# Chapter 20 Comparison of Benefit Changes

## Health/Rx Monthly Premiums by Tier

<table>
<thead>
<tr>
<th>Tier</th>
<th>HMO - Blue Advantage</th>
<th>PPO - Alliance Select</th>
<th>MCO - Blue Access</th>
<th>PPO - Iowa Select</th>
<th>Classic - Program 3 Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>$0</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Self &amp; Spouse</td>
<td>$78</td>
<td>$263</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Self &amp; Children</td>
<td>$46</td>
<td>$173</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Family</td>
<td>$112</td>
<td>$339</td>
<td>$20</td>
<td>$328</td>
<td>$335</td>
</tr>
<tr>
<td>Double Spouse</td>
<td>$0</td>
<td>$97</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
</tbody>
</table>

### Deductible
- None for eligible expenses
- $300/$600 for out of network services only
- None for eligible expenses
- $300/$400 Inpatient services only

### Office Visit
- $10 copay - in network
- $20 Co-pay in network
- $10 Copay
- $15 Co-pay in network

### Inpatient
- 100% - in network / prior approval
- 90/10 in network, 80/20 after deduct out of network
- 90%
- 90/10 in network, 80/20 after deduct - out of network
- 80/20 after deductible when applicable

### Emergency Room visit Copay
- $100 waived if in-patient admission
- $100 waived if in-patient admission
- $50. waived if in-patient admission
- $50 waived if in-patient admission
- None

### Out of Pocket Maximum, In-Network
- None for eligible expenses
- $1,500/$3,000 for in network
- $750/$1,000
- $1,000/$2,000

### Out of Pocket Maximum, Out of Network
- No out of network coverage
- $3,000/$6,000 for out of network
- No out of network coverage
- $1,000/$2,000

### Pharmacy
- HMO or PPO use Express Scripts @ Retail pharmacy
- HMO or PPO use Express Scripts Mail Order
- Retail/Mail by Wellmark
- Retail by Wellmark
- Mail Order by Wellmark

### Rx Deductible
- $0
- $0

### Rx Out of Pocket Maximum
- $1,500 single /$3,000 all other tiers
- $5,850/$11,700
- $500/$1,000

### Rx Generic
- $10 per 30 day supply
- $5 per 90 day supply
- $5/$10
- $5
- $10

### Rx Preferred
- 30% Coinsurance/30
- 25% Coinsurance/90
- $15/$30
- $15
- $30

### Rx Non-Preferred
- 50% Coinsurance/30
- 33% Coinsurance/90
- $30/$60 or 25% - whichever is greater
- $30
- $60

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NEW Merit employees hired 7-1-17 or later and all Merit employees effective 1-1-2018

Non-Supervisory Merit hired prior to 7-1-17

PPO/P3P - PPO - Iowa Select

MCO - Blue Access

Rx Deductible

Retail/Mail by Wellmark

Rx Generic

$10 per 30 day supply

$5 per 90 day supply

Rx Preferred

30% Coinsurance/30

25% Coinsurance/90

Rx Non-Preferred

50% Coinsurance/30

33% Coinsurance/90

PPO - Iowa Select

Classic - Program 3 Plus

MCO - Blue Access

Rx Deductible

Retail by Wellmark

Rx Generic

$10 per 30 day supply

$5 per 90 day supply

Rx Preferred

30% Coinsurance/30

25% Coinsurance/90

Rx Non-Preferred

50% Coinsurance/30

33% Coinsurance/90

NEW Merit employees hired 7-1-17 or later and all Merit employees effective 1-1-2018

Non-Supervisory Merit hired prior to 7-1-17
## Chapter 20 Comparison of Benefit Changes

