



2022

BENEFITS ENROLLMENT GUIDE

This publication contains important information about your employee benefit program. Please read thoroughly.

Table of Contents

Your 2022 Benefits Guide	2
Health.....	4
2022 Medical Benefits	5
Prescription Benefits	6
LiveHealth Online.....	7
Flexible Spending Account (FSA)	8
Health Savings Account (HSA)	10
Dental	12
Vision	13
Group Life Insurance.....	14
Supplemental Life Insurance	15
Voluntary Short Term Disability.....	16
Long Term Disability	17
Voluntary Hospital Indemnity.....	18
Voluntary Accident Coverage.....	19
Voluntary Critical Illness Coverage.....	20
Retirement Plans.....	22
Tuition Fee Waiver	23
Employee Assistance Programs (EAP).....	24
Travel Assist/Life Services Toolkit	25
Contact Information	26

Your 2022 Benefits Guide

At the University of Southern Indiana, we value our faculty, support staff and administrators, and recognize them as our greatest asset. USI provides a competitive benefits package for eligible employees, including medical, dental, vision, and life and disability insurance. This benefits guide summarizes our program to help you understand your benefits.

New Hire Enrollment

Welcome to our team! As a new employee, you may be eligible for coverage. You must enroll in benefits within 30 days of your date of hire.

Benefits Eligibility

Eligible Employees

You may enroll in the benefits program if you are a regular employee working at least a 75% academic or fiscal year schedule.

Eligible Dependents

Eligible dependents include your legal spouse and your children up to age 26 for medical, dental, vision and life plans (natural, stepchildren, foster children, adopted children or any child for which you have legal custody). Children may be covered on the medical, dental, vision and life plans until the end of the month in which they turn age 26. For life insurance, children must be unmarried.

Social Security Number Required

You must provide a valid Social Security number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled for medical coverage.

Benefits Offered

My Health

Medical | **Anthem BlueCross BlueShield**

Prescription | **CVS/Caremark**

Dental | **Paramount Dental**

Vision | **Anthem Blue View**

Health Savings Accounts | **HSA Authority**

Flexible Spending Accounts | **Nyhart**

Virtual Visits | **LiveHealth Online**

My Life

Basic Life and AD&D | **The Standard**

Voluntary Life and AD&D | **The Standard**

Short- and Long-Term Disability | **The Standard**

Accident | **Aflac**

Critical Illness | **Aflac**

Hospital Indemnity | **Aflac**

Employee Assistance Program | **The Standard**

Retirement Plans | **TIAA and INPRS**

Your Benefit Period

January 1, 2022 – December 31, 2022

Enrollment Instructions

- Review the information in this guide and benefit plan summaries.
- You must complete your online enrollment, by logging into benefitfocus through myUSI, even if you are waiving coverage.
- You will not be allowed to make changes outside of your initial enrollment or open enrollment period, unless you experience a qualifying event.
- **Important: you must notify HR and change elections within 30 days of a qualifying event.**

To obtain benefits you must satisfy the following:

- You must be a full-time employee working 30 hours or more per week
- If eligible, you may enroll your spouse and dependent children on the offered benefit plans
- Dependent children are eligible if less than 26 years of age

Eligible Dependents

- Legally Married Spouse
- Children until they turn 26 regardless of student, marital or employment status. This includes natural children, stepchildren, adopted children (or those placed for adoption) and children for whom you are legal guardian.
- The term “child” refers to any of the following:
 - A natural (biological) child;
 - A stepchild;
 - A legally adopted child;
 - A foster child;
 - A child for whom legal guardianship has been awarded to the participant or the participant’s spouse; or
 - Disabled dependents may be eligible if requirements set by the plan are met.

Line of Coverage	When Coverage Ends
Medical, Vision, Dental	The last day of the month the child turns age 26
Child Life Insurance	The last day of the month the child turns age 26

Open Enrollment

During open enrollment, you may enroll in or make changes to your benefit programs. Open enrollment is the only time that you may add or change benefits during the year unless you have a qualifying life event. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year.

Qualifying Changes

If you have a Qualifying Life Event and want to request a mid-year change, you must notify Human Resources and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event. Common life events include; marriage, divorce, new dependent, loss/gain of available coverage by you or any of your dependents.

PPO CORE PLAN | In-network and Out-of-network Benefits Available

The PPO option offers the freedom to see any provider when you need care. When you use providers from within the PPO network, you receive benefits at the discounted network cost. Most expenses, such as office visits, emergency room and prescription drugs are covered by a copay. Other expenses are subject to a deductible and coinsurance.

PPO HSA | In-network and Out-of-network Benefits Available

The HDHP is similar to the PPO Plan in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all healthcare expenses, including those for prescription drugs.

All expenses are your responsibility until the deductible is reached, with the exception of preventive care, which is covered at 100% when you visit a physician in the network. Once the deductible is met, you are responsible for coinsurance for medical expenses and a copay for prescription drug expenses.

Enrolling in this plan allows you to contribute tax free dollars to a health savings account (HSA). Any dollars that you (and your employer) wish to contribute can be used towards any eligible medical, Rx, dental and vision expenses that you may incur while covered under the plan. See HSA section of this guide for additional details.

How do I find an In-network Provider?

In-network providers can be found on your provider's website (anthem.com) and click individual and family and then select Find A Doctor. Enter your username/password or continue as a guest. If you continue as a guest, enter in the required fields and continue.

Did You Know?

- **Preventive Services** are covered at **100% in-network** and copays and deductibles do not apply.
- You **pay less** out of pocket if you receive care from an **in-network provider**.

Important:

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to Human Resources within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA continuation details can be found at:

USI.edu/hr/benefits/annual-notices/



Medical

The University of Southern Indiana offers a robust medical insurance program to our employees. We partner with **Anthem BlueCross BlueShield** to offer this coverage. You have the option of choosing one of two medical plans. The plans are administered by Anthem BlueCross of Indiana with a Preferred Provider Organization (PPO) network of doctors and medical facilities. The wide range of in-network providers offers you access to quality care with the least amount of out-of-pocket expenses to you when you receive services from in-network providers.

