The latest work-life information at IU

The Informed Employee

www.indiana.edu/~uhrs/

No. 29
October 2003

INDIANA UNIVERSITY
University Human Resource Services

Inside this Issue:

The Informed Employee is published two or three times a year by University Human Resource Services for approximately 16,000 full-time appointed staff and academic employees across the eight Indiana University campuses.

An online version of this bulletin is at www.indiana.edu/~uhrs.

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Annual Open Enrollment

Once a year, full-time employees have the opportunity to make changes in medical, dental, and Personal Accident Insurance coverages and to enroll in the university's Tax Saver Benefit (TSB) Plan.

If an employee does not take any enrollment actions during Open Enrollment, participation in medical, dental, and Personal Accident Insurance will remain the same at the 2004 contribution rates. If an employee does not enroll in the Tax Saver Benefit Plan, he/she will not be a participant in 2004. Participants in Partners HMO who do not select another medical plan during Open Enrollment will not have IU-sponsored medical coverage effective January 1, 2004.

Participation in the university's TSB plan requires enrollment each year to take advantage of pre-tax reimbursement of health and dependent care expenses. Employees do not need to be enrolled in an IU-sponsored health plan to take advantage of the TSB plan.

The Open Enrollment period takes place during November of each year, with enrollment changes becoming effective on January 1. This is an opportunity to:

- Select a different medical plan or drop a plan.
- Add or drop dependents.
- Add or drop dental coverage (if eligible).
- Add, drop, or change Personal Accident Insurance.
- Allocate contributions for pre-tax reimbursement of 2004 health care and/or dependent care expenses (TSB).

An Open Enrollment packet with additional information and enrollment forms will be sent to full-time appointed employees in mid-October through campus mail. The deadline for submitting Open Enrollment forms is November 14, 2003

2004 Health Care Plans

2.26 Percent Increase in Medical Premiums

For 2004, there will be a 2.26 percent increase in the weighted average adjustment in medical premiums for the university's four medical plan options. There will also be a 7.5 percent increase in dental premiums.

The above are adjustments in total premiums, and employee contributions will increase or decrease based on the difference between total premium and the university's contribution amount. For 2004, the university will contribute the following for medical and dental plan coverage:

2004 UNIVERSITY CONTRIBUTIONS

	MEDICAL	DENTAL
Employee Only	$3,567.75	$209.65
Employee/Child(ren)	$6,208.08	$298.89
Employee/Spouse	$7,542.38	$403.88
Family	$8,108.27	$568.72

Note: The university will contribute a greater amount for nonexempt Staff with a base salary of less than $23,465.

University contributions for dental coverage will increase by 7.5 percent and university contributions for medical coverage will increase by 2.26 percent.

See page 3 for a list of 2004 medical plan premiums and employee contributions.

Highlights of Modifications

IU Dental Plan
- No plan changes.

IU PPO-Plus
- One comprehensive eye exam per year, including refraction, will be covered.
- The prescription brand copay schedule has increased to $15 (for brands under $60), $30 (for brands $60 and over). The $5 generic copay will remain the same.
- Prescription coverage for non-sedating antihistamines has been moved to Tier 4, 100 percent copay with plan discounts.
- A new service will be added to inform members of optional lower cost substitutes for high-cost brand drugs.

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New Tax Deferred Savings Plan

Indiana University is pleased to announce the establishment of the IU Retirement Savings Plan, effective September 1, 2003–an additional opportunity for employees to accumulate retirement savings with tax deferred contributions and investment earnings. (The IU Board of Trustees is expected to formalize the adoption of this new plan at their September 2003 meeting.)

The IU Retirement Savings Plan will take advantage of IRC Section 457(b) deferred compensation provisions, allowing employees to voluntarily contribute to a retirement account by "deferring" a portion of their salary on a before-tax basis. General provisions of the IU Retirement Savings Plan include:

(continued on page 3)

Tobacco Use and Health

Study Links Smoking, TB Deaths

About half the tuberculosis deaths among men in India, which has the world's highest TB toll, are due to smoking, new research indicates. In the first major study to identify smoking as an important cause of death from tuberculosis, researchers calculated that men in India who smoke are about four times as likely to become ill with TB and die as nonsmokers. They concluded that three-quarters of the smokers who became ill with TB would not have done so if they had not smoked. The research, published in "The Lancet" medical journal, illustrates how smoking magnifies the death toll from illnesses. Source: Boston (MA) Globe, 2003-08-15

Retirees Under Age 65 More Affordable Health Care

Effective January 2004, Retirees who are under age 65 (not eligible for Medicare) will have the option of enrolling in two IU-sponsored self-funded PPO medical plans: IU PPO $900 Deductible and IU PPO-Plus. Medical premiums for these Retirees will be the same as COBRA participants for the respective plan, which are based on the premiums for the active employee pool.

