Active Enrollment

Because there have been significant changes to the University’s benefit offerings, 2015 medical plan elections will not roll forward to 2016. To participate in a 2016 medical plan, benefit-eligible faculty and staff must enroll at MyBenefits.nd.edu between Oct. 20 and Nov. 6, 2015.

If you don’t enroll,
• you will not have a University medical plan or a flexible spending account for 2016, and
• you will not be able to participate in the new accident insurance or critical illness insurance benefits.
This year, every benefit-eligible faculty and staff member must actively enroll in medical benefits for 2016.

To enroll in your 2016 benefits, take these three steps:

1. Make your benefits decisions
   What benefits should you have for 2016? Use this Decision Guide to help you consider these options:
   - **Dependents.** Do you need to add or change coverage for a spouse or child?
   - **Medical Plan.** Do you prefer lower out-of-pocket expenses (HMO), or the flexibility of out-of-network providers (PPO and HDHP)? See pages 20-25.
   - **Medical Network.** Do you prefer certain doctors or hospitals? See page 23.
   - **Dental.** Do you prefer lower rates or more comprehensive coverage? See page 30.
   - **Vision.** Would you like coverage for eye care or corrective lenses? See page 32.
   - **Flexible Spending Accounts.** Do you wish to set aside funds tax-free for 2016 health care or dependent care expenses? See pages 34-35.
   - **Life Insurance.** Would you like more than the base coverage provided? See page 36.
   - **Accident Insurance.** Do you wish to set aside funds tax-free for 2016 health care or dependent care expenses? See page 40.
   - **Critical Illness Insurance.** New for 2016. In the event of accidental injury or death, this voluntary benefit provides a lump-sum payment. See page 38.

2. Gather your information
   To enroll, you'll need:
   - Your netID, password, and your election decisions.
   - Name and address of your life insurance beneficiaries.
   - If adding a spouse or other new dependent, you’ll need each person's full legal name, date of birth and social security number.

3. Enroll online at MyBenefits.nd.edu
   Enroll anytime from October 20 through November 6, 2015. See page 14.

Reminder: If you are enrolling new dependents, you will also need to present documents to Human Resources verifying the dependents' eligibility no later than December 11. See page 15 at bottom.

### Important Dates:

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Event</th>
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<tbody>
<tr>
<td>Now – Nov. 6</td>
<td>Health screenings available on campus or at Notre Dame Wellness Center</td>
</tr>
<tr>
<td>Oct. 20 – Nov. 6</td>
<td>Open Enrollment. Enroll at Mybenefits.nd.edu by 11:59 p.m. on Nov. 6.</td>
</tr>
<tr>
<td>Oct. 20 &amp; 21</td>
<td>Irish Health benefits and wellness fair</td>
</tr>
<tr>
<td>Oct. 20 &amp; 21</td>
<td>St. Joseph’s Mobile Mammogram Unit (at Irish Health event)</td>
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<tr>
<td>Nov. 6</td>
<td>Open Enrollment closes; Health screening must be completed to be eligible for premium credits and rewards</td>
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<tr>
<td>Late Nov.</td>
<td>Confirmation statements available online at Mybenefits.nd.edu</td>
</tr>
<tr>
<td>Dec. 4</td>
<td>Last day to submit enrollment corrections. Contact askHR at (574) 631-5900.</td>
</tr>
<tr>
<td>Dec. 11</td>
<td>Last day to submit eligibility documentation for newly-enrolled spouse or dependents to HR</td>
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<tr>
<td>Jan. 1, 2016</td>
<td>2016 benefit elections take effect</td>
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Health Care Strategy Working Group

Last December, the University formed the Health Care Strategy Working Group to study the state of the Notre Dame medical plan. The Working Group conducted some 21 meetings with faculty and staff to gather input on improving the plan while mitigating costs.

The Working Group reviewed faculty and staff feedback, past University medical plan usage, medical plans from peer institutions, market best practices and trends in medical costs to develop a set of five principles to guide the design of Notre Dame’s medical plans and benefit offerings for 2016 and beyond.

Guiding Principles

Notre Dame strives to provide a health care program consistent with its mission and values that empowers each faculty and staff member to achieve their own individual, optimal level of health through:

- **Choice**  
  Broad and meaningful plan choice

- **Well Being**  
  Robust yet practical wellness programs

- **Affordability**  
  Reasonably affordable contributions

- **Education**  
  Education and decision support tools

- **Competitiveness**  
  Active competitive positioning

Healthcare is evolving.

Faculty, staff and the University of Notre Dame have experienced significant increases in medical costs during the last decade.

In fact, the cost of University medical benefits per faculty and staff member has more than doubled since 2004, outpacing the growth in the University’s overall budget.

The increase in cost of medical benefits per faculty and staff member (2004-2014)

**115%**

Why? Examples include continued changes in the U.S. health-care landscape (how services are delivered and paid for) as well as a rapid rise in expenses related to medical care, technology and facilities.

This trend is not sustainable for our Notre Dame community.

We’ve evolved, too.

To help slow that trend, a number of enhancements to the University’s medical plans have been introduced for 2016. These enhancements are designed to lower the rate of cost increases for participants and the University as a whole while continuing to offer medical plans that are competitive and sustainable for our future.
What’s New

- High Deductible Health Plan (with HRA)
- Castlight
- MyBenefits.nd.edu online benefits enrollment
- Accident Insurance
- Critical Illness Insurance
- Active Enrollment
- OptumRx becomes new Prescription Benefit Manager

Look for these “New” icons throughout this booklet to identify additional benefit program changes for 2016.
High Deductible Health Plan with Health Reimbursement Account

This new plan provides a lower-premium option for those who can pay a larger portion of their medical care at the time they receive it.

Pay now, or pay later?
Which would you prefer...
- to pay more in monthly premiums now, and pay less out-of-pocket later (when you receive care), or
- to pay more out-of-pocket later, and pay less in monthly premiums now?

Pay now, or pay later?

<table>
<thead>
<tr>
<th>Current Health Plans</th>
<th>High Deductible Health Plan (HDHP)</th>
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<tbody>
<tr>
<td>Premiums</td>
<td>Premiums</td>
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<td>Out of Pocket Now</td>
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<td>Out of Pocket Later</td>
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Pay more in monthly premiums now, and pay less out-of-pocket later (when you receive care)...

Pay less in monthly premiums now, and pay more out-of-pocket later?

Notre Dame’s new High Deductible Health Plan gives you the choice.

How it works
The High Deductible Health Plan costs less each month than the other plans, so it could save you money—as long as you don’t incur many medical claims. If you do have claims, you’ll pay a higher deductible before the plan pays. You’ll also pay “first dollar” of the care you receive, which means you’ll pay the full cost each time—not just a co-pay or co-insurance—until you’ve met the deductible. (Preventive care is an exception: it is always covered at 100% regardless of how much of your deductible you’ve met.)

How high is the deductible?

For individual coverage, the in-network deductible is $1,500 (or $3,000 out-of-network). The deductible for families is $3,000 (or $6,000 out-of-network). After you meet your deductible, the plan pays 85% of your in-network claims (or 65% for out-of-network) until you reach your out-of-pocket maximum.

HDHP includes Health Reimbursement Account

Because HDHP participants are responsible for paying a higher deductible, unexpected medical costs can be an unwelcome surprise. So if you decide the HDHP is right for you, the University will help you meet the first one-third of your deductible by setting aside $500 for you (or $1,000 for individual +1 or families) in a Health Reimbursement Account (HRA).

Caution: Your HRA won’t cover everything, though. You’ll still be responsible for meeting the other two-thirds of your deductible. Also, because the HRA can only be used for your deductible, it won’t cover prescriptions or Wellness Center co-pays. For those expenses, consider contributing to a Flexible Spending Account (FSA). See page 34.

HDHP includes Accident Insurance and Critical Illness Insurance

Individual Accident Insurance and Critical Illness Insurance are included at no cost for all faculty and staff who participate in the HDHP; additional coverages may be purchased for an additional premium.

Is the High Deductible Health Plan the right choice for you?
Maybe. If you expect to have few health care claims for 2016 (and you don’t mind paying out of pocket when you do), it might make sense. But if you’re a regular consumer of health care services, the HMO or PPO plans—the ones with lower deductibles—may be more suitable. Consider your circumstances, and ask questions.

For more information on the High Deductible Health Plan and HRA, see page 21. For more about Accident Insurance and Critical Illness insurance, see page 16. For more about Flexible Spending Accounts, see page 34.
Castlight is a new online tool for Notre Dame faculty and staff. Use Castlight to see past medical claims history, find high-quality doctors, and compare prices.

What is Castlight?
Castlight is an online healthcare comparison and pricing tool. Register for Castlight to review your health care spending to date, compare healthcare providers, see what they charge, and even read patient reviews.

What will Castlight show me?
Beginning in mid-October, Castlight will show you:

- **Your past medical spending.** See how much you’ve paid for your previous medical care and why.
- **Remaining deductible.** You’ll see how close you are to meeting your deductible for the year.
- **Estimated prices.** Search for specific services and see personalized cost estimates based on your health plan, location, and how much of your deductible has been met.
- **Patient reviews.** See provider ratings and read the experiences of other patients in their own words.
- **Provider quality.** Use Castlight to compare providers. See where different doctors went to medical school, how long they have been practicing, and what they charge.

When to use Castlight
- Register for Castlight during Open Enrollment to see two years of your claim history within the Notre Dame medical benefit plans.* Knowing how much you’ve spent in the past can help you gauge how high of a deductible you can handle for 2016, or how much you might set aside in a Flexible Spending Account.
- Beginning in early 2016, use Castlight anytime you want to make a more informed decision before choosing care. For example, use Castlight when your doctor recommends labs, specialists, or other medical services. Many doctors recommend providers without knowing how much they will cost, or whether there are alternatives. Castlight gives you options and shows you their costs and quality.

Secure and private
Castlight maintains the highest standards of security and meets all federally-mandated guidelines—including HIPAA—to ensure your privacy and data security. Upon registration, claims data is obtained from Meritain, the third-party administrator of the University’s medical plan. Your use of Castlight is private: nothing is shared with the University. For more information about Castlight’s strict security and privacy standards, visit us.castlighthealth.com/privacy.

To register, or learn more
Learn more about Castlight at hr.nd.edu/benefits, or register at mycastlight.com/notredame.

*Information on past claims is limited to claims administered or submitted to Meritain Health, the third-party administrator of Notre Dame’s medical plans. Castlight will not reflect claims not processed by Meritain or incurred prior to employment at Notre Dame.
MyBenefits.nd.edu is a new, more robust website for enrolling in your benefits and managing your life insurance beneficiaries.

MyBenefits.nd.edu, a new platform for selecting your 2016 benefits, will be introduced for Open Enrollment. This new tool will be available day or night, and will include easy access to plan information to help users make informed benefits decisions.

Reminder: if enrolling new dependents...

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 in person to the Office of Human Resources no later than Friday, December 11. 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/verify.

Frequently Asked Questions

What will I need to enroll?
You will need your University netID and password, and your notes on the benefits elections you wish to make. If you are enrolling new dependents, you will need the full legal name, date of birth, and social security number for each new dependent.

Can I change my benefits anytime during Open Enrollment?
Yes. MyBenefits.nd.edu is available 24 hours, 7 days a week from October 20 through November 6, 2015. You may log in anytime during this period to enroll in your benefits.

Can I change my benefits any other time?
After your initial enrollment at hire, your opportunities to change benefits remain limited to two circumstances: 1) during the annual Open Enrollment period, and 2) within 31 days of a qualifying event.

What is a Qualifying Event?
Certain life events may require changes to your benefits, such as marriage, divorce, birth, loss of a dependent’s eligibility, and other events of that nature. If you experience an event that qualifies, you may submit changes to your benefits in MyBenefits up to 31 days from the date of the event. See a full list of qualifying events at hr.nd.edu/benefits.

When can I review my benefit elections in MyBenefits?
Anytime. Your current elections are already there - feel free to review them today. Your 2016 elections and your confirmation statement will be available for your review beginning late November, and anytime after that.

Will I need to re-enroll my children, spouse, or other dependents?
Not if they are already enrolled. Your enrolled dependents will appear in the new MyBenefits system. You will not need to re-enter them or re-verify their eligibility (though you should double-check the accuracy of their information).

If you wish to add any dependents who aren’t already covered, you will need to enter them. Be sure to review all of your benefits elections in MyBenefits to confirm that your new dependents are covered as you desire.

Also: to ensure that all life insurance beneficiaries are up-to-date, you will be asked to re-enter your life insurance beneficiaries for 2016.

What if I need help enrolling?
You can get help in several ways:

• Consult the enrollment tutorial booklet online at hr.nd.edu/benefits.
• There will be several help sessions on campus where a Human Resources representative can guide you through online enrollment. Find the help session schedule at hr.nd.edu/benefits.
• Computer kiosks will be available at Irish Health, and members of the benefits team will be on hand to answer your questions.
• If you still need help, contact the askHR customer service center at 574-631-5900 or askHR@nd.edu.
Accident Insurance and Critical Illness Insurance

Accident Insurance and Critical Illness Insurance are two new, voluntary benefit programs for 2016.

Accident Insurance
Accident insurance provides a lump sum payment to protect you and your family from financial hardship if you or a covered family member dies or suffers a serious injury in an accident. The payment can help with your out-of-pocket expenses such as insurance deductibles, co-pays, child care, and more.

Who may enroll?
All benefit-eligible faculty and staff. Monthly rates are very affordable: just $6.88/month for an individual, up to $16.45/month for the whole family. See page 38 for complete rates and more information.

Critical Illness Insurance
If you are diagnosed with a critical illness, this benefit provides a lump sum payment. Critical illnesses may include a heart attack, stroke, organ transplant, cancer, Alzheimer’s, or many others. You may choose to spend the benefit to fill in gaps in major medical insurance, protect assets, or cover child care, transportation, special medical equipment, caregivers, or other living expenses.

Who may enroll?
All benefit-eligible faculty and staff. Monthly rates vary with the age of the enrolled faculty or staff member. See page 40 for complete rates and more information.

Included at no cost with HDHP
Accident Insurance and Critical Illness Insurance are included at no cost for all faculty/staff members who participate in the High Deductible Health Plan. The no-cost coverage for (HDHP) participants is limited to individual-only coverage for accident insurance and $5,000 of individual-only coverage for critical illness insurance; additional coverages may be purchased for an additional premium.

New

Active Enrollment
Because there have been significant changes to the University’s benefit offerings, 2015 medical plan elections will not roll forward to 2016. To participate in a 2016 medical plan, benefit-eligible faculty and staff must enroll at MyBenefits.nd.edu between Oct. 20 and Nov. 6, 2015.

If you don’t enroll,
• you will not have a University medical plan or a flexible spending account for 2016, and
• you will not be able to participate in the new accident insurance or critical illness insurance benefits.

New
OptumRx becomes new prescription drug benefit manager
In 2016, OptumRx will replace ExpressScripts (ESI) as the University’s prescription benefit manager. OptumRx brings a proven track record of service, quality, and savings to prescription drug benefit programs.

Co-pay amounts will not change; Notre Dame Wellness Center pharmacy services also remain the same. See page 26 for more details on the Notre Dame prescription drug benefit.

New
Orthodontia Coverage Increase
Effective January 1, 2016, the orthodontia services maximum will increase to $1,500. Participants who have met the prior maximum of $1,000 will be eligible to use the $500 increase for services received January 1, 2016 or later.

New
Single HMO Plan
The University’s HMO plans have been combined into a single plan with a choice of network. See details and rates on pages 20-25.

New
3D Tomography Mammograms
3D Tomography mammograms are now covered in all medical plans for eligible members.

New
Drug Formulary
The transition to OptumRx brings some changes to the drug formulary and compound drug coverage. See hrnd.edu/benefits for more information.

New
$500 Bonus for First-Trimester Enrollment
Enroll in the Baby Steps program during the first trimester of pregnancy and receive $500 toward related medical expenses. See page 47.

New
FSA Direct Deposit Required
Beginning in 2016, reimbursements from an FSA must be direct-deposited. See page 34.

For more information about the High Deductible Health Plan, see pages 10 and 21.

For more information on the voluntary Accident Insurance and Critical Illness Insurance programs, see pages 38-40.
Your Benefits

- Medical
- Prescription Drug
- Notre Dame Wellness Center
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance
- Accident Insurance
- Critical Illness Insurance

Notre Dame not only offers a comprehensive and competitive benefits package, it underwrites significant portions of those programs. The result is greater access to quality care at a fraction of market costs.
ELECTING YOUR MEDICAL BENEFITS

The University of Notre Dame offers comprehensive and competitive medical insurance options. Benefit-eligible faculty and staff may choose between three medical plans and two provider networks.

Choosing a Medical Plan

Which plan is right for you? Is it the HMO, the PPO, or the new HDHP? The monthly premiums for each plan differ because each plan has different features.

Pay now, or pay later? The biggest differences are not just how much you pay, but when. The HDHP offers the lowest monthly premiums, but requires you to cover more out-of-pocket costs at the time you receive care. On the other hand, the HMO and PPO require higher monthly premiums, but they allow you to pay less out-of-pocket at the time you receive care.

Be sure to review the features of each plan, and read the plan’s terms and restrictions carefully.

PPO Plan

The PPO plan offers relatively low deductibles and out-of-pocket maximums. The PPO plan also offers flexibility by allowing you to see out-of-network providers at a reduced coverage rate, and includes a national provider network for members situated outside the local network area.

The PPO plan does charge co-insurance instead of co-pays for some services (such as emergency care or outpatient mental health services). So please compare these and other features of each plan carefully.

Meritain PPO

Meritain HMO

Lower deductibles and out-of-pocket maximums. May see out-of-network providers, but at a reduced coverage rate. Includes national network.

Meritain PPO with HRA

Lowest deductibles and low out-of-pocket maximums, but must stay in-network for non-emergency care. $200 in-network emergency room co-pay. $30 in-network outpatient mental health co-pay.

Very low monthly premium, but high deductible and high out-of-pocket maximum. Includes HRA. Includes national network.

HMO Plan

The HMO plan offers the lowest deductible of the three plans, and also offers low out-of-pocket maximums. That means you don’t have to pay as much of the costs yourself at the time you receive care.

But there are trade-offs. The monthly premiums are higher, and you must stay in-network if your care isn’t an emergency (or pay the full cost of out-of-network care).

Other features of the HMO plan include:

- Emergency Care Co-pays: The HMO plan treats emergency services differently than the other plans. Under the HMO, an in-network emergency room visit requires only a $200 co-pay, and some urgent care centers require only a $25 co-pay. That could represent a cost savings if you participate in sports or other high-risk activities.

- Mental/Behavioral Health: The HMO plan also offers in-network outpatient mental health and substance abuse services for a $30 co-pay.

- One plan with choice of network. Beginning January 1, 2016, the two HMO plans will merge to a single HMO plan with one premium and a choice of network.

High Deductible Health Plan (HDHP)

Notre Dame’s new High Deductible Health Plan gives you more choice. Unlike the PPO and HMO (which have lower deductibles but higher premiums), the HDHP is the reverse: a plan with a high deductible but low premiums. That means you pay more out-of-pocket at the time you receive care, but pay less in premiums each month.

In fact, the HDHP’s monthly premiums are by far the lowest of the three plans, so it’s a good way to save money — as long as you don’t incur many medical claims. If you do have claims, you’ll pay a higher deductible before the plan pays. You’ll also pay “first dollar” of the care you receive, which means you’ll pay the full cost each time—not just a co-pay or co-insurance—until you’ve met the overall deductible. (Preventive care is an exception: it is always covered at 100% regardless of how much of your deductible you’ve met.) Once you’ve met your overall deductible, you’ll then pay 15% co-insurance until you reach your out-of-pocket maximum of $5,000 ($10,000 for individual +1 or families).

HDHP includes Health Reimbursement Account

Because HDHP participants are responsible for paying a higher overall deductible and the full cost of care until the deductible is met, unexpected medical costs can be an unwelcome surprise. So if you decide the High Deductible Health Plan is right for you, the University will help you meet your deductible by setting aside $500* for you ($1,000* for individual +1 or families) in a Health Reimbursement Account (HRA). The HRA is money you can use to meet up to one-third of your deductible.

Caution: Your HRA won’t cover everything, though. You’ll still be responsible for meeting the other two-thirds of your deductible, and your co-insurance up to your out-of-pocket maximum. The HRA also won’t cover prescriptions or Wellness Center co-pays. You can set aside additional dollars for those expenses by contributing to a Flexible Spending Account (FSA). See page 34 for more about the FSA.

Additional Information about the HDHP with HRA:

- The HRA has priority over the FSA. This means HRA dollars are used first when used in conjunction with an FSA. Please take this into account when electing

See the full picture

What you’re seeing here is just a quick snapshot of what each plan offers. To review and compare the complete features of all three plans, consult the 2016 Open Enrollment Supplement or see the Summary Plan Comparisons at lrv.nd.edu/benefits.

What is a co-pay?

A portion of the cost of care that you must pay, usually at the time of service. Co-pays are a fixed dollar amount, but may vary depending on the type of service received. Example: visits to the Notre Dame Wellness Center require a $15 co-pay, regardless of your medical plan.

What is co-insurance?

Like a co-pay, co-insurance is a portion of the cost of care that you must pay—but instead of a flat amount, it’s usually a percentage. For example, HMO members who visit an in-network emergency room would pay a $200 co-pay, while PPO members would pay 15% co-insurance for the same visit (after meeting the deductible, that is).

What is a Health Reimbursement Account (HRA)?

It’s similar to the Flexible Spending Account (FSA) you may already use to set money aside for qualifying expenses. But unlike an FSA, HRA dollars must be applied toward your deductible only, and you may not make contributions — only the University may do so. Also, unlike FSA dollars (which are forfeited if not used each year), unused HRA dollars will roll over to the next year.

Meritain

What is a deductible?

When you have a claim, your deductible is the amount you must pay before your insurance pays.

A low deductible means you pay less out-of-pocket when you have claims... but it usually requires a higher monthly premium.

*Selected after July 1, 2016, the University’s contribution will be $250/individual or $500/family.
the amount of your FSA contributions.
- Unlike FSA contributions, HRA dollars will roll over from year to year so you don’t lose unused funds. However, your HRA balance will be forfeited if your employment at the University terminates or if you elect a non-HDHP plan in the future.
- No claim forms are needed. If you visit in-network providers, your eligible expenses will automatically be paid from the HRA if you have the balance available.
- With the HDHP, you’ll pay the full cost of care each time—not just a co-pay or co-insurance—until you’ve met the overall deductible. Exception: just like the HMO and PPO, prescription drug and Notre Dame Wellness Center co-pays do not count toward your deductible, and preventive care is always covered at 100%.

HDHP Includes Accident Insurance and Critical Illness Insurance
Accident Insurance and Critical Illness Insurance are included at no cost for all faculty/staff members who participate in the HDHP. The no-cost coverage for HDHP participants is limited to individual-only coverage for accident insurance and $5,000 of individual-only coverage for critical illness insurance; additional coverages may be purchased for an additional premium. For more information on the new Accident and Critical Illness Insurance benefits, see pages 38-41.

Frequently Asked Questions about the HDHP, HRA and FSA

If I choose the PPO or HMO, can I also get the HRA?
No, the HRA is intended to offset the higher deductible that is a unique feature of the HDHP.

Can I go out-of-network with the HDHP?
Yes, though you must pay a higher rate of co-insurance once you’ve met your deductible. Just like the PPO, and the out-of-pocket maximum for out-of-network services is higher.

What can I pay for with my HRA?
You may use your HRA to pay only for your deductible. For other expenses such as co-insurance or other eligible medical expenses, consider a Flexible Spending Account (FSA).

What can I not pay for with my HRA?
Prescription drugs and visits to the Wellness Center (which have their own co-payments) cannot be paid for out of your HRA. They can, however, be paid for out of your Flexible Spending Account (FSA). See page 34 for more about the FSA. Contraceptives are also ineligible for payment with an HRA or FSA.

Advantages of the HRA
- Convenience. No claim forms are needed if you visit providers in your network. Your eligible expenses will automatically be paid from the HRA if you have a sufficient balance available.
- Tax-free benefits. The fund doesn’t count as taxable income for you. That means you can cover some healthcare costs with tax-free dollars.
- Staying power. What happens if you don’t use the entire balance during the year? No problem — the balance rolls over to next year’s account. So you can use it to cover healthcare expenses down the road. (But if you leave the University or select a non-HDHP medical plan in the future, you can’t take it with you.)

Is the HRA counted as income on my taxes?
No, the funds belong to Notre Dame until you use them to cover qualified expenses, tax-free.

Can I contribute to my HRA?
No, IRS guidelines specify that only your employer can fund your HRA. You may, however, contribute to a Flexible Spending Account (FSA) for reimbursement of eligible expenses that are not paid by your HRA.

What if my eligible medical expenses will cost more than my HRA balance?
Consider setting aside additional dollars in a Flexible Spending Account (FSA) for those expenses. See page 34 for more about the FSA.

What is an FSA, and how is it different from an HRA?
While an HRA is funded by your employer, an FSA (Flexible Savings Account) is fully funded by you. Unlike an HRA, the FSA can be used to pay for other eligible medical expenses besides your deductible. The benefit of an FSA is a reduction in taxes: because your contributions are made pre-tax, the amount of income you have to report to the IRS is reduced and your tax burden is lowered. But note: unlike HRA funds, FSA funds do not roll over into the next year and will be forfeited if unused.

Choosing a Network
When you enroll in a medical plan, you’ll also need to choose your network. Your network is the group of physicians, hospitals, and other providers that your plan covers. You will choose one of two local networks: Community Health Alliance (CHA) or Select Health Network. The Select network’s base hospital is St. Joseph Health System, while the CHA network’s base hospital is Memorial Hospital of South Bend. For faculty or staff situated outside the local network area, the University’s PPO and HDHP plans also include the Community Health System Anchored by Memorial Hospital of South Bend (CHA) network.

Information sheets on the Select Health Network and the CHA Network will be included with the Open Enrollment Decision Guide mailing to your home. Check the mailing envelope to make sure you received these network materials.

How the HRA works

Here’s an example: Say you have individual coverage under the HDHP (with $500 in your HRA). You have unexpected surgery, which costs $6,500. You must pay the first $1,500 to meet your deductible, then you’ll pay 15% co-insurance up to your out-of-pocket maximum. That means...
- Your HRA will cover $500 of your deductible
- You will cover the remaining $5,000 of your deductible
- You will pay 15% of the remaining $5,000, or $750
- For future claims, you’ll still pay 15% co-insurance until your total out-of-pocket reaches $5,000

Community Health Alliance (CHA)
- Anchored by Memorial Hospital of South Bend and Elkhart General Hospital
- Learn more at chewnetwork.com
- Additional national network for facility or staff situated outside the local network area, included with PPO and HDHP plans.
- Learn more at www.multiplan.com

Select Health
- Anchored by St. Joseph Health System
- Learn more at selecthealthnetwork.com
- Additional national network for facility or staff situated outside the local network area, included with PPO and HDHP plans.
- Learn more at www.multiplan.com

PHCS
- Additional national network for facility or staff situated outside the local network area, included with PPO and HDHP plans.
- Learn more at www.multiplan.com

When choosing a network, consider which providers, facilities, and services are important to you and your family. Do you already have a favorite family doctor? Might you need pre-natal care, or care close to home? Do you travel? Considering questions like these will help you choose the network with the providers that best meet your needs.
### 2016 Medical Plans

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Meritain PPO</th>
<th>Meritain HMO</th>
<th>Meritain HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Rx not included</td>
<td>Individual 100%, No deductible</td>
<td>Individual 100%, No deductible</td>
<td>Individual 100%, No deductible</td>
</tr>
<tr>
<td>In-Network</td>
<td>$400</td>
<td>$800</td>
<td>$350</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$800</td>
<td>$1,600</td>
<td>N/A</td>
</tr>
<tr>
<td>HRA (see p. 21)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Co-insurance (plan pays after deductible is met)</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>In-Network</td>
<td>$1,950</td>
<td>$4,600</td>
<td>$2,000</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$3,900</td>
<td>$7,800</td>
<td>N/A</td>
</tr>
<tr>
<td>Primary Care In-Network</td>
<td>100% after $30 co-pay per physician office visit</td>
<td>100% after $30 co-pay per physician office visit</td>
<td>Actual Cost of service until deductible then plan pays 85%</td>
</tr>
<tr>
<td>Primary Care Out-of-Network</td>
<td>Actual Cost of service until deductible then plan pays 65%</td>
<td>N/A</td>
<td>Actual Cost of service until deductible then plan pays 85%</td>
</tr>
<tr>
<td>Specialist In-Network</td>
<td>100% after $35 co-pay per physician office visit</td>
<td>Actual Cost of service until deductible then plan pays 85%</td>
<td></td>
</tr>
<tr>
<td>Specialist Out-of-Network</td>
<td>Actual Cost of service until deductible then plan pays 65%</td>
<td>N/A</td>
<td>Actual Cost of service until deductible then plan pays 65%</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Urgent Care In-Network</td>
<td>$50*</td>
<td>CHA - Medpoint - $50*</td>
<td>Actual Cost of service until deductible then plan pays 85%*</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Actual Cost of service until deductible then plan pays 85%</td>
<td>$200</td>
<td>Actual Cost of service until deductible then plan pays 85%</td>
</tr>
<tr>
<td>Outpatient Surgery In-Network</td>
<td>Actual Cost of service until deductible then plan pays 65%**</td>
<td>N/A**</td>
<td>Actual Cost of service until deductible then plan pays 65%**</td>
</tr>
<tr>
<td>Outpatient Surgery Out-of-Network</td>
<td>Actual Cost of service until deductible then plan pays 65%</td>
<td>Actual Cost of service until deductible then plan pays 85%</td>
<td>Actual Cost of service until deductible then plan pays 85%</td>
</tr>
</tbody>
</table>

### What’s included with the HDHP?

<table>
<thead>
<tr>
<th></th>
<th>Individual HDHP</th>
<th>Individual +1 HDHP</th>
<th>Family HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA</td>
<td>$500</td>
<td>Option to increase?</td>
<td>$1000</td>
</tr>
<tr>
<td>Critical Illness Insurance</td>
<td>$5,000 Coverage</td>
<td>Yes**</td>
<td>$5,000 coverage (for individual only)</td>
</tr>
<tr>
<td>Accident Insurance</td>
<td>Individual Coverage</td>
<td>Yes***</td>
<td>Individual Coverage Only</td>
</tr>
</tbody>
</table>

### Medical Plan Rates

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Without Screening</th>
<th>With Faculty/Staff Screening</th>
<th>With Faculty/Staff and Spouse Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meritain PPO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$70</td>
<td>$55</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual +1</td>
<td>$187</td>
<td>$172</td>
<td>$164</td>
</tr>
<tr>
<td>Family</td>
<td>$246</td>
<td>$231</td>
<td>$223</td>
</tr>
<tr>
<td>Meritain HMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$94</td>
<td>$79</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual +1</td>
<td>$236</td>
<td>$221</td>
<td>$213</td>
</tr>
<tr>
<td>Family</td>
<td>$319</td>
<td>$304</td>
<td>$296</td>
</tr>
<tr>
<td>Meritain HDHP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$26</td>
<td>$11</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual +1</td>
<td>$99</td>
<td>$84</td>
<td>$76</td>
</tr>
<tr>
<td>Family</td>
<td>$114</td>
<td>$99</td>
<td>$91</td>
</tr>
</tbody>
</table>

**NOTE:** Rates include medical and prescription coverage. For prescription benefits information, see the Open Enrolment Decision Guide at hr.nd.edu/benefits.