Employee Contributions

	Bi-Weekly	Monthly
Salary below \$41,000		
Core Plan		
Employee Only	\$58.85	\$117.70
Employee and Spouse	\$129.63	\$259.26
Employee and Child(ren)	\$97.65	\$195.30
Employee and Family	\$161.46	\$322.92
HSA Plan		
Employee Only	\$28.31	\$56.62
Employee and Spouse	\$62.37	\$124.74
Employee and Child(ren)	\$46.99	\$93.98
Employee and Family	\$77.69	\$155.38
Salary \$41,000 and Above		
Core Plan		
Employee Only	\$69.24	\$138.48
Employee and Spouse	\$152.51	\$305.02
Employee and Child(ren)	\$114.87	\$229.74
Employee and Family	\$189.96	\$379.92
HSA Plan		
Employee Only	\$37.66	\$75.32
Employee and Spouse	\$82.98	\$165.96
Employee and Child(ren)	\$62.50	\$125.00
Employee and Family	\$103.34	\$206.68

Anthem's Member Site

The Anthem BlueCross BlueShield member site, **anthem.com** offers many valuable services including the following:

- In-network provider searches
- Access to temporary ID cards and means to order another ID card
- Information regarding paid and pending claims

2022 Medical Benefits

This plan summary is intended to be a brief outline of your in-network coverage. The entire provisions and out-of-network benefits are contained in the group contract. Coinsurance percent reflects the employee share.

	Core Plan	HSA Plan
Annual Deductible		
	Embedded	Embedded
Single	\$750	\$2,800
Family	\$1,500	\$5,600
Out-of-Pocket Limit (Includes Deductible)		
Single	\$4,500	\$5,000
Family	\$9,000	\$10,000
Lifetime Maximum	Unlimited	
Hospital		
Inpatient	20% after Deductible	20% after deductible
Outpatient	20% after Deductible	20% after deductible
Emergency Room	\$250 copay	20% after deductible
Physician Visits and Ancillary Services		
Preventive Care	0%	0%
Live Health Online	\$15 copay	20% after deductible
Primary Care (family or general practitioner, internal medicine, pediatrician, OB/GYN)	\$30 copay	20% after deductible
Specialist Visits	\$30 copay	20% after deductible
Chiropractic Care	\$30 copay	20% after deductible
Urgent Care	\$75 copay	20% after deductible
Lab Services	20% after deductible	20% after deductible
X-Ray/Radiology	20% after deductible	20% after deductible

Prescription Benefits

Where can I learn more about my medicines?

Typically, a full listing of covered drugs is found on your provider's website at **Caremark.com**. A drug list, also called a formulary, is a list of generic and brand-name drugs covered by a health plan. Although a drug may be on the drug list, it might not be covered under every plan. Review the plan materials for details on specific benefits.

You can use drug lists to see if a medication is covered by your health insurance plan. You can also find out if the medication is available as a generic, needs prior authorization, has quantity limits and more.

Prescription Drugs	Core Plan	HSA Plan
Retail (30-day supply)		
Tier 1	\$10	20% after deductible
Tier 2	\$40	20% after deductible
Tier 3	\$60	20% after deductible
Tier 4—Specialty	\$150	20% after deductible
Mail Order (90-day supply)		
Tier 1	\$20	20% after deductible
Tier 2	\$80	20% after deductible
Tier 3	\$120	20% after deductible

When you fill your prescriptions at an out-of-network pharmacy, you are responsible for payment of the entire amount charged. You will pay 50% coinsurance if you file a claim.

Helpful Rx Cost Savings Tools and Tips:

Mail Order - Many drugs are available in a 90-day supply, rather than the 30-day retail supply. Typically, you will pay less if you choose to get a mail order 90-day supply.

Good Rx - There are many tools online that you can use in order to save on prescription costs. One being GoodRx.com, an online Rx database that allows you to find what pharmacy is the cheapest for your specific prescription. Additionally, you may be able to find a coupon that will greatly reduce your cost. It is important to remember that many of the coupons can only be used outside of your plan (will not count towards your maximums).

Ask Your Doctor - Make sure to ask if there are cost savings alternatives to the prescription they are providing. Many times there are generic or different manufacturers that will save you money at the pharmacy.



See a doctor when you need a doctor

A virtual visit lets you see and talk to a doctor from your mobile device or computer. When you use one of the provider groups in our virtual visit network, you have benefit coverage for certain non-emergency medical conditions. Costs must be paid by you at the time of the virtual visit and will apply toward your deductible and out-of-pocket maximum.

For questions regarding online healthcare, contact:
1-888-548-3432 or
livehealthonline.com

Download the Mobile App

Get the information you need on the go by downloading **LiveHealth Online App** from the App Store for AppleSM products or on the Google PlayTM Store for Android products.



When can I use a virtual visit?

When you have a non-emergency condition and:

- your doctor is not available;
- you become ill while traveling;
- when you are considering visiting a hospital emergency room for a non-emergency health condition.

**Your covered children may also use Virtual Visits when a parent or legal guardian is present for the visit.*

Examples of Non-Emergency Conditions:

- | | |
|---------------------|----------------|
| ✓ Bladder infection | ✓ Rash |
| ✓ Bronchitis | ✓ Seasonal flu |
| ✓ Diarrhea | ✓ Sinus |
| ✓ Fever | ✓ Sore throat |
| ✓ Pink eye | ✓ Stomach |

How does it work?

The first time you use LiveHealth Online you will need to set up an account by registering at **livehealthonline.com** or using the free mobile app. You will need to complete the patient registration process to gather medical history, pharmacy preference, primary care physician contact information and insurance information.

Each time you have a virtual visit, you will be asked some brief medical questions, including questions about your current medical concern. If appropriate, you will then be connected using secure live audio and video technology to a doctor licensed to deliver care in the state you are in at the time of your visit. You and the doctor will discuss your medical issue, and, if appropriate, the doctor may write a prescription* for you.

LiveHealth Online doctors use e-prescribing to submit prescriptions to the pharmacy of your choice. Costs for the virtual visit and prescription drugs are based on, and payable under, your medical and pharmacy benefit.

**Prescription services may not be available in all states.*

How do I get access?

Learn more about LiveHealth Online and access direct links to provider sites by logging into **livehealthonline.com**.

Flexible Spending Account

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket healthcare and dependent care expenses for yourself, your spouse and your dependent children. In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during the entire year (**January 1 through December 31**). The only time you can change your election is during the enrollment period or if you experience a change-in-status event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

Healthcare and FSA

Maximum Annual Contribution | \$2,750

All eligible healthcare expenses – such as deductibles, medical and prescription copays, dental expenses and vision expenses – can be reimbursed from your general-purpose FSA account.

With the Healthcare FSA you can spend up to the full amount of your annual election as soon as your account has been set up.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars so that you and your spouse can work or attend school full time.

Unlike the Healthcare FSA, funds in a Dependent Care FSA are only available once they have been deposited into your account and you cannot use the funds ahead of time.

- You may set aside up to **\$5,000** annually in pre-tax dollars, or **\$2,500** if you are married and file taxes separately from your spouse.
- If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.

Important FSA Rules

“Use It” Or “Lose It”

You need to plan carefully before you participate in an FSA, because you forfeit any unused funds at the end of the year, as legally required under the “use it or lose it” rule. You may only change your FSA election during the year if you have a qualified life event that permits the change.

Both the Healthcare and Dependent Care FSA have a 75 day “grace period” at the end of the plan year to file your claims.

Retaining Receipts

For expenses you paid using a Health FSA, you’ll want to keep receipts to show that the funds were spent on qualified expenses.



Flexible Spending Account

Eligible Health FSA Expenses

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Chiropractors
- Co-insurance, co-pay and deductibles
- Cost of operations and related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eye glasses, contacts
- Hearing devices and batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy and lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers and wheelchairs
- X-rays and more

**A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.*

Paying for eligible services and expenses

Visit the FSA Store at FSAsore.com, where you can purchase FSA-eligible products without a prescription online.

Although you do not need to file for reimbursement when using your FSA debit card, you may be required to submit documentation, so be sure to save your receipts.

If you use a personal form of payment to pay for eligible expenses out-of-pocket, you can submit an FSA claim form along with your original receipts for reimbursement.

Over-the-Counter (OTC) Medication Reminder

Effective for purchases on or after January 1, 2022, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies and allergy medicines are now reimbursable from an FSA, Section 213 HRA, or HSA without a prescription.

In addition to eliminating the prescription requirement on OTC drugs and medicine, the new CARES Act has added hundreds of menstrual products to the list of approved expenses, including tampons, pads, liners, cups, sponges and similar items.

As was the case prior to the passage of the ACA, vitamins and supplements will continue to require a physician's "prescription" indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness.



Health Savings Account

Take charge of your healthcare spending with a Health Savings Account (HSA). Contributions to an HSA are tax-free, and no matter what, the money in the account is yours! A Health Savings Account (HSA) is a tax-free savings account owned by you, is 100% vested from day one and let's you build up savings for future needs. The funds may be used to pay for qualifying healthcare expenses not covered by insurance or any other plan for yourself, your spouse or tax dependents. You decide how much you would like to contribute, when and how to spend the money on eligible expenses, and how to invest the balance.

Understanding Your HSA

- Pre-tax contributions are deducted through payroll and deposited into your HSA account.
- You can use your HSA available funds to pay for qualified medical expenses tax-free.
- HSA funds can be used for non-eligible expenses but will be subject to regular income taxes and a 20% excise tax penalty.
- Unused funds remain in your account for future use and roll over each calendar year.
- HSAs remain with you even if you change health plans or companies. If you open an HSA and later become ineligible to make contributions, you can still use your remaining funds.
- You can change your HSA contribution at any time during the plan year for any reason.

HSA Eligibility Requirements

To have an HSA and make contributions to the account, you must meet several basic qualifications.

- To be eligible to open and contribute to an HSA, you must have coverage under a qualified High Deductible Health Plan (HDHP).
- Participants cannot be covered by any other health insurance plan (this exclusion does not apply to certain other types of insurance, such as dental, vision, disability or long-term care coverage);
- Participants cannot participate in a Healthcare FSA or spouse's Healthcare FSA or Health Reimbursement Account (HRA).
- Participants cannot be enrolled in Medicare or Medicaid.
- You cannot be eligible to be claimed as a dependent on someone else's tax return.
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days, unless the Veteran has a disability rating (*There may be additional special circumstances, check with your tax preparer*).

2022 HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts.

HSA Contribution Limits

Employee	\$3,650
Two Person/Family	\$7,300

HSA "Catch-Up" Contributions

Age 55 or older	\$1,000 a year
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Employer HSA Contribution

Employee	\$750
Two Person/Family	\$1,500

Contribution Maximum (after employer contribution)

Employee	\$2,900
Two Person/Family	\$5,800

Source: IRS, Rev. Proc. 2020-30

Health Savings Account

Eligible HSA Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limb
- Automobile modifications for a physically handicapped person
- Birth control pills
- Blood pressure monitoring device
- Braille books and magazines
- Chiropractic care
- Christian science practitioner
- COBRA premiums
- Contact lenses and related materials
- Crutches
- Dental treatment
- Dentures
- Diagnostic services
- Drug addiction treatment
- Eye examination
- Eye glasses and related materials
- Fertility treatment
- Flu shot
- Guide dog or other animal aide
- Hearing aids
- Hospital services
- Immunization
- Insulin
- Laboratory fees
- Laser eye surgery
- Long-term care premiums or expenses
- Medical testing device
- Nursing services
- Obstetrical expenses
- Organ transplant
- Orthodontia (not for cosmetic reasons)
- Oxygen
- Physical exam
- Physical therapy
- Prescription drugs
- Psychiatric care
- Retiree medical insurance premiums
- Smoking cessation program
- Surgery
- Transportation for medical care
- Weight loss program
- Wheelchairs and more*

*A full list of qualified expenses can be found in IRS Publication 502 at [irs.gov](https://www.irs.gov).

Maintaining Health Records

To protect yourself in the event that you are audited by the IRS, keep records of all HSA documentation and itemized receipts for at least as long as your income tax return is considered open (subject to an audit), or as long as you maintain the account, whichever is longer.

The IRS requires HSA funds to be used for qualified expenses only. If you use HSA funds for non-eligible expenses, you will be subject to regular income taxes and an additional 20% excise tax penalty.



Dental

We partner with **Paramount Dental** (formerly known as Health Resources) to offer you and your family members dental insurance. Visit insuringsmiles.com to find in-network providers and access a variety of online tools and programs.

Prevention first! Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits. Preventive care services are covered at 100% if you visit an in-network provider. They are also not subject to the annual deductible.

How do I find an In-network provider?

This dental plan offers deeper discounts when you visit a provider that is in-network. In-network providers can be found on insuringsmiles.com under “Find a Dentist”. Search by ZIP code or specialty.

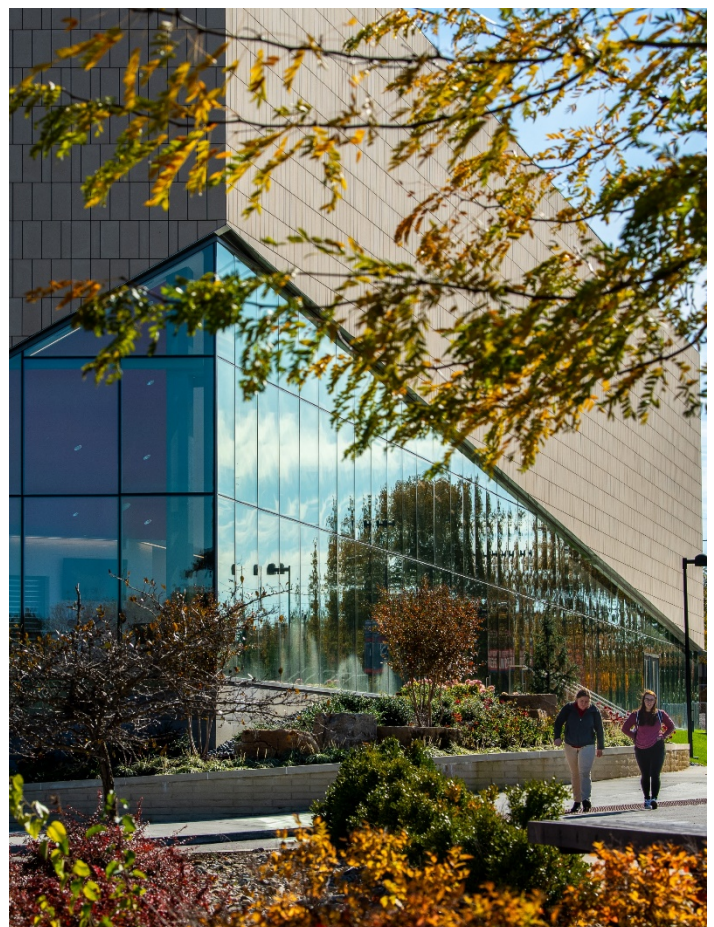
If you receive dental care outside of Paramount Dental in-network dentists, you will likely pay a greater amount for dental care and the provider may balance bill you.

Plan Features

	In-network	Out-of-network
Network Details	PPO Dentists Paramount Dental network	Dentists who do not participate in either network.
Benefit Period	Calendar Year	
Deductible		
Single	\$0 in-network / \$0 out-of-network	
Two Person	\$0 in-network / \$0 out-of-network	
Family	\$0 in-network / \$0 out-of-network	
When does it apply?	When receiving Basic or Major services (Does not apply for Preventive services)	
Covered Services		
CLASS I: Preventive Services <i>Routine oral exams and cleanings, x-rays (bitewing), sealants and fluoride treatments</i>	Covered at 100%	Covered at 100% <i>With possible balance billing</i>
CLASS II: Basic Services <i>Periodontics (surgical and non- surgical), endodontics (root canals), oral surgery, fillings, prosthetic maintenance and x-rays (full mouth)</i>	Covered at 50%	Covered at 50% <i>With possible balance billing</i>
CLASS III: Major Services <i>Prosthodontics, crowns, inlays/onlays, dentures, implants and bridges</i>	Covered at 50%	Covered at 50% <i>With possible balance billing</i>
Annual Maximum		
Maximum Benefit <i>Allowed per Benefit Period</i>	\$1,350 per covered individual	
Orthodontia (adults and children)	Coinsurance 50%	Lifetime Maximum \$1,200

Employee Contributions

	Bi-Weekly	Monthly
Employee Only	\$2.61	\$5.22
Employee and Spouse	\$5.50	\$11.00
Employee and Child(ren)	\$6.50	\$13.00
Employee and Family	\$9.46	\$18.92



Vision

The vision plan is administered by Anthem Blue View and pays benefits for both in-network and out-of-network services. When you visit an in-network provider, benefits are greater and there are no claim forms to file. Visit Anthem.com to find in-network providers and access a variety of online tools and programs.

Extra Savings! Plan participants also receive access to discounted Lasik eye surgery from in-network providers. You can also receive additional discounts on glasses and sunglasses.

Plan Features

	In-network	Out-of-network
Vision Exam	\$10 copay	Up to \$42
Lenses and Frames		
Single-Vision	\$10 copay	Up to \$40
Bifocal	\$10 copay	Up to \$60
Trifocal	\$10 copay	Up to \$80
Frames	\$150 allowance	Up to \$45
Contact Lenses (in lieu of glasses)		
Elective	\$150 allowance	Up to \$105
<i>Elective Contact Lens Fitting and Evaluation</i>	\$39	<i>Contact lens fitting applies to the evaluation and follow-up exam.</i>
<i>Medically Necessary</i>	\$0 copay, covered in full	<i>Up to \$210</i>
Benefit Frequency		
<i>Exam</i>	12 Months	
<i>Lenses</i>	12 Months	
<i>Frames</i>	24 Months	
<i>Contacts</i>	12 months	

How do I find an In-network provider?

Choosing the right vision provider is important. This vision plan includes eye doctors and other eye care professionals so that finding an in-network provider is easy. In-network providers can be found on Anthem.com. Click individual and family and continue as a guest.

You may also choose providers such as Lens Crafters, Pearle Vision, and Target Optical. You also have access to on-line providers including Glasses.com, Contacts Direct, 1-800 CONTACTS and Ray-Ban.com

Employee Contributions

	Bi-Weekly	Monthly
Employee Only	\$2.95	\$5.90
Employee and Spouse	\$5.88	\$11.76
Employee and Child(ren)	\$6.18	\$12.36
Employee and Family	\$8.58	\$17.16



Basic Life

Life insurance is an important part of your financial security.

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. AD&D insurance is equal to your Life benefit in the event of your death being a result of an accident and may also pay benefits for certain injuries sustained.

Beneficiary(ies)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A **beneficiary** is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

Company Paid Benefit - Provided to you at no cost

Coverage Amount	<ul style="list-style-type: none">• 1 ½ times your salary up to \$100,000.• 2 times salary up to \$100,000 if hired before Feb. 1, 1988 and elected to keep coverage
Accidental Death and Dismemberment (AD&D)	Amount equal to your Life benefit
Benefit Reduction Schedule	Your insurance will reduce to: <ul style="list-style-type: none">• 65% of the original amount at age 66

Additional Plan Provisions

Portability	If your employment ends, you may be eligible to continue your term insurance at group rates. If you retire and are eligible for retiree insurance portability is not available.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.



Supplemental Life

Employees have the opportunity to enroll in supplemental life insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life coverage. Coverage is also available for your spouse and/or child dependents. It is typically required that you elect coverage for yourself in order to be eligible for coverage on your dependents.

Plan Options			
Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	<u>Employee Coverage</u> Choose in \$10,000 increments up to the lesser of 5x your annual salary or \$500,000	<u>Spouse Coverage</u> Choose in \$5,000 increments up to the lesser of 50% of the amount you elect for yourself or \$200,000	<u>Dependent Coverage</u> Choose \$5,000 or \$10,000 in coverage
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
Guaranteed Issue	<u>Employee</u> \$200,000	<u>Spouse</u> \$50,000	<u>Dependent</u> \$10,000

Plan Provisions									
Cost Calculation	Age Rated Benefit (Spouse Life based on spouse's age)								
Benefit Reduction Schedule	<table border="0"> <tr> <td><u>Employee Coverage Will Reduce To:</u></td> <td><u>Spouse Coverage Will Reduce By:</u></td> </tr> <tr> <td>– 65% of the original amount at age 65</td> <td>– 65% of the original amount at age 65</td> </tr> <tr> <td>– 50% of the original amount at age 70</td> <td>– 50% of the original amount at age 70</td> </tr> <tr> <td>– 25% of the original amount at age 75</td> <td>– 25% of the original amount at age 75</td> </tr> </table>	<u>Employee Coverage Will Reduce To:</u>	<u>Spouse Coverage Will Reduce By:</u>	– 65% of the original amount at age 65	– 65% of the original amount at age 65	– 50% of the original amount at age 70	– 50% of the original amount at age 70	– 25% of the original amount at age 75	– 25% of the original amount at age 75
<u>Employee Coverage Will Reduce To:</u>	<u>Spouse Coverage Will Reduce By:</u>								
– 65% of the original amount at age 65	– 65% of the original amount at age 65								
– 50% of the original amount at age 70	– 50% of the original amount at age 70								
– 25% of the original amount at age 75	– 25% of the original amount at age 75								

How Much Your Additional Life Coverage Will Cost Per Month

Age	Employee and Spouse Rate Per \$1,000 of Coverage
<25	\$0.045
25–29	\$0.046
30–34	\$0.047
35–39	\$0.054
40–44	\$0.081
45–49	\$0.116
50–54	\$0.197
55–59	\$0.323
60–64	\$0.439
65–69	\$0.782
70+	\$1.707
Child Monthly Cost Per \$1,000 of Coverage	
\$10,000	\$0.05

The guarantee issue amount is available for new hires only. If you do not elect this coverage within the first 31 days of becoming first eligible, you will be required to submit evidence of insurability (EOI) or proof of good health to enroll at a later date.

Cost Calculation Example

	Rate Per \$1,000	Benefit Amount	Estimated Monthly Cost
Employee Age 33	\$0.047	\$100,000	\$4.70

Coverage will not take effect until approved by the carrier. Age reductions will apply to benefit amounts and guarantee issue amounts.

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI). If you elect optional life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI. A link can be located on the Life and Disability page of the benefits website. (USI.edu/hr/benefits/life-and-disability/) In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

Voluntary Short Term Disability

Short Term Disability (STD)

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs. Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

Plan Features	Short Term Disability (STD)
Cost of Coverage	Voluntary Benefit Employee is responsible for 100% of the cost
Elimination Period <i>This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.</i>	Benefits begin on the 15th day of an accident and the 15th day of an illness (including pregnancy)
Benefit Duration <i>The maximum number of weeks you can receive benefits while you are sick or disabled.</i>	Payments may last up to 180 days You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.
Coverage Amount	Covers 60% of your weekly income, up to a maximum benefit of \$1,500 per week.
What's covered?	A variety of conditions and injuries. Typical claims would include: pregnancy, injuries, joint, back and digestive disorders.
Definition of Earnings	Base Salary <i>(excludes commissions and bonuses)</i>
Additional Plan Provisions	
Benefit Payment Frequency	Weekly benefit may be reduced or offset by other sources of income.
Cost Calculation	Composite Rate per \$10 of Benefit
Extended Benefit Waiting Period <i>Applies if you do not apply for this coverage within 31 days of becoming eligible, or were eligible for coverage under a prior plan for more than 31 days but were not insured.</i>	Benefits begin on the 61st day for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage
Return to Work	Your disability benefit will not be reduced by any work earnings you receive until the combined amount of the benefit, earnings and other sources of income exceeds 100% of your pre-disability earnings.

How Much Your Coverage Costs

Because this insurance is offered through USI, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Age	Rate Per \$10 of Benefit
Under 30	\$0.661
30 – 34	\$0.693
35 – 39	\$0.412
40 – 44	\$0.271
45 – 49	\$0.293
50 – 54	\$0.325
56 – 59	\$0.433
60+	\$0.553

Short-Term Disability Cost Calculation Example—Premium Per Month

Example	Rate Per \$10 of covered Weekly Benefit		Weekly Benefit (Annual Earnings/52 x 0.60)			Estimated Cost
Example Age 42 Annual Salary \$50,000	\$0.271	×	\$577	÷ 10	=	\$15.64

Long Term Disability

Long-Term Disability (LTD)

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years. Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

Plan Features	Long Term Disability (LTD)
Cost of Coverage	Employer Benefit Employer is responsible for 100% of the cost
Elimination Period <i>This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.</i>	Your elimination period is 180 days (this will be the benefit duration of Short-Term Disability)
Benefit Duration <i>The maximum number of weeks you can receive benefits while you are sick or disabled.</i>	Payments will last for as long as you are disabled, or until you reach your Social Security Normal Retirement Age (65 or greater), whichever is sooner You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers 60% of your monthly income, up to a maximum benefit of \$6,000 per month
What's covered?	A variety of conditions and injuries. Typical claims would include: cancer, back disorders, injuries and poison, cardiovascular, joint disorders
Definition of Earnings	Base Salary <i>(excludes commissions and bonuses)</i>
Additional Plan Provisions	
Benefit Payment Frequency	Monthly benefit may be reduced or offset by other sources of income
Cost Calculation	Employer provided – No cost to you.
Mental Health/Substance Abuse	The mental health and substance abuse benefits are limited to a lifetime max of 24 months

Other Features and Services

- Cost of Living Adjustment Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit

More Details

- You must be unable to perform with reasonable continuity the material duties of your own occupation
- You suffer a loss of at least 20% of your pre-disability earnings when working in your own occupation
- After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation
- LTD benefits will be reduced by any other income you are eligible to receive, such as Social Security
- Since USI pays 100% of the monthly premium, any disability benefits from the plan are considered taxable income



Voluntary Hospital Indemnity

Why Hospital Indemnity Coverage?

Hospital Indemnity coverage, available through Aflac, pays a benefit when you or your covered dependents are admitted to the hospital for a covered stay. This coverage can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds which can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.

