



The Torch

The official newsletter for Indiana state employees

2017 BENEFITS
OPEN ENROLLMENT
OCT. 19-NOV. 9, 2016 (by 4 p.m. EST)

This *special edition* is dedicated to 2017 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 [Open Enrollment 2017 website](#).

This Open Enrollment information does not apply to conservation officers, excise officers, Indiana State Police plan participants, or contractors.

Eligibility for the state's benefit plans

There are no pre-existing condition limitations for any of the state's plans. All active, full-time employees and elected or appointed officials are eligible to participate.

For the purpose of benefits eligibility, full-time employees are defined as active employees whose regular work schedule is at least 37½ hours per week. Part-time, intermittent and hourly (temporary) employees who work an average of 30 or more hours per week over a 12-month review period are also eligible for benefits. Part-time, intermittent and hourly (temporary) employees working less than 30 or more hours per week over a 12-month review period are not eligible for insurance or related benefits.

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2017 Open Enrollment website
www.in.gov/spd/openenrollment

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

The 2017 Open Enrollment checklist

For 2017, there are new rates for the medical plan. A number of resources are available to help you estimate your 2017 expenses, compare plans and become a more informed consumer. Use this checklist to help guide you through the steps to a successful Open Enrollment:



Need help?

Help sessions are available

For 2017 plan summaries, rates, PeopleSoft instructions and other Open Enrollment information, please log on to [our website](#).

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

- **Oct. 19 to Oct. 21:** 8 a.m. to noon
- **Oct. 24 to Oct 28:** noon to 4 p.m.
- **Oct. 31 to Nov. 7:** 9 a.m. to 3 p.m.
- **Wed., Nov. 9:** 9 a.m. to 4 p.m.

If you have specific questions about Open Enrollment not answered on the [State Personnel Department's website](#), call or e-mail a Benefits Specialist in State Personnel:

- 317-232-1167 (in Indianapolis)
- Toll-free 877-248-0007
- E-mail: SPDBenefits@spd.in.gov

- Educate yourself about changes occurring January 1, 2017.
- Access your HR PeopleSoft account.
- Confirm or update your personal information, including your home and/or mailing address, e-mail address, phone number and ethnic group.
- If you wish to drop your insurance coverage you need to select "waive."
- If you are eligible for the 2017 Wellness CDHP, you need to select this option to enroll in the plan if you are not covered under the 2016 Wellness CDHP.
- If you are enrolled in the 2016 Wellness CDHP, but do not qualify for the 2017 Wellness CDHP, your plan defaults to CDHP 1 unless you make a new selection.
- Review your eligible dependents and beneficiaries.
 - You need to enroll all eligible dependents in each benefit plan you choose.
 - Make sure you remove ineligible dependents from all of your benefit plans and report their eligibility change to the Benefits Hotline.
 - Update personal information for each dependent and/or beneficiary (information must match what is on their social security card).
 - Add your dependent social security numbers.
 - For dependent/beneficiary name changes and Social Security corrections, please contact the Benefits Hotline.
- Check your current elections 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 (HSA), you need to enter your annual contribution amount.
- If you have a Flexible Spending Account (FSA), you need to re-elect or re-state your annual contribution amount.
- Accept or decline the Non-Tobacco Use Agreement for 2017.
- Be sure to print an **Election Summary** after you have submitted your elections.
- If you have any questions regarding your benefits, please contact the Benefits Hotline at 317-232-1167 or toll-free at 877-248-0007 (if outside of the Indianapolis area).

Effective dates

When do my 2017 Open Enrollment changes take effect?

Health, dental, vision, Health Savings Account (HSA) and Flexible Spending Account (FSA) changes/ enrollments are effective January 1, 2017.

Deductions for health, dental and vision begin:

- **Payroll A:** Dec. 28, 2016 (14 days at new plans & rates)
- **Payroll B:** Dec. 21, 2016 (7 days at old plans & rates; 7 days at new

plans & rates)

Deductions for FSAs and HSAs begin:

- **Payroll A:** Jan. 11, 2017
- **Payroll B:** Jan. 4, 2017

Effective dates for life insurance changes/ enrollments vary depending which payroll you are in along with the date your deductions begin.

Payroll A:

Effective: Jan. 1, 2017
Deduction: Dec. 28, 2016

Payroll B:

Effective: Jan. 8, 2017
Deduction: Jan. 4, 2017

Direct Bill

Effective: Jan. 1, 2017

Anthem offers support to help you achieve health goals

The state is committed to providing health plan members with helpful tools in order to achieve a more active and healthy population. All members enrolled in an Anthem plan receive special services in conjunction with the Anthem Health and Wellness Programs, formerly known as the Anthem 360° Health program.

Anthem Health and Wellness Programs 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.

Representatives from the Anthem Health and Wellness Programs may contact you to help you reach your health goals. Visit www.anthem.com for more information.



NurseLine

NurseLine provides anytime, toll-free access to nurses for answers to general health questions and guidance with health concerns.

A nurse can help you understand your symptoms or explain medical treatments. Every caller receives credible, reliable information from a registered nurse.

NurseLine is available 24/7 by calling 888-279-5549.

PeopleSoft steps

PeopleSoft login and online self-service instruction guide

You can access your Open Enrollment event 24 hours, seven days per week from Wednesday, October 19 through Wednesday, November 9 at 4 p.m. (EST). Keep in mind, you can access your Open Enrollment event from any computer that allows you access to the internet.

