To make the best of your Open Enrollment elections, start here.

1. DECIDE

Should you change any of your benefits? Consider these options:

- **Dependents.** Do you need to add or change medical, dental, vision, or life insurance coverage for a spouse or child?
- **Medical.** Choose between lower out-of-pocket expenses (HMO), or the flexibility of out-of-network providers (PPO): page 11.
- **Network.** If you prefer certain doctors or hospitals, see pages 10-11.
- **Dental.** Choose between lower rates or more comprehensive coverage: page 15.
- **Vision.** Coverage for eye care or corrective lenses: page 16.
- **Life Insurance.** Choose your supplemental coverage: page 17.
- **Flexible Spending Accounts.** Set funds aside, tax free, for 2015 health care expenses. Note: Re-enrollment is not automatic. Participants must enroll each year. pages 18-19.

2. GATHER

The information you’ll need:

- Your netID and password
- Your election decisions
- If adding a spouse or dependent:
  - His/her full legal name
  - His/her Social Security Number
  - His/her date of birth
  - You will also need to present documents to Human Resources verifying your dependents’ eligibility. See page 4.

**IMPORTANT DATES**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 22 – Nov. 7</td>
<td>OPEN ENROLLMENT</td>
</tr>
<tr>
<td>Sept. 1 - Nov. 7</td>
<td>Complete Your HRQ (Health Risk Questionnaire)</td>
</tr>
<tr>
<td>Oct. 22 &amp; 23</td>
<td>St. Joseph’s Mobile Mammogram Unit (in-network for Select and CHA networks)</td>
</tr>
<tr>
<td>Nov. 7</td>
<td>Last day for open enrollment and Your HRQ</td>
</tr>
<tr>
<td>Late Nov. (TBD)</td>
<td>Confirmation statements available online at <a href="http://openenroll.nd.edu">http://openenroll.nd.edu</a></td>
</tr>
<tr>
<td>Dec. 5</td>
<td>Last day to submit enrollment corrections. Contact askHR at (574) 631-5900.</td>
</tr>
</tbody>
</table>

**FREQUENTLY ASKED QUESTIONS**

**Q: Do I need to enroll?**  A: Yes. All faculty and staff are required to enroll by Nov. 7, 2014. If you do not, you will be defaulted to your 2014 benefit elections, and you will not have a Flexible Spending Account in 2015.

**Q: How do I enroll?**  A: Online at [http://openenroll.nd.edu](http://openenroll.nd.edu) anytime day or night, Oct. 22 through Nov. 7.

**Q: When does coverage begin?**  A: All elections take effect January 1, 2015.

**Q: What if I’m making no changes?**  A: Even if you are making no changes to your coverage, you must confirm your benefit elections by enrolling online.

**Q: Will I receive confirmation of my changes?**  A: Yes. A confirmation statement will be available online in late November detailing your benefit elections, even if your coverage did not change.
ENROLL


Enrollment closes at 11:59 p.m. on Nov. 7.

Where? All enrollment is online. Visit http://openenroll.nd.edu anytime through Nov. 7.

How? For help with online enrollment:
• Consult the enrollment tutorial booklet online at http://hr.nd.edu/benefits/
• Some staff may have the opportunity for proctored online enrollment lab sessions. Check with your supervisor.
• Computers will be available at Irish Health and at various locations throughout campus (netID and password required).
• For assistance, call askHR at (574) 631-5900.

What’s New?

Look for the green “New” icons like this one to identify what has changed since last year. Changes for 2015 include:

Medical
• Increased out-of-pocket maximum for all plans. Page 11.
• In HMO plans, copayments for outpatient procedures and emergency room visits have changed. Page 11.

Prescription
• New coverage for breast cancer prevention, bowel preps, and fluoride. Page 14.
• Changes in drug formulary and compound drug coverage. Page 14.

Dental
• Preventive & diagnostic (P&D) charges will be excluded from the annual maximum benefit. Page 15.

Life
• Maximum supplemental life insurance increases to $1.5 million. Page 17.

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The healthcare landscape is changing. Costs are rising, and new laws have been passed. While the University continues its commitment to providing you and your family with a comprehensive and affordable benefits package, it’s also important that our entire community work together to manage costs and promote a healthier Notre Dame so that competitive benefits may be offered for years to come.

This Open Enrollment Decision Guide explains the benefits provided by the University. It also highlights additional programs and services available to help you do your part by being an informed healthcare consumer and taking charge of your well-being.

Notre Dame’s contributions
You will see two main sections in this booklet. The second section beginning on page 10 explains your benefits—Notre Dame’s contributions to your benefits package—and the various choices you may make among them. These benefit programs include:

- Medical and Prescription Drug Benefits
- Dental Benefits
- Vision Benefit
- Notre Dame Wellness Center
- Basic and Supplemental Life Insurance
- Flexible Spending Accounts

You have many options. Not only will you choose your 2015 benefits during Open Enrollment, you will also decide when and how to use healthcare services during the year. The choices you make will have a direct impact on the costs you and the University pay to provide these benefits. This section will help you make the most cost-effective and appropriate coverage decisions for you and your family.

Doing your part
The first section of this booklet, beginning on page 6, goes beyond the medical, dental, vision, and other benefits that Notre Dame provides to describe additional programs to help you take charge of your health and well-being. For example, the Wellness Coaching and Chronic Condition Management programs from the Notre Dame Wellness Center offer professional and confidential counseling to help you identify and address health issues.

This section also provides additional information to help you be informed and use resources wisely throughout 2015. By visiting in-network providers, choosing generic drugs when appropriate, avoiding unnecessary care, maintaining a healthy lifestyle and making other informed choices, you will be doing your part to lower healthcare costs and stay healthy in the first place.

Eligibility
University benefits are available to Notre Dame faculty, staff and their dependents who meet the eligibility criteria below.

Eligibility for Medical and Prescription Benefits
Staff - Regular, full time exempt or non-exempt staff.
Faculty - Regular, full time faculty as defined in the University’s Academic Articles.
Dependents - If you are an eligible faculty or staff member, these dependents are also eligible:
- Your spouse (per Indiana law), unless legally separated;
- Your children up to age 26 regardless of marital status, student status or whether there is access to other coverage through your child’s employer;
- Your children who become handicapped prior to age 26 and are dependent on you for support.

Eligibility for Dental and Vision Benefits
Faculty and Staff: All faculty and staff who are eligible for medical/prescription benefits (see above).
Dependents - If you are an eligible faculty or staff member, these dependents are also eligible:
- Your spouse (per Indiana law) unless legally separated;
- Your unmarried children up to age 19, or to age 25 if a full-time student (minimum of 12 credit hours).

Who is a Dependent?
Dependent ‘children’ include: Biological children, stepchildren, legally adopted child or other recognized children for whom you are the legal guardian.

Dependent Verification
When enrolling a spouse or dependent in University benefits, documentation must be provided to verify the spouse or dependent’s relationship to the benefit-eligible faculty or staff member.

If you are adding a spouse or dependent during the Open Enrollment period, documentation of eligibility must be provided no later than December 12. If documentation is not received by the deadline, the spouse or dependent will not be enrolled.

For more information on the required documentation, see http://hr.nd.edu/benefits/.
The Notre Dame Wellness Center is a state-of-the-art full-service health care facility to serve full-time, benefits-eligible faculty and staff and their dependents.

**Focus on Primary Care.** We bring the family doctor in-house. Services include:
- Routine Primary Care
- Urgent Care
- Pediatric Care
- Physical Exams and Lab Services
- Specialty Infusion Services
- Vaccinations and Allergy Management
- Physical Therapy and Wellness Coaching

**90-day refills.** At the Wellness Center drive-thru pharmacy, eligible faculty, staff and dependents may receive 90-day refills penalty-free under Notre Dame’s prescription benefits plan – an alternative to mail-order.

**In-network.** The Wellness Center is in-network for all Notre Dame medical benefits networks. Using the Notre Dame Wellness Center can be cost-effective for all eligible faculty, staff, and dependents – and for the University.