These Retirees will benefit from this new provision as follows:

- There will be a choice of two medical plans.
- Medical plan coverages will be expanded.
- Premiums will be the same as COBRA participants.

Additional details will be available at the time of retirement from the university.

2004 Health Care Plans
(from page 1)

IU PPO $900 Deductible

- Preventive and wellness services, such as annual physicals, periodic screenings, and child immunizations, will be covered with just a copay, even if the deductible hasn't yet been met.
- One comprehensive eye exam per year, including refraction, will be covered.
- While the individual deductible and copay maximums remain the same, the family deductible and copay maximums will change. This only affects employees with a total of three or more individuals covered under their plan. The annual family deductible maximum will increase to $2,700 and the family out-of-pocket copay maximum will increase to $3,000. For details and examples of how the $900 deductible and maximums work, go to www. indiana.edu/~uhrs.
- The prescription brand copay schedule has increased to $15 (for brands under $60), $30 (for brands $60 and over). The $5 generic copay will remain the same.
- Prescription coverage for non-sedating antihistamines has been moved to Tier 4, 100 percent copay with plan discounts.
- A new service will be added to inform members of optional lower cost substitutes for high-cost brand drugs.

M-Plan HMO

- A $200 copay has been added for inpatient hospitalizations.
- A $50 copay has been added for outpatient surgery.
- Biotech drugs will have a 20 percent copay up to a $2,400 per member maximum payment per year.

Blue Preferred Primary POS

- Mental health and chemical dependency will be covered the same as any other medical condition.
- The Anthem Blue Preferred network is gaining provider acceptance, making this plan a more viable option statewide, particularly in South Bend.

Partners HMO

- Due to a decision on the part of Partners, this plan will be discontinued effective December 31, 2003. Current participants may enroll in other plan during Open Enrollment; if no action is taken, the participant will have no IU-sponsored medical coverage effective January 1, 2004.

Personal Accident Insurance (PAI) Plan

- No plan changes.

Tax Saver Benefit (TSB) Plan

The TSB plan is designed to save tax dollars when the eligible employee pays for certain IRS-eligible expenses. When the employee elects to set aside salary contributions into one or both the TSB expense reimbursement accounts, the contributions are not subject to federal, state, local, or FICA taxes. This can mean substantial savings to the employee. Eligible employees may elect to participate in either or both reimbursement accounts:

- Health Care Reimbursement Account - for health care expenses incurred by the employee or their eligible tax dependents that are not eligible for health plan reimbursement.
- Dependent Care Reimbursement Account - for child or elder day care (not health care) expenses that allow the employee to work.

The TSB expense reimbursement accounts are administered by The Nyhart Company.

Points to Remember

- Estimate conservatively. Unused TSB contributions are **forfeited**, and cannot be "rolled over" to the next year, nor can they be moved between accounts.
- All full-time appointed employees are eligible; the employee does not have to be enrolled in a medical or dental plan to participate.
- Contributions are elected on an annual basis. Annual elections cannot be changed during the year unless the employee experiences an IRS-defined change in status.
- The annual election amount is eligible from January 1. (Money can be taken out before it is put in.)
- The employee must enroll *each year* in TSB reimbursement accounts in order to participate–enrollment is not automatic each year.
- In order to be reimbursed from a TSB account, the expenses claimed must be eligible under IRS regulations, **incurred** during the tax year, and submitted by the following March 31.
- If participation (incurring eligible claims) is to continue while an employee is on leave without pay, regular TSB contributions must be made on an after-tax basis.