Plan Features

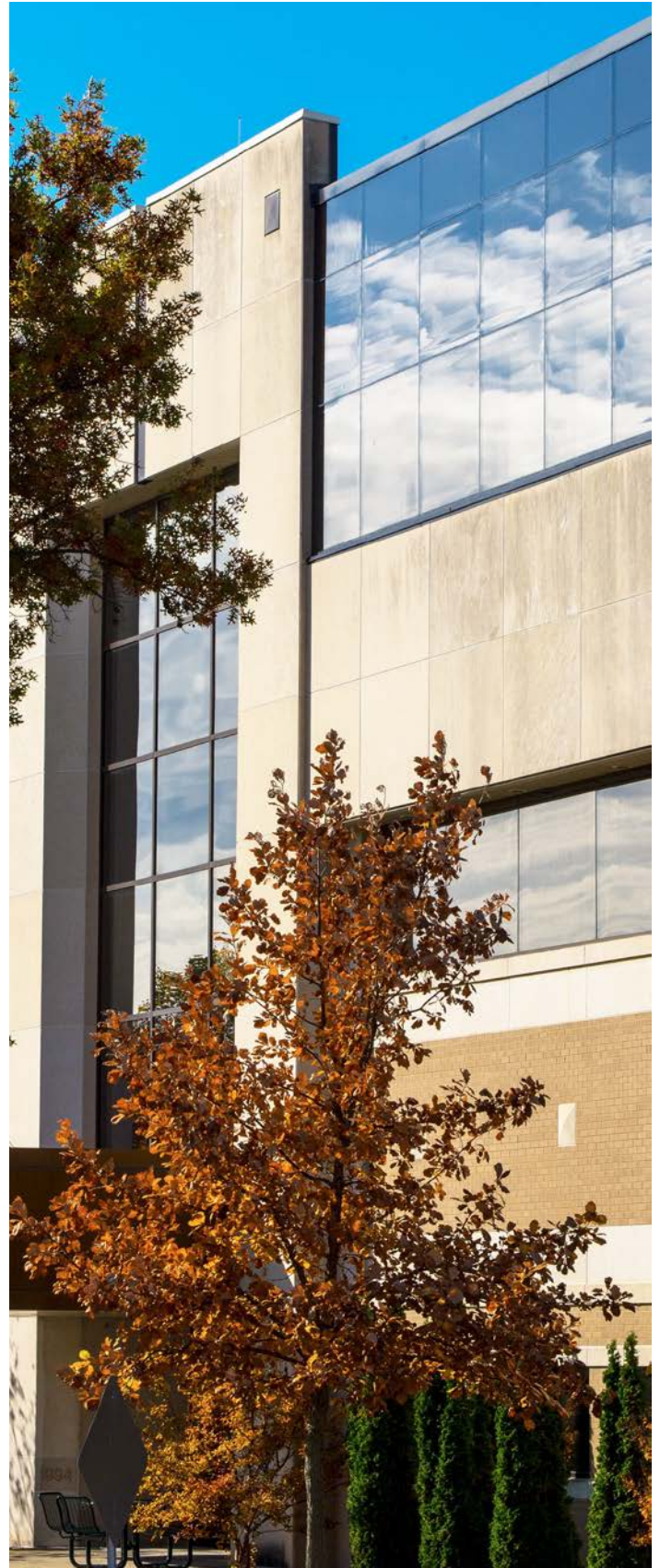
- Delivers a tax-free lump sum benefit
- No pre-existing condition exclusion
- Coverage is portable; if you leave USI, you can take this with you

Summary of Benefits

Benefit Type	Benefit Amount
Hospital Admission (Payable once per year)	\$1,000
Hospital Confinement	\$200 per day, up to 31 days
ICU Confinement	\$400 per day, up to 10 days

Employee Contributions

	Bi-weekly	Monthly
Employee Only	\$10.46	\$20.92
Employee + Spouse	\$20.20	\$40.40
Employee + Child(ren)	\$16.36	\$32.72
Family	\$26.10	\$52.20



Voluntary Accident Coverage

Accident Insurance

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. **If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills and out-of-pocket medical costs.**

Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

What's Covered?

Not all accidents are “qualifying injuries.” The kinds of accidents that are covered can vary by plan. Here are some services that an accident insurance plan covers. For a complete list of covered services, refer to your plan certificate.

Plan Pays You	
Emergency room	\$200
Hospital confinement	\$1,000 + \$200 per day (up to 365 days)
Intensive care confinement	\$400 per day (up to 30 days)
Fractures	
Skull (depressed)	\$3,000
Hip or thigh	\$4,000
Vertebrae	\$3,600
Hand, wrist, forearm, foot, ankle or kneecap	\$2,000
Coccyx, rib, finger, or toe	\$320
Dislocations	
Hip	\$3,000
Knee	\$1,950
Shoulder	\$1,500
Ankle or foot bones	\$1,200
Finger or toe	\$240

What it Doesn't Cover

Accident insurance will not typically cover things like check-ups or hospitalization due to illness. Accident insurance will not cover you for injuries suffered before you purchased the plan.

What is the Cost of Accident Insurance?

Depending on if you cover only yourself or other dependents. The below chart shows your cost for coverage.

	Bi-Weekly	Monthly
Employee Only	\$5.35	\$10.70
Employee + Spouse	\$9.47	\$18.94
Employee + Child(ren)	\$13.28	\$26.56
Family	\$17.40	\$34.80



Voluntary Critical Illness

Critical Illness Insurance

How would you pay your bills if you were suddenly diagnosed with cancer and couldn't work? Critical illness insurance doesn't pay your medical bills. It pays you if you're diagnosed with a covered illness. The benefit is paid directly to you and is your choice how to spend it.

What's Covered?

Critical illness can vary widely from one another. Some may focus on a single specific diagnosis, while others may provide you with coverage for a range of possible diagnoses, such as:

Critical Illness	Percent of Benefit Paid
Heart attack	100%
Stroke	100%
Coronary artery bypass surgery	25%
Invasive cancer	100%
Non-invasive cancer	25%
Benign brain tumor	100%
End stage renal (kidney) failure	100%
Major organ transplant	100%
Coma	100%
Blindness	100%
Additional covered conditions for dependent children: cerebral palsy, cystic fibrosis and down syndrome	50%

What is the Cost of Critical Illness Insurance?

Depending on your age, and how much coverage you want, the cost of critical illness insurance can vary significantly.

Employee Coverage	\$10,000 increments up to \$30,000
Spouse Coverage	\$5,000 increments up to 50% of employee's coverage amount or \$15,000
Child(ren) Coverage	50% of employee's coverage amount (included)

More Details

- Delivers a tax-free lump sum benefit upon diagnosis
- No pre-existing condition exclusion; benefits are paid based on date of diagnosis
- Coverage is portable; if you leave the University of Southern Indiana, you can take this with you
- Rates are based on your age, election tier and the coverage amount you elect. Please refer to the tables on the next page for more detailed rate information



\$50 WELLNESS BENEFIT
Per Covered Individual

For screenings such as: blood tests, chest x-rays, stress tests, colonoscopies, mammograms and other tests listed in your policy.