Benefit-eligible faculty and staff who waive University healthcare coverage may still utilize the Wellness Center, which is credentialed with many third-party insurance plans. Verify with your plan whether the Wellness Center is in your network. Wellness Center co-pays, fees, deductibles, co-insurance, and out-of-pocket costs are dependent on your particular healthcare plan (i.e. whether you have a Notre Dame-sponsored HMO or PPO plan or another healthcare plan). Eligibility of your spouse or dependents must be verified (see page 4).

**Notre Dame Wellness Center Programs**

The Notre Dame Wellness Center offers much more than just primary care. Here are few of the many wellness services available:

**Chronic Condition Management.** This program helps patients learn how to manage such ongoing conditions as diabetes, cancer or others. A specialist in chronic condition management can help patients understand their condition, make lifestyle changes, and create a plan to combat setbacks. If you need support in dealing with a chronic condition, this program may be right for you.

**Wellness Coaching.** A Wellness Coach is a certified coaching professional who specializes in behavior change theory and process. The Notre Dame Wellness Center’s Wellness Coaching program is designed to help participants achieve a lasting lifestyle change in the areas of weight, stress, nutrition, exercise, smoking cessation, work/life balance, and life satisfaction.

**Medication Well-Check.** Make a free appointment with a Wellness Center pharmacist who will review all of your prescriptions and over-the-counter medications to ensure that your current therapy is safe and effective.

For more information on Wellness Center programs or to make an appointment, visit [http://wellnesscenter.nd.edu](http://wellnesscenter.nd.edu) or call (574) 634-WELL (9355).

**FREE**
Wellness Center programs are available to benefit-eligible faculty and staff and dependents at no cost.

For appointments, hours, services, and more, visit [http://wellnesscenter.nd.edu](http://wellnesscenter.nd.edu)
For competitive benefits to be offered for years to come, it’s important that our entire community work together. You can reduce healthcare costs and promote a healthier Notre Dame by becoming more informed, taking charge of your health, and using resources wisely.

### GET INFORMED

Decisions about your health - and your family’s - are some of the most important you’ll ever make. Make the right ones by taking time to learn about your options and discussing them with your spouse or family.

**Review this Open Enrollment Decision Guide**

The Decision Guide outlines your benefit options and highlights other programs and services available to you. Review the guide to find out how you can use your benefit plans and programs to achieve better health control costs. For additional information about your benefits and University wellness programs, visit [www.hr.nd.edu/](http://www.hr.nd.edu/).

**Evaluate plans and networks**

Your network determines which providers are available to you at a lower cost than other out-of-network providers. Determine whether the providers in your network will meet your needs, or if you will need out-of-network coverage.

**Engage in wellness programs**

The University and the Notre Dame Wellness Center offers a variety of programs to help you get informed about your health and well-being. Look for programs that will help you meet your wellness goals.

### TAKE CHARGE OF YOUR HEALTH

**Take advantage of:**

- Biometric health screenings
- Your HRQ
- Irish Health
- Wellness coaching
- Chronic Condition Management
- Baby Steps
- Nurse Line
- Rec Sports
- Mobile Mammogram Unit
- Employee Assistance Program

### USE RESOURCES WISELY

- Visit emergency room only in an emergency
- Consider an urgent care center
- Avoid unnecessary procedures
- Stay in-network
- Choose generic drugs
- Use Flexible Spending Accounts

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For answers to questions about University benefits and wellness programs, contact askHR: call (574) 631-5900, send an email to askhr@nd.edu, or visit the Office of Human Resources at 200 Grace Hall. The Office of Human Resources also provides Open Enrollment information sessions. Ask your supervisor to request one for your department.

**Ask a Health Advocate**

Health Advocate is the nation’s leading healthcare advocacy and assistance company. The service is a benefit paid for by the University to help you navigate the healthcare system and maximize your benefits. With just a phone call anytime day or night, a personal Health Advocate can help you find the right providers or hospitals, navigate your insurance plan, untangle medical bills, locate elder care or other support services, secure second opinions, or explain conditions or treatments.

Health Advocates are typically registered nurses, supported by medical directors and benefits and claims specialists. For help from an Advocate, visit [www.healthadvocate.com](http://www.healthadvocate.com) or call 1-866.695.8622. Calls are confidential.
Ask your provider questions
It’s important to be informed. The American Board of Internal Medicine (ABIM) Foundation recommends five questions to ask your provider before a test or procedure is performed:
- Is the test or procedure needed?
- What are the drawbacks?
- Are there simpler and safer options?
- What happens if I do nothing?
- How much does it cost?

TAKING CHARGE OF YOUR HEALTH

Notre Dame provides a wealth of programs and tools that you and your family can use year-round to take charge of your well-being.

Biometric Health Screenings
A biometric screening is a general health check that can identify some of the most common health problems. This fifteen-minute screening measures standard biometrics such as blood pressure, height, weight, body mass index (BMI), and screens for problems such as diabetes and high cholesterol.

Screenings are available to all full time, benefit-eligible Notre Dame faculty, staff and their spouses who are enrolled in the University’s medical plan. Screenings are available at the Notre Dame Wellness Center through November 7, or from Memorial Health & Lifestyle at various locations on campus through October 24. Appointments can be made for the ND Wellness Center at wellnesscenter.nd.edu or by phone at (574) 634-WELL (9355). To schedule an appointment for campus locations, call askHR at (574) 631-5900. For the most accurate results, fasting for eight hours prior to the screening is recommended.

Results from screenings conducted at the Wellness Center or on campus will be automatically entered into Your HRQ.

Your HRQ
Your HRQ (Health Risk Questionnaire) is an online assessment of your wellness and potential risks. Once your screening results are entered and you complete a short questionnaire, you will receive a detailed report to help you take charge and make positive change. It’s confidential, only takes a few minutes, and can even earn you cash: benefit eligible faculty and staff who complete a screening and Your HRQ by Nov. 7 will receive an automatic $120 credit, plus entry into a drawing for one of five $1,000 prizes. Eligible spouses who complete a screening and Your HRQ by Nov. 7 will receive an additional $60 credit. For more information, see http://hr.nd.edu/benefits.

To complete Your HRQ, log in to the Wellness Center Patient Portal at wellnesscenter.nd.edu anytime through November 7, 2014. Note: Your HRQ is not complete without a screening. Eligibility for prizes requires completion of both a screening and Your HRQ by the deadline.

Irish Health
Irish Health is an annual benefits and wellness fair for Notre Dame faculty and staff. The two-day fair features exercise classes, wellness workshops and demonstrations, and representatives from over 50 vendors, wellness organizations and benefits providers. You may even receive your biometric screening, complete Your HRQ, and make your Open Enrollment elections online with the assistance of an HR Benefits Specialist at the event. This year’s Irish Health event is October 22 and 23, 2014. See page 9 for more information, or visit http://hr.nd.edu/benefits.

Wellness Coaching
A Wellness Coach is a certified coaching professional who specializes in changing behaviors. Coaching is a powerful relationship that enables you to learn more about yourself, and to set and achieve your wellness goals. Your Wellness Coach can help you stop smoking, lose weight, reduce stress, and be happier and healthier. Wellness Coaching is available at the Notre Dame Wellness Center. See page 5 for more.

Chronic Condition Management
A service of the Notre Dame Wellness Center, Chronic Condition Management helps patients learn how to manage such ongoing conditions as diabetes, cancer, or others. Specialists in chronic condition management can help patients understand their condition, develop the skills necessary to make lifestyle changes, and create a plan to combat setbacks. See page 5 for more.

Baby Steps
A service of Meritain Health, the Baby Steps Program offers guidance and assistance for expectant mothers. Participants are assigned their own personal Case Manager – a Registered Nurse who will monitor progress, provide baby wellness education, and counsel expectant mothers during their special time. For more information, visit http://hr.nd.edu/benefits/group-insurance/.

Nurse Line
When you have a health question and you’re not sure what to do, call the Meritain Health Nurse Line at 1-888-668-6855, 24 hours a day, seven days a week. The Nurse Line provides direct access to registered, specially trained nurses who can
help answer your questions, discuss your options, answer benefit and claims questions, and empower you to make informed decisions. A nurse can also help prepare you for your next doctor’s office visit by providing you with meaningful questions to discuss with your doctor.