TSB Dos and Don'ts

In order to avoid some of the common mistakes made when completing the enrollment form:

- Do list the *annual* amount you want to contribute; don't list the per-pay-check amount.
- Do estimate pledges based on expenses anticipated during the *tax* year (January 1 through December 31); don't estimate on an academic year.
- Do list the amount of the health expense pledge for the employee and the employee's tax dependents in the Health Care Reimbursement Account section; don't include any health expenses in the Dependent (Day) Care Reimbursement Account section.

Contact Nyhart or a tax advisor with questions about whether specific expenses are eligible.

Examples of reimbursable health care expenses

- Prescriptions
- Deductibles and copays
- Routine care/physical exams
- Transportation for medical services
- Vision exams, prescription lenses, frames, and contacts
- Radial keratotomy
- Hearing aids and related expenses
- Weight-loss programs and services for obesity
- Stop-smoking programs
- Dental care and orthodontia
- Acupuncture
- Over-the-counter medicines

Examples of expenses not allowed by IRS regulations

- Cosmetic procedures or medicines prescribed for cosmetic purposes
- Expenses paid but not yet incurred
- Kindergarten
- Overnight camp

How the TSB Plan Saves Money

Suppose an eye care professional says that a pair of glasses cost $262, but a $62 mail-in rebate is available to make the cost of the eyeglasses only $200. Most people would take advantage of this rebate. The Tax Saver Benefit Plan provides a similar kind of savings—the employee pays for health care, then submits a claim to the plan for reimbursement with tax-free income contributed from his or her regular pay.

Normally, an employee would pay for out-of-pocket health care expenses with after-tax income. By contributing pre-tax income to a TSB account, it is like getting a discount on these bills since as much money does not have to be earned to pay for them. The money contributed to TSB reimbursement accounts by automatic salary reduction is not subject to federal, state, local, or FICA taxes. The amount of the savings depends on the employee's income, marital filing status, withholding allowances, and resulting tax rate. For example, a single employee with an annual salary of $27,000 and no allowances would save approximately 23.65 percent in taxes (12 percent federal, 7.65 percent FICA, 4 percent state and local).

The following is an *example* only and is based on an annual salary of $27,000. Tax savings will depend on individual tax rate.

Example:

	Not using TSB	Using TSB
Contribution to reimbursement account	$ 0	$200
Cost of eyeglasses	$200	$200
Income taxes paid on $200	$ 62	$ 0
Amount you must earn to buy eyeglasses	$262	$200
Amount saved	**$ 0**	**$ 62**

Dependent Eligibility

IU-sponsored Medical and Dental Plans

Eligibility Guidelines for IU-sponsored Coverage

Eligible Employees

Persons employed by Indiana University as full-time appointed staff or academic employees are eligible for plan membership.

Eligible Dependents

Dependents that are eligible for coverage are:

- The employee's spouse as defined by Indiana law; registered same sex domestic partners, and
- the employee's unmarried biological and/or adopted children or stepchildren through age 18, or until the child turns 24 if a full-time student.

Points to Remember

Tax dependent status - in order to be eligible, the employee's child must meet the IRS support test as a qualified dependent of the employee or spouse.

Disabled child eligibility - a fully disabled child may be eligible to continue coverage after reaching age 24. Contact a campus human resource office for information on how to apply for continued coverage.

Newborn eligibility - in most cases, a newborn is covered for the first 31 days, but in order to continue coverage the newborn must be enrolled through a campus human resource office within 60 days of birth. After 60 days, the next opportunity to add the newborn is Open Enrollment for the next year.

Midyear changes - the elections made during Open Enrollment must stay in effect for the entire year unless an IRS-defined "change in status" is experienced, such as marriage, a birth, or a spouse's loss of other employer coverage. Changes must be made within 60 days of the date of the change in status. After that time, the employee must wait until the next Open Enrollment.

Duty to notify of ineligibility - the employee is responsible for notifying the university in writing within 60 days of any change that affects the employee's dependent eligibility, for example, marriage or divorce. A medical or dental plan member ceases to be a covered dependent on the date the member no longer meets the definition of a dependent, regardless of when notice is given to the university. Failure to provide timely notice to the university can jeopardize COBRA benefits and result in additional cost to the employee.

Pharmaceutical Manufacturers and the Cost of Medications

According to pharmaceutical industry experts, the cost of prescription drugs has increased by 85 percent from 1996 to 2000 and is expected to continue to rise significantly over the next five years. At the same time, pharmaceutical manufacturer profits continue to lead the U.S., posting higher returns on revenue and assets than any other industry.

The competitive tactics of pharmaceutical companies have come under increased scrutiny as America's employers and government agencies struggle with the increasing costs of providing prescription drug coverage. In particular, pharmaceutical manufacturers have come under fire for the following reasons:

- **Direct-to-consumer (DTC) advertising.** Manufacturers of brand prescription drugs continue to spend exorbitant amounts of money on direct-to-consumer advertising, with television ads for prescription drugs as common as automobile and beverage ads. DTC advertising is controversial with many experts concerned that the ads typically offer limited information and may contribute to inappropriate prescribing and increased prescription costs. For example, the February issue of *Consumer Reports* warns that drug ads:
    1. Commonly minimize drug risks.
    2. Exaggerate how well drugs work.
    3. Make false claims that one drug is better than another.
    4. Suggest unapproved uses for existing drugs, and
    5. Promote still-experimental drugs.
- **Advertising expenditures vs. research and development expenditures.** While drug manufacturers emphasize the importance of their research and development of new life-saving drugs, the eleven Fortune 500 drug companies devote an average of approximately three times more on advertising, marketing, and administrative costs than on research and development of drugs.
- **Blocking generic drug introductions through legal maneuvers.** For example, the Wall Street Journal reported that the maker of the popular drug Claritin filed a lawsuit against ten generic manufacturers in order to block the introduction of a generic form of Claritin. In many cases, lawsuits such as this lack substance but serve to unnecessarily delay the launch of generic products to the detriment of consumers.
- **Anti-competitive agreements with generic manufacturers.** There are many documented cases of agreements where brand manufacturers make large payments to generic manufacturers in return for delaying the generic drug's introduction.
- **Introducing new dosage forms of drugs prior to generic introductions.** One way a brand prescription drug manufacturer can avoid generic competition is to make a small change in the dosage form of their drug and then employ aggressive marketing strategies to convert patients to the newer product prior to the generic drug release. This practice can significantly reduce the cost savings potential–for consumers and employers–of new generic drugs. Examples include once-a-day Glucophase and once-weekly Prozac.

These tactics are not going unnoticed. The federal government, state governments, health plans, health provider and consumer groups have begun to address the competitive practices of pharmaceutical manufacturers.

New Tax Deferred Savings Plan

(*from page 1*)

- All full-time and part-time (50 percent FTE or more) appointed employees and certain Hourly employees are eligible to participate.
- Salary "deferral" contributions are processed through payroll on a before-tax basis, subject to IRS annual limits. (For 2003, the limit is $12,000 plus another $2,000 for participants who are age 50 or above.)
- Federal and Indiana income taxes on contributions and associated earnings are deferred until funds are withdrawn from the participant's retirement account.
- Withdrawal of any portion of account accumulations is only allowed upon termination from the university.
- Investment fund options include TIAA-CREF Investment Solutions and Fidelity Investments.

Eligible employees may enroll in either or both the IU Retirement Savings Plan and the IU TDA Plan. While these two plans are similar, there are a couple of meaningful differences in withdrawals. Under the IU TDA Plan, an IRC Section 403(b) plan, employees may withdraw any portion of their account accumulations under age 59 1/2. (Former employees may withdraw any portion of their account accumulations at any age, with an IRS penalty of 10 percent for withdrawals after age 59 1/2.) Under the IU Retirement Savings Plan, only terminated employees may withdraw account accumulations, regardless of age. (There is no IRS penalty for withdrawals at any age.)

To enroll in the IU Retirement Savings Plan employees must take two steps: 1) complete a Salary Deferral Agreement form and 2) complete a 457(b) Account Application form for TIAA-CREF or Fidelity Investments. These forms may be obtained by contacting University Human Resource Services or a campus HR office. Additional information is available at www.indiana.edu/~uhrs.

Increasing Drug Costs–What Can Employees Do?