Helpful hints:

1. Your User ID is your first initial of your first name, capitalized, followed by the last six digits of your PeopleSoft number. If you have forgotten your PeopleSoft number please contact your agency's Human Resources Department or the Benefits Hotline for assistance.
2. If you access the state network, the password used to log on to your computer can be used to log in to PeopleSoft.
3. For password resets, network connectivity or issues accessing the website, please contact IOT Customer Service at 317-234-HELP (4357) or toll-free at 800-382-1095, and follow the menu options.
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.
6. For any benefits related questions please call the Benefits Hotline at 317-232-1167 or toll-free at 877-248-0007 (if outside of the 317 area code).



IMPORTANT: Once you are satisfied with your Open Enrollment elections, it is essential you submit your elections and print a Benefit Election Summary for your records.

Remember, you can access PeopleSoft at any time during the year to review your benefits or update contact information. You may access PeopleSoft through any of the links below:

- <https://hr.gmis.in.gov/psp/hrprd/?cmd=login&languageCd=ENG&>
- <http://www.in.gov/spd> and click on the PeopleSoft HR link on the right side
- <http://myshare.in.gov/> and select the Oracle Human Resources link.

To view your current benefit elections, you need to log in to PeopleSoft and follow these steps: click on "Self Service," click on "Benefits" and click on "Benefit Summary." Your 2017 benefits are not available to view until January 1, 2017.

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

Know your health plan options: 2017 changes

The state is again offering four statewide medical plans for 2017: 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 National BlueCard® 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 2017 Wellness CDHP you must have reached an **Earned** Status of Silver in HumanaVitality by August 31, 2016. This means all points were processed and posted to your HumanaVitality account by the August 31 deadline. If you qualify for the Wellness CDHP and wish to enroll in the plan for 2017, you must select this option within your Open Enrollment event. You are **not** automatically enrolled in the plan unless you are enrolled in the Wellness Plan for the 2016 plan year. If you are enrolled in the 2016 Wellness CDHP but do not qualify for the 2017 Wellness CDHP, your coverage automatically switches to CDHP 1, unless you actively elect another plan.

Here are the differences at a glance:

	Wellness CDHP	CDHP 1	CDHP 2	Traditional PPO
Deductibles				
Single	\$2,500	\$2,500	\$1,500	\$750 / \$1,500
Family	\$5,000	\$5,000	\$3,000	\$1,500 / \$3,000
Out-of-Pocket Maximum				
Single	\$4,000	\$4,000	\$3,000	\$3,000 / \$6,000
Family	\$8,000	\$8,000	\$6,000	\$6,000 / \$12,000
-Individual Embedded	\$7,150	\$7,150	N/A	N/A
Co-Insurance				
In-Network	20%	20%	20%	30%
Out-of-Network	40%	40%	40%	50%

Family Out-of-Pocket Changes for Wellness CDHP and CDHP 1

The individual embedded out-of-pocket maximum for the family Wellness CDHP and CDHP 1 changes in 2017 from \$6,850 to \$7,150. The individual embedded out-of-pocket maximum saves families money by limiting the cost spent on any one person to \$7,150. Once a family member meets the individual embedded out-of-pocket maximum, all claims incurred by that family member are 100 percent paid by the plan. The other family members on the plan continue to pay the coinsurance amounts for any claims they incur until the family out-of-pocket maximum of \$8,000 is reached.

	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)	

Want to view an individual's out of pocket example? [Click here.](#)

Non-Tobacco Use Incentive

The Non-Tobacco Use Incentive is offered again in 2017

The Non-Tobacco Use Incentive is offered again for the 2017 plan year. Receive a \$35 reduction in your group health insurance bi-weekly premium by accepting the agreement during Open Enrollment. By accepting the incentive, you agree to not use any form of tobacco products in 2017. This applies to employees who have never used tobacco products, who have refrained from using tobacco products in past years and to those who have decided to quit using tobacco products prior to January 1, 2017.

Keep in mind, by accepting the agreement you agree 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 2017. The reduction in your group health insurance bi-weekly premium only applies to your employee medical premium, and does not apply to dental, vision or life insurance premiums.

Vision

Complete your annual eye exam in 2017

Vision and health conditions, such as diabetes and high blood pressure, can be revealed and detected early through a comprehensive eye exam. An annual exam with dilation only costs you \$10 at an in-network provider. Take care of your vision and overall health by taking the initiative to have an exam completed this year.

In addition to the exam, you can save money on contacts and frames if needed. The plan allows for frames every 24 months and contact lenses every 12 months. When purchasing these items, you pay nothing unless



If you accept the Non-Tobacco Use Agreement during Open Enrollment and later use tobacco, your employment is 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.**

you exceed the \$110 frame or \$105 contact allowance provided under the plan when using an in-network provider.

Through Anthem Blue View Vision, you and your dependents have a large network of ophthalmologists, optometrists, opticians and retail locations to choose from. Look for providers in the [Select network](#).

The Anthem Vision plan and premiums remain the same for 2017. More information about vision coverage can be found [here](#).

The Non-Tobacco Use Incentive does not carry over from year to year. If you want to participate in 2017, you must access your PeopleSoft record and accept the agreement.

Notice: If your physician determines abstaining from the use of tobacco is not medically appropriate, a reasonable alternative standard is made available for the incentive.

Dental

No changes coming to the state's Dental plan during 2017

Good dental health may be more important than you think. Studies identify a link between oral health and chronic conditions such as heart disease. Lower your risk by keeping up with your preventive exams.

Under the Anthem Dental Complete plan, your diagnostic and preventive services such as teeth cleanings, periodic oral exam and bitewing X-rays are covered at 100 percent when using an in-network provider. Other in-network services such as fillings, crowns and root canals are covered at 80 percent.

Similar to the other medical plans, you can realize the greatest savings by going to an in-network dentist. While network dentists sign a contract with Anthem to limit fees, nonparticipating dentists do not have limits on the amount they can charge you for services. If you decide to go to a nonparticipating dentist, be sure you understand your potential out-of-pocket costs before you receive services.

A list of dentists within the Dental Complete network can be found by going to www.Anthem.com.

Coverage

Who is an eligible dependent?

Dependents of eligible employees may be covered under the state's benefit plans. Please see the below definition of a dependent.

(1) "Dependent" means:

- (a) Spouse of an employee;
- (b) Any children, step-children, foster children, legally adopted children of the employee or spouse, or children who reside in the employee's home for whom the employee or spouse has been appointed legal guardian or awarded legal custody by a court, under the age of twenty-six (26). Such child shall remain a "dependent" for the entire calendar month during which he or she attains age twenty-six (26). In the event a child:
 - i.) was defined as a "dependent", prior to age 19, and
 - ii.) meets the following disability criteria, prior to age 19:
 - (I) is incapable of self-sustaining employment by reason of mental or physical disability,
 - (II) resides with the employee at least six (6) months of the year, and
 - (III) receives 50% of his or her financial support from the parent

Such child's eligibility for coverage shall continue, if satisfactory evidence of such disability and dependency is received by the State or its third party administrator in accordance with disabled dependent certification and recertification procedures. Eligibility for coverage of the "Dependent" will continue until the employee discontinues his coverage or the disability criteria is no longer met. A Dependent child of the employee who attained age 19 while covered under another Health Care policy and met the disability criteria specified above, is an eligible Dependent for enrollment so long as no break in Coverage longer than sixty-three (63) days has occurred immediately prior to enrollment. Proof of disability and prior coverage will be required. The plan requires periodic documentation from a physician after the child's attainment of the limiting age.

Please Note: If you have questions or concerns about dependent coverage, or wish to enroll a dependent onto your plans during Open Enrollment who is over age 26 and meets the definition of a disabled dependent but was not certified last year, call the Benefits Hotline at 317-232-1167 or toll-free at 877-248-0007, if outside the 317 area code, to initiate the disabled dependent certification process with Anthem. **To be eligible to enroll your dependent(s) as part of your Open Enrollment event for an effective date of January 1, 2017, you must contact the Benefits Hotline during Open Enrollment and Anthem must certify that your dependent(s) meets the definition of a disabled dependent.**

Coverage

Dual coverage is not allowed under any benefit plan

Dual coverage of the same individual is not allowed under the state's health, dental and vision benefit plans.

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

Federal Notice

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).

Dependents

Children are covered to the end of the month they reach 26 years of age

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 turn 26. Dependents are offered COBRA when they lose eligibility. Spouses of adult children (deemed children-in-law) and grandchildren are not eligible for this coverage.

We recommend you access PeopleSoft during Open Enrollment to review or edit your dependent information. Keep in mind, you have to enroll your dependents on each plan (medical, dental and vision) for which you desire coverage.

Disabled Dependents

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 turn 26 or were approved through the Anthem recertification process last year.

If you wish to enroll a dependent onto your plans during Open Enrollment who is over the age of 26 and meets the definition of a disabled dependent but was not certified last year, please call the Benefits Hotline at 317-232-1167 or toll-free at 877-248-0007, if outside of Marion County.

Upon your request, Anthem is notified to mail you an Application for Continuation of Coverage. This form must be completed and returned to Anthem within 30 days of the



issue date. If Anthem certifies your dependent meets the definition of a disabled dependent, the state then enrolls your dependent in your plans with the effective date of January 1, 2017.

Please note, you must initiate the certification process by contacting the Benefits Hotline during Open Enrollment to be eligible to enroll your dependent(s) as part of your Open Enrollment event for an effective date of January 1, 2017.

Outside of Open Enrollment, you may only add a disabled dependent through a qualifying event or when your dependent turns age 26. Similar to the process outlined above, you must contact the Benefits Hotline to initiate the certification process. Notification must be done within 30 days of the qualifying event or 45 days prior to your dependent turning 26-years-old.

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 turn age 26.

Making changes

Qualifying events allow for changes

After 4 p.m. (EST) on Wednesday, November 9, you are not able to make further changes to your benefits. This means you must be certain you elect the coverage that is right for you and add all eligible dependents who you wish to cover to all plans (health, vision and dental). After Open Enrollment, you can only make changes in conjunction with a qualifying event.

Qualifying events are regulated and defined by the IRS. Examples include:

- 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, or the start or end of an unpaid leave of absence.
- Changes in dependent eligibility status (such as attainment of limiting age).

If you do not report a qualifying event and complete any necessary paperwork within 30 calendar days from the date of the qualifying event, you are not able to add dependents until the next Open Enrollment period. Please note that an ex-spouse is ineligible for coverage as of the day of divorce. It is important that you report ineligible dependents even if it is beyond the 30 day period to minimize recovery of claims.

State continues to contribute to Health Savings Account

The state continues to contribute 40 percent or more of the Consumer-Driven Health Plan (CDHP) annual deductible to your Health Savings Account (HSA) in 2017, depending on what plan you choose. The initial contribution is made on the first check in January. Employees enrolled in a CDHP effective from January 1, 2017 through June 1, 2017 receive the full pre-fund amount. CDHPs effective after June 2, 2017, but before December 2, 2017, receive one-half of the initial contribution. The initial pre-fund contribution is based on the coverage type (single/family) that is effective January 1, 2017.

If you have an active HSA with The HSA Authority at Old National Bank and wish to continue receiving the state’s contributions in 2017, 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 2017, 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 2017 plan year.**

If you are electing to participate in an HSA for the first time in 2017, 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

- May not be enrolled in Medicare, Medicaid, HIP or Tricare;
- Must not have used VA benefits for anything other than preventative services in the past three months.

To open your HSA, link to The HSA

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

HSA account with The HSA Authority before January 1, 2017.

As a reminder, to be eligible for an HSA you:

- Must be currently enrolled in an HSA-qualified health plan;
- May not be enrolled in any other non-HSA qualified health plan;
- May not have, or be eligible to use, a general purpose Flexible Spending Account (FSA);
- Cannot be claimed as a dependent on another person’s tax return;

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 below. Enter **100366** in the “employer code” to 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)

HSAs have a maximum contribution limit



Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for 2017 is \$3,400 for self-only policies and \$6,750 for family policies. Individuals age 55 and over may make an additional catch up contribution of up to \$1,000 in 2017.

Combined household contributions cannot exceed the family limit. The maximum includes the state’s contributions and any other contributions to your HSA.

Medicare, Medicaid and HIP disqualify you from having a Health Savings Account (HSA)

The IRS established Health Savings Accounts (HSAs) as a method to provide individuals a tax advantage to offset their health care costs. In doing so, the IRS created eligibility criteria to qualify for the account.

Enrolling in Medicare, Medicaid or HIP 2.0 disqualifies you from having contributions into an HSA. Once enrolled in any of these plans, you may not receive or make any contributions into an HSA. For more information about HSAs, please see article on page eight or reference [IRS Publication 969](#).

Although you can no longer make contributions to your HSA once you are covered by Medicare, Medicaid or HIP 2.0, the money 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. The same rules also apply if you receive Social Security disability benefits and are enrolled in Medicare.

Please review the below information carefully as it relates to your eligibility to qualify for an HSA.

Medicare

If you elect to receive Social Security Benefits, 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 and waive Medicare Part A. Keep in mind there are potential consequences if you choose to decline or postpone your enrollment. 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 six months when you apply for Social Security benefits. Please carefully research all of your options before making your decision.

You can use funds in your HSA to pay for incurred eligible medical expenses for your dependents (as defined by federal regulations), even if they are not covered under your medical plan, or have other coverage, such as Medicare. However, 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.

Medicaid and HIP 2.0

According to IRS regulations, an individual who is enrolled in Medicaid or HIP 2.0 is not eligible to make or receive contributions into an HSA. There are tax consequences to both the individual and the employer, if the employer is also contributing to an HSA for the employee. Similar to Medicare, if your dependent(s) is/are covered by Medicaid or HIP 2.0 but you are not, you may continue to receive contributions into your HSA. Eligibility is based on the subscriber/account holder.

Federal Notice

State plans provide 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.

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OPEN ENROLLMENT
OCT. 19-NOV. 9, 2016 (by 4 p.m. EST)

DEADLINE IS
WEDNESDAY, NOVEMBER 9

by 4 p.m. EST

Flexible Spending Account (FSA)

FSAs give tax-free help for qualified medical expenses with no administration fee

A Flexible Spending Account (FSA) provides another opportunity for you to better control your health care dollars. By tucking away pre-tax dollars from your paycheck, you have an account that is dedicated to the reimbursement of qualified medical, vision and dental expenses.



In addition, the bi-weekly employee administration fee is paid by the state during the 2017 plan year, providing you with even more opportunities to save.

There are three types of FSAs: Medical Care, Limited Purpose Medical Care and Dependent Care. All of the state's FSA programs are administered through Key Benefits Administrators and 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.

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

Medical Care & Limited Purpose FSA

Medical Care and Limited Purpose FSAs allow employees to use pre-tax dollars to cover health care costs for medical, dental, vision, hearing and other out-of-pocket expenses not paid by insurance. For 2017, the maximum annual contribution for the Medical Care and Limited Purpose FSAs is \$2,500.

A Limited Purpose FSA may only be used for dental, vision and preventive care expenses until the minimum deductible of a CDHP is met (\$1,300

for single and \$2,600 for family, per federal regulations). Once the minimum deductible is met, the Limited Purpose FSA can be used as a Medical Care FSA.

If you are enrolled in a Consumer Driven Health Plan with a Health Savings Account (HSA), your FSA automatically becomes a Limited Purpose FSA. 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.

Dependent Care FSA

A Dependent Care FSA is used to pay for dependent care services, such as preschool, summer day camp, before or after school programs and child or elder daycare. Dependent care expenses do not include medical expenses and therefore can be used even if you participate in an HSA.

Dependent Care FSAs are not front-loaded. Portions of your biweekly pay are put into a pre-tax account to pay for eligible dependent care costs throughout the year. Currently, the maximum annual contribution amount for the Dependent Care FSA is \$5,000 (\$2,500 if married and filing separate tax returns).

- [View more information and download enrollment information packets.](#)

Health care dollars

Spend your health care 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 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.
- Price compare brand name and generic prescriptions.
- Find the closest pharmacy and estimate how much you pay for a prescription.
- 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. Although all medical services may not have prices, the most common ones do, and new services are added every month.

Castlight lets all state medical plan members 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.

Get started with Castlight today!
[Register here.](#)

Federal Notice

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter. If you would like more information on WHCRA benefits, contact Anthem at 1-877-814-9709.

Federal Notice

HIPAA Notice of Special Enrollment Rights

If you decline 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 within 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 to obtain more information, contact Anthem toll-free at 877-814-9709.



Artwork by
Jerry Williams

Life Insurance - Are you prepared?

Life insurance is something no one wants to think about but is important to have. The State of Indiana makes having coverage easier by offering three types of coverage: basic, supplemental and dependent life insurance.

During this Open Enrollment, take the time to review your finances and consider which option and coverage amount is best for you and your family.

Some life insurance changes can be completed within your Open Enrollment event. These changes include decreasing your coverage level or dropping any of your life insurance plans. You may also elect child dependent life insurance in increments of \$5,000 up to and including \$20,000 for your children, as long as you are currently enrolled in basic life insurance. Additionally, you may update your beneficiary information and/or allocation amounts. All changes are effective in January 2017.

Outside of Open Enrollment you may acquire or make changes to your life insurance plans by completing the Evidence of Insurability (EOI) process 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).

The [EOI application](#) can be completed online at any time. On average the application takes 10 to 30 minutes



to complete. [Instructions on how to submit EOI through Securian can be found here.](#) Once submitted, Securian 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 starts the premium deductions.

Please keep in mind, you may also make changes to your beneficiary information at any point during the year by accessing PeopleSoft self-service. [Instructions on how to change your life insurance beneficiaries can be found here.](#) Please remember, you are the only one who can change 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 December 31, 2016, are limited to \$200,000 of supplemental life insurance coverage.

Employees reaching age 65 during the plan year are automatically reduced to \$200,000 of supplemental life insurance coverage and their payroll deductions are adjusted accordingly.

Review and 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 of minutes to verify your beneficiary designations and update their contact information in your Open Enrollment event. By routinely checking this information you are assuring you have allocated your life insurance benefits as desired, since certain life events such as marriage, divorce, birth or death may change how you want your benefits paid out.

In addition to confirming your beneficiary allocation, you should also update their contact information. It is extremely important 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 is 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.

Note: All beneficiary changes made within your Open Enrollment event take effect in early January based on which payroll you are in, along with the date your deductions begin.

Employee Assistance Program (EAP) benefits offer free face-to-face counseling sessions and much more

EAP offers a wide variety of free services to you and your dependents and/or household members to help balance work and home life. One of the newest services available is **three face-to-face counseling sessions**, per issue with a licensed therapist. Access to this benefit is as easy as picking up the phone and calling 800-223-7723.

When you call, you want to select option one, EASY program, from the prompt menu. Once you are connected with an EAP representative, ask them about therapy visits. The representative is trained to assist you in finding a therapist that fits your needs and guide you through the process of scheduling your first appointment. For your convenience, appointments can even be scheduled within LiveHealth. If you are interested in this option, please let the representative know.



All services can be accessed privately and are confidential. Below is a quick look at some of the other services available through EAP.

- **Assistance with legal and financial concerns**, including a 30-minute initial consultation, per issue, with a qualified attorney or financial advisor.
- **Dependent care referrals**. Locate child and eldercare providers using online tools or calling your EAP directly.
- **Convenience services**. Obtain resources and information on pet sitters, educational choices for you or your children, summer camp programs and much more.
- **Website** – www.anthem.EAP.com. Contains a comprehensive level of resource articles, self-assessments, audio and video material covering emotional well-being, health and wellness, the workplace, and life issues such as childcare, eldercare, adoption and education.
- **Smoking cessation**. Access telephonic tobacco cessation coaching for smoking and chewing, coaching support with weight management as it relates to the cessation program, 10-session online Living Free behavior change module and tobacco cessation tip sheets.
- **ID recovery and credit monitoring**. Assess your risk level and identify steps to resolve potential identity theft. Your EAP can help you complete any necessary paperwork, report to consumer credit agencies for you, and negotiate with creditors to repair your debt history.
- **Member center**. Includes access to a listing of EAP providers in your preferred area and routine counseling referral service.

To access Anthem's EAP online resources, visit their [website](#). Once on their homepage, click the "Members Login" button on the left side of the page. On the next page enter your company name, which is State of Indiana. Once you hit the "Log In" button, all of these services are open to you. There is free 24-hour, seven days per week phone access at 800-223-7723 for immediate support.

Get your flu shot

The number one way to protect yourself and your family from the flu this year is to get a flu vaccination. According to a research study by the Centers for Disease Control and Prevention (CDC), the flu vaccine reduces the risk of seeing a doctor in conjunction with the flu by approximately 60 percent. While the vaccine does not guarantee you won't catch the flu, it does reduce the chances, and, if you do get sick, your illness typically is milder.

It is not too late for you to get a flu vaccination. Kroger has partnered with the state to offer [flu shot clinics at many state facilities across Indiana](#).

For employees and dependents who carry state insurance, the flu vaccine is covered at 100 percent. If you do not carry state insurance, the cost is \$20, payable by cash or check.

Please note, if you plan to bring a child under the age of 11, it is necessary to have a written prescription from the doctor or pharmacist to administer a flu vaccine. Since most preventive care services are covered at 100 percent, employees with the state's health plan and their eligible dependents should get vaccinated. You must bring your Anthem ID card and a completed [waiver](#).

Note: Nasal vaccines are not being provided this year.

Fight the flu

- Protect yourself, protect others—get a flu vaccine every year.
- Prevent the spread of germs—cover coughs and sneezes.

To learn more, visit www.cdc.gov/flu

Your next doctor's visit could be in the privacy of your own home

The State of Indiana is excited to offer online health benefits through LiveHealth. Seeing a doctor has never been so convenient. Through LiveHealth, you have access to in-network, board-certified doctors 24 hours per day, 7 days per week, 365 days per year. The only thing you need is a computer or mobile device with internet access and a camera.

Doctors on LiveHealth are available to diagnose and treat a wide variety of medical care needs. Some common items include the flu, a cold, sinus infection, pink eye, rashes and fever. When appropriate, the doctor can even prescribe medicine and send the prescription to the pharmacy you choose. The average cost of a doctor visit using LiveHealth is \$49 or less.

Not only can you be seen by a medical doctor, you can also receive psychology services through LiveHealth. The psychology services can even be used in coordination with the three free EAP counseling sessions. Below is a quick step-by-step guide on how you can take advantage of the free EAP sessions through LiveHealth.

- Call EAP at **800-223-7723** and select option one, EASY Program.
- Answer some general information, such as your name, date of birth and address.
- Ask the EAP representative about therapy visits.
- The EAP representative provides you with a **Service Key** and **Coupon Code** to be used in LiveHealth.
- Go to livehealthonline.com.
- Sign up or log in to LiveHealth Online.
 - To sign up: Download the mobile app from Google Play or the App Store. It is free and takes less than two minutes to download. Or visit www.livehealthonline.com and click the "Sign Up" button at the top right corner of the home page and create an account. All you need to provide is an email address (this becomes your user name), create a password, enter your first and last name, sex, state and agree to the terms of use. You are now registered and ready to connect to a provider.
- OR, Log in by clicking the "Log In" button using your username (email address) and password.
- Select **Add a Service Key** in the **MY Services** section and enter the provided Service Key.
- Select **Work-Life Solutions EAP**, and choose the appointment tab. You can schedule an appointment by date or therapist. After scheduling the appointment, you receive a confirmation email.
- Fifteen minutes before your appointment you receive a reminder email. To initiate the appointment, you need to click on the "Start Visit" button, included in the email.
- Enter the Coupon Code in the payment screen for each of the three free visits. This reduces the member cost share to \$0.
- You are then connected to the therapist.

Sign up for LiveHealth today by visiting InvestInYourHealthIndiana.com or downloading the mobile app from your app store.

The Humana Vitality wellness program becomes Go365 in 2017

[Humana Vitality becomes Go365](#) on January 1, 2017. We can expect some exciting innovations in tandem with the name change, but the key components we saw

in Humana Vitality remain a part of Go365. You still receive Points, Bucks and rewards for health and well-being!



impact your experience (for the better) in the coming weeks.

In the meantime, don't stop what you're doing already with Humana Vitality. Continue earning Vitality Points™ and reaching for a higher Vitality Status™!



Learn more from Indiana's Humana Health Promotions Consultant Corey Nelson.

What you can expect on day one of Go365:

- An elevated member experience
- Improved Points and Bucks structure
- Increased member control
- More fun!

Stay tuned for more information regarding how the changes may

Notice Regarding Wellness Program

Indiana's Humana Go365 wellness program & non-tobacco use incentives are voluntary and available to all individuals enrolled in the State employee health insurance plans. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in Humana Go365 you will be encouraged to complete:

- a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease); and
- a biometric screening, which will include a blood test for total cholesterol, HDL, LDL, triglycerides and fasting blood glucose.

You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in Humana Go365 may receive incentives of:

- Wellness "Bucks" (up to an approximate cash value of \$300 for participation in certain health-related activities such as: tracking workouts, health education courses, goal setting and health coaching).
- Eligibility for the Wellness CDHP financial incentives (i.e., lower premiums and higher Health Savings Account contributions, for reaching an Earned Status of Silver or higher by the annual deadline).

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you Humana Go365 services, such as goal setting, educational activities, fitness recommendations, or health coaching. You also are encouraged to share your results or concerns with your own doctor.

Additional incentives (such as a \$35 bi-weekly premium discount) may be available for plan participants who participate in certain health-related activities (e.g., enter into the Non-Tobacco Use Agreement).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Hotline: SPDBenefits@spd.in.gov or 877-248-0007.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the State of Indiana may use aggregate information it collects to design a program based on identified health risks in the workplace, Humana Go365 will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with Humana Go365 will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in Humana Go365. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are registered/licensed health care providers (in order to provide you with services), or as necessary for plan administration.

Continued on page 16

Notice Regarding Wellness Program

In addition, all medical information obtained through Humana Go365 will be maintained separate from your personnel records, information stored electronically will be protected, and no information you provide as part of Humana Go365 will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, or complaints about the wellness program, please contact the Benefits Hotline: SPDBenefits@spd.in.gov or 877-248-0007.

ACA

Affordable Care Act: Section 6055

In accordance with Section 6055 of the Internal Revenue Code under the Affordable Care Act (ACA), the state is required to file health coverage information to the IRS by completing an information return along with furnishing statements to individuals who are or have been employed by the state during the year. The IRS will use the information gathered to determine if the employee was in compliance with the individual shared responsibility provision in section 5000A.

Under the Affordable Care Act large employers, such as the State of Indiana, are required to request dependent social security numbers for use in completing IRS forms, 1094-C and 1095-C. Listed below are four methods in which you may report this information to the Benefits Division.

Phone/ Fax

317-232-1167
(Indianapolis area)

877-248-0007
(outside Indianapolis)

Fax
317-232-3011

Mail

State Personnel Department
Attn: Benefits Division 402 W.
Washington St. Room W161
Indianapolis, IN 46204-2261

PeopleSoft Self Service

Go to www.in.gov
Click on PeopleSoft HR
Log in using your unique user ID
and password
Click on Main Menu
Click Self Service Click Benefits
Click Dependent /Beneficiary Info
Click on Child's Name
Click Edit Enter the SSN
Click Save
Sign out of PeopleSoft

All names and social security numbers in PeopleSoft must match the information listed on you and your dependents social security card. If you decide to report the information via phone, fax or email you must provide the Benefits Division with a copy of your social security card along with your dependents. It is your responsibility to ensure that the correct information is in PeopleSoft for you and all of your dependents. If it is identified that PeopleSoft has an incorrect name or social security number on file for either you or one of your dependents, you will be required to provide documentation to State Personnel Benefits to correct your record. Please note, if you do not provide your dependent's social security number the IRS may be unable to match the information you provide on your tax return. This may result in receiving an inquiry from the IRS or being liable for a shared responsibility payment.