Rec Sports
There are plenty of ways to improve your health, but nothing beats exercise. The University of Notre Dame Rec Sports program offers drop-in recreation, facility use, group exercise classes and other health and fitness programs especially for faculty and staff. For more information, visit http://recsports.nd.edu/about-recsports/eligibility/.

Mobile Mammogram Unit
A program of St. Joseph Regional Medical Center, the Mobile Mammogram Unit arrives on-campus several times a year. This preventive offering is available annually for no cost to female Notre Dame faculty and staff enrolled in a University medical plan, beginning at age 40 (women age 35-39 may receive one baseline exam at no cost), and is “in-network” for both CHA and Select networks.

Employee Assistance Program
The University’s Employee Assistance Program, LifeWorks, helps you face life’s everyday challenges. The program offers a real person to talk to when you need confidential and immediate help with marital or relationship issues, family problems, drug or alcohol addiction, stress, financial or legal worries, and many other issues. When appropriate, the counselor can refer you to outside resources such as support groups or a licensed behavioral health professional. The program is a benefit provided by the University, is free to faculty and staff, and is confidential. For help, visit www.lifeworks.com (User name: notredame; Password: gond) or call 1-888-267-8126.

USE RESOURCES WISELY

Visit emergency room only in an emergency
Before you visit the emergency room, ask yourself: is this an actual emergency? If the answer is no, consider another provider. Unnecessary emergency room visits impose significant costs to the University’s health plan and should be avoided whenever the appropriate care can be provided by the Notre Dame Wellness Center or an Urgent Care Center.

Consider an urgent care center
For most non-life-threatening injuries, urgent care centers are a worry-free and less expensive alternative to the emergency room. Services include: treating injuries; X-Rays and diagnostic tools; treating illnesses including allergies, asthma, bronchitis and pneumonia, colds, coughs, flu, dehydration, ear and eye infections; hemorrhoids; migraines and headaches; nausea, vomiting; poison ivy; sinus infections, sore throat and strep throat; and urinary tract and bladder infections. They also provide: Physical exams for camp, daycare, school and sports; lab tests including blood glucose, mono, pregnancy, flu, total cholesterol, and urinalysis; and immunizations for adults and children.

Avoid unnecessary procedures
If you do visit the emergency room, be informed about whether tests or procedures are actually necessary. The ABIM Foundation has identified several tests or procedures that are routinely performed but are often unnecessary, leading to higher-out-of-pocket costs for you. These include: a head CT scan for patients with only minor injuries; antibiotics for simple skin infections; intravenous fluids for mild or moderate dehydration in children who are able to drink, and more.

The Foundation has also identified several procedures routinely performed during physicians’ office visits that are also often unnecessary: scoliosis screenings for adolescents; routine prostate cancer screening using a prostate-specific-antigen (PSA) test; scheduled elective, non-medically indicated inductions of labor or caesarian deliveries before 39 weeks, and more.

If a procedure on the list is ordered for you or your child, don’t be afraid to ask the provider whether it is needed. See a more complete list at www.choosingwisely.org.

Stay in-network
Out-of-network providers impose higher costs to the

Comparison of costs between Emergency Room, Urgent Care Centers, and Notre Dame Wellness Center

<table>
<thead>
<tr>
<th>Location</th>
<th>Copay</th>
<th>Who is eligible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Notre Dame Wellness Center</td>
<td>$15</td>
<td>For all benefit-eligible faculty, staff and their eligible dependents in a Notre Dame medical plan</td>
</tr>
<tr>
<td>Physician’s Urgent Care;</td>
<td>$50</td>
<td>For all benefit-eligible faculty, staff and their eligible dependents with Select Health Network HMO/PPO</td>
</tr>
<tr>
<td>Doctor’s Express</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medpoint</td>
<td>$50</td>
<td>For all benefit-eligible faculty, staff and their eligible dependents with CHA Network HMO/PPO</td>
</tr>
<tr>
<td>Medpoint Express</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>EMERGENCY ROOM HMO</td>
<td>$200</td>
<td>For all benefit-eligible faculty, staff and their eligible dependents</td>
</tr>
<tr>
<td>EMERGENCY ROOM PPO</td>
<td>$400 deductible, then 15% to out-of-pocket max. of $1950 for individual</td>
<td></td>
</tr>
</tbody>
</table>
University’s health plan, so look for a provider who is in-network when seeking health care services.

Choose generic drugs
Generic drugs are identical to brand name drugs in active ingredients, dosage, safety, strength, quality, and intended use. When you choose generic drugs instead of preferred brand or non-preferred brand drugs, you will see significant savings in your prescription drug co-pays – and the University’s costs also decrease.

Use a Flexible Spending Account (FSA)
An FSA allows you to set aside pre-tax money for eligible medical, dental, vision, and dependent care expenses. Each pay period, your FSA contributions are conveniently deducted from your pay. These deductions are made before your payroll taxes are calculated. Because you don’t pay taxes on the deducted amounts, your federal and state income taxes may be reduced.

As a general rule, any health care expense you could deduct on your federal income tax return is eligible for reimbursement. The most common expenses are office visit co-payments, prescription drug co-payments, deductions, orthodontia, and vision care.

FSA accounts are a great way to reduce your overall out-of-pocket healthcare expenses. See page 18 for more information on FSAs, or visit http://hr.nd.edu/benefits/group-insurance/flex-spending/.

Don’t Miss Out!
You must enroll for 2015 if you wish to have an FSA, even if you’re already enrolled for 2014.

• Use resources wisely by scheduling preventative checkups or necessary office visits with primary care providers, using the hospital emergency room only for emergencies, and choosing generic equivalents over more expensive name brand drugs.
• Identify risk factors such as obesity, high blood pressure, and high cholesterol by completing Your HRQ and screening.
• Reduce risks by eating right and exercising regularly.

How can each of us reduce the cost of health care at Notre Dame?

Faculty/Staff Benefits & Wellness Fair
Wednesday, October 22, noon – 7 p.m.
Thursday, October 23, 7 a.m. – noon
Rolfs Sports Rec Center

• Over 50 benefits and wellness vendors
• Chair massages
• Refreshments
• Health screenings by Memorial
• Your HRQ assistance
• Open Enrollment assistance
• ND Voice assistance
• Mobile Mammogram Unit
• Screenings: Shoulder/neck/foot, TMD/TMJ, vision & hearing, and more
• Wellness coaching
• Chronic condition management consultations
• Giveaways: from vendors, RecSports, Human Resources, Food Services, and others

PRIZES
$500 at Spin Zone, iPad mini, Fit Bit, more!

It’s your life ... live it well!

For a list of vendors and more information, visit hr.nd.edu/benefits or contact askHR at (574) 631-5900 or askHR@nd.edu.

About the Wellness Wheel: There are seven categories of well-being, and we are well when each is in balance. Come learn about benefits and resources to help you live your life well!
The health and well-being of the Notre Dame community - every member - is a top priority. That’s why Notre Dame not only offers a comprehensive and competitive benefits package including Medical, Prescription Drug, Vision, and Dental benefits, it also underwrites significant portions of those programs. The result is a comprehensive and competitive benefits package for each faculty and staff member at a fraction of the usual cost, allowing each member of the University community greater access to quality care.

Medical Benefits

Notre Dame subsidizes a variety of medical plans to help faculty, staff, and their families have better access to quality healthcare than what might otherwise be available. All University plans are administered by Meritain Health.

Electing your medical benefits requires you to make two main choices:

- **Plan.** You must choose a plan – HMO or PPO. The plan you select determines how much you pay for certain types of services, how much the plan pays, and whether you may visit providers that are not in your network.
- **Network.** You must choose a network – Select or Community Health Alliance (CHA). The network you select determines what doctors, hospitals, and providers are available to you.

The following sections provide an overview of the plans and networks available to you.

1. **Choosing a Medical Plan**

Which plan is right for you, the HMO or the PPO?

Generally, the HMO plan limits non-emergency coverage to providers and hospitals in your network. If care is received from non-network providers, members of the HMO plan generally must pay the full cost unless that care cannot be provided by an in-network provider.

The PPO plan offers more flexibility by allowing you to see out-of-network providers at a reduced coverage rate.

Because the features of each plan differ, the monthly rates also differ. Be sure to review the features of each plan below, and read the plan’s terms and restrictions carefully.

