you to develop better services for you.*
Pay for your health services	• We can use and disclose your health information as we pay for your health services.	***Example:*** *We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your plan	• We may disclose your health information to your health plan sponsor for plan administration.	***Example:*** *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as:
	  • Preventing disease
	  • Helping with product recalls
	  • Reporting adverse reactions to medications
	  • Reporting suspected abuse, neglect, or domestic violence
	  • Preventing or reducing a serious threat to anyone's health or safety

Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you:
	  • For workers' compensation claims
	  • For law enforcement purposes or with a law enforcement official
	  • With health oversight agencies for activities authorized by law
	  • For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations.