



# Healthy Living Is Important

for you, your family, and campus



# Open Enrollment Decision Guide

# QUICK START GUIDE

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

## 1 DECIDE

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

**Dependents.** Add or change health care coverage for a spouse/child: [Page 5](#). Life Insurance: [Page 17](#).

**Healthcare Network.** If you prefer certain doctors or hospitals, see [Page 11](#).

**Healthcare Plan.** Carefully choose the HMO or PPO plan that includes your providers and preferred hospital: [Page 11](#).

**Dental.** Choose between lower rates or more comprehensive coverage: [Page 15](#).

**Vision.** Coverage for eye care or corrective lenses: [Page 16](#).

**Flexible Spending Accounts.** Set funds aside, tax free, for your 2014 health care expenses. Note: Re-enrollment is not automatic. Participants must enroll each year. [Page 18](#).

## 2 GATHER

The information you'll need:

- Your netID and password
- Your election decisions

If adding spouse/dependent:

- His/her full legal name
- His/her Social Security Number
- His/her date of birth
- You will be required to present documents to the Office of Human Resources verifying your dependents' eligibility. [See page 5.](#)

## IMPORTANT DATES

Oct. 22-Nov. 8	OPEN ENROLLMENT
Oct. 1- Nov. 8	Complete <b>Your HRQ</b> (Health Risk Questionnaire)
Oct. 22 & 23	Irish Health (Benefits Open House and Health Fair).
Oct. 22, 23	St. Joseph's Mobile Mammogram Unit (In-network for Select and CHA networks)
Nov. 8	Last day for open enrollment and <b>Your HRQ</b>
Late Nov. (TBD)	Confirmation statements available online at <a href="https://inside-p.cc.nd.edu/">https://inside-p.cc.nd.edu/</a>
Dec. 6	Last day to submit enrollment corrections. Contact askHR at (574) 631-5900.

## FREQUENTLY ASKED QUESTIONS

**Q: Do I need to enroll?** **A:** Yes. All faculty and staff are required to enroll by Nov. 8, 2013. If you do not, you will be defaulted to your 2013 benefit elections, and you will **not** have a Flexible Spending Account.

**Q: How do I enroll?** **A:** All enrollment is online at <http://openenroll.nd.edu>, anytime day or night through Nov. 8.

**Q: When does coverage begin?** **A:** All elections are effective January 1, 2014.

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

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

<http://openenroll.nd.edu>  
**Oct. 22 - Nov. 8**

## **3** ENROLL

**When? Oct. 22 – Nov. 8, 2013.**

Enrollment closes at 11:59 p.m. on Nov. 8.

**Where?** All enrollment is online. Visit <http://openenroll.nd.edu> anytime through Nov. 8.

**How?** For help with online enrollment:

- Consult the enrollment tutorial booklet online at <http://hr.nd.edu/benefits/OE>
- Some employees may have the opportunity for proctored online enrollment lab sessions. Check with your supervisor.
- Computers are available at various locations throughout campus (net ID and password required). See page 23 for locations.
- For assistance, call **askHR** at (574) 631-5900.

### What's New?

Look for red boxes like this one to identify what has changed since last year. Some changes for 2014 include:

#### Medical

- Logan Center now in-network for both CHA and Select Health Network.
- CT Scans will require prior authorization.
- New Urgent Care Centers for Select Health - See chart on page 7.
- Increased out-of-pocket maximum. See page 11.
- Eliminate specialist not represented in HMO. See page 10.

#### Prescription

- Vitamin D now covered for those 65 and over.
- Meritain Health will be offering contraceptive coverage.
- Medco and ESI merger is fully transitioned.

#### Dental

- Cast restorations and associated procedures now payable on the same tooth every five years.

#### Vision

- EyeMed Access Plan moving to Insight Plan.

#### Life

- Evidence of Insurability is no longer required for dependent child(ren)

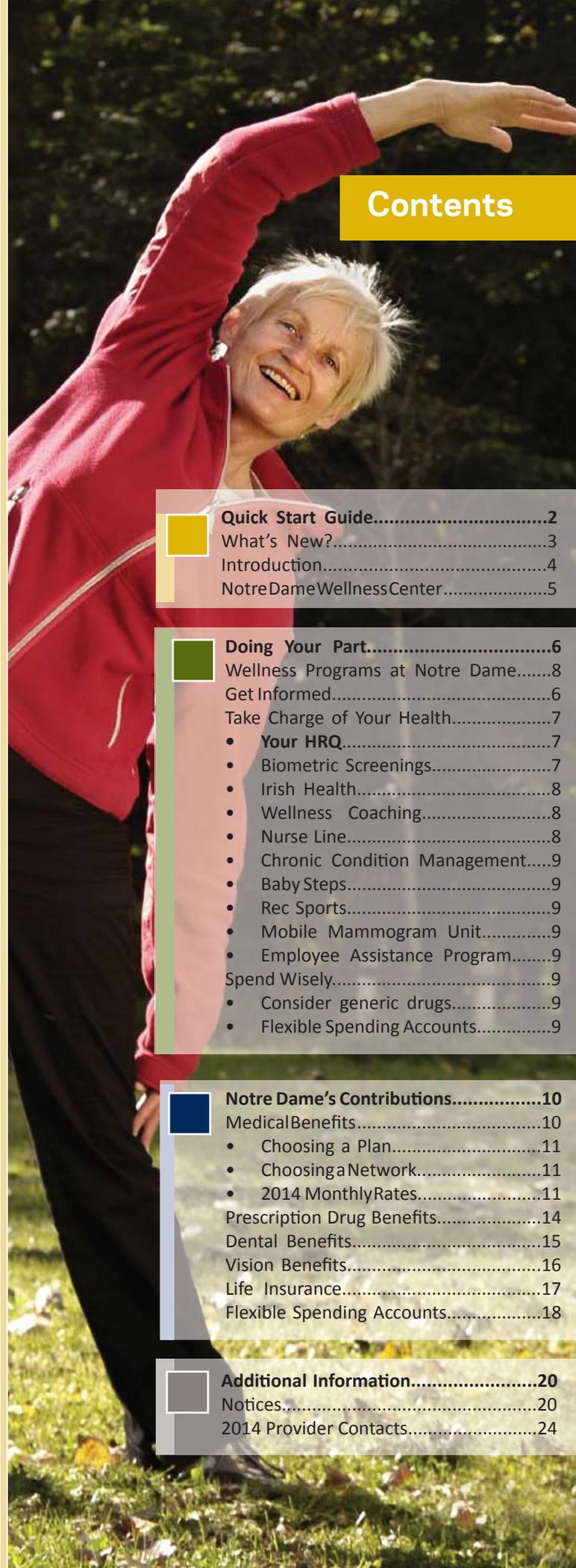
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# INTRODUCTION

As the healthcare landscape continues to shift, we must further evolve our benefits plans for 2014 as part of our ongoing commitment to provide quality, affordable health and wellness plans to our Notre Dame community. While we are fortunate to provide insurance to faculty and staff, the reality is that our costs are growing at a rate that the University cannot sustain. We must all work together to better manage costs and promote a healthier university so that we can continue to offer competitive, quality benefits far into the future.

By each of us taking action and placing more emphasis on wellness some health issues can be prevented from developing into very serious problems and build a more sustainable Notre Dame. To help achieve these goals, we have developed this Open Enrollment Decision Guide to explain the benefits Notre Dame provides and to highlight the programs and services available to you in 2014.

## Notre Dame's Contributions

You'll see two main sections in this booklet. One section explains your benefits – Notre Dame's contributions to your benefits package – and the various choices you may make among them. The programs and options available during the January 1 through December 31, 2014 plan year include:

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

You have many options. Whether selecting next year's coverage or deciding day-to-day when and how to use healthcare services, the choices you make will have a direct impact on healthcare costs – not only the costs you pay, but the costs the University pays to provide these benefits. That's why it's important to everyone that you make informed choices that are cost-effective and appropriate for you and your family.

## Are You Doing Your Part?

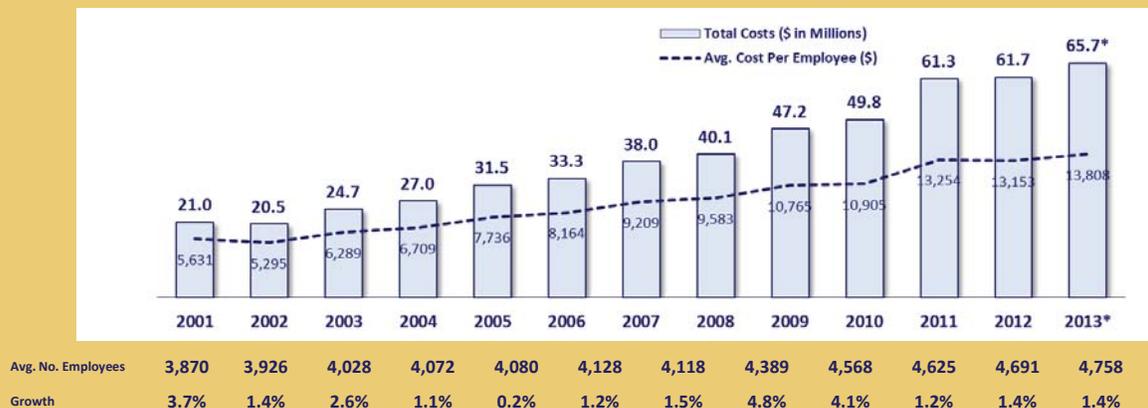
The second section of this booklet goes beyond the medical and prescription benefits that Notre Dame provides and describes additional health and wellness programs to help you take control of your well-being. Have you completed **Your HRQ** (Health Risk Questionnaire) and biometric screening? They provide a snapshot of your current health and may alert you to unknown concerns. Our Wellness Coaching and Chronic Condition Management programs offer professional and confidential counseling to help you identify and tackle health issues head-on. Using these programs to establish healthy lifestyles will contribute to lowering healthcare costs by helping you and your family stay healthy in the first place.

## Choose and Use Benefits Wisely

You make health-related decisions every day, and the decisions you make are unique to your needs and circumstances. Consider your needs and benefit options carefully when making your elections. Consider the plan, network and benefit features you may need and the amount you can reasonably afford to pay out-of-pocket for the coverage.

## University of Notre Dame Medical & Prescription Benefits Costs

The rising cost of healthcare is **everyone's** concern. This chart illustrates how Notre Dame's cost of providing medical and prescription drug benefits has tripled since 2001. The University's continued commitment to providing a comprehensive and competitive benefits package requires everyone's commitment to making conscientious healthcare and lifestyle choices.



Remember that your role as a responsible healthcare consumer continues even after you enroll for your 2014 benefits. Throughout the year, you should actively manage your health by maintaining a healthy lifestyle, choosing in-network providers when appropriate, evaluating your healthcare choices when care is needed, and using available resources wisely.

### Eligibility for Medical and Prescription Benefits

**Staff Eligibility.** You are eligible for Notre Dame benefits and wellness programs if you are a regular, full time member of the exempt or non-exempt staff at the University of Notre Dame.

**Faculty Eligibility.** A full-time regular faculty as defined in the University's Academic Articles will be eligible to enroll for coverage under the University's plans.

**Dependent Eligibility.** Dependents eligible to be covered under your medical benefits:

- Your spouse (per Indiana law), unless legally separated
- Your children up to age 26, regardless of marital status or student status or whether there is access to other coverage through his or her employer
- Your children who become handicapped prior to age 26 and are dependent on you for support.

### Eligibility for Dental and Vision Benefits

**Faculty and Staff Eligibility.** Faculty and Staff who are eligible for Medical and Prescription benefits (see above) are also eligible for Dental and Vision benefits.

### Dependent Eligibility and Documentation

When enrolling members of your family who are eligible for benefits under a University Health Care Plan, you will be required to provide documentation confirming their eligibility. If events such as divorce, death or reaching age 26 have caused any change in eligibility status for your spouse or dependents, please contact *askHR* at (574) 631-5900.

For more information on the required documentation, see <http://hr.nd.edu/benefits/OE>.

**Dependent Eligibility.** Dependents eligible to be covered under your Dental and Vision benefits:

- Your spouse (per Indiana law) unless legally separated
- Your children up to age 19; to age 25 if full-time student (minimum of 12 credit hours)

Dependent Children include:

- Biological children
- Stepchildren
- Legally adopted children
- Recognized children (grandchild, niece, nephew or other child for whom you are the legal guardian).

## Notre Dame Wellness Center

The Notre Dame Wellness Center is a state-of-the-art full-service health care facility built in 2012 to serve full-time, benefits-eligible faculty and staff and their dependents.



*Focus on Primary Care.* We bring the family doctor in-house. Services include:

- Routine Primary Care
- Urgent Care
- Pediatric Care
- Physical Exams and Lab Services
- Specialty Infusion Services
- Vaccinations and Allergy Management
- Physical Therapy and Wellness Coaching

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

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

Benefits-eligible faculty/staff who waive University healthcare coverage may still utilize the Wellness Center, which is credentialed with many third-party insurance plans. Verify with your plan whether the Wellness Center is in your network. Wellness Center co-pays, fees, deductibles, co-insurance, and out-of-pocket costs are dependent on your particular healthcare plan (i.e. whether you have a Notre Dame-sponsored HMO or PPO plan, another healthcare plan, or no coverage.)

For appointments, hours, services, and more, visit <http://wellnesscenter.nd.edu>



NOTRE DAME  
WELLNESS  
CENTER

\$15 copay

# DOING YOUR PART

As we are faced with the many challenges in this new healthcare landscape, we need you to take a more active role in managing the cost of the health plan. Here's how:

- Start by knowing your numbers. By participating in the biometric screening and completing your HRQ, you will receive a report that indicates the areas where you need to focus.
- Engage in available health and wellness programs.
- The current prescription drug generic utilization rate at Notre Dame is 68%. There are significant savings opportunities if we increase this number.
- Don't go to the emergency room when an urgent care or the Notre Dame Wellness Center could provide the appropriate care.
- Effectively manage your chronic condition.
- It is important to be informed. Don't be afraid to ask your provider questions.
- Evaluate the available networks and select the most appropriate plan. It is important to determine if the network of providers meets your needs and whether or not you will need out of network coverage.
- Focus on your health and well-being. Schedule your annual physical and make sure you and your family are getting the preventive care needed.

Now is the time is to take ownership. Reduce your claims that are preventable and make better decisions by being aware of how you utilize your benefits. Let's work together and keep healthcare costs from rising even higher.

1 GET INFORMED	2 TAKE CHARGE OF YOUR HEALTH	3 SPEND WISELY
<ul style="list-style-type: none"> <li>• Review your Open Enrollment Decision Guide</li> <li>• Consult Health Advocate</li> <li>• Contact askHR</li> <li>• Share this information with your spouse (if applicable)</li> <li>• The Office of Human Resources provides open enrollment information sessions. Ask your supervisor to request one for your department.</li> </ul>	<p>Take advantage of:</p> <ul style="list-style-type: none"> <li>• <b>Your HRQ</b></li> <li>• Biometric Screenings</li> <li>• Irish Health</li> <li>• Wellness Coaching</li> <li>• Nurse Line</li> <li>• Chronic Condition Management</li> <li>• Rec Sports</li> <li>• Baby Steps</li> <li>• Mobile Mammogram Unit</li> <li>• Employee Assistance Program</li> </ul>	<ul style="list-style-type: none"> <li>• Use Generic Drugs</li> <li>• Use Flexible Spending Accounts</li> <li>• For most non-life-threatening injuries, urgent care clinics are a worry-free alternative to the emergency room and the copays are considerably less.</li> </ul>

## 1 GET INFORMED

Decisions about your health - and your family's - are some of the most important you'll ever make. Make the right ones by taking time to learn about your options and what they mean.

### Review your Open Enrollment Decision Guide

This Decision Guide outlines your Health Program benefit options and highlights other programs and services that

are available to you. Review the Guide to find out how you can use your benefit plans and programs to achieve better health and to help control health care costs. For additional information about your benefits and University wellness programs, visit [www.hr.nd.edu/benefits](http://www.hr.nd.edu/benefits) and [www.hr.nd.edu/work-life-balance](http://www.hr.nd.edu/work-life-balance).



## Urgent Care Centers

For most non-life-threatening injuries, urgent care clinics are a worry-free and less expensive alternative to the emergency room. Their 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.

**New**

Select Health Network now provides two urgent care centers, Physician's Urgent Care and Doctor's Express.

Eligible	Location	Copay
For all benefit-eligible faculty and staff and their eligible dependents	The Notre Dame Wellness Center	\$15
For all benefit-eligible faculty and staff and their eligible dependents with Select Health Network HMO	<b>Physician's Urgent Care</b> <b>Doctor's Express</b>	\$50
For all benefit-eligible faculty and staff and their eligible dependents with CHA Network HMO	Medpoint	\$50
	Medpoint Express	\$25
For all benefit-eligible faculty and staff and their eligible dependents with PPO	EMERGENCY ROOM HMO	\$150
	PPO	\$400 deductible, then 15% to out-of-pocket maximum of \$1650 for individual

## Ask a Personal 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.

Personal Health Advocates are typically registered nurses, supported by medical directors and benefits and claims specialists. For help from an Advocate, visit [www.healthadvocate.com](http://www.healthadvocate.com) or call 1-866.695.8622. Calls are confidential.

## Contact askHR

For answers to questions about University benefits and wellness programs, ask askHR. Call 574-631-5900, send an email to [askhr@nd.edu](mailto:askhr@nd.edu), or visit the Office of Human Resources at 200 Grace Hall.

# 2

## TAKE CHARGE OF YOUR HEALTH

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

## Your HRQ

Your HRQ (Health Risk Questionnaire) is an online self-assessment that asks basic health-related questions and provides you with a sophisticated report and practical action plan to help you achieve better health. It's confidential, only takes about 20 minutes, and could even earn you cash! For more information, see <http://wellnesscenter.nd.edu>.

## Biometric Screenings

A biometric screening is a general health check that can identify some of the most common health problems. This fifteen-minute screening is performed by a licensed physician or a registered nurse, and checks standard biometrics like blood pressure, height, weight, body mass index (BMI), and screens for problems such as diabetes and cholesterol via a standard blood draw or finger prick.

Screenings are the first step in the two-step self-assessment process. Free screenings are available to all Notre Dame Faculty and Staff at the Notre Dame Wellness Center through

Nov. 8, or from Memorial Health & Lifestyle at various locations on campus through November 4. Results from screenings conducted at the Wellness Center or on campus will be automatically entered into **Your HRQ**. Appointments can be made for the ND Wellness Center at [wellnesscenter.nd.edu](http://wellnesscenter.nd.edu) or by phone at (574) 634-WELL (9355) To schedule an appointment for campus locations, call askHR at 631-5900 to schedule your screening or log in to InsideND, click on My Resources Tab, and select the HR Appointment Scheduler to make your appointment.

Note: HRQs are not complete without a screening. To qualify for the credit or drawing, you must complete both your screening and your online HRQ by the deadline.

### Irish Health - Open House and Health Fair

Irish Health is an annual health and wellness fair for Notre Dame faculty and staff. The two-day fair features exercise classes, wellness workshops, and representatives from over 50 vendors, wellness organizations and benefits providers. You may even receive your biometric screening, complete **Your HRQ**, and make your Open Enrollment elections online with the assistance of a Notre Dame HR Benefits Specialists at the event. This year's Irish Health event is October 22 and 23, 2013. See below for more information.

### 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. The Nurse Line can provide general health information, wellness and prevention education, tips and advice on nutrition, exercise and weight loss, and chronic condition support.

## 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 that are free to eligible faculty and staff and their dependents.

**Chronic Condition Management** helps patients learn how to manage chronic diseases. 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 prescription and over-the-counter medications to ensure that your current therapy is safe and effective. For more information: [http://hr.nd.edu/assets/77453/askpharmacist\\_v3web.pdf](http://hr.nd.edu/assets/77453/askpharmacist_v3web.pdf).

For more information on Wellness Center programs or to make an appointment, visit <http://wellnesscenter.nd.edu> or call (574) 634-WELL (9355). The Wellness Center is open to all full-time, benefits-eligible faculty and staff and their dependents.

## IRISH HEALTH 2013 - Benefits Open House and Health Fair



Tuesday, October 22 Noon - 7:00 p.m.  
Wednesday, October 23 7:00 - 11:00 a.m.  
Rolf's Sports Recreation Center

- Over 50 health and wellness related services and vendors
- Free health screenings from Memorial Health & Lifestyle Center for Your HRQ
- Free classes on cooking, nutrition, and more
- Representatives from benefit program vendors including retirement.
- Open Enrollment computer lab with live assistance from askHR Benefits Specialists
- Prizes, giveaways, and free (healthy!) food.

## Chronic Condition Management

Chronic Condition Management is an approach to healthcare that can help a patient learn how to manage a chronic disease. Wellness Center 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 services are offered by the Wellness Center. If you need extra support in managing a chronic health condition, this program may be right for you.

## Baby Steps

A service of Meritain Health, the Baby Steps Program offers guidance and assistance for expectant mothers.

Participants are assigned their own personal Case Manager – a Registered Nurse who will monitor progress, provide baby wellness education and counsel expectant mothers during their special time. For more information, visit <http://hr.nd.edu/benefits/group-insurance/>.

## Rec Sports

There are plenty of ways to improve your health, but nothing

beats good-old exercise. The University of Notre Dame Rec Sports program offers drop-in recreation, facility use, group exercise classes and other health and fitness programs especially for faculty and staff. For more information, visit <http://recsports.nd.edu/eligibility/for-faculty-staff/>

## Mobile Mammogram Unit

A program of St. Joseph Regional Medical Center, the Mobile Mammogram Unit arrives on-campus several times a year. This preventive offering is available for no cost to women annually beginning at age 40 (baseline at age 35). The Mobile Mammogram Unit is in-network for members of 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 all faculty and staff, and is confidential. For help, visit [www.lifeworks.com](http://www.lifeworks.com) (User name: notredame; Password: gond) or call 1-888-267-8126.

### BONUS:

If you enroll in the Baby Steps program during the first trimester, your inpatient deductible will be waived!

3

## SPEND WISELY

### Consider generic drugs

Generic drugs are identical to brand name drugs in dosage, safety, strength, quality, and intended use. Since generics use the same active ingredients and are shown to work the same way in the body as their brand name counterparts, they generally have the same benefits and risks. When you receive generic drugs instead of preferred brand or non-preferred brand drugs, you will see significant savings in your prescription drug copays.

your payroll taxes are calculated. Because you don't pay taxes on the deducted amounts, your federal and state income taxes may be reduced.

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

### Flexible Spending Accounts

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

### Don't Miss Out!

You must enroll for 2014 if you wish to have an FSA, even if you're already enrolled for 2013.

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

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

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

# NOTRE DAME'S CONTRIBUTIONS

The health and well-being of the Notre Dame community - every member - is a top priority. That's why Notre Dame not only offers a comprehensive and competitive benefits package including Medical, Prescription Drug, Vision, and Dental benefits, it also underwrites significant portions of those programs. The result is a comprehensive and competitive benefits package for each employee at a fraction of the usual cost, allowing each member of the University community greater access to quality care.



## Medical Benefits

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

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

- 1. Plan.** You must choose a plan – HMO or PPO. The plan you select determines how much the plan pays for certain types of services, how much you pay, and whether you may visit providers that are not in your network.
- 2. Network.** You must select a network – Select Health Network, or Community Health Alliance (CHA). The network you select determines what doctors, hospitals, and providers are available to you.
- 3. Eliminate Specialist Not Represented in HMO.** All non-network providers will be considered at the non-network level. Consider your needs and benefit

options carefully when deciding between the HMO and PPO as there will be no non-emergency out-of-network coverage under the HMO.

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

### CAT Scans

New

Beginning January 1, 2014, certain CT Scans will require precertification. To request precertification for a CT Scan, your physician should provide your specific clinical criteria to Meritain. Your information will be reviewed and a determination of medical necessity will be released with notification to both you and the physician. CT Scans ordered in an emergency situation or inpatient setting are not subject to precertification.



## 1. Choosing a Medical Plan

Which plan is right for you, the HMO or the PPO? Generally, the HMO plan limits non-emergency coverage to providers and hospitals in your network. If care is received from non-network providers, members of the HMO will pay the full cost or there is no plan benefit for non-emergency out-of-network care in the HMO. The PPO plan offers more flexibility by allowing you to see out-of-network providers at a reduced coverage rate.

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

## 2. Choosing a Medical Network

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

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



For a full summary comparison of all Notre Dame plans and networks, see <http://hr.nd.edu/benefits/summary-information/>



Or, refer to the printed 2014 Open Enrollment Supplement at <http://hr.nd.edu/benefits/OE>.

### PLEASE NOTE:

Annual cost sharing in the medical plan (i.e. coinsurance, deductibles, and copayments) will be included in the annual out-of-pocket maximum. The out-of-pocket maximum will increase in 2014 as reflected in the chart below.

## MEDICAL PLANS

### MERITAIN PPO PLAN - SELECT OR CHA

Preventive Care	100%, No deductible	
<b>Deductible</b> Rx not included	Individual	Family
In-Network	\$400	\$800
Out-of-Network	\$800	\$1600
<b>Coinsurance (Plan Pays)</b>		
In-Network	85%	
Out-of-Network	65%	
<b>Out-of-Pocket Maximum</b>	Individual	Family
In-Network	<b>New</b> \$1650	\$3300
Out-of-Network	<b>New</b> \$4000	\$6600
PCP - In-Network	100% after \$30 copay per physician office visit	
PCP - Out-of-Network	65% of U&C after deductible	
SPC In-Network	100% after \$35 copay per physician office visit	
SPC Out-of-Network	65% of U&C after deductible	
<b>Lifetime Maximum</b>	Unlimited	
<b>Urgent Care - In-Network</b>	\$50	
<b>Emergency Services</b> In-Network	85% after deductible	
Out-of-Network	65% of U&C after deductible	
<b>Prescription Drugs</b>	Not subject to deductible or out-of-pocket maximum	
Retail (up to 30-days' supply)	\$5/30/45/100 (See p. 14)	
Mail Order (90-days' supply)	\$12/60/90/200 (See p. 14)	

### MERITAIN HMO PLAN - SELECT OR CHA

Preventive Care	100%, No deductible	
<b>Deductible</b> Rx not included	Individual	Family
In-Network	\$350	\$700
<b>Coinsurance (Plan Pays)</b>		
For Inpatient Hospital Services Only In-Network	85%	
<b>Out-of-Pocket Maximum</b>	Individual	Family
In-Network	<b>New</b> \$1600	\$3200
PCP - In-Network	100% after \$30 copay per physician office visit	
SPC - In-Network	100% after \$35 copay per physician office visit	
<b>Lifetime Maximum</b>	Unlimited	
<b>Emergency Services</b>	\$150	
<b>Urgent Care - CHA - Medpoint</b>	\$50	
Other CHA Urgent Care Providers for urgent care @ Medpoint Express	\$25	
<b>Urgent Care - Select</b>	\$50	
<b>Outpatient Surgery</b>	\$150	
<b>Prescription Drugs</b>	Not subject to deductible or out-of-pocket maximum	
Retail (up to 30-days' supply)	\$5/30/45/100 (See p. 14)	
Mail Order (90-days' supply)	\$12/60/90/200 (See p. 14)	

## 2014 MONTHLY RATES

### Medical Plans, Full-Time

Medical Plan	Without Completion of HRQ*	With Completion of HRQ*	With Employee and Spouse HRQ*
Meritain PPO			
Individual	\$83	\$73	\$73
Individual + 1	\$216	\$206	\$201
Family	\$293	\$283	\$278
Meritain Select HMO			
Individual	\$68	\$58	\$58
Individual +1	\$195	\$185	\$180
Family	\$243	\$233	\$228
Meritain CHA HMO			
Individual	\$92	\$82	\$82
Individual + 1	\$244	\$234	\$229
Family	\$326	\$316	\$311

**NOTE:** Rates include medical and prescription coverage. See page 14 for Prescription Benefits information.

\*HRQ = Your HRQ (Health Risk Questionnaire)

### Dental

Dental Plan	Individual	Individual + 1	Family
*Delta Premier (PPO)- 2014	\$16.02	\$30.26	\$52.60
*Delta PPO - 2015	\$20.68	\$37.00	\$66.32
*Delta Premier (PPO) - 2014	\$16.02	\$30.26	\$52.60
*Delta PPO - 2015	\$20.68	\$37.00	\$66.32

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

### Vision

Vision Plan	Individual	Individual + 1	Family
Eye Med	\$8.56	\$16.16	\$23.68



## 2014 MONTHLY RATES

### Life Insurance

#### SUPPLEMENTAL LIFE INSURANCE RATES

Your Age	Monthly Rate per \$1,000 of Coverage	Your Age	Monthly Rate per \$1,000 of Coverage
<25	\$.039	45-49	\$.117
25-29	\$.043	50-54	\$.168
30-34	\$.058	55-59	\$.310
35-39	\$.064	60-64	\$.476
40-44	\$.072	65-69	\$1.054
		70+	\$1.487

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

	Example		My Information
Full Time	Yes		
Age	32		
Annual Salary	\$40,000		
Additional coverage (if applicable, round up to the nearest thousand)	2	x	
	\$80,000	=	
Divide by 1,000	1000	/	
	80	=	
Rate per age (above)	\$.058	x	
	\$4.64	=	

The example employee will pay \$4.64 per month for \$80,000 of Supplemental Life Insurance Coverage.

DEPENDENT LIFE INSURANCE	Rate
Spouse \$12,500	\$5.64
Spouse \$25,000	\$11.30
Child(ren) \$5,000	\$0.76
Child(ren) \$10,000	\$1.52

#### NEW

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

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

Supplemental Life evidence of insurability may be required for first-time elections, for increases of more than 1x salary or \$100,000, or if you have previously cancelled or been declined supplemental coverage. For evidence of insurability documentation, see

[http://hr.nd.edu/assets/17306/eoi\\_minnesota\\_life\\_2009.pdf](http://hr.nd.edu/assets/17306/eoi_minnesota_life_2009.pdf).

# Prescription Benefit

## Express Scripts, Inc. (ESI)

Participants in any University medical plan are automatically enrolled in the prescription drug plan administered by Express Scripts, Inc. (ESI). The plan provides discounts on prescriptions ordered from retail or mail-order pharmacies.

**Retail Pharmacies.** You may fill any short-term (30 days or less) prescription at any in-network pharmacy for the following co-payment amounts:

- \$5 for generic drugs
- \$30 for preferred brand-name drugs
- \$45 for non-preferred brand-name drugs
- \$100 for specialty drugs.

If you fill a prescription at an out-of-network pharmacy, you must pay for the drug in full and then file a claim for reimbursement. ESI will reimburse the cost minus the applicable co-payment.

**Mail Order.** Maintenance, or long-term (over 30 days) prescriptions must be filled by mail. Up to a 90-day supply will be delivered to your home for the following co-payment amounts:

- \$12 for generic drugs
- \$60 for preferred brand-name drugs
- \$90 for non-preferred brand-name drugs
- \$200 for specialty drugs

In addition to cost savings, ESI offers plan members additional services like online ordering and status tracking, and prescription history.

## Generic, Brand-Name, Preferred, and Specialty Drugs

**Brand-Name** drugs are advertised and sold under a product name chosen by the manufacturer, and are generally more expensive than generic drugs. **Generic** drugs are identical to brand name drugs but are sold under their generic chemical name, usually after the brand's patent protection has expired. They must contain the same active chemical ingredients and be equivalent in strength and dosage to the brand-name product.

## Medco has fully transitioned to Express Scripts, Inc. (ESI)

Medco, the manager of Notre Dame's prescription benefits program, has merged with Express Scripts, Inc. (ESI). The company began using the Express Scripts name and logo earlier this fall on its website and other communications.

Only the name has changed. How members order prescriptions or contact the Express Scripts Pharmacy remains the same. Members may continue to fill prescriptions with their current ID card, use their current refill order forms and toll-free member services telephone number on their ID card. The website is now <http://express-scripts.com>.

Generic drugs are regulated by the Federal Food and Drug Administration to ensure their quality, strength, and purity.

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

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

## Accredo Specialty Drug Pharmacy

Whether administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. Hundreds of new specialty drugs have recently received – or currently await – FDA approval

### Reminder:

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



**New** **Contraceptive Coverage** - Our third party administrator, Meritain Health, will be offering coverage for these services. Meritain will be providing information about their coverage directly to eligible members.

**New** **Vitamin D Coverage**  
Effective January 1, 2014 coverage for Vitamin D is available for those 65 and over. When obtained in network, there will not be a member cost share.

for release, making specialty drugs one of the fastest-growing segments of the pharmaceutical industry.

They also represent one of the University's fastest-growing costs. Accredo, ESI's mail-order specialty drug pharmacy, is committed to managing these costs for patients with complex conditions requiring specialty medications. Accredo helps the University and prescription plan members by ensuring consistency in the benefits program and in the application of

clinical protocols.

If you or a family member are prescribed a specialty medication, Accredo may be reaching out to you and your physician. Accredo 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. <http://www.accredo.com>.

## Dental Benefits

### Delta Dental

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

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

You may also waive dental coverage. If you waive dental coverage, you will not be able to elect dental coverage until

the next Open Enrollment period unless you have a "qualifying life event" such as birth or marriage. If you enroll in a Delta Dental Plan, you must remain enrolled for two years before waiving coverage.

For rates, see page 12. For the directory of Delta participating dentists and a complete list of covered services, visit <http://www.deltadentalin.com> or call Delta Dental at 1-800-524-0149. Visit Delta Dental's "Consumer Toolkit" website to verify eligibility, review claims and reimbursements, and check remaining benefits: <http://www.toolkitonline.com>.

**New** Cast restorations (including jackets, crowns or onlays) and associated procedures on the same tooth are currently payable once in any seven year period. Effective January 1, 2014, they will be payable once in any five year period.

### DENTAL COMPARISON CHART

Plan Coverage	Delta Dental Premier		Delta Dental PPO	
	Participating Dentist Plan Pays	*Non-Participating Dentist Plan Pays	Participating Dentist Plan Pays	*Non-Participating Dentist Plan Pays
<b>Network</b>	Delta Premier	Other Dentists	Delta PPO	Delta Premier and Other Dentists
<b>Deductibles</b>	\$50/\$150		\$50/\$150	
<b>Diagnostic and Preventive Service</b>	100%	100% of Usual and Customary	100%	100% of Usual and Customary
<b>Basic Services</b>	50% (after deductible)	50% of Usual and Customary (after deductible)	80% (after deductible)	50% of Usual and Customary (after deductible)
<b>Major Services</b>	50% (after deductible)	50% of Usual and Customary (after deductible)	50% (after deductible)	50% of Usual and Customary (after deductible)
<b>Annual Benefit</b>	\$1,000 per person per year		\$1,500 per person per year	
<b>Orthodontic Services</b>	50% Maximum Lifetime benefit of \$1,000		50% Maximum Lifetime benefit of \$1,000	
<b>Children Eligibility (Due to Age)</b>	Unmarried children are eligible up to the age of 19. If they are a full-time student they may be covered up to the age of 25. If a child loses eligibility, their coverage will terminate the end of the calendar month in which they lose eligibility.			

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

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

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.



# Vision Benefit

You may elect to participate in the University's vision benefit program, administered by EyeMed. The program offers significant savings on eye exams, corrective lenses, and laser vision correction. Members may receive program pricing from participating providers including independent optometrists and opticians, as well as LensCrafters, Pearle Vision, Target, Sears, and J.C. Penney Optical locations nationwide.

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

maximums. Dependents are eligible up to age 19 and up to age 25 if they are full-time students. For rates, see page 12.

## Access Plan to Insight Plan

**New**

Effective January 1, 2014, the University will be moving from the current EyeMed Access Plan to the Insight Plan. The plan will provide more comprehensive coverage for progressive lenses. The chart below indicates the change in member cost share. PLEASE NOTE: Some providers participating in the current Access Plan do not participate in the Insight Plan. Go to [eyemedvisioncare.com](http://eyemedvisioncare.com) for a listing of in-network providers.

Progressive Lens	Access Plan Benefit – 2013	Insight Plan Benefit – 2014
Standard Progressive	\$75 copay	\$75 copay
Premium Progressive – Tier 1	\$75 copay, 80% of charge less \$120 allowance	\$95
Premium Progressive – Tier 2	\$75 copay, 80% of charge less \$120 allowance	\$105
Premium Progressive – Tier 3	\$75 copay, 80% of charge less \$120 allowance	\$120
Premium Progressive – Tier 4	\$75 copay, 80% of charge less \$120 allowance	\$75 copay, 80% of charge less \$120 allowance
Standard Anti-Reflective Coating	\$45	\$45
Premium Anti-Reflective Coatings – Tier 1	80% of charge	\$57
Premium Anti-Reflective Coatings – Tier 2	80% of charge	\$68
Premium Anti-Reflective Coatings – Tier 3	80% of charge	80% of charge

Vision Care Service	Member Cost	Out-of-Network Allowance
Exam with Dilation as Necessary: (Glasses) Once a calendar year	No Copay	Up to \$35
Standard Plastic Lenses: Every 12 months Single Vision Bifocal Trifocal Lenticular	\$10 Copay \$10 Copay \$10 Copay \$10 Copay	Up to \$25 Up to \$40 Up to \$55 Up to \$55
Frames: Any frame available at provider location Every 24 months	No Copay, \$130 allowance for any frame plus 20% off balance over \$130	Up to \$65
Lens Options: Every 12 months UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive – (Add-on to Bifocal) Standard Anti-Reflective Other Add-ons and Services	\$15 \$15 \$15 \$40 \$65 \$45 20% Discount	N/A N/A N/A N/A N/A N/A N/A
Contact Lenses: Every 12 months Exam and Fit Conventional Disposables Medically Necessary	Exam - No Copay Fit - Up to \$55 No Copay, plus 15% discount off balance over \$130 No Copay, plus balance over \$130 No Copay, plus balance over \$250	Up to \$104 Up to \$104 Up to \$104 Up to \$200

### DISCOUNTS ON ADDITIONAL PURCHASES

Beyond plan coverages, Members also receive a 20% discount on remaining balances at Participating Providers. The discount may not be combined with other discounts or promotional offers, and does not apply to professional services or disposable contact lenses. Members also enjoy up to 40% off additional complete eyeglass purchases once the funded benefit has been used, and 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.

# Life Insurance

## Basic Life Insurance

Life insurance provides a benefit to your survivors in the event of your death. The University of Notre Dame Group Life Insurance program, administered by Minnesota Life, provides basic life insurance coverage of \$25,000 to all regular full-time faculty and staff. The University pays the entire cost of this coverage for eligible employees.

## Supplemental Life Insurance

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

Evidence of insurability may be required if:

- You elect to increase your supplemental coverage more than 1X your salary or \$100,000,
- You are electing supplemental coverage for the first time, or
- You have previously cancelled supplemental coverage.
- You have been previously declined.

### Example:

An employee who earns \$30,000 annually may purchase supplemental coverage in the amount of \$30,000 (1x salary), \$60,000 (2x salary), or any multiple up to \$300,000 (10x salary). See page 13 to calculate your rates.

See page 5 regarding evidence of insurability. If evidence of insurability is necessary, approval is required before a change in coverage will occur. You will receive information on the coverage decision directly from Minnesota Life.

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

## Special Rules for Reduction in Coverage:

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

Age of Employee	Amount of Insurance as a Percentage of Amount Prior to Attaining Age 65*
65-69	65%
70-74	50%
75 and over	25%

## Dependent Life Insurance

You may elect dependent life coverage for your spouse and dependent children\*. Evidence of insurability will be required for your spouse if you are requesting coverage for the first time,

if you are increasing the amount of coverage, or if you have previously cancelled or been declined dependent coverage.

No Evidence of Insurability (EOI) is required for dependent child(ren) unless they have been previously declined coverage by Minnesota Life.

New

Option	Amount
Spouse	\$12,500 \$25,000
Child(ren)	For each child covered \$5,000 \$10,000

\*Children are eligible until age 19 or until age 25 if an unmarried, full-time student who is still considered a dependent. A spouse who is also employed at the University and is eligible for Basic and Supplemental Life Insurance is not eligible for coverage under Dependent Life (Spouse). If both husband and wife are employed by the University and are eligible for insurance, either one, not both, may insure their child(ren).

## Additional Travel and Legacy Planning Services

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

- International Travel Assistance: Global Rescue at 1-855-516-5433 or visit [www.globalrescue.com/portal/mnlife](http://www.globalrescue.com/portal/mnlife)
- Legacy Planning Services: <https://www.securian.com/legacy/ssl/lp/index.do>

# Flexible Spending Accounts

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.

**New** Beginning January 1, 2014, you no longer have to submit a claim form for reimbursement from your Flexible Spending Account (FSA) for prescription drugs. When you have a prescription filled, the pharmacy benefit manager will send any member responsibility (copays, coinsurances or deductibles) to Meritain Health. These amounts will automatically be deducted from our FSA as long as there are available funds. You can track your FSA balance online at [www.mymeritain.com](http://www.mymeritain.com). If you have any questions, contact Meritain Health Customer Services at 1-800-748-0003 Option 3. PLEASE NOTE: If you opted out of automatic reimbursement, prescription claims must be submitted manually. If you elected auto rollover, Meritain will process manual submission requests for one month.

## What is a Flexible Spending Account (FSA)?

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

**Don't Miss Out!**  
You must enroll for 2014 if you wish to have an FSA, even if you're already enrolled for 2013.

## I'm Already Enrolled for 2013. Do I need to Re-Enroll?

Yes, if you wish to have an FSA in 2014. There is no automatic re-enrollment for FSA accounts. Participants must enroll every year.

## How Much Can I Contribute?

Up to \$2,500 annually for a health care account, and up to \$5,000 annually for a dependent care account. See the chart below.

## How Much Should I Contribute?

Your circumstances are unique, but you should generally estimate and contribute any amount that you expect to spend in 2014 on eligible out-of-pocket health care expenses, taking care not to over-contribute and risk forfeiture of unspent contributions (see "What if I Have Money Left Over," page 19).

## What Expenses are Eligible?

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

	Health Care FSA	Dependent Care FSA
Annual Minimum	\$120 per calendar year	\$120 per calendar year
Annual Maximum	\$2,500 per calendar year	\$5,000 per calendar year (per family)

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	



### What Expenses are NOT Eligible?

Examples of ineligible expenses include expenses for cosmetic surgery, infertility, abortion or contraceptives, or health club memberships. Dependent expenses such as kindergarten or overnight camps are also examples of ineligible expenses. For more information on dependent expenses, see IRS Publication 503 at [www.irs.gov](http://www.irs.gov).

### Can I Pay for Dependent Care Expenses with my Health Care FSA?

No. Health Care and Dependent Care Accounts are separate accounts and by law may only be used for each account's eligible expenses.

### How Am I Reimbursed for Expenses?

If you participate in the FSA and have medical coverage through the University, Meritain will automatically process your eligible co-payment and/or co-insurance expenses and reimburse you from your FSA account. Afterward, you will receive an explanation of benefits from Meritain noting any amounts paid from your FSA account.

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

### Orthodontia Reimbursement

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

### Over-the-Counter Prescription Requirement

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

### What If I Have Money Left Over at the End of the Year?

Funds not used by the applicable deadlines are forfeited. If you have money remaining in your Health Care or Dependent Care

FSA Account after December 31, 2013, eligible claims will still be reimbursed from your 2013 accounts as long as they are for service received prior to March 15, 2014 and are submitted by March 31, 2014.

### Dependent Care Reimbursement for Terminated Employees

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

### Election Changes with Qualifying Life Event

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

### Important Tax Considerations

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

### Claim Forms and Additional Information

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



# ADDITIONAL INFORMATION

## Notices

### **SPECIAL ENROLLMENT NOTICE**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

### **Women's Health & Cancer Rights Act Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1988. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance; prostheses
- Treatment of physical complications of the mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

### **ND FLEX PLAN NOTICE OF PRIVACY PRACTICES**

Original Effective Date April 14, 2003

Last Revised Effective September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice as well as specific policies, please contact the ND Flex Plan HIPAA Privacy Official, at (574) 631-5900 for further information.

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

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

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

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



ND Flex Plan HIPAA Privacy Official  
100 Grace Hall  
Notre Dame, IN 46556

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

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

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

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

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

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

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

#### CHANGES TO THIS NOTICE

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

#### COMPLAINTS

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

ND Flex Plan HIPAA Privacy Official  
100 Grace Hall  
Notre Dame, IN 46556

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

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

If you leave the University to perform military service, you will be protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). You will have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in the University's health plan upon re-employment with the University, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For more information on your rights under USERRA, visit <http://www.dol.gov/vets/programs/userra/poster.htm>.



### **Change in Medicaid/CHIP Eligibility**

If you or your eligible dependent loses Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible, or if you become eligible for state premium assistance under Medicaid or CHIP, you may enroll for the University of Notre Dame medical coverage as long as you make your request within 60 days of the event.

If you are eligible for health coverage from the University of Notre Dame, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you (or your dependent) are already enrolled in Medicaid or CHIP you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you (or your dependent) are not currently enrolled in Medicaid or CHIP and you think you may be eligible, you may find out how to apply by contacting your state Medicaid or CHIP office, by calling 1-877-KIDS NOW, or going online at [www.insurekidsnow.gov](http://www.insurekidsnow.gov).

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

### **Maternity and Newborn Infant Coverage**

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

### **Notice to Medical Plan Participants**

The organization that sponsors your group health plan has certified that it qualifies for a temporary enforcement safe harbor with respect to the Federal requirement to cover contraceptive services without cost sharing. During this one-year period, coverage under your group health plan will not include coverage of contraceptive services.

## **On-campus Computer Locations**

Employees may access computers for online enrollment at the following locations:

#### **Campus Clusters:**

- Architecture (Bond Hall) Room G022
- DeBartolo Hall Kiosks, 1st Floor Hallway
- Coleman Morse Room 107
- Hesburgh Library, Main Floor
- DeBartolo Hall, Room 133
- LaFortune Student Center Room 16
- Jordan Science Hall, 3rd Floor Landing (South)

Office of Human Resources  
200 Grace Hall

Some non-exempt employees who do not have regular access to computers on the job may also receive an online enrollment lab session proctored by an HR representative in late October. Check with your supervisor for more information.

## 2014 PROVIDER CONTACTS

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