2. **Choosing a Medical Network**

The network is the group of physicians, hospitals, and other providers that your plan covers. When you select the HMO or PPO plan, you also elect one of two local networks: Select or CHA. The Select network’s base hospital is St. Joseph Regional Medical Center, while the CHA network’s base hospital is Memorial Hospital & Health System in South Bend. For employees situated outside the local network area, the University’s PPO plan also utilizes the PHCS national network. All networks include a wide variety of physicians, providers, and hospitals.

When choosing a network, be sure to consider which healthcare providers, facilities, and services are important to you and your family.

For a full summary comparison of all Notre Dame plans and networks, see [http://hr.nd.edu/benefits/](http://hr.nd.edu/benefits/), or consult the 2015 Open Enrollment Supplement.
### MERITAIN PPO PLAN - SELECT OR CHA

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>100%, No deductible</th>
</tr>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Rx not included</td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>$400</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$800</td>
</tr>
<tr>
<td><strong>Coinsurance (Plan Pays)</strong></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>85%</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>$1,950</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$3,900</td>
</tr>
<tr>
<td><strong>PCP - In-Network</strong></td>
<td>100% after $30 copay per physician office visit</td>
</tr>
<tr>
<td><strong>PCP - Out-of-Network</strong></td>
<td>65% of U&amp;C after deductible</td>
</tr>
<tr>
<td><strong>SPC In-Network</strong></td>
<td>100% after $35 copay per physician office visit</td>
</tr>
<tr>
<td><strong>SPC Out-of-Network</strong></td>
<td>65% of U&amp;C after deductible</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Urgent Care - In-Network</strong></td>
<td>$50</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>85% after deductible</td>
</tr>
<tr>
<td>In-Network</td>
<td></td>
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<tr>
<td>Out-of-Network</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>85% after deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Not subject to deductible</td>
</tr>
<tr>
<td>Retail (up to 30-days’ supply)</td>
<td>$5/30/45/100 (See p. 14)</td>
</tr>
<tr>
<td>Mail Order (90-days’ supply)</td>
<td>$12/60/90/200 (See p. 14)</td>
</tr>
</tbody>
</table>

### MERITAIN HMO PLAN - SELECT OR CHA

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>100%, No deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>Rx not included</td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>$350</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$700</td>
</tr>
<tr>
<td><strong>Coinsurance (Plan Pays)</strong></td>
<td></td>
</tr>
<tr>
<td>For Inpatient Hospital Services Only In-Network</td>
<td>85%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>$2,000</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$4,000</td>
</tr>
<tr>
<td><strong>PCP - In-Network</strong></td>
<td>100% after $30 copay per physician office visit</td>
</tr>
<tr>
<td><strong>SPC - In-Network</strong></td>
<td>100% after $35 copay per physician office visit</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>$200</td>
</tr>
<tr>
<td>Urgent Care - Medpoint</td>
<td>$50</td>
</tr>
<tr>
<td>Other CHA Urgent Care Providers for urgent care @ Medpoint Express</td>
<td>$25</td>
</tr>
<tr>
<td>Urgent Care - Select</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>85% after deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Not subject to deductible</td>
</tr>
<tr>
<td>Retail (up to 30-days’ supply)</td>
<td>$5/30/45/100 (See p. 10)</td>
</tr>
<tr>
<td>Mail Order (90-days’ supply)</td>
<td>$12/60/90/200 (See p. 10)</td>
</tr>
</tbody>
</table>

#### Out of Pocket Maximums

Effective January 2015 all out-of-pocket expenses (medical and prescription drug) incurred will be applied to the maximum out of pocket for the medical plans. Refer to the maximums by plan in the chart above.

#### HMO PLAN CHANGES

Effective January 1, 2015:

- Emergency room co-payment increases to $200.
- Outpatient procedures will be subject to deductible and coinsurance.

Remember: there is no coverage in the HMO Plan for non-emergency care provided by out-of-network medical providers.
## 2015 MONTHLY RATES

### Medical Plans, Full-Time

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Without Completion of HRQ*</th>
<th>With Completion of HRQ*</th>
<th>With Employee and Spouse HRQ*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meritain PPO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$86</td>
<td>$76</td>
<td>$76</td>
</tr>
<tr>
<td>Individual + 1</td>
<td>$222</td>
<td>$212</td>
<td>$207</td>
</tr>
<tr>
<td>Family</td>
<td>$302</td>
<td>$292</td>
<td>$287</td>
</tr>
<tr>
<td>Meritain Select HMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$71</td>
<td>$61</td>
<td>$61</td>
</tr>
<tr>
<td>Individual +1</td>
<td>$201</td>
<td>$191</td>
<td>$186</td>
</tr>
<tr>
<td>Family</td>
<td>$252</td>
<td>$242</td>
<td>$237</td>
</tr>
<tr>
<td>Meritain CHA HMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$95</td>
<td>$85</td>
<td>$85</td>
</tr>
<tr>
<td>Individual + 1</td>
<td>$251</td>
<td>$241</td>
<td>$236</td>
</tr>
<tr>
<td>Family</td>
<td>$336</td>
<td>$326</td>
<td>$321</td>
</tr>
</tbody>
</table>

**NOTE:** Rates include medical and prescription coverage. See page 10 for Prescription Benefits information.

*HRQ = Your HRQ (Health Risk Questionnaire)*

### Dental

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Individual</th>
<th>Individual + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Delta Premier (PPO)- 2015</td>
<td>$16.02</td>
<td>$30.26</td>
<td>$52.60</td>
</tr>
<tr>
<td>*Delta PPO - 2015</td>
<td>$20.68</td>
<td>$37.00</td>
<td>$66.32</td>
</tr>
<tr>
<td>*Delta Premier (PPO) - 2016</td>
<td>$16.02</td>
<td>$30.26</td>
<td>$52.60</td>
</tr>
<tr>
<td>*Delta PPO - 2016</td>
<td>$20.68</td>
<td>$37.00</td>
<td>$66.32</td>
</tr>
</tbody>
</table>

**NOTE:** Mandatory two-year enrollment. Participants may switch between Delta Dental plans during the two-year period.

### Vision

<table>
<thead>
<tr>
<th>Vision Plan</th>
<th>Individual</th>
<th>Individual + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Med</td>
<td>$8.56</td>
<td>$16.16</td>
<td>$23.68</td>
</tr>
</tbody>
</table>
## 2015 MONTHLY RATES

### Life Insurance

#### SUPPLEMENTAL LIFE INSURANCE RATES

<table>
<thead>
<tr>
<th>Your Age</th>
<th>Monthly Rate per $1,000 of Coverage</th>
<th>Your Age</th>
<th>Monthly Rate per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$.043</td>
<td>45-49</td>
<td>$.129</td>
</tr>
<tr>
<td>25-29</td>
<td>$.048</td>
<td>50-54</td>
<td>$.186</td>
</tr>
<tr>
<td>30-34</td>
<td>$.064</td>
<td>55-59</td>
<td>$.343</td>
</tr>
<tr>
<td>35-39</td>
<td>$.072</td>
<td>60-64</td>
<td>$.526</td>
</tr>
<tr>
<td>40-44</td>
<td>$.080</td>
<td>65-69</td>
<td>$1.166</td>
</tr>
<tr>
<td>70+</td>
<td></td>
<td></td>
<td>$1.645</td>
</tr>
</tbody>
</table>

#### Calculate Your Monthly Rate For Supplemental Life Insurance Coverage

<table>
<thead>
<tr>
<th>Example</th>
<th>My Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td>Yes</td>
</tr>
<tr>
<td>Age</td>
<td>32</td>
</tr>
<tr>
<td>Annual Salary</td>
<td>$40,000</td>
</tr>
<tr>
<td>Additional coverage</td>
<td>2 x</td>
</tr>
<tr>
<td>(if applicable, round up to the nearest thousand)</td>
<td>$80,000 =</td>
</tr>
<tr>
<td>Divide by 1,000</td>
<td>1000 / 1,000</td>
</tr>
<tr>
<td>80 =</td>
<td></td>
</tr>
<tr>
<td>Rate per age (above)</td>
<td>$.064 x</td>
</tr>
<tr>
<td>$5.12 =</td>
<td></td>
</tr>
</tbody>
</table>

This example faculty or staff member will pay $5.12 per month for $80,000 of Supplemental Life Insurance Coverage.

