2019 Open Change Guide
Benefits for:
Faculty
Professional & Scientific
Merit
EMPLOYEE BENEFITS at IOWA STATE UNIVERSITY

Iowa State University recognizes employees have different needs. This is the reason a benefit program will allow you to choose between different benefit options to design the benefit plan that is right for you.

This guide provides you with information about your options for plan year 2019. It will explain the enrollment process and serve as a resource for your benefits. It is a good idea to take some time and read this guide before beginning the open change process.

The guide is not a complete description of the Iowa State University benefit plan. Nothing in this guide supersedes or changes any of the terms and conditions of any plan documents, insurance policies, contracts or other legal agreements. If the wording in this guide contradicts any plan documents, insurance policies, contracts or other legal agreements, the wording in the official document and agreements will govern.

To review detailed information of the various programs, go to http://www.hr.iastate.edu/benefits.

The University Human Resources, Service Center is located at 3810 Beardshear Hall, 515 Morrill Road, Ames, IA. This is where you will turn in enrollment forms or check in for an appointment with the Benefits Office Staff.

Telephone: 515-294-4800 or 877-477-7485
FAX: 515-294-8226
Email: benefits@iastate.edu

The office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday, except on Wednesday when it is open from 9:15 a.m. to 5:00 p.m., during holidays or when the University is operating under reduced hours. If there are any alterations of the office hours, it will be posted on the door, as well as, indicated on the voice message system.
Appointment with Benefit Consultants

- Benefits Team encourages appointments
- Appointments will help us serve you quickly with little wait time
- If you walk-in to see a Benefit Consultant, you may be asked to schedule an appointment
- Phone: 515-294-4800
- Fax: 515-294-8226
- E-Mail: benefits@iastate.edu

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What Else Should I Be Considering?

- **Medicare A & B** – notify the Benefits Office if you or dependent becomes Medicare eligible.
- Review your current plan – look at the other option to determine if there would be a cost saving for you.
- If you are in a double spouse option, is this still the best choice?
- **When was the last time you updated your life insurance beneficiaries?**
- **Do you participate in a Flexible Spending Account?** Be sure to evaluate expenses you expect for 2018.
- **Do you have enough life insurance?** Consider the voluntary term or dependent term life insurance options.
- **Are you saving enough for retirement?** Maybe you should consider starting or changing the Group Supplemental Retirement Account (GSRA). You have the option to save pre-tax or post-tax basis.

What is new for 2019?

- **Medical/Pharmacy and Dental Insurance**
  - There will be no ISU Plan credits applied when waiving coverage.
  - Wellmark BC/BS will be changing the name of the ISU Plans:
    - PPO Alliance Select will be BluePPO and HMO Blue Advantage will be BlueHMO
    - **New cards will be sent by Wellmark BC/BS to all plan participants.** You will receive new cards, even if you are keeping the same plan.
  - As of 01/01/2019 the University has decided that medical/pharmacy and dental insurance coverage will end at the end of the month in which the employee separates.
- **Avesis Eyewear Plan** - benefits plan year will begin on 01/01/2019. Benefit will end at the end of the month in which the employee separates.
- **Long-term disability** - the monthly maximum benefit amount based on annual budgeted salary will be $10,000 for all employees. This maximum amount was already in place for Faculty and Staff but will be increasing from $7,500 for merit employees.
- **Dependent Term Life** - eligibility requirements are changing and you will no longer be required to be enrolled in voluntary term life.
- **Flexible Spending & Dependent Care Assistance Program** – the minimum election will now be a $240 annual amount.
- **Group Insurance Eligibility Requirement** – As of 01/01/2019 a base of ½ time or more is all that is required to receive full time benefits, there is no longer any duration requirement.

What Should I Do During Open Change?

- Review – check everyone who is insured and verify eligibility
- Know Your Options – review your current benefit elections
- Be Accountable – know and understand your benefit elections.
- Make Changes – use AccessPlus
- Confirm Changes – review the Benefit Confirmation Statement for accuracy
- Are you retiring prior to December 31? Please do not use AccessPlus to make changes, instead set up an appointment with a Benefit Consultant.

When Do Changes Become Effective?

- January 1, 2019 – Medical, Dental, Avesis Vision, Health Care Flexible Spending Account and Dependent Care Assistance Program
- January 1, 2019 or first of the month following approval, whichever is later for Group Term Basic Life, Dependent Life or Voluntary Term Life
- January 1, 2019 or first of the month following approval, whichever is later for Long-Term Disability new enrollment
On-Demand – Live Web Cast Event

- November 6, 2018
- From 10:30 p.m. – 12:00 p.m.
- At the meeting time, enter this URL:
  http://connect.extension.iastate.edu/benefits
- Web Cast will be recorded and the link will be available on the Benefit website as soon as possible

Who is a Dependent Child?

- Child must have relationship to employee, enrolled spouse or domestic partner
- Biological children
- Legally adopted or placed for adoption or legal guardianship
- Stepchildren
- Foster Children
- Your biological child court ordered to be covered
- Children to age 26 (December 31 termination after 26)
- Children that are unmarried, full-time students 26 or over. If graduating, report graduation to ISU Benefits Office
- Totally and permanently disabled child (verified by insurance while on the plan and by age 26)
- Dependent status verification required, report changes promptly

Social Security Numbers Are Required for Dependents

- If you enroll spouse/partner and/or dependent children in the medical and/or dental plans, Social Security numbers are required.
- Social Security numbers provide unique identifiers that aid in processing enrollment information
- The IRS requires reporting information using the Social Security number or tax identification number
- Federal and State law protects the privacy and security of your Social Security number.
- ISU will not disclose your Social Security number without your consent for any other purposes except as allowed by law
- If Medicare eligible, please provide Medicare information to the ISU Benefits Office

Tax Consequences of Insuring Domestic Partners / Child Over 26?

