



INDIANA UNIVERSITY

HEALTH SAVINGS ACCOUNT

FOR FULL-TIME ACADEMIC & STAFF EMPLOYEES

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FOREWORD

Material in this booklet is for informational purposes only and is not intended to serve as legal interpretation of benefits. This booklet replaces and supersedes all plan documents the enrollee may have previously received.

All coverage information is intended to only describe benefits provided by this plan, and is not intended to limit or exclude services that members may elect.

Indiana University reserves the right to amend or terminate all or any part of this plan. If this plan is amended, participants will be provided a summary of the amendment or a revised booklet reflecting any changes made in the principal features.

HEALTH SAVINGS ACCOUNT (HSA)

The HSA is an IRS-qualified feature that provides substantial tax savings and participant flexibility. The university makes an annual contribution to your account, and you decide whether to make additional contributions above a required minimum. You own the account, so the balance rolls over from year to year, even if you leave the university or retire.

The account has the flexibility to be used for current or future healthcare expenses, including those incurred during retirement. HSA cash account funds above a \$1,000 balance can be invested in an array of investment options. Contributions, interest, and investment earnings are not subject to federal, state, or FICA taxes, and the university pays the monthly cash account maintenance fees while you are actively enrolled in an IU-sponsored HSA.

Benefits described in this booklet are effective as of January 1, 2023.

QUESTIONS?

If you have questions concerning IRS-qualified expenses, claims, and account balances, contact:

The Nyhart Company

P.O. Box 56024

Boston, MA 02205

T (800) 284-8412 | F (888) 887-9961 | support@nyhart.com

iu.nyhart.com

Indiana University, can be contacted at:

IU Human Resources

2709 E. 10th Street, Ste 321

Bloomington, IN 47408

T (812) 856-1234 | F (812) 855-3409 | askhr@iu.edu

hr.iu.edu/benefits

GENERAL PROVISIONS

An HSA is a tax-advantaged savings account established under Internal Revenue Code Section 223 that pairs with an IRS-qualified high deductible health plan (HDHP). HSA funds can be used to pay for qualified healthcare expenses for you and your IRS-qualified tax dependents. The university makes an annual contribution to your account based on your HDHP coverage level. You are required to make a minimum annual contribution of \$300, and you can choose to make additional contributions up to the IRS-allowed annual maximum. Your contributions are made through pre-tax payroll deductions, and are spread out equally by the number of regular paychecks issued during the year. You own the account, and your balance rolls over each year, even after you leave the university or retire.

Funds in your HSA can be used for current or future healthcare expenses, including those incurred after you change medical plans, change employers, or retire. Additionally, you can open an investment account when your HSA cash account balance reaches \$1,000 or more. Contributions, interest, and investment earnings are not subject to federal, state, or FICA taxes, and the university pays the monthly cash account maintenance fees.

The HSA is administered by Nyhart, an Ascensus company ("Nyhart"). The account is your responsibility and the plan administrator is not responsible for the adjudication of claims or the payment of reimbursement from the HSA.

COMMENCEMENT OF PARTICIPATION

The HSA can be established by the HSA custodian on the first day of the month in which HDHP coverage is in effect. If HDHP coverage is established after the first of the month, the HSA will be established the first of the following month. An HSA cannot be established unless the participant is verified by the HSA custodian as meeting the requirements of the USA Patriot Act and any other applicable federal or state banking requirements. In the event such verification delays the establishment of the HSA beyond the first day of HDHP medical coverage, the account will be established as soon as identification has been verified.

ELIGIBILITY

To be eligible for an HSA you must:

- have a valid Social Security Number,
- be covered under a high deductible health plan (HDHP),
- have no other medical coverage (see next section for details),
- not be enrolled in Medicare, and
- not be claimed as a dependent on someone else's tax return.

No Other Medical Coverage Requirement. To be eligible to make or receive tax-free contributions into an HSA, the IRS requires that you have no other medical coverage other than an IRS-qualified high deductible health plan (HDHP). You are disqualified for tax-free contributions if:

- You are enrolled in a federal government plan like Medicare A, B, or D, or Tricare (if you have VA benefits, receiving preventive care services or treatment for a service-related disability from the VA does not disqualify an individual from participating in an HSA);
- Your spouse covers you on a medical plan that is not an HDHP.
- Your spouse has a Health Reimbursement Account (HRA) or flexible spending account (including IU's Healthcare FSA) that is unrestricted, and the account could be used to cover your HDHP deductible.