#### DEPENDENT LIFE INSURANCE

<table>
<thead>
<tr>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse $12,500</td>
</tr>
<tr>
<td>Spouse $25,000</td>
</tr>
<tr>
<td>Child(ren) $5,000</td>
</tr>
<tr>
<td>Child(ren) $10,000</td>
</tr>
</tbody>
</table>

### Increase in Supplemental Life Insurance Maximum

In 2015, the maximum amount of supplemental life insurance that may be purchased will increase to $1.5 million.

If you are currently at the maximum of $1 million, you may wish to increase your coverage amount. Be sure to recalculate your new deduction amount at left.

---

**NOTE:** All life insurance premiums are an after-tax deduction.

Supplemental Life evidence of insurability may be required for first-time elections, for increases of more than 1x salary or $100,000, or if you have previously cancelled supplemental coverage. For evidence of insurability documentation, see [http://hr.nd.edu/assets/17306/coi_minnesota_life_2009.pdf](http://hr.nd.edu/assets/17306/coi_minnesota_life_2009.pdf).
Express Scripts, Inc. (ESI)
Participants in any University medical plan are automatically enrolled in the prescription drug plan administered by Express Scripts, Inc. (ESI). The plan provides discounts on prescriptions ordered from retail or mail-order pharmacies.

Retail Pharmacies. You may fill any short-term (30 days or less) prescription at any in-network pharmacy for the following co-payment amounts:
• $5 for generic drugs
• $30 for preferred brand-name drugs
• $45 for non-preferred brand-name drugs
• $100 for specialty drugs.
If you fill a prescription at an out-of-network pharmacy, you must pay for the drug in full and then file a claim for reimbursement. ESI will reimburse the cost minus the applicable co-payment.

Mail Order. Maintenance, or long-term (over 30 days) prescriptions must be filled by mail. Up to a 90-day supply will be delivered to your home for the following co-payment amounts:
• $12 for generic drugs
• $60 for preferred brand-name drugs
• $90 for non-preferred brand-name drugs
• $200 for specialty drugs.
In addition to cost savings, ESI offers plan members additional services like online ordering and status tracking, and prescription history.

Generic, Brand-Name, Preferred, and Specialty Drugs
Brand-Name drugs are advertised and sold under a product name chosen by the manufacturer, and are generally more expensive than generic drugs. Generic drugs are identical to brand-name drugs but are sold under their generic chemical name, usually after the brand’s patent protection has expired. They must contain the same active chemical ingredients and be equivalent in strength and dosage to the brand-name product. Generic drugs are regulated by the Federal Food and Drug Administration to ensure their quality, strength, and purity.

Updated National Preferred Formulary
The National Preferred Formulary will be updated for 2015. The updated formulary will reflect some new exclusions and the transition of some drugs from preferred to non-preferred status.

If you or a family member will be impacted, ESI will contact you. You can find the listing of these changes on the HR website at https://hr.nd.edu/assets/143509/formulary_exclusion_list.pdf.

Preferred drugs, whether generic or brand-name, are drugs listed on a formulary. A formulary is a continually updated list of drugs that have been selected by a panel of physicians and pharmacists for their demonstrated efficacy, safety, and cost-effectiveness. The preferred drugs on ESI’s formulary are available to the patient at a lower cost than non-preferred drugs. Learn more about ESI’s formulary on the Prescription Drugs page at https://hr.nd.edu/benefits/.

Specialty drugs treat many complex conditions such as cancer, hemophilia, immune deficiency, or multiple sclerosis and are often self-injected.

Accredo Specialty Drug Pharmacy
Whether administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. Hundreds of new specialty drugs have recently received – or currently await – FDA approval for release, making specialty drugs one of the fastest-growing segments of the pharmaceutical industry.

They also represent one of the University’s fastest-growing costs. Accredo, ESI’s mail-order specialty drug pharmacy, is committed to managing these costs for patients with complex conditions.

Reminder:
The Notre Dame Wellness Center is an exception to the mail-order rule: 90-day prescriptions may be filled in-network with no penalty.

New Prescription Benefit changes for 2015
Changes in Preventive Services
Beginning in 2015, there will be no copayment for:
• Generic fluoride for children age 6 months through 5 years.
• Generic bowel preparation agents for adults age 50-75.
• Generic breast cancer medications for primary prevention for women age 35 and older – tamoxifen and raloxifene (subject to review).
• Name brand breast cancer medication for primary prevention for women age 35 and older – soltamox (tamoxifen liquid) (subject to review).

Compound Prescription Change
Beginning in 2015, certain compound medications will no longer be covered. You will be notified by ESI if you are affected by this change, or you may call ESI at the phone number listed on your medical insurance card.
conditions requiring specialty medications. Accredo helps
the University and prescription plan members by ensuring
consistency in the benefits program and in the application of
clinical protocols.

If you or a family member are prescribed a specialty medication,
Accredo may be reaching out to you and your physician.

Dental Benefit

The University’s dental benefit program, Delta Dental, allows
you to choose any licensed dentist for your care. If you
choose a dentist who has signed a contract with Delta PPO or
Delta Premier, you will pay only your deductible (waived for
preventive care and orthodontia) and coinsurance for covered
services. If you choose a non-participating dentist, Delta
will reimburse you for the amount you would have paid at a
participating dentist.

The University offers two dental plan options through Delta
Dental: a PPO plan, and a Premier plan. The PPO plan covers a
higher percentage of basic services from certain providers and
offers a higher annual maximum. The Premier plan offers lower
monthly premiums in exchange for a lower coverage rate for
basic services and a lower annual maximum.

You may also waive dental coverage. If you waive dental
coverage, you will not be able to elect dental coverage until
the next Open Enrollment period unless you have a “qualifying
event” such as birth or marriage. If you enroll in a Delta Dental
Plan, you must remain enrolled for two years before waiving
coverage.

For rates, see page 8. For the directory of Delta participating
dentists and a complete list of covered services, visit http://
www.deltadentalin.com or call Delta Dental at 1-800-524-
0149. Visit Delta Dental’s “Consumer Toolkit” website to
verify eligibility, review claims and reimbursements, and check

Preventive & Diagnostic Charges

Effective January 1, 2015, Delta Dental preventive &
diagnostic (P&D) charges will be excluded from the annual
maximum. Excluding these charges allows dollars that would
have gone toward your annual maximum to be used for other
service charges, decreasing your out-of-pocket expenses.

DENTAL COMPARISON CHART

<table>
<thead>
<tr>
<th>Plan Coverage</th>
<th>Delta Premier PPO</th>
<th>Delta Preferred PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participating Dentist Plan Pays</td>
<td>*Non-Participating Dentist Plan Pays</td>
</tr>
<tr>
<td>Network</td>
<td>Delta Premier</td>
<td>Other Dentists</td>
</tr>
<tr>
<td>Deductibles</td>
<td>$50/$150</td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Service</td>
<td>100%</td>
<td>100% of Usual and Customary</td>
</tr>
<tr>
<td>Basic Services</td>
<td>50% (after deductible)</td>
<td>50% of Usual and Customary (after deductible)</td>
</tr>
<tr>
<td>Major Services</td>
<td>50% (after deductible)</td>
<td>50% of Usual and Customary (after deductible)</td>
</tr>
<tr>
<td>Annual Benefit</td>
<td>$1,000 per person per year</td>
<td>$1,500 per person per year</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>50% Maximum Lifetime benefit of $1,000</td>
<td>50% Maximum Lifetime benefit of $1,000</td>
</tr>
<tr>
<td>Children Eligibility (Due to Age)</td>
<td>Unmarried children up to the age of 19 (or up to age 25 if child is a full-time student). If a child loses eligibility, the child’s coverage will terminate the end of the calendar month in which eligibility was lost.</td>
<td></td>
</tr>
</tbody>
</table>

*Paid at Usual and Customary: A usual and customary fee is the amount that your dental plan determines is the normal range of payment for a specific service within a given geographic area.

If you are using a non-participating dentist, Delta Dental will reimburse you and not the dentist.

