

## Indiana State University Open Enrollment October 26, 2020 and November 23, 2020

**Forms must be submitted to the Employee Benefits Office on or before November 23**  
**All changes will be effective January 1<sup>st</sup> 2021**

### **Rates increase and plan changes for 2021**

Higher claims experience, specifically with prescription drugs, in addition to medical and prescription drug trend rates for next year have resulted in cost projections that will require an increase in employee rates for 2021. For more information on the new 2021 health coverage rates click [here](#).

In order to help offset rising prescription drug costs, the plan will add an optimization program, Prudent Rx, to the Traditional PPO Plan for 2021. This program is designed to reduce the rising costs of specialty medications for both the employee and the University through the use of copay assistance. In order to implement this program a change in the cost share for employees, on the PPO Traditional Plan, purchasing specialty medications will change to a 30% coinsurance amount.

### **Health, Dental, and Prescription Drug Coverage**

Indiana State University will continue to offer employees the option of choosing between our Traditional PPO Plan and a High Deductible Health Plan (HDHP).

Click [here](#) for information regarding the differences between the two plans. You will need to make the choice regarding which plan is right for you and your family. Please contact Employee Benefits at ext. 4114 if you would like to schedule an appointment to review the options.

If you wish to make a change or to switch coverage between plans, you must complete the [Health, Dental, and Prescription Drug Application](#) and submit it to Employee Benefits by November 23, 2020. [Additional information](#) regarding both plans, rates, and a list of documentation which must be submitted when adding dependents can be found on the Employee Benefits webpage.

We are providing a subsidized rate to employees whose household income is less than 200% of Federal Poverty Guidelines. The subsidized rate is only available for employees on the PPO plan. An Employee [Application for Health Coverage Subsidy](#) and a [2019 Federal Tax Return Transcript](#) must be provided to Employee Benefits to apply for the subsidized rate. These are due to the Employee Benefits Office by November 23, 2020.

**If you do not wish to make any changes to your current coverage, you do not need to do anything.**

### **Premium Conversion Program**

You may choose to have your Health Coverage and Vision Coverage premiums deducted from your paycheck on a pre-tax or after-tax basis. Each year you have the opportunity to change your election for the next calendar year. If you wish to change your election for 2021, complete a new [Health](#) or [Vision](#) application form and mark the premium conversion change box and return it to Employee Benefits. If you do not wish to change your current option, don't do anything and your option will remain the same in 2020.

## Flexible Spending Account

If you currently participate in the Flexible Spending Account (FSA) program, **you MUST complete a new application to participate in 2021**. The medical FSA is available to individuals enrolled in the Traditional PPO coverage or those not on either University Health Plan. The FSA is not available for High Deductible enrollees.

A FSA is a pre-tax account used to help pay for qualified medical or dependent care expenses. Each year, you are given the opportunity to participate in the FSA. The only time you can make an annual election is during Open Enrollment for the following calendar year. These contributions will reduce your taxable income and your wages reported to Social Security. Participating employees may designate any amount up to the IRS maximum (\$2750 for medical expenses for 2021 and \$5000 for dependent care expenses.) Contributions made to the medical FSA are forfeited if not used by March 15, 2021, or the employee's date of termination.

A Dependent Care FSA may be elected to pay for dependent care costs and funds must be used by December 31, 2021.

To take advantage of these savings, please click on the [Flexible Spending Account Application](#). Click [here](#) for more information regarding our FSA. Once you have made an election, it can only be changed within 31 days of a qualifying status change as defined by the IRS.

## Health Savings Account – For High Deductible Plan Only

If you choose to participate in the HDHP, you will receive employer contributions into a Health Savings Account (HSA). These contributions will be deposited on a semiannual basis. You will receive additional information regarding setting up your HSA once you have enrolled in the HDHP.

In addition to the employer contribution to your HSA, you have the option of making your own contributions. The IRS maximum allowable contribution for 2021 for both ISU and the employee is \$3,600 for an individual with employee only coverage or \$7,200 if any other family members are covered. Catch-up contributions of up to \$1000 are also available for individuals age 55 and older. If you wish to make additional contributions to the HSA through payroll deduction, please complete the [HSA Salary Reduction Agreement](#). Click [here](#) for more information regarding the HSA.

## Voluntary Life Insurance

An employee may purchase up to \$180,000 in group term life insurance on themselves, up to \$50,000 coverage on their spouse, and up to \$10,000 on dependent children. For information on the [premium rates](#), click here. If you wish to purchase voluntary life insurance or add additional coverage, please return the completed [application](#) to Employee Benefits by November 23, 2020. **We must have the document with the original signature; electronic submission is not available.** You will also be required to complete the [Evidence of Insurability](#) document.

## Vision Coverage

The University offers a voluntary Vision Plan through MetLife, utilizing the VSP network. You may enroll in the voluntary vision coverage even if you are not enrolled in the University's health coverage. Once you enroll in the vision coverage, you may not cancel until you have been covered for at least twelve months. The plan covers one exam and one set of lenses per rolling 12 month period and a set of frames per rolling 24 month period. It will also cover contacts in lieu of glasses. To add or make changes to your existing coverage, please click on the [Vision Coverage Application](#). Click [here](#) for more information regarding the Vision Coverage.

## **Important Notices**

We are required to notify employees of certain rights on an annual basis. Please click on [Important Notices and Changes](#) for additional information regarding legislative changes and your rights under various employment laws. As required by the Affordable Care Act, we have posted a copy of the [Summary of Benefits and Coverage](#) for our medical plan.

Please note that applications that are not electronic can be completed and returned by email to Employee Benefits at [ISU-SB@indstate.edu](mailto:ISU-SB@indstate.edu), printed and returned through campus mail or regular mail, or faxed to ext. 8084.

**All forms must be returned to the Employee Benefits Office on or before November 23, 2020 to be considered.**

**Please contact Employee Benefits at 812-237-4114 if you have any questions.**