



# Indiana University Health

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## **Indiana University Health Employee Benefits Plan Summary Plan Description**

**Administered by IU Health Plans**

services. Make sure you have a current ID card and the correct ID card is being used, the address information is up-to-date, and the date of birth information is accurate. This ensures timely claim processing. See the section on IU Health Employee Benefits Plan Identification (ID) Card for additional information.

- **Coordination of Benefits (COB)** – COB is the procedure used to pay healthcare expenses when a Covered Person is covered by more than one Plan. You are responsible for providing the medical benefits administrator with information pertaining to additional medical benefits that Covered Persons are eligible to receive. The Plan uses this information for determining payment decisions. See Coordination of Benefits section for additional information.
- **Life Event Changes** – Certain changes that affect you and/or your Dependents, such as a marriage, birth or divorce, may result in the need to make changes to your benefits elections and a corresponding change in premium. See section on Change in Family Status/Life Event Changes for additional information.

## Eligibility

You are eligible for benefits if you are full-time (scheduled to work 72 hours per pay period) or part-time scheduled to work at least 48 hours per pay period Team Member. Your Dependents eligible for enrollment include:

5. Legally married spouse.
6. Registered domestic partner (same or opposite sex).
7. Children\* or children of a registered domestic partner to the end of the month of their 26<sup>th</sup> birthday or any age if permanently and totally disabled. (A permanently and totally disabled child must have been continuously covered prior to enrolling in the IU Health Employee Benefit Plan.)
8. Dependent children who are required by a qualified medical child support order (QMCSO) to be covered by the Plan and are (1) not claimed as Dependent with the IRS by the Employee and/or (2) do not reside with the Employee may be covered under the Plan in accordance with such QMCSO. A copy of this order must be furnished to Human Resources Shared Services at the time of enrollment and determined to be qualified as set forth below. Covered children who reside outside the service area and are required to be covered by the Team Member in accordance with a QMCSO are covered at a higher Deductible and Coinsurance for services, but may return to the service area (designated Primary Care Physician) for all routine care for coverage at the lowest Deductible and Coinsurance. Services received are paid per the Plan. (For enrolling Dependents, see section on How You Enroll.)

\*Children include natural or legally adopted children of the Team Member or of a registered domestic partner, children placed for adoption, stepchild and court-appointed legal guardian.

## Coverage Options:

1. **Employee Only** – Covers only the Team Member.
2. **Employee + Children** – Covers the Team Member and eligible children.

3. **Employee + Spouse (domestic partner)** – Covers the Team Member and his/her spouse or domestic partner.
4. **Family** – Covers the Team Member and eligible spouse/domestic partner and eligible Dependents.

## Eligibility Verification

New hires and existing Team Members enrolling themselves and/or Dependents in medical, dental and/or vision coverage must provide supporting documentation within 31 days of hire or family status change to Human Resources Shared Services or their local Benefits Office for verification of eligibility. Acceptable documentation is outlined below.

If you are enrolling your spouse in medical coverage, you must also complete and submit a Questionnaire for Medical Coverage of a Spouse/Domestic Partner so a determination can be made on whether the spouse is eligible for primary or secondary coverage through the Plan.

### Acceptable Supporting Documentation

(All financial information and Social Security numbers should be marked out.)

- Legal Spouse – A copy of the first page of the most recently filed federal income tax return Form 1040 that indicated “married filing jointly” or “married filing separately” (spouses name must appear on the line provided after “married filing separately”). If recently married and have not filed a joint 1040, Team Member must provide a copy of the recent valid legal or religious marriage certificate/license, which must include date of marriage.
- Registered domestic partner (same or opposite sex) – A copy of the approved IU Health Affidavit of Domestic Partnership.
- Registered domestic partner – certified tax Dependent – A copy of the approved IU Health Affidavit of Domestic Partnership and a copy of the first page of the most recently filed federal income tax return Form 1040 indicating domestic partner as your IRC Section 152 Dependent.
- Child/Adult child up to age 26 – A copy of any one of the following: birth certificate, legal adoption papers, official court order, legal guardianship papers, qualified medical child support order.
- Disabled child over the age of 26 – A copy of any one of the above acceptable documents for any child/adult child, the first page of the most recently filed Form 1040 and a statement from a Physician certifying that the Dependent cannot work to provide self-supporting due to a permanent and total disability.

Acceptable documentation must be provided within 31 days of hire or family status change to Human Resources Shared Services or local Benefits Office for verification of eligibility for an enrolled Dependent for Plan coverage to become effective.

Contact Human Resources Shared Services at [REDACTED] or your local Benefits Office if you have any questions about the eligibility of any Dependents you would like to enroll for coverage.