If you have any questions regarding this notice, please do not hesitate to call the Benefits Hotline at 317-232-1167 or toll free at 877-248-0007 (if outside of Indianapolis). Your prompt response is greatly appreciated. Thank you in advance for your time and cooperation. Additional notices begin on page 20.

This October think about breast cancer screening

October is Breast Cancer Awareness Month, and the Indiana State Department of Health urges Hoosiers to think about early detection screenings. Breast cancer is the second leading cause of cancer death, and excluding skin cancers, the most frequently diagnosed cancer among women in Indiana. During 2014, there were 5,765 new cases of breast cancer diagnosed in Indiana. Breast cancer is rare among males; however, because males are prone to ignoring warning signs, they are often diagnosed at later stages and have poorer prognoses.

Sex and age are the two greatest risk factors for developing breast cancer. Women have a much greater risk than men, and that risk increases with age. Additional risk factors include family history, race, reproductive factors and certain medical findings, such as high breast tissue density, high bone mineral density, type 2 diabetes, certain benign (non-cancerous) breast conditions and lobular carcinoma in situ, weight gain after the age of 18, being overweight or obese, use of menopausal hormone therapy, physical inactivity and alcohol consumption. Research also indicates that long-term, heavy smoking increases breast cancer risk, particularly among women who start smoking before their first pregnancy. In addition, high-dose radiation to the chest for cancer treatment increases risk.

Common signs and symptoms of breast cancer include a new lump or mass; hard knots, or thickening; swelling, warmth, redness or darkening; change in size or shape; dimpling or puckering of the skin; itchy, scaly sore or rash on the nipple; pulling in of the nipple or other parts of the breast; nipple discharge that starts suddenly; or new pain on one spot that doesn't go away. Although these symptoms can be caused by things other than breast cancer, it is important to have them

checked by a health care provider.

Screening can help diagnose cancer early, when treatment is most likely to be successful. When diagnosed early, the five-year survival rate for breast cancer is 99 percent. Women should have frequent conversations with their health care provider about their risks for breast cancer and how often they should be screened.

The United States Preventive Services Task Force (USPSTF) recommends a screening mammogram every two years for women aged 50 to 74, which helps detect cancers before a lump can be felt. Women between the ages of 40 to 49, especially women with a family history of breast cancer, should discuss the risk and benefits of mammography with their health care provider to determine if it is right for them.

According to the 2014 Indiana Behavioral Risk Factor Surveillance System, 74.2 percent of women ages 50-74 have had a mammogram in the past two years. The Affordable Care Act requires preventive screening services to be covered by most insurance policies. Often, these services are paid in full. For state employees with state-provided medical benefits, preventive care services are covered at 100 percent with no deductible at in-network providers. This includes screenings for breast cancer, cervical cancer, colorectal cancer and prostate cancer. (Although routine prostate specific antigen (PSA) testing is a covered procedure, the USPSTF recommends that men be informed decision makers and discuss whether or not screening is appropriate for them given their personal risk, family history, and personal beliefs.)

For those not covered by the state's health insurance, the Indiana Breast and Cervical Cancer Program (BCCP)

provides access to breast and cervical cancer screenings, diagnostic testing, and treatment for underserved and underinsured women who qualify for services. Eligibility is determined by age and gross income in relation to family size. For more information visit the BCCP webpage at www.in.gov/isdh/24967.htm.

To learn more about breast cancer, including information on signs and symptoms, benefits of early detection and behaviors that can help decrease risk, please refer to the Indiana Cancer Facts and Figures 2015 report, a comprehensive report on the burden of cancer in Indiana, by visiting www.indianacancer.org. For a list of breast cancer resources, visit the Indiana Cancer Consortium (ICC) website at www.indianacancer.org/breast-cancer-toolkit/#Resources.

Hoosiers interested in reducing the burden of cancer in Indiana should consider participating in the ICC. The ICC is a statewide network of partnerships whose mission is to reduce the cancer burden in Indiana through the development, implementation and evaluation of a comprehensive plan that address cancer across the continuum from prevention through palliation. Participation in the ICC is open to all organizations and individuals interested in cancer prevention, early detection, treatment, quality of life, data collection and advocacy regarding cancer-related issues. To become a member of the ICC and find additional information about cancer prevention and control in Indiana, please visit the ICC's website at www.indianacancer.org.



Indiana State
Department of Health

Thank you to the [Indiana State Department of Health](http://www.in.gov/isdh) for this submission.

The Torch

October News

Elements Financial can help you earn Vitality Points

Wouldn't you love to be able to earn Vitality Points for improving your financial wellness, much the same way you do for other wellness activities? Well, starting now, you can!

Effective November 1, Elements Financial, in partnership with HumanaVitality, is excited to award Vitality Points to all state employees for their participation at either in person, lunch and learn financial wellness seminars, or via online financial wellness tutorials at the Elements online, financial education resource at: elements.org/Indiana.

Each month, there will be a featured financial wellness topic spotlighted in "Around the Circle" and "The Torch". Once you attend and/or complete the corresponding online offering, your participation will be tracked, and you will be awarded vitality points the following month.