The cost and efficacy of prescription drugs vary widely with newer drugs costing more, often significantly more, than older ones. In addition, new drugs may be no more effective, no safer, and possibly less safe than older drugs. For example, researchers now say that diuretics are often the top choice for combating high blood pressure in light of new findings from a landmark study published in the December 18, 2002 issue of *The Journal of the American Medical Association*. Newer blood pressure drugs like Zestril and Norvasc were reported as less effective in preventing strokes and heart attacks than the generic diuretic hydrochlorothiazide. Researchers analyzing the study estimate that approximately $250 to $650 per patient per year could be saved by using diuretics. Examples of widely prescribed new drugs that have been recalled for safety reasons are Redux (dieting), Propulsid (heartburn), Rezulin (diabetes), Seldane (allergies), and Baycol (cholesterol).

What can employees do to help reduce their out-of-pocket costs and lower the rate of increase in the cost of prescription drug benefits while maintaining or even improving the health benefits of their medications? Consider the following tips:

1. Ask the doctor if there are generic alternatives to medications that are currently being taken or when a new drug is prescribed. If a generic is available, work with the physician to see if the generic is right. Generic drugs cost the employee and health plan less.

2. If the benefit plan has a list of "select" or preferred drugs, ask the physician to prescribe from the plan's list. These drugs have a lower copay.

3. Be an informed consumer. Understand that newer drugs are not necessarily better drugs. Resist requesting an advertised prescription drug without knowing what condition the drug is used to treat and side effects and safety concerns. Understand that the physician may choose a generic or brand alternative that is more cost-effective, safer, and therapeutically equivalent to a drug that has been advertised.

4. Ask the physician for samples or a 30-day trial prescription of a newly prescribed maintenance drug before placing an order for a 90-day mail-order supply. Purchased but unused drugs add to both the employee and plan costs.

5. Ask the physician about lifestyle changes like smoking cessation, improved nutrition, weight loss, and exercise, that can improve health and help avoid or reduce the need for prescription medications.

Prescription medications–used correctly and safely–can have a significant impact on improving medical condition(s). Talk to the doctor to help ensure appropriate, cost-conscious, and effective prescription drug use.

2004 Medical Premium Rates (Monthly)

2.26 Percent Average Increase in Premiums

As a result of the weighted increase in medical premiums, IU contributions for medical coverage will increase by 2.26 percent. IU contributions for dental coverage will increase by 7.5 percent.

Employee contributions equal the difference between the total premium for the respective plan and IU contributions. IU contributions are the same across all medical plans, with a minimum employee contribution of $1 per month.

	Total Monthly Premium	% of Change[1]	Employee Contribution[2]	Difference 2003 to 2004[3]
IU PPO–Plus				
Employee Only	$366.56	3.6%	$69.25	$6.00
Employee/Child(ren)	$726.08	3.6%	$208.74	$13.46
Employee/Spouse	$889.30	3.6%	$260.77	$16.60
Family	$1,009.76	3.6%	$334.07	$19.69
IU PPO $900 Deductible				
Employee Only	$259.04	-1.0%	$1.00	$0.00
Employee/Child(ren)	$516.70	-1.0%	$1.00	-$15.17
Employee/Spouse	$631.66	-1.0%	$3.13	-$20.46
Family	$717.34	-1.0%	$41.65	-$22.40
M-Plan HMO				
Employee Only	$309.63	17.3%	$12.32	$11.32
Employee/Child(ren)	$561.60	4.8%	$44.26	$14.36
Employee/Spouse	$687.40	5.3%	$58.87	$20.56
Family	$780.24	5.5%	$104.55	$25.81
Blue Preferred Primary POS				
Employee Only	$282.86	3.3%	$1.00	$0.00
Employee/Child(ren)	$560.31	3.3%	$42.97	$6.63
Employee/Spouse	$686.27	3.3%	$57.74	$8.23
Family	$779.22	3.3%	$103.53	$10.18

[1] Represents the increase of total premiums from 2003 total premiums.

[2] Employee contributions are lower for nonexempt staff employees with an annual salary of less than $23,465.

[3] Represents the change in employee contribution from 2003.

More details of employee contribution amounts, including dental coverage and additional IU subsidy for lower salaries, will be included with Open Enrollment materials.

Investment Fund Performance

The following *sample* of retirement investment opportunities reflects average annual total return after all administrative expenses. These figures are based on historical results, and they do not necessarily represent future performance.