<table>
<thead>
<tr>
<th>Dental Monthly Premiums by Tier</th>
<th>Basic</th>
<th>Comprehensive</th>
<th>Only One Plan - State of Iowa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>$0</td>
<td>$16</td>
<td>$0</td>
</tr>
<tr>
<td>Self &amp; Spouse</td>
<td>$30</td>
<td>$77</td>
<td>N/A</td>
</tr>
<tr>
<td>Self &amp; Children</td>
<td>$37</td>
<td>$82</td>
<td>N/A</td>
</tr>
<tr>
<td>Family</td>
<td>$45</td>
<td>$96</td>
<td>$38.53</td>
</tr>
<tr>
<td>Double Spouse</td>
<td>$9.50</td>
<td>$35</td>
<td>$9.85</td>
</tr>
<tr>
<td>Basic Plan Maximum</td>
<td>$750/yr/member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Preventative /Check up Plus</td>
<td>2/yr at 100% coverage/Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check Up Plus</td>
<td>2 Preventative does not reduce Max</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic &amp; Restorative</td>
<td>Coverage at 50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Not Covered</td>
<td>Bridges/Dentures/Implants/Ortho</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Plan Max</td>
<td>$1500/yr/member</td>
<td>$1,500/yr/member</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Preventative</td>
<td>2/yr at 100% coverage</td>
<td>2/year at 100% coverage</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Basic Restorative</td>
<td>Coverage at 80%</td>
<td>Coverage at 80% but services allowed are different</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Major Restorative</td>
<td>Coverage at 50%</td>
<td>Coverage at 50% but services allowed are different</td>
<td></td>
</tr>
<tr>
<td>Lifetime Ortho Max</td>
<td>$2,000 per member, $50 Deductible</td>
<td>$1,500 per child under 19</td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>$25 annually/contract/restorative only</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>Flexible Spending Accts</td>
<td>Health Flexible Spending Account and/or Dependent Care Assistance Program</td>
<td>Health Flexible Spending Account and/or Dependent Care Assistance Program</td>
<td></td>
</tr>
<tr>
<td>Basic Life (employee only)</td>
<td>Employee pays $0.05/$1000 of coverage, ISU remainder until 1-1-2018 when ISU pays 100%</td>
<td>Employee pays $0.05/$1000 of coverage, ISU remainder</td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td>2 times salary, AD&amp;D 4 times salary</td>
<td>2 times salary, AD&amp;D 4 times salary</td>
<td></td>
</tr>
</tbody>
</table>

The State dental plan could be considered a combination of a basic plan and a comprehensive plan. Some of the restorative services are classified differently than they are on the ISU Plan.
### Chapter 20 Comparison of Benefit Changes

<table>
<thead>
<tr>
<th></th>
<th>Voluntary Life (employee only)</th>
<th>Dependent Life</th>
<th>Long Term Disability</th>
<th>Vision</th>
<th>Long Term Care</th>
<th>Voluntary 403b (SRA)</th>
<th>Tuition Reimbursement</th>
<th>Sick Leave</th>
<th>Conversion of Sick Leave to a Converted Vacation bank</th>
<th>Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Employee pays 100% - post tax</td>
<td>N/A</td>
<td>Employee Pays 100% first year - post tax</td>
<td>Voluntary eye wear coverage available through Avesis</td>
<td>Voluntary LTC coverage available</td>
<td>Available, no match from ISU</td>
<td>4 credits per semester, subject to prog. rules</td>
<td>Accrue 12 hours/month, w/ unlimited accrual</td>
<td>Allowed to convert 4 hours of vacation time for 12 hours of sick time once employee has at least 240 hours of sick accrued, subject to approval</td>
<td>1-4 Years - 10 days/year</td>
</tr>
<tr>
<td></td>
<td>1-4 times salary, AD&amp;D available</td>
<td>N/A</td>
<td>Second year Employer pays premium</td>
<td>N/A</td>
<td>Voluntary LTC coverage available</td>
<td>Available, no match from ISU</td>
<td>4 credits per semester, subject to prog. rules</td>
<td>Accrue 12 hours/month, w/ unlimited accrual</td>
<td>Allowed to convert 4 hours of vacation time for 12 hours of sick time once employee has at least 240 hours of sick accrued, subject to approval</td>
<td>5-11 Years - 15 days/year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>75% of 1st $1,000 of salary - 60% remaining</td>
<td>N/A</td>
<td>Voluntary LTC coverage available</td>
<td>Available, no match from ISU</td>
<td>4 credits per semester, subject to prog. rules</td>
<td>Accrue 12 hours/month, w/ unlimited accrual</td>
<td>Allowed to convert 4 hours of vacation time for 12 hours of sick time once employee has at least 240 hours of sick accrued, subject to approval</td>
<td>12-19 Years - 20 days/year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Voluntary LTC coverage available</td>
<td>Available, no match from ISU</td>
<td>4 credits per semester, subject to prog. rules</td>
<td>Accrue 12 hours/month, w/ unlimited accrual</td>
<td>Allowed to convert 4 hours of vacation time for 12 hours of sick time once employee has at least 240 hours of sick accrued, subject to approval</td>
<td>20-24 Years- 22 days /year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Voluntary LTC coverage available</td>
<td>Available, no match from ISU</td>
<td>4 credits per semester, subject to prog. rules</td>
<td>Accrue 12 hours/month, w/ unlimited accrual</td>
<td>Allowed to convert 4 hours of vacation time for 12 hours of sick time once employee has at least 240 hours of sick accrued, subject to approval</td>
<td>25+ years - 25 days/year</td>
</tr>
</tbody>
</table>

This is an abbreviated summary, for details see the ISU Benefits page for the insurance plan certificates.

H: Benefits Webpage/Benefit Highlights/ISU-SOI Benefit Comparison/NSM hired 7-1-17 compared to prior