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.
You may elect to participate in the University’s vision benefit program, administered by EyeMed. The program offers significant savings on eye exams, corrective lenses, and laser vision correction. Members may receive program pricing from Participating Providers including independent optometrists and opticians, as well as LensCrafters, Pearle Vision, Target, Sears, and J.C. Penney Optical locations nationwide.

Claim forms are not required for services from participating providers, but may be submitted for reimbursement for some services received from non-participating providers, up to plan maximums.

Unmarried children are eligible up to the age of 19 (or up to age 25 if child is a full-time student). If a child loses eligibility, the child’s coverage will terminate the end of the calendar month in which eligibility was lost.

<table>
<thead>
<tr>
<th>Vision Care Service</th>
<th>Your In-network Cost</th>
<th>Your Out-of-Network Reimbursement*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
<td>$0 co-pay</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Dilation as Necessary</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Refraction</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Retinal Imaging</strong></td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Exam Options - Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard fit and follow-up</td>
<td>Up to $55</td>
<td></td>
</tr>
<tr>
<td>Premium fit and follow-up</td>
<td>90% of retail price</td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$130 co-pay, plus 80% of balance over $130</td>
<td>Up to $65</td>
</tr>
<tr>
<td><strong>Standard Plastic lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 co-pay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 co-pay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$75 co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Premium Progressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$95</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$105</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$120</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$75 plus 80% of charge less $120 allowance</td>
<td>Up to $40</td>
</tr>
<tr>
<td><strong>Standard Lens Options</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV Coating</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard scratch resistance</td>
<td>$15</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard polycarbonate</td>
<td>$40</td>
<td>N/A</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>$45</td>
<td>N/A</td>
</tr>
<tr>
<td>Premium anti-reflective coating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$57</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$68</td>
<td>N/A</td>
</tr>
<tr>
<td>Tier 3</td>
<td>80% of charge</td>
<td>N/A</td>
</tr>
<tr>
<td>Polarized</td>
<td>80% of retail price</td>
<td>N/A</td>
</tr>
<tr>
<td>Photocromatic / Transitions plastic</td>
<td>$75</td>
<td>N/A</td>
</tr>
<tr>
<td>Other add-ons and services</td>
<td>80% of retail price</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 co-pay pus 85% of balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 co-pay pus 100% of balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>$0 (paid in full by Plan)</td>
<td>Up to $200</td>
</tr>
<tr>
<td><strong>LASIK or PRK from US Laser Network</strong></td>
<td>Lesser of 85% of retail price or 95% of promotional price</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses or contact lenses</td>
<td>Once per calendar year</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once every two calendar years</td>
<td></td>
</tr>
</tbody>
</table>
| **Benefit allowances provide no remaining balance for future use within the same benefit frequency. **You are responsible for paying the out-of-network provider in full at the time of service and submitting a claim for out-of-network reimbursement. You will be reimbursed up to the amount shown on the chart above. **For prescription contact lenses for only one eye, the Plan will pay one-half of the amount payable for contact lenses for both eyes.
Basic Life Insurance
Life insurance provides a benefit to your survivors in the event of your death. The University of Notre Dame Group Life Insurance program, administered by Minnesota Life, provides basic life insurance coverage of $25,000 to all regular full-time faculty and staff. The University pays the entire cost of this coverage for eligible employees.

Supplemental Life Insurance
Eligible faculty and staff may supplement the basic coverage provided by the University by purchasing additional life insurance. Coverage may be purchased in multiples of your annual salary, from 1 to 10 times your salary.

Evidence of Insurability (EOI) may be required if:
• You elect to increase your supplemental coverage more than 1X your salary or $100,000,
• You are electing supplemental coverage for the first time, or
• You have previously cancelled supplemental coverage.

If evidence of insurability is necessary, approval is required before a change in coverage will occur. You will receive information on the coverage decision directly from Minnesota Life.

Rates for Supplemental Life Insurance are based on your age as of January 1 and the amount of additional coverage you desire. Use the chart and example on page 13 to calculate your monthly rate. Your premium is an after-tax payroll deduction.

In 2015, the maximum amount of supplemental life insurance that may be purchased will increase from $1 million to $1.5 million.

Special Rules for Reduction in Coverage:
Once you attain age 65, the amount of the Supplemental Life insurance coverage shall be a percentage of the amount of your prior insurance coverage as follows:

<table>
<thead>
<tr>
<th>Age of Employee</th>
<th>Amount of Insurance as a Percentage of Amount Prior to Attaining Age 65*</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>65%</td>
</tr>
<tr>
<td>70-74</td>
<td>50%</td>
</tr>
<tr>
<td>75 and over</td>
<td>25%</td>
</tr>
</tbody>
</table>

Dependent Life Insurance
You may elect dependent life coverage for your spouse and dependent children*. Evidence of Insurability (EOI) will be required if you are requesting coverage for the first time, if you are increasing the amount of coverage, or if you have previously cancelled dependent coverage.

<table>
<thead>
<tr>
<th>Option</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$12,500</td>
</tr>
<tr>
<td></td>
<td>$25,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>For each child covered</td>
</tr>
<tr>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td></td>
<td>$10,000</td>
</tr>
</tbody>
</table>

No Evidence of Insurability is required for dependent children unless they have been previously declined coverage by Minnesota Life.

*Children are eligible until age 19 or until age 25 if an unmarried, full-time student who is still considered a dependent. When enrolling a spouse or dependent in University benefits, documentation must be provided to verify the spouse or dependent’s relationship to the benefit-eligible faculty or staff member. See page 4 for more information. A spouse who is also employed at the University and is eligible for Basic and Supplemental Life Insurance is not eligible for coverage under Dependent Life (Spouse). If both husband and wife are employed by the University and are eligible for insurance, either one, not both, may insure their child(ren).

Additional Travel and Legacy Planning Services
Faculty and staff insured under our group life insurance program through Minnesota Life (Basic Term Life) have access to Travel Assistance and Legacy Planning Services at no cost. Your spouse and dependent children also have access to the services even if they are not insured under our group life insurance program. No action is required to enroll. We encourage you to visit these websites to learn about and utilize these services:

- International Travel Assistance: Global Rescue at 1-855-516-5433 or visit www.globalrescue.com/portal/mnlife
- Legacy Planning Services: https://www.securian.com/Securian/Legacy+Planning

Legal Services
Legal Services are available through Ceridian LifeWorks at 1-877-849-6034 or visit www.lifeworks.com (Username: will Password: preparation).
The University offers two types of Flexible Spending Accounts: Health Care Spending Accounts and Dependent Care Spending Accounts. You may participate in one or both accounts.

What is a Flexible Spending Account (FSA)?
An FSA allows you to set aside money for eligible medical, dental, vision, and dependent care expenses. Each pay period, your FSA contributions are conveniently deducted from your pay. These deductions are made before your payroll taxes are calculated. Because you don’t pay taxes on the deducted amounts, your federal and state income taxes may be reduced. See the chart below for an example.

I’m already enrolled for 2014. Do I need to re-enroll?
Yes, if you wish to have an FSA in 2015. There is no automatic re-enrollment for FSA accounts. Participants must enroll every year.

How much can I contribute?
Up to $2,500 annually for a health care account, and up to $5,000 annually for a dependent care account. See the chart below.

How much should I contribute?
Your circumstances are unique, but you should generally estimate and contribute any amount that you expect to spend in 2015 on eligible out-of-pocket health care expenses, taking care not to over-contribute and risk forfeiture of unspent contributions (see “What if I Have Money Left Over,” page 19).

What expenses are eligible?
As a general rule, any health care expense you could deduct on your federal income tax return is eligible for reimbursement. The most common expenses are office visit co-payments, prescription drug co-payments, deductions, orthodontia, and vision care. Work-related care for your eligible dependents provided by an eligible caregiver also qualifies. For a partial list of eligible expenses, visit http://hr.nd.edu/ and search for “eligible expenses”.

Don’t Miss Out!
You must enroll for 2015 if you wish to have an FSA, even if you’re already enrolled for 2014.

What expenses are not eligible?
Examples of ineligible expenses include expenses for cosmetic surgery, infertility, abortion or contraceptives, or health club memberships. Dependent expenses such as kindergarten or overnight camps are also examples of ineligible expenses. For more information on dependent expenses, see IRS Publication 503 at www.irs.gov.