	Average Annual % Return			
	5 yrs.	10 yrs.	Life	Fund Inception
Money Market Funds				
CREF Money Market	3.98	4.49	5.22	4/88
Fidelity FMMT	4.00	4.48	5.05	12/88
Fixed Annuity				
TIAA Annuity	6.73	6.88	----	----
Bond Funds				
CREF Bond	7.42	6.96	8.22	3/90
Fidelity Govt. Inc.	7.02	6.50	9.17	4/79
Fidelity Inv. Grade	7.15	6.60	8.28	8/71
Growth & Income Funds				
CREF Soc. Choice	2.43	9.04	10.19	3/90
Fidelity Fund	-1.47	9.91	10.34	4/30
Fidelity Equity Income	0.45	9.86	12.94	5/66
Market Indexes				
Dow Jones Industrial	1.90	12.08	----	
S&P 500	-1.61	10.04	----	
NASDAQ	-2.74	9.33	----	
Russell 2000	0.97	8.24	----	
EAFE	-3.76	2.94	----	

	Average Annual % Return			
	5 yrs.	10 yrs.	Life	Fund Inception
Stock Funds				
CREF Stock	-1.87	8.31	10.25	7/52
CREF Growth	-6.33	----	7.47	4/94
Fidelity Blue Chip	-2.67	9.01	12.90	12/87
Fidelity Contrafund	2.46	11.06	12.95	5/67
Fidelity Magellan	-0.96	8.71	19.21	5/63
International/World Funds				
CREF Global Equities	-4.13	6.41	7.26	5/92
Fidelity Europe	-5.49	7.93	8.49	10/86
Fidelity Overseas	-4.14	4.27	11.55	12/84

	1 Year % Return			
PERF Options	6/30/00	6/30/01	6/30/02	6/30/03
Money Market Fund	5.40	5.68	2.58	1.40
Guaranteed Fund	8.25	8.25	8.25	8.25/7.75*
Bond Fund	4.44	11.23	8.60	10.42
S&P 500 Stock Indexes*	7.97	30.54	8.77	0.20
US Small Co Stock*			-9.46	1.28

* S&P 500 and Russell 2000 (small company) Index one-year returns.

Figures for TIAA-CREF, Fidelity Investments and Market Indexes are as of 06/30/2003.

*8.25% for first quarter, 7.75% for last three quarters, year ending 06/30/2003.

Preferred Providers

Provider network entities can be contacted at the phone numbers below to verify the participation status of a specific hospital or physician. Provider lists will also be available at Open Enrollment sessions or employees can review lists at a Web site listed below.

IU PPO-Plus and PPO $900 Deductible Plans

Medical - Anthem
800-345-2460
www.anthem.com (select *Anthem Blue Access*)
BlueCard network Providers outside of Indiana 800-810-2583
www.bluecares.com

Prescriptions - Scrip Solutions
Benefits/Claims Questions
800-213-5640
Mail order (ScripPharmacy)
800-677-4323
www.iubenefitsrx.mimrx.com

Mental Health - IU Psychiatric Management
Member Services
800-230-4876

M-Plan HMO
317-571-5320 or 800-816-7526
www.mplan.com

Blue Preferred Primary POS
800-884-9925
www.anthem.com

IU Dental Plans
CIGNA
888-336-8258
www.cigna.com/dental

The Nyhart Company (TSB)
Member Services
800-284-8412 or 317-803-7750
www.Nyhart.biz

Clery Act Notice
Campus Security and Crime Statistics

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act, the campus police or safety and security department on each Indiana University campus provides information on crime statistics, crime prevention, law enforcement, crime reporting, and other related issues at the following Web sites and/or campus locations:

Bloomington	www.indiana.edu/~iupd/	801 N. Jordan Avenue
Indianapolis	www.police.iupui.edu/	430 N. University Blvd.
Richmond	www.iue.edu/police/	Springwood Hall, Room 001
Kokomo	www.iuk.edu/adminfin/safe-secure/	Kelley Student Center, Room 234D
Gary	www.iun.edu/~policenw/	Tamarack Hall, Room 01
South Bend	www.iusb.edu/~sbsafety/	Administration Building, Room 116
New Albany	www.ius.edu/UniversityPolice/	University Center, Room 007

The Informed Employee

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