---

*Immediate care is also available at the Notre Dame Wellness Center with $15 co-pay for all medical plans.  ** If you have a life threatening medical emergency, you should go to the nearest emergency room for treatment. Those charges will be treated as if they have incurred in-network.
Prescription Drug

Introducing OptumRx

Beginning in 2016, OptumRx will replace ExpressScripts (ESI) as the University’s prescription drug benefit manager. With more than 20 years of experience, OptumRx brings a proven track record of service, quality, and savings to prescription benefit programs.

Co-pays will not change, and Notre Dame Wellness Center pharmacy services will also remain the same.

About the prescription benefit

Participants in any University medical plan are automatically enrolled in the prescription drug plan administered by OptumRx. The plan provides 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.

Generic, Brand-Name, Preferred and Specialty Drugs

What’s the difference?

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Drugs are identical to brand-name drugs but are sold under their generic chemical name, usually after the brand’s patent protection has expired. Drugs are regulated by the Food and Drug Administration to ensure quality, strength, and purity. They must be equivalent in active ingredients, strength and dosage to the brand-name product.</td>
</tr>
<tr>
<td>Brand-Name</td>
<td>Drugs are advertised and sold under a product name chosen by the manufacturer, and are generally more expensive than generic drugs.</td>
</tr>
<tr>
<td>Preferred</td>
<td>Drugs listed on a formulary, a continually updated list of drugs selected by a panel of physicians and pharmacists for demonstrated efficacy, safety, and cost-effectiveness. Preferred drugs on OptumRx’s formulary are available at a lower cost than non-preferred drugs.</td>
</tr>
<tr>
<td>Specialty</td>
<td>Drugs treat many complex conditions such as cancer, hemophilia, immune deficiency, or multiple sclerosis and are often self-injected.</td>
</tr>
</tbody>
</table>

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, OptumRx offers plan members additional services like online ordering, status tracking, and prescription history.

OptumRx 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. BriovaRx, OptumRx’s mail-order specialty drug pharmacy, is committed to managing these costs for patients with complex conditions requiring specialty medications.

BriovaRx 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, BriovaRx may be reaching out to you and your physician. BriovaRx also provides plan members with 24/7 access to specialized nurses and pharmacists, compliance monitoring, side-effect mentoring, and the conveniences of home shipping and refill reminders.

For more information about the University’s prescription benefit, visit hr.nd.edu/benefits, or visit OptumRX at Irish Health on October 20-21.
Since opening just three years ago, the Notre Dame Wellness Center has been awarded Medical Home accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC). Considered to be among the highest achievements for a primary care center, the recognition affirms the Wellness Center’s position as a first-choice provider of primary care services.

What is a ‘Medical Home?’

The Medical Home model of care has gained recognition as an effective response to the rising demand for care among a population facing an increase in chronic illnesses—patients who frequently require multiple types of care. Often referred to as a PCMH (Patient-Centered Medical Home), a Medical Home is team-based and patient-oriented—meaning more of the patient’s care is coordinated under one roof.

Eligibility

The Notre Dame Wellness Center is available to full-time, benefit-eligible faculty and staff and their spouses and dependents.

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.$15 Co-pay. Notre Dame Wellness Center co-pays are just $15 for all University medical plans.

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.

$15 Co-pay. Notre Dame Wellness Center co-pays are just $15 for all Notre Dame medical plans.

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).

For appointments, hours, services, and more, visit [http://wellnesscenter.nd.edu](http://wellnesscenter.nd.edu)
## Dental Plan Options

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

Both plans allow you to choose any licensed dentist for your care. If you choose a dentist who has signed a contract with Delta Premier or Delta PPO, you will pay only your deductible (waived for preventive care and orthodontia) and co-insurance for covered services. If you choose a non-participating dentist, Delta will reimburse you for the amount that would be paid to a participating dentist. You may 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 a directory of Delta participating dentists and a complete list of covered services, visit [Delta Dental](http://www.deltadentalin.com) or call Delta Dental at 1-800-524-0149. To verify eligibility, review claims and reimbursements, and check remaining benefits, visit Delta Dental’s “Consumer Toolkit” website: [http://www.toolkitsonline.com](http://www.toolkitsonline.com).

### Dental Comparison Chart

<table>
<thead>
<tr>
<th>Network</th>
<th>Delta Premier</th>
<th>Other Dentists</th>
<th>Delta PPO POS</th>
<th>Delta Premier and Other Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Dentist Plan Pays:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Non-Participating Dentist Plan Pays:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductibles</strong></td>
<td>$50 Individual/$150 Family</td>
<td>$50 Individual/$150 Family</td>
<td>$50 Individual/$150 Family</td>
<td>$50 Individual/$150 Family</td>
</tr>
<tr>
<td><strong>Diagnostic and Preventive Service</strong></td>
<td>100%</td>
<td>100% of Usual and Customary</td>
<td>100%</td>
<td>100% of Usual and Customary</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>50% (after deductible)</td>
<td>50% of Usual and Customary (after deductible)</td>
<td>80% (after deductible)</td>
<td>50% of Usual and Customary (after deductible)</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>50% (after deductible)</td>
<td>50% of Usual and Customary (after deductible)</td>
<td>50% (after deductible)</td>
<td>50% of Usual and Customary (after deductible)</td>
</tr>
<tr>
<td><strong>Annual Benefit</strong></td>
<td>$1,000 per person per year</td>
<td>$1,500 per person per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>50% Maximum Lifetime benefit of $1,500</td>
<td>50% Maximum Lifetime benefit of $1,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Children Eligibility (Due to Age)</strong></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>
<td></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 for the amount that would be paid to a participating 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.

### Rates

<table>
<thead>
<tr>
<th>Dental Plan Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Plan</td>
</tr>
<tr>
<td>*Delta Premier - 2016</td>
</tr>
<tr>
<td>*Delta PPO POS - 2016</td>
</tr>
<tr>
<td>*Delta Premier - 2017</td>
</tr>
<tr>
<td>*Delta PPO POS - 2017</td>
</tr>
</tbody>
</table>

*NOTE: Mandatory two-year enrollment. During the two-year period, participants may switch between Delta Dental plans during open enrollment or a qualifying event.
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.

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.

For a complete list of EyeMed Insight Plan participating providers, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). 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.

---

### Vision Plan

<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>Exam</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>Retinal Imaging</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam Options - Contact Lenses: 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>Frames</td>
<td>$130 co-pay, plus 80% of balance over $130</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Standard Plastic lenses:</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>$75 co-pay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$95</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Premium Progressive</td>
<td>$105</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$120</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$175</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$230</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$285 plus 80% of charge less $120 allowance</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Standard Lens Options:</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>Contact Lenses:**</td>
<td>$0 co-pay pus 85% of balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 co-pay pus 100% of balance over $130</td>
<td>Up to $104</td>
</tr>
<tr>
<td>Disposable</td>
<td>$0 (paid in full by Plan)</td>
<td>Up to $200</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>LASIK or PRK from US Laser Network</td>
<td>Lesser of 85% of retail price or 95% of promotional price</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**For prescription contact lenses for only one eye, the Plan will pay one-half of the amount payable for contact lenses for both eyes.

