

Chapter 20 Comparison of Benefit Changes

	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		
Health/Rx Monthly Premiums by Tier	<u>HMO - Blue Advantage</u>	<u>PPO - Alliance Select</u>	<u>MCO - Blue Access</u>	<u>PPO - Iowa Select</u>	<u>Classic - Program 3 Plus</u>
Self Only	\$0	\$20	\$20	\$20	\$20
Self & Spouse	\$78	\$263	N/A	N/A	N/A
Self & Children	\$46	\$173	N/A	N/A	N/A
Family	\$112	\$339	\$20	\$328	\$335
Double Spouse	\$0	\$97	\$20	\$20	\$20
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	
<b>Pharmacy</b>	<u>HMO or PPO use Express Scripts @ Retail pharmacy</u>	<u>HMO or PPO use Express Scripts Mail Order</u>	<u>Retail/Mail by Wellmark</u>	<u>Retail by Wellmark</u>	<u>Mail Order by Wellmark</u>
Rx Deductible	\$0		\$0		
Rx Out of Pocket Maximum	\$1,500 single /\$3,000 all other tiers		<b>MCO - \$5,850/\$11,700</b>	<b>PPO/P3P - \$500/\$1,000</b>	
Rx Generic	\$10 per 30 day supply	\$0 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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<b>Dental Monthly Premiums by Tier</b>	<u>Basic</u>	<u>Comprehensive</u>	<u>Only One Plan - State of Iowa</u>
Self Only	\$0	\$16	\$0
Self & Spouse	\$30	\$77	N/A
Self & Children	\$37	\$82	N/A
Family	\$45	\$96	\$38.53
Double Spouse	\$9.50	\$35	\$9.85
Basic Plan Maximum	\$750/yr/member		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 then they are on the ISU Plan
Basic Preventative /Check up Plus	2/yr at 100% coverage/Yes		
Check Up Plus	2 Preventative does not reduce Max		
Basic & Restorative	Coverage at 50%		
Basic Not Covered	Bridges/Dentures/ Implants/ Ortho		
Deductibles	None		
Comprehensive Plan Max		\$1500/yr/member -	\$1,500/yr/member
Comprehensive Preventative		2/yr at 100% coverage	2/year at 100% coverage
Comprehensive Basic Restorative		Coverage at 80%	Coverage at 80% but services allowed are different
Comprehensive Major Restorative		Coverage at 50%	Coverage at 50% but services allowed are different
Lifetime Ortho Max		\$2,000 per member, \$50 Deductible	\$1,500 per child under 19
Deductibles		\$25 annually/contract /restorative only	none
Flexible Spending Accts	Health Flexible Spending Account and/or Dependent Care Assistance Program		Health Flexible Spending Account and/or Dependent Care Assistance Program
<b>Basic Life (employee only)</b>	Employee pays \$0.05/\$1000 of coverage, ISU remainder until 1-1-2018 when ISU pays 100%		Employee pays \$0.05/\$1000 of coverage, ISU remainder
Amount	2 times salary, AD&D 4 times salary		2 times salary, AD&D 4 times salary

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

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