Can I pay for dependent care expenses with my health care FSA?
No. Health Care and Dependent Care Accounts are separate accounts and by law may only be used for each account’s eligible expenses.

<table>
<thead>
<tr>
<th></th>
<th>Health Care FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Minimum</td>
<td>$120 per calendar year</td>
<td>$120 per calendar year</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$2,500 per calendar year</td>
<td>$5,000 per calendar year (per family)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Savings Example*</th>
<th>With FSA</th>
<th>Without FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your annual income is</td>
<td>$28,000</td>
<td>$28,000</td>
</tr>
<tr>
<td>Out of pocket medical expenses pre-tax</td>
<td>$1,500</td>
<td>-0-</td>
</tr>
<tr>
<td>Your taxable income becomes</td>
<td>$26,500</td>
<td>$28,000</td>
</tr>
<tr>
<td>Federal, FICA &amp; State taxes</td>
<td>$8,440</td>
<td>$8,918</td>
</tr>
<tr>
<td>Out of pocket medical expenses after tax</td>
<td>-0-</td>
<td>$1,500</td>
</tr>
<tr>
<td>Income after medical expenses</td>
<td>$18,060</td>
<td>$17,582</td>
</tr>
<tr>
<td>Taxes Saved</td>
<td>$478</td>
<td>-0-</td>
</tr>
</tbody>
</table>
How am I reimbursed for expenses?
If you participate in the FSA and have medical coverage through the University, Meritain will automatically process your eligible co-payment and/or co-insurance expenses and reimburse you from your FSA account. Afterward, you will receive an explanation of benefits from Meritain noting any amounts paid from your FSA account.

For eligible dental and vision expenses, a claim form with appropriate documentation such as an itemized bill or receipt should be submitted for reimbursement. For claim forms, see the link at the end of this page.

You no longer have to submit a claim form for reimbursement from your Flexible Spending Account (FSA) for prescription drugs. When you have a prescription filled, the pharmacy benefit manager will send any member responsibility (copays, coinsurances or deductibles) to Meritain Health. These amounts will automatically be deducted from your FSA as long as there are available funds.

You can track your FSA balance online at www.mymeritain.com. If you have any questions, contact Meritain Health Customer Services at 1-800-748-0003 Option 3. PLEASE NOTE: If you opted out of automatic reimbursement, prescription claims must be submitted manually. If you elected auto rollover, Meritain will process manual submission requests for one month.

Orthodontia reimbursement
You may be reimbursed through your Health Care Flexible Spending Account for the entire amount of orthodontia expenses up front if the orthodontist requires the payment.

Over-the-counter prescription requirement
New reforms to health care law state that the costs of over-the-counter medications cannot be reimbursed from an FSA account unless they have been prescribed by a physician. The restriction does not apply to insulin, even if purchased without a prescription, or other health care expenses such as medical devices, eye glasses, contact lenses, co-payments or deductibles.

What if I have money left over at the end of the year?
Funds not used by the applicable deadlines are forfeited. If you have money remaining in your health care or dependent care FSA account after December 31, 2015, eligible claims will still be reimbursed from your 2015 accounts as long as they are for service received prior to March 15, 2015 and are submitted by March 31, 2015.

Dependent care reimbursement for terminated employees
If your employment at the University ends, you may continue to submit eligible expenses to your Dependent Care Flexible Spending Account until your balance is depleted. Please note you must be working or actively seeking employment in order to seek reimbursement.

Election changes with qualifying life event
- Once your FSA elections are made during the Open Enrollment period, you will not be able to make a change to your elections until the next Open Enrollment period unless you have a qualifying life event. See http://hr.nd.edu/benefits/life-events/ for more details.
- Dependent Care Expenses incurred during a medical leave of absence are not eligible for reimbursement due to IRS regulations. If this occurs, you should consider changing your Dependent Care FSA election for the remainder of the year.

Important tax considerations
When you pay expenses through the Health Care FSA, you lose the opportunity to take a federal income tax deduction if those expenses would be above 7.5% of your adjusted gross income. If you participate in the Dependent Care FSA, you will not be able to take the dependent care tax credit for any expense paid through the FSA. For more information, consult your tax advisor.

Claim forms and additional information
For FSA claim forms and additional information, visit https://hr.nd.edu/benefits/group-insurance/flex-spending/.
Notices

SPECIAL ENROLLMENT NOTICE
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 within 31 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 31 days after the marriage, birth, adoption, or placement for adoption.

WOMEN’S HEALTH & CANCER RIGHTS ACT ENROLLMENT NOTICE
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 1988. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:
• All stages of reconstruction of the breast on which the mastectomy was performed
• Surgery and reconstruction of the other breast to produce symmetrical appearance; prostheses
• Treatment of physical complications of the mastectomy, including lymphedemas
These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

UNIVERSITY OF NOTRE DAME DU LAC GROUP BENEFITS PLAN NOTICE OF PRIVACY PRACTICES
Original Effective Date April 14, 2003
Last Revised Effective July 31, 2014
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.

If you have any questions about this Notice as well as specific policies, please contact the University of Notre Dame du Lac Group Benefits Plan HIPAA Privacy Official, at (574) 631-5900 for further information.

This Notice of Privacy Practices describes how the University of Notre Dame du Lac Group Benefits Plan (“the Plan”) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information, as well as certain obligations the Plan has regarding the use and disclosure of your protected health information. “Protected health information” (“PHI”) is medical information about you that relates to your past, present, or future physical or mental health or condition and related health care services.

The Plan is required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. The Plan is also required to abide by the terms of this Notice as currently in effect. This Notice also covers our third party “business associates” who perform various activities for the Plan to provide you treatment or to administer the Plan’s business. Before the Plan discloses any of your PHI to one of its business associates, the Plan will enter into a written contract with them that contains terms to protect the privacy of your PHI.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following describes the different reasons for which the Plan may use and disclose your PHI, if also allowed by state law.

Treatment: The Plan may use your PHI to provide you with medical services.

Payment: The Plan may use and disclose your PHI so that it may provide reimbursement or determine eligibility for reimbursement for health care services you received.

Health Care Operations: The Plan may use and disclose your PHI for health care operations. Health care operations include such things as quality assessment and improvement activities, underwriting, premium rating, management and general administrative activities.

Individuals Involved in Your Health Care or Payment for Your Health Care: The Plan may disclose your PHI to a family member who is involved in your medical treatment or care. The Plan may also disclose this information to a person who is involved in the financing of your health care.

As Required by Law: The Plan may disclose your PHI when requested by a law enforcement official as part of law enforcement activities; in emergency circumstances; or when required to do so by federal, state, or local law. The Plan may also disclose your PHI in response to a subpoena, discovery request, or other lawful order from a court.

Public Health Activities: The Plan may disclose your PHI to public health authorities to prevent or control disease, injury, or disability.

Health Oversight Activities: The Plan may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, and licensure.

Coroners, Medical Examiners, Funeral Directors, Donation: The Plan may disclose your PHI to a coroner or medical examiner related to the coroner’s duties such as identification. The Plan may disclose
your PHI to funeral directors to carry out their duties. The Plan may disclose your PHI for organ, eye or tissue donation purposes.

**Workers’ Compensation**: The Plan may disclose PHI for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**To Avert a Serious Threat to Health and Safety**: The Plan may use and disclose your PHI when the Plan believes it is necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

**Military and Veterans**: If you are a member of the armed forces, the Plan may disclose health information about you as required by military command.

**Research**: The Plan may use or disclose your PHI for research purposes without your authorization if we obtain approval by an Institutional Review Board or other appropriate privacy board.

**Correctional Institution**: The Plan may disclose your PHI to correctional institutions or other law enforcement custodial situations.

**Fundraising**: The Plan may use or disclose your PHI to contact you for fundraising activities and you have the right to opt out of receiving such communications.

**Underwriting**: If the Plan intends to use or disclose your PHI for underwriting purposes, the Plan is prohibited from using or disclosing your genetic information for such underwriting purposes.