Voluntary Critical Illness Rates

Employee Coverage

Age	\$10,000		\$20,000		\$30,000	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
18-25	\$2.64	\$5.27	\$4.51	\$9.02	\$6.39	\$12.77
26-30	\$3.29	\$6.57	\$5.81	\$11.62	\$8.34	\$16.67
31-35	\$3.77	\$7.53	\$6.77	\$13.54	\$9.78	\$19.56
36-40	\$4.74	\$9.48	\$8.73	\$17.45	\$12.71	\$25.41
41-45	\$5.58	\$11.15	\$10.40	\$20.79	\$15.21	\$30.42
46-50	\$6.53	\$13.06	\$12.30	\$24.60	\$18.07	\$36.14
51-55	\$9.83	\$19.65	\$18.89	\$37.77	\$27.95	\$55.90
56-60	\$9.69	\$19.38	\$18.62	\$37.24	\$27.55	\$55.10
61-65	\$19.16	\$38.32	\$37.56	\$75.12	\$55.96	\$111.92
66+	\$33.17	\$66.34	\$65.59	\$131.17	\$98.00	\$195.99

Spouse Coverage

Age	\$5,000		\$10,000		\$15,000	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
18-25	\$1.55	\$3.10	\$2.35	\$4.69	\$3.14	\$6.27
26-30	\$1.88	\$3.75	\$2.99	\$5.98	\$4.11	\$8.22
31-35	\$2.12	\$4.23	\$3.48	\$6.95	\$4.83	\$9.66
36-40	\$2.61	\$5.21	\$4.45	\$8.90	\$6.30	\$12.59
41-45	\$3.02	\$6.04	\$5.29	\$10.57	\$7.55	\$15.09
46-50	\$3.50	\$7.00	\$6.24	\$12.47	\$8.98	\$17.95
51-55	\$5.15	\$10.29	\$9.53	\$19.06	\$13.92	\$27.83
56-60	\$5.08	\$10.16	\$9.40	\$18.79	\$13.72	\$27.43
61-65	\$9.82	\$19.63	\$18.87	\$37.73	\$27.92	\$55.84
66+	\$16.82	\$33.64	\$32.88	\$65.76	\$48.94	\$97.88

If you elect coverage for yourself, coverage for your child or children is automatically included in your monthly premium.



Retirement Plans

Support Staff Employees Defined Contribution Plan (TIAA)

Eligible support staff members hired on July 1, 2014 and after may participate after one year of employment. If you have been a member of a university-sponsored retirement plan or TIAA for at least one year, the waiting period may be waived, if sufficient documentation is submitted within 60 calendar days of the first day of employment. The University contributes 7% of annual salary to this plan.

To enroll go to TIAA.org/usi and select University of Southern Indiana Defined Contribution Retirement Plan for Support Staff, the access code for this plan is **406555**.

Indiana Public Retirement System (INPRS)

Support staff members in eligible positions hired on or before June 30, 2014 participate in the Indiana Public Employee's Retirement System (INPRS). Certain rehires may be defaulted into this plan. The University contributes 11.2% of the employee's gross earnings towards a pension and 3% towards an annuity savings account, for a total contribution of 14.2% into the Indiana Public Employee's Retirement System. Access the INPRS website at IN.gov/inprs/ for detailed information regarding benefits, vesting, newsletters, account management, benefit calculator and forms.

Faculty And Administrative Employees Defined Contribution Plan (TIAA)

Eligible faculty and administrators may participate after one year of employment. If you have been a member of a university-sponsored retirement plan or TIAA for at least one year, the waiting period may be waived, if sufficient documentation is submitted within 60 calendar days of the first day of employment. The University contributes 11% of annual appointment salary to this plan.

To enroll go to TIAA.org/usi and select University of Southern Indiana Defined Contribution Retirement Plan for Faculty and Administrators. The access code for this plan is **150771**.

All Employees

Supplemental Retirement Plan

All full-time and part-time employees are eligible to enroll in this plan except for student workers and non-resident aliens. This plan is used to defer your income on a pre-tax or post-tax basis for retirement savings purposes. To enroll, complete the Voluntary Salary Deferral Form and submit it to Human Resources. You will then need to set up an account online with TIAA. There is no waiting period.

To enroll go to TIAA.org/usi and select the plan of your choosing. The University provides two plans in which employees may contribute. The first is a 403b, which employees can elect to contribute pre-tax or post-tax dollars; the code for this plan is 150772. The other plan is a 457b, which employees can contribute pre-tax dollars; the code for this plan is 150774.

To Schedule a Meeting with a TIAA Representative:

Call 800-732-8353 or go to tiaa.org/schedulenow and sign up to meet with our TIAA representative virtually or when circumstances allow on-campus meeting.

When they resume, on-campus meetings are typically held in the Wright Administration Building, FA 170.



Tuition Fee Waiver

Eligible employees and official USI retirees receive a full waiver of fees for undergraduate and graduate courses, some restrictions apply per Fee Waiver Policy.

Spouses and dependents of employees receive a waiver of 75% of student fees for undergraduate and graduate courses, some restrictions apply per Fee Waiver Policy. Undergraduate and graduate level tuition fee waivers will be automatically applied, per the fee waiver policy, for eligible employees and dependents listed with Human Resources. Employees will not need to submit an enrollment form each term enrolled.

You will need to ensure your dependent is listed in the **BANNER** system. If your dependent is on one of your insurance plans, they will automatically be in the system. If you are unsure, please reach out to a Human Resources representative at feewaivers@USI.edu.

Eligible employees and official USI retirees also may receive a waiver of fees for noncredit courses held on campus through Outreach and Engagement.

Apply online for fee waivers for non-credit courses at [USI.edu/hr/benefits/tuition](https://www.usi.edu/hr/benefits/tuition).

What if the Fee Waivers Do Not Process Correctly?

There are many factors that cause fee waivers to be denied, be sure to check these common issues:

- For employees, ensure that no more than 15 credit hours per academic year have been attempted
- For employees, ensure that no more than six credit hours per semester (Fall and Spring); and/or no more than four credit hours per summer term or a maximum of 12 summer credit hours have been attempted
- For dependents, ensure no more than 124 credit hours have been attempted
- For dependents, ensure that your dependents are listed with Human Resources
- For children, ensure they are under 24 years of age and are an eligible dependent
- CAP classes count toward the fee waiver limit, unless you opt out of fee waivers for those classes

For more details of rules that apply, the guidelines for fee waivers are outlined in the University Handbook, Section C.11. For questions regarding fee waiver policy, please reach out to a Human Resources representative at feewaivers@USI.edu.



Employee Assistance Program (EAP)

Life brings new questions and challenges every day. Living a productive and fulfilling life requires a healthy mind and a healthy body.

Whether you're looking for childcare or help with an older relative, trying to manage your personal finances, or coping with a health issue, the EAP available through **The Standard** is a confidential, third-party administrator, and is available for you and your dependents should you need assistance whenever you need it. From help with a relationship to managing overload at work, the EAP can help you with almost any personal or work-related issues.

This is a confidential, voluntary and professional program and is intended to be a short-term resource. This EAP is administered and provided by The Standard and is available to you, your dependents (including children to age 26) and all household members.