You are still eligible to make tax-free HSA contributions if your spouse has other medical coverage, however you cannot be covered on their non-HDHP medical plan and still be eligible for tax-free HSA contributions.

If you are ineligible to make tax-free contributions, you can enroll in an HDHP and waive the HSA. If you are ineligible to make tax-free contributions and choose to elect the HSA, you are responsible for working with Nyhart to remove all ineligible ("excess") contributions from your HSA, and for reporting those excess contributions as taxable income on your annual tax return. Consulting a tax advisor about reporting excess contributions is advised to avoid unforeseen taxes and/or penalties.

ENROLLMENT

To enroll in coverage and establish an HSA, you must enroll in an HDHP within 30 days of the date of active employment, within 30 days of the date you first become eligible for coverage, or during the annual Open Enrollment period. If you do not enroll in an HDHP within 30 days of becoming eligible, you cannot enroll until the next Open Enrollment period with an effective date of the following January 1.

You can only change or terminate your HDHP coverage during the annual Open Enrollment period, unless you experience an IRS-qualifying life event such as marriage, divorce, or birth of a child. When enrolled in an HDHP, you can change, suspend, or stop your HSA contributions any time during the year; however, you cannot change your contribution to an amount less than the annual minimum or less than what you have already contributed.

CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS

Indiana University makes an annual contribution to your HSA in an amount and manner specified and published each year during Open Enrollment, effective for the following plan year. The annual contribution amount is based on your HDHP coverage level, and is deposited into your account as one lump sum.

2023 Annual IU Contribution

Anthem PPO HDHP

Employee-only Coverage	\$1,300
All Other Coverage Levels	\$2,600

If you enroll in the HSA mid-year you will receive the full annual university contribution as long as your effective date of eligibility is before September 1. If your effective date of eligibility is on or after September 1, no university contribution will be made for the year.

EMPLOYEE CONTRIBUTIONS

Annual Minimum Contribution Limit

You are required to make a minimum annual contribution to your HSA. This minimum is specified each year in the Open Enrollment materials. **For 2023, the minimum contribution is \$300.**

Annual Maximum Contribution Limit

Annual contribution maximums are adjusted for inflation and published by the US Treasury and Internal Revenue Service (IRS) each year. The total of your contributions plus the university's contribution cannot exceed these maximums. Maximums can be affected by a spouse's HSA contributions, Archer MSA contributions, and/or the number of months you are covered under an HDHP.

2023 Annual Employee Contribution Maximums

If you're under age 55... Anthem PPO HDHP	IRS maximum contribution	– IU contribution	=	You can contribute up to
Employee-only Coverage	\$3,850	\$1,300		\$2,550
All Other Coverage Levels	\$7,750	\$2,600		\$5,150

If you're age 55 & up... Anthem PPO HDHP	IRS maximum contribution	– IU contribution	=	You can contribute up to	+ Plus the age 55 & up catch-up*
Employee-only Coverage	\$3,850	\$1,300		\$2,550	\$1,000
All Other Coverage Levels	\$7,750	\$2,600		\$5,150	\$1,000

*Participants age 55 or older by the end of the tax year may contribute up to an additional \$1,000. See the "Catch-Up Contributions" section on page 6 of this booklet.

CONTRIBUTION PROVISIONS

Coordinating contributions with your spouse. If you and your spouse are each enrolled in an HSA, it is imperative that you coordinate your contributions:

- If you and your spouse are each enrolled separately in employee-only HDHP coverage, each of you are subject to the employee-only HSA limit.
- If either you or your spouse has family HDHP coverage (employee with children or family coverage), then you will be subject to the family contribution limit as a couple.

Contribution methods. Employee contributions to the HSA are made through pre-tax payroll deductions. You can also contribute to your account by transferring money from a personal account directly to your HSA or by submitting a check and deposit form to Nyhart. After-tax contributions are eligible to be deducted when you file your annual tax return, and you are responsible for tracking your contributions to ensure you don't exceed the IRS annual contribution limits.

Mid-year changes due to an IRS-qualifying life event. If you are enrolled in employee-only HDHP coverage and elect to add family members mid-year due to an IRS-qualifying life event (e.g. marriage or birth of a child), the university will make an additional contribution equal to the difference between the employee-only and family coverage level as long as the effective date of the event is before September 1. No additional university contribution will be made for events that occur on or after September 1.

Mid-year enrollment. If you enroll in the HSA mid-year, and are enrolled on December 1, you can contribute up to the full annual maximum amount for that year as long as your HDHP eligibility is maintained for a 12-month period. If eligibility is not maintained, contributions over the prorated maximum will be included in your gross income and will be subject to an additional excise tax. The 12-month period starts with the last month of the tax year in which HDHP enrollment commences. For example, an employee who enrolls in June 2023 must continue to be eligible from December 2023 - December 2024.

Prorated annual contribution maximum. If you are only eligible for part of the year, all contributions (including catch-up contributions) are prorated based on the number of months that you are eligible. This means that you are only allowed to contribute 1/12 of the applicable annual maximum, times the number of months you were eligible. IRS-qualifying life events that cause you to move from family and employee-only coverage levels may also result in prorated maximums.

- **Example:** You have employee-only HDHP coverage and are eligible to contribute the additional \$1,000 catch-up contribution. You begin drawing Social Security benefits and are automatically enrolled in Medicare Part A effective July 1. As a result of your Medicare enrollment, you are no longer eligible for tax-free HSA contributions. Your prorated contribution limit for 2023 would be \$2,425 (this includes your contributions and IU's contribution).

$$(\$3,850 \text{ IRS max} + \$1,000 \text{ catch-up}) / 12 \text{ months} \times 6 \text{ months of eligibility} = \$2,425$$

After receiving IU's \$1,300 contribution, the maximum amount you may contribute for 2023 equals \$1,125.

$$\$2,425 \text{ prorated contribution limit} - \$1,300 \text{ IU contribution} = \$1,125$$

Details on the calculation of the IRS prorated maximum can be found in [IRS Publication 969](#). If your contributions have exceeded your prorated maximum, you are responsible for working with Nyhart to remove all ineligible ("excess") contributions from your account, and for reporting those excess contributions as taxable income on your annual tax return. Excess contributions not withdrawn from your HSA by the tax deadline (typically April 15) in the following year are subject to a 6% excise tax each year they remain in your HSA. You should be aware of the reporting requirements for excess contributions as detailed in the [Instructions for IRS Form 8889](#). Consulting a tax advisor about reporting excess contributions is advised to avoid unforeseen taxes and/or penalties.

CATCH-UP CONTRIBUTIONS

If you are age 55 or older by the end of the tax year, you can contribute up to an additional \$1,000 annually to your HSA (this is called making a "catch-up contribution"). If you and your spouse are both eligible to make a catch-up

contribution (i.e. enrolled in an HDHP, either together or separately, and age 55+), you can each make a \$1,000 catch-up contribution, but each of you must deposit the funds into your own individual HSA.

- **Example:** If you are age 58 in 2023 and have employee-only HDHP coverage, you can contribute up to \$4,850 for 2023. This includes your contributions and IU's contributions.

\$3,850 IRS max + \$1,000 catch-up = \$4,850

After receiving IU's \$1,300 contribution, the maximum amount that you may contribute for 2023 equals \$3,550.

\$4,850 IRS max – \$1,300 IU contribution = \$3,550

CONTRIBUTION CHANGES

You can change, stop, or suspend your HSA contributions at any time during the year on a prospective basis. Your new per-pay-period deduction will be determined by subtracting your year-to-date payroll deductions from your new annual election, and dividing that amount over the pay periods remaining in the year. You cannot lower your annual election to an amount less than the required annual minimum contribution (\$300), or less than what you have already contributed. You can change your annual contribution amount at any time by submitting an Optional Benefit Change request through the [Employee Center](#), or by submitting an [HSA Enrollment/Change Form](#) to IU Human Resources.

HSA BENEFITS

The funds in your HSA are available to pay or reimburse yourself for IRS-qualified healthcare expenses. Funds are only available for use as the money is deposited into your account through pre-tax payroll deductions. Funds remain in the account indefinitely until used, even after you leave the university or retire.

IRS-QUALIFIED (ELIGIBLE) EXPENSES

Eligible expenses cannot have been paid by insurance and must be incurred after your HSA was established. The expense can be for you, your spouse, or your eligible tax dependents. Examples include:

- COBRA premiums
- Dental expenses, including orthodontia, dental cleanings and fillings
- Diabetic supplies
- Eye exams, eyeglasses, contact lenses and solutions
- Hearing aids
- Laser eye surgery
- Medical and dental plan deductibles and coinsurance
- Menstrual care products
- Over-the-counter medicines
- Over-the-counter COVID-19 Tests
- Personal protective equipment (PPE) for the primary purpose of preventing the spread of COVID-19 (e.g. face masks, hand sanitizer, and sanitizing wipes)
- Prescription drugs
- Transportation expenses related to medical care
- Weight reduction programs prescribed for physician-diagnosed obesity

Review [Nyhart's HSA Eligible Expense List](#) for additional examples. For a more extensive list, log in to your [iu.nyhart.com](#) account and select the *Expense Eligibility Table* link from the home page (you must enter the listed password to access the table). Detailed information about qualified healthcare expenses can be found in Section 213(d) of the Internal Revenue Code and [IRS Publication 502](#).

NON-QUALIFIED (INELIGIBLE) EXPENSES

The following is a list of non-qualified expenses. This list is not all-inclusive and is subject to change by the IRS. Any HSA funds used for non-qualified expenses are taxable as income and subject to a 20% IRS penalty. The penalty may

not apply if you are age 65 or older, if you are disabled, or after your death; however, the amount withdrawn will still be taxable as income. Consult a tax advisor if you are in doubt about a particular expense.

Non-qualified expenses include:

- Advance payment for services not yet rendered
- Cosmetic surgery and procedures (unless due to accident, birth defect, or disease)
- Cosmetics, hygiene products, and similar items
- Funeral, cremation, or burial expense
- Maternity clothes
- Premiums for life insurance, income protection, disability, loss of limbs or sight
- Teeth-whitening services & products
- Toothpaste and mouthwash
- Weight loss programs

USING HSA FUNDS FOR FAMILY MEMBERS

Tax-free HSA funds can be used to pay for qualified healthcare expenses for you, your spouse or your IRS-qualified tax dependents. This is true even if they are not covered on your HDHP. The healthcare reform law made it possible for parents to keep children through age 25 on their health plans—even those who are married and living away from home—but it doesn't require those dependents to be tax dependents. This means that it's possible for your adult children to be covered on your health plan, but you won't be able to use your HSA funds to cover their healthcare expenses unless they are also your tax dependent. Another IU benefit plan, the [Healthcare Flexible Spending Account \(FSA\)](#) allows you to use tax-free funds to pay for the healthcare expenses for these children, even if they are not covered on your medical plan.

ACCESS TO HSA FUNDS

All participants are provided with a debit-type Visa card, or "IU Benefit Card", for the HSA. Funds in the account can be accessed by making payments at the point of service, or through online fund transfers.

The IU Benefit Card can only be used at qualified healthcare providers such as a doctor's office, hospital, or pharmacy. Any IRS-approved healthcare expense purchased at a non-healthcare provider (such as band-aids or contact lens solution purchased at a grocery store) should be paid out-of-pocket. You can then reimburse yourself for the expense by transferring the funds from your HSA to your personal bank account online.

You should save all receipts for items paid for by your HSA for your records in case of an IRS audit. Copies of receipts can also be attached to the transaction detail online through the expense tracker at iu.nyhart.com.

Enrollees automatically receive two cards per family. Additional debit cards for use by family members may be obtained for a fee by submitting the [Additional Debit Card Request Form](#) or by calling Nyhart at 800-284-8412. When giving cards to family members, remember that you are responsible for substantiating purchases on all cards, as requested by Nyhart.

The IU Benefit Card is effective for three years and you may continue to use the card for that period as long as you enroll in either the HSA or Healthcare FSA each year. New cards are automatically reissued as they expire.

IRS LIMITATIONS ON OTHER SPENDING ACCOUNTS

When you have both an HSA and a Healthcare FSA, your FSA funds can only be used for dental and vision expenses until your annual HDHP deductible is met. In this situation, the IU Benefit Card is set up as a "stacked card." This means that when the card is used at medical or pharmacy providers, the card will automatically draw from HSA funds. When the card is used at dental and vision providers, the card will automatically draw from FSA funds first, then HSA funds once the FSA funds have been exhausted.



HSA INVESTMENTS

Funds above a \$1,000 balance in your HSA cash account may be transferred to an investment account. Once opened, an array of investment options are available. All initial investing and trades can be done online at any time free of charge. The earnings on your HSA investments, if any, are also tax-free.

An investment in a mutual fund is not insured or guaranteed by the FDIC or any other government agency. It is possible to lose money by investing. Investors should carefully consider the investment objectives, risks, charges and expenses of the fund. Please carefully read the prospectus, which contains this and other important information before you invest money.

REPORTING REQUIREMENTS

CLAIM SUBSTANTIATION

There are no claim substantiation requirements from the bank custodian or the university for your HSA. Even though receipts are not submitted with your annual income tax filing, substantiation may be required by the IRS at a later time, such as in the case of an audit. For this reason you should save all receipts for items paid for by your HSA.

If requested by the IRS, you are required to produce receipts that show how your HSA funds were used to pay or reimburse qualified healthcare expenses. Expenditures that cannot be substantiated are subject to taxation and penalties. See the next section, *Taxable Income Situations*.

TAXABLE INCOME SITUATIONS

HSA funds used for non-qualified expenses are taxable as income and subject to a 20% IRS penalty. The penalty may not apply if you are age 65 or older, if you are disabled, or after your death; however, the amount withdrawn will still be taxable as income. After age 65 you can use your HSA funds to pay for things other than qualified healthcare expenses. The amount withdrawn is taxable as income, but is not subject to any additional penalties.

If you elect the HSA but are ineligible to make tax-free contributions, or if you become ineligible during the year, you are responsible for working with Nyhart to remove all ineligible ("excess") contributions from your account, and for reporting those excess contributions as taxable income on your annual tax return. Excess contributions not withdrawn from your HSA by the tax deadline (typically April 15) in the following year are subject to a 6% excise tax each year they remain in your HSA. You should be aware of the reporting requirements for excess contributions as detailed in the [Instructions for IRS Form 8889](#). Consulting a tax advisor about reporting excess contributions is advised to avoid unforeseen taxes and/or penalties.

TAX FORMS

The bank custodian will provide you with electronic copies of Tax Form 5498-SA and 1099-SA at the end of each tax year. These forms report your account contributions and withdrawals. The IRS requires you to submit [IRS Form 8889](#) each year with your federal income tax filing. This form reports all contributions to the account including contributions made by you and the university through payroll deductions.

TERMINATION OF COVERAGE

Participation in the IU-sponsored HSA will end as of the first to occur of:

- the date that the plan terminates; or
- the date you fail to make all required contributions; or
- the date your employment terminates or you are no longer an eligible employee; or
- the date your HDHP coverage terminates (funds remaining in the HSA will become an individual account); or
- the last day of the plan year in which you elect to participate in the plan.

HSA AFTER TERMINATION

When your HDHP coverage ends, you are no longer eligible to make contributions to the HSA through IU payroll deductions. However, you will continue to have access to your HSA funds to pay for qualified healthcare expenses. The HSA custodian will provide you with information describing your options for transferring your IU-affiliated account funds to an individual HSA, or other IRS-allowed options. Any account fees related to an individual HSA are your responsibility.

LEAVE OF ABSENCE

If you are on an approved leave of absence, participation in the HSA will continue as long as you continue enrollment in an HDHP. Payroll contributions will continue as long as you are receiving pay. If you are on leave without pay, payroll contributions will stop, then resume upon returning to a paid status.

You can change your annual contribution amount at any time during a leave of absence by submitting an Optional Benefit Change request through the [Employee Center](#), or by submitting an [HSA Enrollment/Change Form](#) to IU Human Resources. If you do not elect to continue coverage in an HDHP during an unpaid leave of absence, participation in the HSA will also terminate. Any funds remaining in the HSA will transfer to an individual account.

HSA funds cannot be used to pay for active group health plan premiums (e.g. IU-sponsored health plan premiums while on an unpaid leave of absence).

RECOMMENCEMENT OF PARTICIPATION

If you terminate participation as a result of ineligibility or experiencing an IRS-qualifying life event, you can resume participation in the plan once you meet the eligibility requirements again. If you terminate then resume participation in the same plan year, you will be required to make at least the annual minimum contribution required by the plan. If the university's annual contribution for the plan year has already been made, you will not receive any additional university contributions.

TAX CONSIDERATIONS WHEN TERMINATING MID-YEAR

If you terminate mid-year and do not continue HDHP coverage (either through COBRA or another IRS-qualified HDHP), it's important that you confirm contributions to your HSA were not made in excess of the IRS prorated maximum.

Details on the calculation of the IRS prorated maximum can be found in [IRS Publication 969](#). If your contributions have exceeded your prorated maximum, you are responsible for working with Nyhart to remove all ineligible ("excess") contributions from your account, and for reporting those excess contributions as taxable income on your annual tax return. Excess contributions not withdrawn from your HSA by the tax deadline (typically April 15) in the following year are subject to a 6% excise tax each year they remain in your HSA. You should be aware of the reporting requirements for excess contributions as detailed in the [Instructions for IRS Form 8889](#). Consulting a tax advisor about reporting excess contributions is advised to avoid unforeseen taxes and/or penalties.



Indiana University Healthcare Plans Notice of Privacy Practices

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.

Effective Date: April 14, 2003
Updated: March 23, 2023

As the Plan Sponsor of employee health care plans, Indiana University is required by law to maintain the privacy and security of your individually identifiable health information. We protect the privacy of that information in accordance with federal and state privacy laws, as well as the university's policy. We are required to give you notice of our legal duties and privacy practices, and to follow the terms of this notice currently in effect.

This notice applies to all employees covered under an IU-sponsored health plan, but particularly those enrolled in IU self-funded plans.

How the Plan May Use and Disclose Protected Health Information about Members

Protected Health Information (PHI) is health information that relates to an identified person's physical or mental health, provision of health care, or payment for provision of health care, whether past, present or future and regardless of the form or medium, that is received or created by the Plan in the course of providing benefits under these Plans.

The following categories describe different ways in which Indiana University uses and discloses health information. For each of the categories Indiana University has provided an explanation and an example of how the information is used. Not every use or disclosure in a category will be listed. However, all of the ways Indiana University is permitted to use and disclose information will fall within one of the categories.

Treatment

Health information may be reviewed to provide authorization of coverage for certain medical services or shared with providers involved in a member's treatment. For example, the Plan may obtain medical information from or give medical information to a hospital that asks the Plan for authorization of services on the member's behalf, or in conjunction with medical case management, disease management, or therapy management programs.

Payment

Medical information may be used and disclosed to providers so that they may bill and receive payment for a member's treatment and services. For example, a member's provider may give a medical diagnosis and procedure description on a request for payment made to the Plan's claim administrator; and the claim administrator may request clinical notes to determine if the service is covered. Similarly, a physician may submit medical information to a Business Associate for purposes of administering wellness program financial incentives. Medical information may also be shared with other covered entities for business purposes, such as determining the Plan's share of payment when a member is covered under more than one health plan.

Explanations of Payments may be mailed to the physical or email address of record for the employee, the primary insured.

Health Care Operations

Health information may be used or disclosed when needed to administer the Plan. For example, Plan administration may include activities such as quality management, administration of wellness programs and incentives, to evaluate health care provider performance, underwriting, detection and investigation of fraud, data and information system management; and coordination of health care operations between health plan Business Associates. Genetic information will not be used or disclosed for health plan underwriting purposes.

Medical information may also be used to inform members about a health-related service or program, or to notify members about potential benefits. For example, we may work with other agencies or health care providers to offer programs such as complex or chronic condition management.

Individuals Involved in Your Care or Payment of Care

Unless otherwise specified, the plan may communicate health information in connection with the treatment, payment, and health care operations to the employee and/or any enrolled individual who is responsible for either the payment or care of an individual covered under the plan. Also, when a member authorizes another party in writing to be involved in their care or payment of care, the Plan may share health information with that party. For example, when an employee signs an authorization allowing a close friend to make medical decisions on their behalf, the Plan may disclose medical information to that friend.

Legal Proceedings, Government Oversight, or Disputes

Health information may be used or disclosed to an entity with health oversight responsibilities authorized by law, including HHS oversight of HIPAA compliance. For example, we may share information for monitoring of government programs or compliance with civil rights laws. Health information may also be disclosed in response to a subpoena, court or administrative order, or other lawful request by someone involved in a dispute or legal proceeding.

Research

Health information may be used or shared for health research. Use of this information for research is subject to either a special approval process, or removal of information that may directly identify you.