**Disclosure of Student Immunization to Schools**: The Plan may disclose your PHI for proof of immunization to a school where the law requires the school to have the information prior to admission. The Plan will obtain verbal permission from the parent or other legal guardian for such disclosure.

**Plan Sponsor (“The University”)**: The Plan may disclose your PHI to the University to carry out plan administration functions that the University performs.

**Uses and Disclosures Usually Requiring Authorization**: Most uses and disclosures of psychotherapy notes require the Plan to obtain an authorization. In addition, in most instances, the Plan cannot use or disclose your PHI for marketing purposes or sell your PHI without your written authorization.

**Other Uses and Disclosures of Your Protected Health Information**: Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to the Plan, will be made only with your written authorization. If you have given the Plan your authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose the PHI for the reasons covered by your written authorization, except to the extent that the Plan has taken action in reliance on your authorization.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your PHI that the Plan maintains, as required by law. To exercise your rights, you must submit your request in writing to:

University of Notre Dame du Lac Group Benefits Plan
HIPAA Privacy Official
100 Grace Hall
Notre Dame, IN 46556

**Right to Notice of Breach**: In the event there is a breach of your unsecured PHI, the Plan is required to notify you of such breach.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for purposes of treatment, payment, health care operations, or communications with family. The Plan is not required to agree to a restriction.

**Right to Request Confidential Communications.** You have the right to request that the Plan send communications that contain your PHI by alternative means or to alternative locations. The Plan must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

**Right to Inspect and Copy.** You have the right to inspect and copy any of your PHI that the Plan maintains.

**Right to Amend.** You have the right to request that the Plan amend your PHI if it is incorrect or incomplete.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI made by the Plan in the six years prior to the date the accounting is requested (or shorter period as requested). This does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; communications with family; for national security or intelligence purposes in accordance with HIPAA; or disclosures made prior to the HIPAA compliance date of April 14, 2003. The first accounting you request within a 12 month period will be free. For additional accounting, we may charge a reasonable cost-based fee.

**Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. You may also obtain a paper copy of this Notice at the website: [http://hr.nd.edu/nd-faculty-staff/fed/](http://hr.nd.edu/nd-faculty-staff/fed/).

**CHANGES TO THIS NOTICE**

The Plan reserves the right to change the terms of this Notice. The Plan also reserves the right to make the new Notice provisions effective for all PHI currently maintained, as well as any PHI the Plan receives in the future. A copy of the current Notice will be posted on the bulletin board outside of 200 Grace Hall. If we change this Notice, we will either post the revised Notice on our website [http://hr.nd.edu/nd-faculty-staff/fed/](http://hr.nd.edu/nd-faculty-staff/fed/) or we will send you a revised Notice.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a complaint in writing to:

University of Notre Dame du Lac Group Benefits Plan
HIPAA Privacy Official
100 Grace Hall
Notre Dame, IN 46556

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

**UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

If you leave the University to perform military service, you will be protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). You will 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 the University’s health plan upon re-employment with the University, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For
more information on your rights under USERRA, visit [http://www.dol.gov/vets/programs/userra/poster.htm](http://www.dol.gov/vets/programs/userra/poster.htm).

**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](http://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](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**Maternity and Newborn Infant Coverage**

The Newborns’ and Mothers’ Health Protection Act (NMHPA) requires coverage of minimum hospital stays following the birth of a child. Group health plans must cover a minimum hospital stay of 48 hours following normal delivery and 96 hours following Caesarean delivery. The attending physician, in consultation with the mother, may authorize an earlier discharge. The University Health Care Plans may not provide incentives or impose penalties to encourage early discharge. Also, advance authorization for a hospital stay of less than 48 hours or, if applicable, 96 hours is not required.

**Notice of Availability of Separate Payments for Contraceptive Services**

Notre Dame has certified that its group health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration-approved contraceptive services for women, as prescribed by a health care provider, without cost sharing. This means your Notre Dame medical plan will not contract, arrange, pay, or refer for contraceptive coverage. Instead, Meritain Health will provide separate payments for contraceptive services that you use, without cost sharing and at no other cost, for so long as you are enrolled in the University's medical plans. Notre Dame will not administer or fund these payments. If you have any questions about this notice, contact Meritain Health.
## 2015 PROVIDER CONTACTS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Provider</th>
<th>Phone #</th>
<th>Internet Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MERITAIN PPO</td>
<td>Meritain Health</td>
<td>1-888-668-6855</td>
<td><a href="http://www.meritain.com">www.meritain.com</a></td>
</tr>
<tr>
<td>National Network</td>
<td>PHCS-Healthy Directions</td>
<td>1-800-922-4362</td>
<td><a href="http://www.phcs.com">www.phcs.com</a></td>
</tr>
<tr>
<td><strong>CHOICE OF LOCAL NETWORK MADE AT ENROLLMENT:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select Network:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Anchor hospital: St. Joseph Regional Medical Center</td>
<td>Select Health</td>
<td>1-888-668-6855</td>
<td><a href="http://www.selecthealthnetwork.com">www.selecthealthnetwork.com</a></td>
</tr>
<tr>
<td>• Mental Health</td>
<td>Midwest Behavioral Health Network</td>
<td>1-800-223-6246</td>
<td><a href="http://www.newavenuesonline.com">www.newavenuesonline.com</a></td>
</tr>
<tr>
<td><strong>CHA Network:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Anchor hospital - Memorial Hospital</td>
<td>Community Health Alliance (CHA)</td>
<td>1-888-689-2242</td>
<td><a href="http://www.chanetwork.com">www.chanetwork.com</a></td>
</tr>
<tr>
<td>• Mental Health</td>
<td>Community Health Alliance (CHA)</td>
<td>1-888-689-2242</td>
<td><a href="http://www.chanetwork.com">www.chanetwork.com</a></td>
</tr>
<tr>
<td><strong>MERITAIN CHA HMO</strong></td>
<td>Meritain Health</td>
<td>1-888-668-6855</td>
<td><a href="http://www.meritain.com">www.meritain.com</a></td>
</tr>
<tr>
<td>Network Anchor hospital - Memorial Hospital</td>
<td>Community Health Alliance (CHA)</td>
<td>1-888-689-2242</td>
<td><a href="http://www.chanetwork.com">www.chanetwork.com</a></td>
</tr>
<tr>
<td><strong>MERITAIN SELECT HMO</strong></td>
<td>Meritain Health</td>
<td>1-888-668-6855</td>
<td><a href="http://www.meritain.com">www.meritain.com</a></td>
</tr>
<tr>
<td>Network Anchor hospital - St. Joseph Regional Med Center</td>
<td>Select Health</td>
<td>1-888-668-6855</td>
<td><a href="http://www.selecthealthnetwork.com">www.selecthealthnetwork.com</a></td>
</tr>
<tr>
<td>Midwest Behavioral Health Network</td>
<td>New Avenues</td>
<td>1-800-223-6246</td>
<td><a href="http://www.newavenuesonline.com">www.newavenuesonline.com</a></td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUG</strong></td>
<td>Express Scripts, Inc. (ESI)</td>
<td>1-800-711-0917</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td><strong>DENTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delta Premier and Delta PPO</td>
<td>Delta Dental</td>
<td>1-800-524-0149</td>
<td><a href="http://www.deltadentalin.com">www.deltadentalin.com</a></td>
</tr>
</tbody>
</table>
| **VISION**                  | EyeMed                          | 1-866-939-3633   | [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)  
[www.enrollwitheyemed.com](http://www.enrollwitheyemed.com) |
| **LIFE INSURANCE**          | Minnesota Life                  | 1-800-843-8358   | [www.minnesotalife.com](http://www.minnesotalife.com) |
| **FLEXIBLE SPENDING ACCOUNTS** | Meritain Health                | 1-866-448-1696   | [www.meritain.com](http://www.meritain.com) |
| **HEALTH ADVOCATE**         | Health Advocate                 | 1-866-695-8622   | [www.healthadvocate.com](http://www.healthadvocate.com) |

The Notre Dame Wellness Center is operated by Take Care Health. For appointments, hours, services, and more, visit [http://wellnesscenter.nd.edu](http://wellnesscenter.nd.edu) or call (574) 634-9355.
http://openenroll.nd.edu
Oct. 22 - Nov. 7, 2014