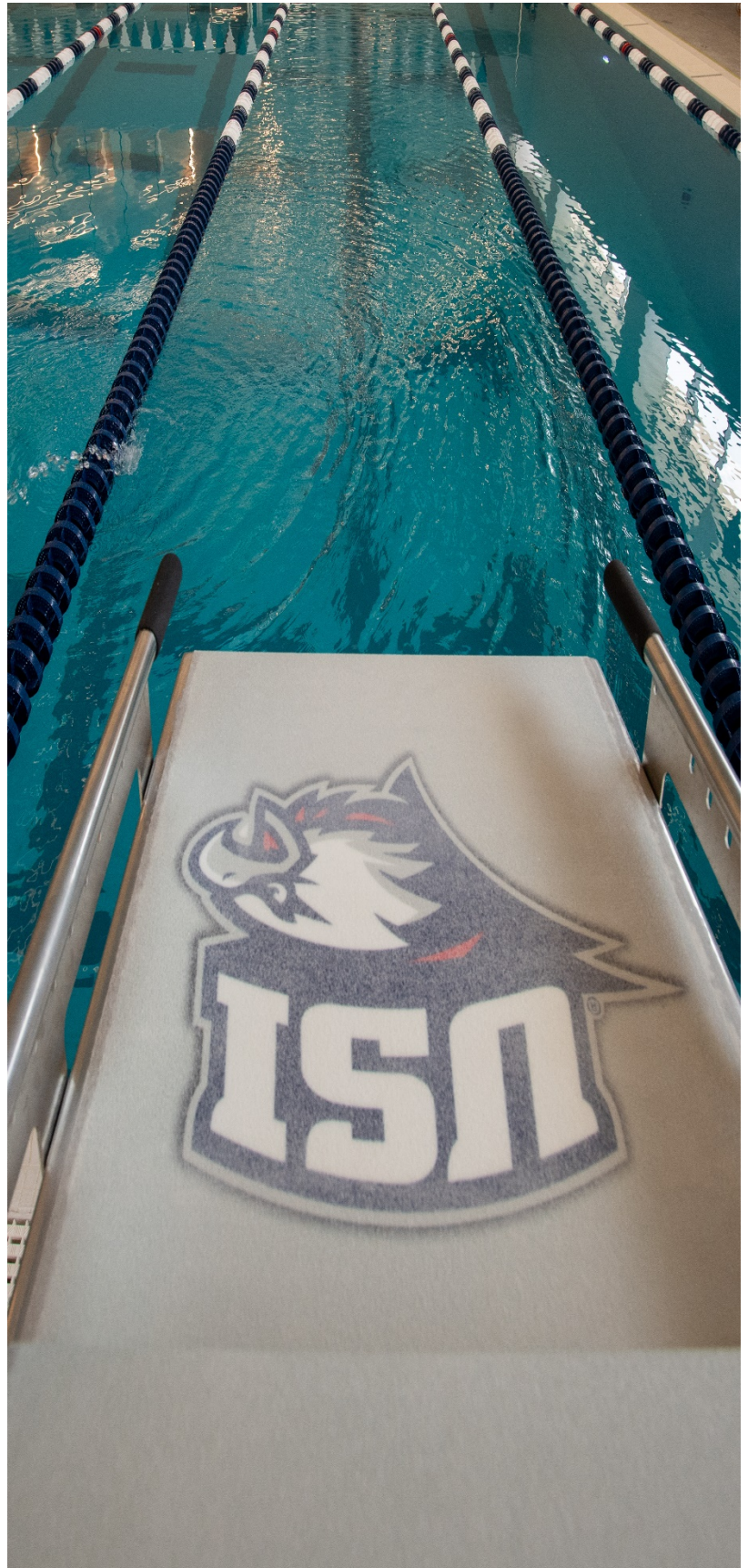
Your program includes up to six counseling sessions per issue. Sessions can be done in person, on the phone by video or text.

Reach out through the mobile EAP app or by phone, online, live chat and email. You can get referrals to support groups, a network counselor, community resources or your health plan.

Contact EAP:

1.877.851.1631

Healthadvocate.com/standard6



Travel Assistance Program

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate the issues and more at any time of the day or night

You and your spouse are covered with Travel Assistance – and so are your kids through age 25.

Security that Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- Emergency ticket, credit card and passport replacement, funds transfer and missing baggage
- Help replacing prescription medications or lost corrective lenses and advancing funds for emergency medical payment
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains
- Connection to medical care providers interpreter services, a local attorney, consular office of bail bond services.
- Logistical arrangements for ground transportation, housing and/or evacuation in the event of a natural disaster, political unrest and social instability

Travel Assistance is available if you travel more than 100 miles from home or in a foreign country.

Travel Risk Intelligence Portal
Standard.com/travel
For first time activation, use the following information:
Group ID: D2STD
Activation Code: 181002

CONTACT
866.465.9188: United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda

+1.240.330.1380
Everywhere else

Ops@gga.-usa.com

Standard.com/travel

Life Services Toolkit

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death.

On-line tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, beneficiaries can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under the group life policy. Recipients of an Accelerated Benefit can access services for 12 months after date of payment. Life insurance beneficiaries' can access services for 12 months after the date of death.

Services that can Help You Now















Visit the Life Services Toolkit website at standard.com/mytoolkit (enter username "assurance") for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools, found in the Legal Forms section, walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and healthcare agent forms.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments and take care of other financial matters with confidence.
- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

Services for Your Beneficiary

- **Grief Support:** Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact.
- **Legal Services:** Beneficiaries can obtain legal assistance from experienced attorneys.
- **Financial Assistance:** Beneficiaries have unlimited phone access to financial counselors who can help with budgeting, credit and debt management.
- **Online Resources:** Beneficiaries can easily access additional services and features on the Life Services toolkit website. **Visit standard.com/mytoolkit (User name - support) or call the assistance line at 800.378.5742**

Contact Information

	Medical Anthem BlueCross BlueShield 833-639-1637 anthem.com		Accident, Critical Illness and Hospital Indemnity Aflac 800-992-3522 aflac.com
	Prescription Drug CVS/Caremark 844-259-1254 caremark.com		FSA Nyhart 800-284-8412 nyhart.com
	Vision Anthem Blue Vision 833-639-1637 Anthem.com		HSA The HSA Authority 888-472-8697 theHSAauthority.com
	Dental Paramount Dental 800-727-1444 insuringsmiles.com		Employee Assistance Program The Standard 877-851-1631 Healthadvocate.com/standard6
	Basic/Additional Life The Standard 800-628-8600 standard.com		Retirement Plans TIAA 800-842-2252 tiaa.org
	Short Term Disability The Standard 800-368-2859 standard.com		INPRS 844-464-6777 in.gov/inprs/
	Long Term Disability The Standard 800-368-1135 standard.com		USI Human Resources 812-464-1815 USI.edu/hr

As an Equal Opportunity/Affirmative Action Employer, the University of Southern Indiana considers all qualified applicants for employment without regard to race, color, religion, sex, pregnancy or marital status, national origin, age, disability, genetic information, sexual orientation, gender identity, veteran status, or any other category protected by law or identified by the University as a protected class.



This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the University plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.