---

### Rates

<table>
<thead>
<tr>
<th>Vision Plan Rates</th>
<th>Vision Plan</th>
<th>Individual</th>
<th>Individual + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>EyeMed</td>
<td>$8.56</td>
<td>$16.16</td>
<td>$23.68</td>
<td></td>
</tr>
</tbody>
</table>
Flexible Spending Account (FSA)

What is 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. See the Annual Savings Example at bottom for additional information.

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:

<table>
<thead>
<tr>
<th>Two Types of Flexible Spending Accounts (FSAs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care FSA</td>
</tr>
<tr>
<td>What expenses can they cover?</td>
</tr>
<tr>
<td>Minimum: $120 annually</td>
</tr>
<tr>
<td>Maximum: $2,550 annually</td>
</tr>
<tr>
<td>Minimum: $120 annually</td>
</tr>
<tr>
<td>Maximum: $5,500 annually</td>
</tr>
</tbody>
</table>

Frequently Asked Questions
What expenses are eligible? Not eligible?

- Eligible: As a general rule, any health care or dependent care expense you could deduct on your federal income tax return is eligible for reimbursement. See the chart above for examples.
- Not eligible: Examples of ineligible health care expenses include cosmetic surgery, infertility, abortion or contraceptives, or health club memberships.

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.

Note regarding over-the-counter drug expenses
Over-the-counter drug expenses 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.

Restriction on dependent care reimbursement during medical leaves
According to IRS regulations, dependent care expenses incurred during a medical leave of absence are not eligible for reimbursement. However, a medical leave of absence is a qualifying event that allows you to change your Dependent Care FSA contributions. If you take a medical leave of absence, you should consider changing your contributions for the remainder of the year.

Direct-deposit required for FSA
Beginning in 2016, reimbursements from an FSA must be direct-deposited.

Dependent care expenses such as kindergarten or overnight camps are also examples of ineligible expenses.

- More information: To find out more about expense eligibility, visit hr.nd.edu/benefits or see IRS Publication 502 (health care expenses) or Publication 503 (dependent care expenses) at www.irs.gov.

How much should I contribute?
You should estimate and contribute only what you think you’ll spend in 2016 on eligible out-of-pocket health care or dependent care expenses. The minimum contribution is $120 annually; maximums are $2,550 for health care and $5,500 for dependent care. Caution: unlike HRA dollars (which roll over to the next year if unused), FSA dollars do not roll over and are forfeited if unused.

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.

What is my FSA account balance?
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.

What if I have money left over at the end of the year?
You may continue to submit eligible expenses to your Dependent Care FSA until your balance is depleted. Please note both you and your spouse (if you are married) must be working or actively seeking employment in order to seek reimbursement. Health Care FSA claims must be submitted within 90 days of a qualifying event; otherwise, unused funds are forfeited.

I’m already enrolled for 2015. Do I need to re-enroll?
Yes, if you wish to have an FSA in 2016. There is no automatic re-enrollment for FSA accounts; FSA participants must enroll every year.

Can I change my contribution amounts?
You may only change your contributions in two circumstances: during the Open Enrollment period, or within 31 days of experiencing a qualifying event. See http://hr.nd.edu/benefits/life-events for more details.

Reimbursement from an FSA
Beginning in 2016, reimbursements from an FSA must be direct-deposited. The manner by which claims are submitted for reimbursement depends on the type of expense you incur. For example, medical expenses will generally be automatically processed for reimbursement by Meritain, while dental and vision expenses require submission of a claim form with appropriate documentation.

For more complete information regarding reimbursements, including claim forms and additional information, please visit hr.nd.edu/benefits.

Note for HDHP / HRA participants:
If you have an HRA and an FSA, medical deductible claims will be deducted from your HRA first. Claims will only be deducted from your FSA once your HRA is depleted. Analyze your medical history carefully to make sure you do not lose any FSA money that does not roll over to a new year. See page 20 for more information about the HDHP with HRA.

Annual Savings Example
With FSA | Without FSA
--- | ---
If your annual income is | $28,000 | $28,000
Out of pocket medical expenses pre-tax | $1,500 | -0-
Your taxable income becomes | $26,500 | $28,000
Federal, FICA & State taxes | $8,440 | $8,918
Out of pocket medical expenses after tax | -0- | $1,500
Income after medical expenses | $18,060 | $17,582
Taxes Saved | $478 | -0-
### Life Insurance

The University offers three life insurance options: base life insurance to all benefit-eligible faculty and staff at no cost, optional supplemental life insurance, and optional dependent life insurance.

#### Base 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 base life insurance coverage of $25,000 to all regular full-time faculty and staff. No enrollment is required; the University pays the entire cost of this coverage for all eligible employees.

#### Supplemental Life Insurance

Eligible faculty and staff may supplement the base 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. The maximum amount of supplemental life insurance that may be purchased is $1.5 million.

Evidence of insurability may be required if:

- You elect to increase your supplemental coverage by 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 below and the example at right to calculate your monthly rate. Your premium is an after-tax payroll deduction.

### Additional Travel and Legacy Planning Services

Faculty and staff insured under our group life insurance program through Minnesota Life (Base 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: [lifebenefits.com/travel](http://lifebenefits.com/travel), or call 1-855-516-5433 (US and Canada) or 1-415-484-4677 (International)
- Legacy Planning Services: [lifebenefits.com/secure/legacyp+planning](http://lifebenefits.com/secure/legacyp+planning)
- Legal Services: Legal Services are available through Ceridian LifeWorks at 1-877-849-6034 or visit [www.lifeworks.com](http://www.lifeworks.com) (Username: will; Password: preparation).

### Rates

#### Life Insurance Rates

Base Life: all benefit-eligible faculty and staff receive $25,000 of coverage at no cost. You may supplement your own coverage or cover your dependents as shown below:

<table>
<thead>
<tr>
<th>Dependent Life</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse $25,000</td>
<td>$5.64</td>
</tr>
<tr>
<td>Spouse $25,000</td>
<td>$11.30</td>
</tr>
<tr>
<td>Child(ren) $5,000</td>
<td>$0.76</td>
</tr>
<tr>
<td>Child(ren) $10,000</td>
<td>$1.52</td>
</tr>
</tbody>
</table>

**NOTE:** All life insurance premiums are an after-tax deduction. Supplemental Life evidence of insurability will 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 [hr.nd.edu/assets/173006/esi_minnesota_life_2009.pdf](http://hr.nd.edu/assets/173006/esi_minnesota_life_2009.pdf)

<table>
<thead>
<tr>
<th>Supplemental Life</th>
<th>Your Age</th>
<th>Rate per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>$0.43</td>
<td>45-49 $1.29</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.48</td>
<td>50-54 $1.86</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.64</td>
<td>55-59 $3.43</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.72</td>
<td>60-64 $5.26</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.80</td>
<td>65-69 $1.166</td>
</tr>
<tr>
<td>70+</td>
<td>$1.645</td>
<td></td>
</tr>
</tbody>
</table>

### What is Evidence of Insurability (EOI)?

EOI is a short form certifying the insured’s health status and disclosing prior conditions or hospitalizations. See the form at [hr.nd.edu/benefits](http://hr.nd.edu/benefits).

### Special Rules for Reduction in Coverage:

Once you attain age 65, the amount of Supplemental Life insurance coverage will be a percentage of the amount of your prior insurance coverage as follows:

<table>
<thead>
<tr>
<th>Age</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% of pre-65 amount</td>
</tr>
<tr>
<td>70-74</td>
<td>50%</td>
</tr>
<tr>
<td>75 and over</td>
<td>25%</td>
</tr>
</tbody>
</table>

### When both spouses work at Notre Dame:

A spouse who is also employed at the University and is eligible for Base and Supplemental Life Insurance is not eligible for coverage under Dependent Life (Spouse). If both spouses are employed by the University and are eligible for insurance, either one, not both, may insure their children.