Most importantly, you take another



step forward month after month toward improving your financial wellness and reaching your personal financial goals. It is critical to remember that the financial decisions you make today, even the small ones, have a long-term impact on your life.

For more information please visit: elements.org/Indiana or stop by the Elements Financial Credit Union Branch located next to the cafeteria in the lower level of the Indiana Government South Building.

(If you want a sneak peak in October with a chance to earn points a month before official launch, please visit the link above or sign up to attend the October 26 lunch and learn at: www.InvestInYourHealthIndiana.com. The featured topic in October is Estate Planning.)

INPRS National retirement security week

October 17-21 is National Retirement Security Week – do you know what your road to retirement looks like or how your retirement story plays out?

Come share your retirement story with the Indiana Public Retirement System (INPRS) and let INPRS representatives answer your retirement planning questions. Visit INPRS booths outside of the IGCN and IGCS cafeterias and INPRS offices (lower level, One North Capitol Ave.) from 11 a.m. to 1:30 p.m., October 18-20. INPRS representatives will be on hand to answer your questions and help you think through your retirement map.



Whether you are just starting your career or preparing to retire soon, now's the time to think about your retirement story. Visit www.INPRS.in.gov today to log in to your account.

Hoosier Homecoming is this Saturday in Downtown Indy

How are you celebrating Indiana's Bicentennial? If you are still looking for the perfect way to kick off your celebration, then we have just the thing for you!

Come on over to the Indiana Statehouse Campus on October 15 for "Hoosier Homecoming." As you know, a 200th birthday only rolls around once. That is why this event is one you won't want to miss!

This free, family-friendly event takes place from noon to 5 p.m. You are invited to bring your friends and family to celebrate Indiana's birthday with us. We need your help to make sure this event is a birthday party for the history books!

So what will there be to do? The list is endless!

Enjoy music from the Hunter Smith Band, Cook & Belle, and others. Grab a taste of Indiana from one of the 40 food trucks and artisans. Take in the beautiful new Bicentennial Plaza and public art pieces. Watch the culmination of the Indiana Bicentennial Torch Relay. Be a part of the audience for the dedication of the Statehouse Education Center in the Indiana State Library. Participate in Indiana Humanities scavenger hunt. Maybe you'll even spot a bison or two!

All Hoosiers should have a hand in this monumental year. One way to do that is to take part in "Hoosier Homecoming." So come out for an afternoon of fall fun and celebrate your state.

For more information about "Hoosier Homecoming" visit the Indiana Bicentennial Commission Facebook page or the Indiana Bicentennial Commission website, www.indiana2016.org.

INDIANA BICENTENNIAL COMMISSION

presents

HOOSIER HOMECOMING

★ FREE ★ FAMILY ★ FUN ★

DOWNTOWN INDIANAPOLIS AT THE STATEHOUSE CAMPUS



SATURDAY
10.15.16
12 - 5PM

**BICENTENNIAL & STATEHOUSE
PLAZA EDUCATION CENTER**

TORCH RELAY FINALE

THE TORCH RELAY WILL ARRIVE AT 4PM

HUNTER SMITH BAND
COOK & BELLE
HISTORICAL RE-ENACTORS

FOOD & TRUCKS
MORE!

To learn more about Indiana's Bicentennial Celebration, visit www.indiana2016.org

Discrimination is Against the Law

State of Indiana Employee Health Plans comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. State of Indiana Employee Health Plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

State of Indiana Employee Health Plans:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact State Personnel, Employee Relations Division.

If you believe that the State of Indiana Employee Health Plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: State Personnel Department, Employee Relations Division, 402 W. Washington St, Room W161, Indianapolis, IN 46204, 1-855-773-4647, V/TTY 1-317-232-4555, Fax 317-232-3089, Email EmployeeRelations@spd.in.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the State Personnel Employee Relations Division is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-248-0007 (TTY: 1-317-232-4555).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-248-0007（TTY：1-317-232-4555）。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-877-248-0007 (TTY: 1-317-232-4555).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-248-0007 (TTY: 1-317-232-4555).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 1-877-248-0007 (TTY: 1-317-232-4555) သို့ ခေါ်ဆိုပါ။

ملحوظة: إذا لقيت صعوبة في خدمات المساعدين لغويين تتلفونكي بالمرجان. نصل بمرقم 1-877-248-0007 بوق م متلف الصم والبالكم: 1-317-232-4555).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-248-0007 (TTY: 1-317-232-4555)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-248-0007 (TTY: 1-317-232-4555).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-248-0007 (ATS : 1-317-232-4555).

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-248-0007 (TTY:1-317-232-4555) まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-248-0007 (TTY: 1-317-232-4555).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-248-0007 (TTY: 1-317-232-4555).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-248-0007 (телетайп: 1-317-232-4555).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-877-248-0007 (TTY: 1-317-232-4555) 'ਤੇ ਕਾਲ ਕਰੋ।

ਧਿਆਨ ਦੇਂ: ਯਦਿ ਆਪ ਹਿੰਦੀ ਬੋਲਦੇ ਹੋ ਤੋ ਆਪਕੇ ਲਿਏ ਮੁਫਤ ਮੇਂ ਭਾਸ਼ਾ ਸਹਾਯਤਾ ਸੇਵਾਓਂ ਤਪਲਬਧ ਹੋਂ। 1-877-248-0007 (TTY: 1-317-232-4555) ਪਰ ਕਾਲ ਕਰੋਂ।

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, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820

<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Page/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>
VIRGINIA – Medicaid and CHIP	
<p>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</p>	

To see if any other states have added a premium assistance program since July 31, 2016, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



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