Uses & Disclosures Requiring Your Written Authorization

In all situations, other than the categories described above, we will ask for your written authorization before using or disclosing personal information about you. The Plan will not share member information for marketing purposes, including subsidized treatment communications, or the sale of member information without written permission. Members can also opt-out of fundraising communications with each solicitation. If you have given us an authorization, you may revoke it at any time. This revocation does not apply to any uses or disclosures already made in reliance on the authorization.



Mental health information, including psychological or psychiatric treatment records, and information relating to communicable diseases are subject to special protections under Indiana law. Release of such records or information requires written authorization or an appropriate court order.

Member Rights Regarding Protected Health Information

Right to Inspect and Copy

Members have the right to inspect and obtain a copy of the Protected Health Information maintained by the Plan including medical records and billing records.

To inspect and copy PHI, members must submit in writing a request to the plan administrator. Requests to inspect and copy PHI may be denied under certain circumstances. If a member's request to inspect and copy has been denied written documentation stating the reason for the denial will be sent to the member.

Right to Amend

Members have the right to request an amendment to PHI if they feel the medical information is incorrect for as long as the information is maintained.

To request an amendment, members must submit requests, along with a reason that supports the request, in writing to the plan administrator.

The Plan may deny a member's request for an amendment if it is not in writing or does not include a reason to support the request. Additionally, the Plan may deny a member's request to amend information that:

- Is not part of the information in which the member would be permitted to inspect or copy;
- Is not part of the information maintained by the Plan
- Is accurate and complete

Right to an Accounting of Disclosures

Members have the right to an accounting of PHI disclosures during the six years prior to the date of a request.

To request an accounting of disclosures, members must submit requests in writing to the plan administrator. Requests may not include permitted PHI disclosures made to carry out treatment, payment or health care operations included in the six categories listed above. The member's written request must include a date or range of dates and may not include any dates before the April 14, 2003, compliance date.

Right to Request Restrictions

Members have the right to request restrictions on certain uses and disclosures of Protected Health Information to carry out treatment, payment or health care operations. Members also have the right to request a limit on the information the Plan discloses to someone who is involved in the payment of your care; for example: a family member covered under the plan.

The Plan is not required to agree to your request. To request restrictions, members must submit requests in writing to the Plan. Requests must include the following: (1) information the member wants to limit; (2) whether the member wants to limit our use, disclosure or both; and (3) to whom the member wants the limit to apply, for example, disclosures to a spouse.

Right to Request Confidential Communications

Members have the right to request that the Plan communicate with them about health information in a certain way or at a certain

location. For example, asking that the Plan contact a member only at work.

To request confidential communications, members must submit requests in writing to the health plan administrator and must include where and how members wish to be contacted. The Plan will accommodate all reasonable requests.

Right to Receive Breach Notification

If the Plan components or any of its Business Associates or the Business Associate's subcontractors experiences a breach of health information (as defined by HIPAA laws) that compromises the security or privacy of health information, members will be notified of the breach and any steps members should take to protect themselves from potential harm resulting from the breach.

Right to a Copy of This Notice

Members have the right to a copy of this Notice by e-mail. Members also have the right to request a paper copy of this notice. To obtain a copy, please contact the Privacy Administrator or visit hr.iu.edu/benefits/privacynotice.pdf.

Changes Made to This Notice

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed notice effective for Protected Health Information the Plan already has about members as well as any information received in the future. The new notice will be available on our web site, upon request, or by mail.

Right to File a Complaint

If a member believes that their privacy rights have been violated, they may file a complaint to the Privacy Administrator with Indiana University's Health Care Plans, see contact information below.

Members may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue S.W., Washington, D.C., 20201; calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Indiana University will not retaliate against any member for filing a complaint.

Contact Information

Members may contact the health plan with any requests, questions or complaints. We will respond to all inquiries within 15 days after receiving a written request. The Plan will accommodate all reasonable requests.

Privacy Administrator
2709 E. 10th Street, Ste 321
Bloomington, IN 47408
812-856-1234 | askhr@iu.edu

Personal Representatives

Members may exercise their rights through a personal representative. This person will be required to produce evidence of their authority to act on a member's behalf before being given access to PHI or allowed to take any action for a member. Proof of this authority may be one of the following forms:

- A power of attorney notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

IU HUMAN RESOURCES

T (812) 856 1234 | F (812) 855 3409
askhr@iu.edu
hr.iu.edu/benefits

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