### Example:

An employee who earns $30,000 annually may purchase supplemental coverage in the amount of 1x salary ($30,000), 2x salary ($60,000), or any multiple up to 10x salary ($300,000). See worksheet at left to calculate your rates.

**Example:**

- **Salary:** $40,000 (Round up to the nearest thousand)
- **Additional coverage:** 2 x $80,000
- **Divide by 1,000:** $40,000 / $1,000 = 40
- **Rate per above:** $23.04
- **Net Rate:** $5.12

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

The University now offers benefit-eligible faculty and staff voluntary accident insurance. Accident insurance provides a lump sum payment to protect you and your family from financial hardship if you or a covered family member dies or suffers a serious injury in an accident. The payment can help with your out-of-pocket expenses such as insurance deductibles, co-pays, child care, and more.

What is covered
Benefits are paid when an accident causes fractures, dislocations, loss of limbs, burns, hospital and ambulance expenses, accident-related disabilities or death. Accident insurance can help cover costs regarding hospital/emergency room care, injuries requiring surgery, ambulance fees, physical therapy, recovery income and family lodging.

Who may enroll
Any benefit-eligible faculty and staff member may enroll. Premiums are paid via after-tax payroll deductions. See the table on page 39 for individual, individual +1, and family rates. Evidence of insurability is not required.

Summary of Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Payout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Hospital Limit</td>
<td>$100 per day</td>
</tr>
<tr>
<td></td>
<td>Up to 365 days</td>
</tr>
<tr>
<td></td>
<td>Must be confined to hospital for at least 24 hours within 180 days after accident.</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>Subsequent diagnosis has 0-day separation period between conditions</td>
</tr>
<tr>
<td></td>
<td>Must be confined to hospital for at least 24 hours within 180 days after accident.</td>
</tr>
<tr>
<td>Emergency Room Treatment</td>
<td>Up to $100</td>
</tr>
<tr>
<td></td>
<td>Payable only once per covered accident and per covered person; occurrence must begin within 96 hours after covered incident</td>
</tr>
<tr>
<td>Ambulance (Ground/Air)</td>
<td>$200/$750</td>
</tr>
<tr>
<td>Appliance</td>
<td>Up to $500</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$15 per treatment</td>
</tr>
<tr>
<td></td>
<td>Up to 6 treatments per accident</td>
</tr>
<tr>
<td>Fractures</td>
<td>Up to $3,000</td>
</tr>
<tr>
<td></td>
<td>Chip fractures: 25%</td>
</tr>
<tr>
<td>Dislocations</td>
<td>Up to $3,000</td>
</tr>
<tr>
<td>AD&amp;D (employee)</td>
<td>Up to $25,000</td>
</tr>
<tr>
<td></td>
<td>3 times for death on common carrier</td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>blood, plasma, platelets; broken tooth; burns, skin graft, lacerations; coma; concussion; eye injury; hospital rehabilitation; inpatient surgery; lodging; medical testing; outpatient ambulatory surgery; pain management; prosthetic device; tendon, ligament, rotator cuff, ruptured disc; therapy services; torn knee cartilage; transportation</td>
</tr>
</tbody>
</table>

If both you and your spouse are eligible University employees:
- Only one of you (not both) may choose individual +1 or family coverage, and only one of you may cover dependent children.
- You may not be concurrently enrolled both as an employee and as a dependent.

Rates

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual*</td>
<td>$6.88</td>
</tr>
<tr>
<td>Individual + 1</td>
<td>$12.04</td>
</tr>
<tr>
<td>Family</td>
<td>$16.46</td>
</tr>
</tbody>
</table>

Benefit reductions: 25% at age 65; 50% at age 70

*Individual coverage is included at no cost with HDHP enrollment
The University now offers benefit-eligible faculty and staff voluntary critical illness insurance. If you are diagnosed with a critical illness, this benefit provides a lump-sum payment. Critical illnesses may include a heart attack, stroke, organ transplant, cancer, Alzheimer’s, or many others. You may choose to spend the benefit to fill in gaps in major medical insurance, protect assets, or cover child care, transportation, special medical equipment, caregivers, or other living expenses.

Who may enroll
Any benefit-eligible faculty and staff member may enroll. Monthly rates vary based on the age of the insured, and premiums are paid via after-tax payroll deductions. See the table on page 41 for individual, individual +1, and family rates. Evidence of insurability is not required.

What is covered
The following conditions are covered:

<table>
<thead>
<tr>
<th>Covered Conditions</th>
<th>Initial Benefit</th>
<th>Recurrence Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Benefit Cancer</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Partial Benefit Cancer</td>
<td>25% of Initial Benefit</td>
<td>12.5% of Initial Benefit</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Stroke</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Coronary Artery Bypass Graft</td>
<td>100% of Initial Benefit</td>
<td>50% of Initial Benefit</td>
</tr>
<tr>
<td>Kidney Failure</td>
<td>100% of Initial Benefit</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>100% of Initial Benefit</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Major Organ Transplant Benefit</td>
<td>100% of Initial Benefit</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Additional Covered Illnesses*</td>
<td>25% of Initial Benefit</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

*Additional covered illnesses include: Alzheimer’s Disease – 100%; 22 listed conditions – 25% Addison’s Disease; ALS (Lou Gehrig’s Disease); Cerebrospinal meningitis (bacterial); Cerebral palsy; Cystic fibrosis; Encephalitis; Huntington’s disease; Legionnaire’s Disease; Malaria; Multiple Sclerosis (definitive diagnosis); Muscular Dystrophy; Myasthenia Gravis; Necrotizing Fasciitis; Osteomyelitis; Poliomyelitis; Rabies; Sickle Cell anemia (excluding sickle cell trait); Systemic Lupus erythematosus (SLE); Systemic Sclerosis (scleroderma); Tetanus; and Tuberculosis

When both spouses work at Notre Dame:

If both you and your spouse are eligible University employees:

- Only one of you (not both) may choose individual +1 or family coverage, and only one of you may cover dependent children.
- You may not be concurrently enrolled both as an employee and as a dependent.

Rates

<table>
<thead>
<tr>
<th>Coverage:</th>
<th>Individual*</th>
<th>Indiv. + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual*</td>
<td>$10,000</td>
<td>$10,000 (indiv.) + $5,000 (+1)</td>
<td>$10,000 (indiv.) + $5,000 (per dependent)</td>
</tr>
<tr>
<td>Your age:**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25</td>
<td>$5.30</td>
<td>$8.50</td>
<td>$11.40</td>
</tr>
<tr>
<td>25-29</td>
<td>$5.30</td>
<td>$8.50</td>
<td>$11.40</td>
</tr>
<tr>
<td>30-34</td>
<td>$7.30</td>
<td>$11.10</td>
<td>$14.30</td>
</tr>
<tr>
<td>35-39</td>
<td>$10.00</td>
<td>$14.70</td>
<td>$18.30</td>
</tr>
<tr>
<td>40-44</td>
<td>$15.10</td>
<td>$21.50</td>
<td>$26.00</td>
</tr>
<tr>
<td>45-49</td>
<td>$20.90</td>
<td>$29.30</td>
<td>$34.70</td>
</tr>
<tr>
<td>50-54</td>
<td>$28.10</td>
<td>$38.90</td>
<td>$45.60</td>
</tr>
<tr>
<td>55-59</td>
<td>$35.70</td>
<td>$49.10</td>
<td>$57.00</td>
</tr>
<tr>
<td>60-64</td>
<td>$43.90</td>
<td>$60.00</td>
<td>$69.30</td>
</tr>
<tr>
<td>65-69</td>
<td>$49.80</td>
<td>$67.80</td>
<td>$78.10</td>
</tr>
<tr>
<td>70+</td>
<td>$59.60</td>
<td>$80.90</td>
<td>$92.80</td>
</tr>
</tbody>
</table>

Benefit reductions: 25% at age 65; 50% at age 70

*$5,000 of individual coverage is included at no cost with HDHP enrollment

**Age of individual Notre Dame faculty/staff member. Initial rate locked upon enrollment.
Choosing Well

- Being Informed
- Taking Charge
- Using Resources Wisely

Being a smart healthcare consumer means more than electing the right benefits for you and your family; it also means making the right choices throughout the year.
Being 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 hr.nd.edu/benefits.

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.

Compare with Castlight

Castlight is a new online tool for Notre Dame faculty and staff. Use this online healthcare comparison and pricing tool to see your past medical claims history, find high-quality doctors, and compare healthcare providers. You can even see what different providers charge and read patient reviews. Castlight also includes educational features to help you know what to expect during a certain procedure.

Ask your provider questions

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?

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 or call 1-866.695.8622. Calls are confidential.

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. See pages 46-47 for more information about wellness programs.

Contact askHR

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 and one-on-one help sessions. Visit hr.nd.edu/benefits for session schedules.

Register during open enrollment at castlighthealth.com

574-631-5900 | askhr@nd.edu
200 Grace Hall

hr.nd.edu/benefits
Taking Charge

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 a University medical plan. Screenings are available at the Notre Dame Wellness Center or from Memorial Health & Lifestyle at various locations on campus through November 6. 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.

Irish Health - Oct. 20-21, 2015

Irish Health is an annual benefits and wellness fair for Notre Dame faculty and staff. The two-day fair features information sessions, demonstrations, and representatives from over 50 vendors, wellness organizations and benefits providers. You may even receive your biometric screening and make your Open Enrollment elections online with the assistance of an HR representative. 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.

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 free to benefit-eligible faculty, staff, and spouses at the Notre Dame Wellness Center. See page 29 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. Chronic Condition Management is available free to benefit-eligible faculty, staff, and spouses at the Notre Dame Wellness Center. See page 29 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 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 recsports.nd.edu/classes/f-a-s-t-faculty-staff-training

Mobile Mammogram Unit

A program of St. Joseph Health System, 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: gord) or call 1-888-267-8126.
Using Resources Wisely

Here’s how you can make the best use of the many health and wellness resources you have available.

Visit the 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 to you, and should be avoided whenever the appropriate care can be provided by the Notre Dame Wellness Center or an Urgent Care Center.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Co-pay</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 and their eligible dependents in a Notre Dame medical plan</td>
</tr>
<tr>
<td>Physician’s Urgent Care; Doctor’s Express</td>
<td>$50</td>
<td>For all benefit-eligible faculty and their eligible dependents with Select Health Network HMO/PPO</td>
</tr>
<tr>
<td>Medpoint Express</td>
<td>$50</td>
<td>For all benefit-eligible faculty, staff, and their eligible dependents with CHA Network HMO/PPO</td>
</tr>
<tr>
<td>Emergency Room (HMO)</td>
<td>$200</td>
<td>For all benefit-eligible faculty and their eligible dependents</td>
</tr>
<tr>
<td>Emergency Room (PPO)</td>
<td>$400 deductable, then 15% to individual out-of-pocket max. of $1,950</td>
<td>For all benefit-eligible faculty, staff, and their eligible dependents</td>
</tr>
<tr>
<td>Emergency Room (HDHP)</td>
<td>$1,500 deductable, then 15% to individual out-of-pocket max. of $5,000</td>
<td>For all benefit-eligible faculty, staff, and their eligible dependents</td>
</tr>
</tbody>
</table>

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.

Visit the Notre Dame Wellness Center
The Notre Dame Wellness Center is a state-of-the-art full-service health care facility with a focus on primary care. Services include routine primary care, immediate care, pediatric care, physical therapy, wellness coaching, and more. The Wellness Center is in-network for all Notre Dame medical benefits networks. With a co-pay of just $15 for all University medical plans, the Notre Dame Wellness Center can be cost-effective for all eligible faculty, staff, and dependents – and for the University.

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, 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 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.

Consider 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, orthodontics, and vision care.

FSA accounts are a great way to reduce your overall out-of-pocket healthcare expenses. See page 34 for more information on FSAs, or visit hr.nd.edu/benefits.
Additional Information

- Notices
- Provider Contacts
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 operations. Before the Plan discloses your PHI to our 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 so 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 perform 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 improvement and management 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 also disclose your PHI to organ, eye, or tissue banks.

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 or disclose your PHI if a law enforcement official believes it is necessary to prevent a serious threat to your health or safety and the health or 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 data safety monitoring board.

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

Funding: 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 purposes of contact tracing or for 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 legal guardian for such contacts to make the new immunization requirements 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 Plan’s website as noted below. If you change this Notice, we will either post the revised Notice on our website at http://hr.nd.edu/nd-faculty-staff/plan or we will send you a revised Notice.

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 communicate that contain your PHI by alternative means or to alternative locations. The Plan must accommodate any such requests if it is feasible 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 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 your request (or request 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 in the course of a routine audit or to a business associate on behalf of the Plan.

Filing a Complaint. If you believe your privacy rights have been violated, you may submit a complaint to 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 have the right to elect to continue your current employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in the University’s health plan when you are reemployed, generally without any waiting periods or exceptions (e.g., pre-existing condition exceptions) except for service-connected illnesses or injuries. For more information on your rights under USERRA, visit http://www.dol.gov/vets/programs/userr.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, or use 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 http://www.healthcare.gov.

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

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 assistance, contact your State Medicaid or CHIP office or dial a 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.dol.gov or call 1-866-444-EBSA (3272).

NEWBORNS’ ACT DISCLOSURE

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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.

MICHELLE’S LAW (YOUNG ADULT) ENROLLMENT NOTICE

Under the Patient Protection and Affordable Care Act (PPACA) signed into law on March 23, 2010 to bring about health care reform, dependent coverage has been expanded to include adult children up to age 26 provided they have no access to other employer coverage (based on their own employment), regardless of marital status or student status. This change was effective January 1, 2011.

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### Notes

#### 2016 Provider Contacts

<table>
<thead>
<tr>
<th>Plan or Benefit</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, HMO, and HDHP)</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>Select Network (anchor: St. Joseph Health System)</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>CHA Network (anchor: 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>National Network (PPO and HDHP only)</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>Prescription Drug</td>
<td>OptumRX</td>
<td>1-866-270-0234</td>
<td><a href="http://www.optumrx.com">www.optumrx.com</a>/mycatamaranrx</td>
</tr>
<tr>
<td>Dental (Delta Premier and Delta PPO POS)</td>
<td>Delta Dental</td>
<td>1-800-524-0149</td>
<td><a href="http://www.deltadentalin.com">www.deltadentalin.com</a></td>
</tr>
<tr>
<td>Life Insurance</td>
<td>Minnesota Life</td>
<td>1-800-843-8358</td>
<td><a href="http://www.minnesotalife.com">www.minnesotalife.com</a></td>
</tr>
<tr>
<td>Accident Insurance / Critical Illness Insurance</td>
<td>MetLife</td>
<td>1-800-438-6388</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Meritain Health</td>
<td>1-866-448-1696</td>
<td><a href="http://www.meritain.com">www.meritain.com</a></td>
</tr>
<tr>
<td>Health Advocate</td>
<td>Health Advocate</td>
<td>1-866-695-8622</td>
<td><a href="http://www.healthadvocate.com">www.healthadvocate.com</a></td>
</tr>
</tbody>
</table>

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The Notre Dame Wellness Center is operated by Premise Health. For appointments, hours, services, and more, visit [http://wellnesscenter.nd.edu](http://wellnesscenter.nd.edu) or call (574) 634-9355.
http://MyBenefits.nd.edu

Oct. 20 - Nov. 6, 2015