Potential Implications

- Individuals may not be “tax dependent” per the IRS
- ISU will impute the income and you are taxed on added value of coverage

Over-aged Dependent (is not a tax dependent, i.e. disabled)

- Over age 26 and unmarried, full-time student Domestic Partner
  - State and Federal tax
You can make changes to the following benefits in AccessPlus:

- Medical Insurance
- Dental Insurance
- Healthcare Flexible Spending Account
- Dependent Care Assistance Program
- Avesis – Optional Eyewear Plan
- Group Basic Term Life, Voluntary Term Life and Dependent Term Life Insurance – forms are required to add/increase coverage
- Long-Term Disability – forms are required to add coverage

DOUBLE SPOUSE REMINDER:
If you are on a double spouse contract and both of you are classified as: Faculty, P & S, Merit or Pre/Post-Doctoral Associates then:

- Only the contract holder’s AccessPlus “Who’s Insured Worksheet” should display who is insured
- The contributing spouse record should not display who is insured
- If the contract holder is changing plans, the contributing spouse should make the same change in AccessPlus
- If ending the double spouse contract, both contracts must change

**Review and Make Changes On-Line in AccessPlus**

Most employees may use their AccessPlus portal on the ISU webpage to review your current benefits or to make changes:

**Step #1** – Go to [www.iastate.edu](http://www.iastate.edu) and click on “AccessPlus” and enter your University ID and password
- If you have difficulty opening AccessPlus, call the help desk at 515-294-4000
- If you have difficulty opening your data once in AccessPlus contact University Human Resources Service Center at 515-294-4800 or email them at hrhelp@iastate.edu

**Step #2** – Click on “Employee Tab”

**Step #3** – Click on the menu link, “Benefits Info”
- Click on “Benefit Statement”
  - Review Participation Statement – a side-by-side comparison between current benefit enrollment and projected 2019 benefit enrollment
- Click on “ISU Plan”
  - Review instructions – “Open Change Instructions”
  - Review each person insured by clicking on “Verify Who’s Insured”
  - Click on “Benefit Action Page”
    - Navigate through the system to make benefit elections/changes
    - Click on “Calculate” to view changes
    - If there are no errors, click on “Submit” to finalize changes
      - If you do not calculate and submit, all changes will be lost. Changes may also be lost when navigating between pages.
      - Some changes will not allowed through AccessPlus - Contact the Benefits Office for appropriate forms

**Step #4** – Confirm Benefits – click on “Benefit Statement”
- Starting November 30, 2018 – Review Confirmation Statement
- If correct, you do not need to do anything
- If there is an error, you have a limited time to take action. Instructions outlining the steps you need to follow will be on the Benefit Confirmation Statement. **Please note: this action is to be completed by December 7, 2018 at 5:00 p.m.**
- A Final Benefit Statement of the 2019 elections will be available in AccessPlus on December 14, 2018 for your review. **Please note: no corrections will be allowed.**
## ISU Plan Benefits....A Snapshot

<table>
<thead>
<tr>
<th>Plan Election</th>
<th>Your Choices</th>
</tr>
</thead>
</table>
| Medical/Prescription          | • Wellmark Blue HMO – starting January 1, 2019 the new name will be BlueHMO, it is the ISU Health Maintenance Organization (HMO) Plan and Express Scripts Pharmacy Plan  
• Wellmark Blue PPO – starting January 1, 2019 the new name will be in BluePPO, it is the ISU Preferred Provider Organization (PPO) Plan and Express Scripts Pharmacy Plan |
| Dental                        | • Basic Dental Plan  
• Comprehensive Dental Plan |
| Group Term Basic Life Insurance/Accidental Death and Dismemberment (AD&D) | • Value - 2 times annual budgeted salary, Plus additional 4 times annual salary if accidental death  
• Portion of benefit for dismemberment  
• Reduces January 1 of the year you turn age 65 |
| Voluntary Term Life Insurance | **Required** to be enrolled in Group Term Life Insurance (basic) to be eligible (allowed to drop coverage any time throughout year)  
• 1 times annual salary  
• 2 times annual salary  
• 3 times annual salary  
• 4 times annual salary  
• Annualized premium is a post-tax deduction |
| Dependent Term Life Insurance | To be eligible **required** to be enrolled in Group Term Life (allowed to drop coverage any time throughout year)  
• $5,000 spouse/partner - $2,500 for each child to age maximum  
• $10,000 spouse/partner - $5,000 for each child to age maximum |
| Long Term Disability (LTD)    | • ISU pay 100% of premium after one full year of service  
• Maximum Monthly benefit is increasing is up to $10,000 |
| Flexible Spending Account (FSA) | • **Contributions must have a minimum of $240 annual amount election.**  
• **Health Care Spending Account** - employee may contribute an annual maximum of up to $2,650/year  
• **Dependent Care Assistance Program** - up to $5,000 a year, per household |
| Eyewear Discount Program      | • Avesis Vision – Eyewear Plan  
• Plan year begins January 1, 2019 |
| Employee Assistance Program   | • Employee & Family Resources (EFR) |
| Discount Programs             | • Principal Financial Group - online legal documents, travel assistance, etc. (available if enrolled in ISU Basic Term Life Insurance)  
• PerksConnect – discount program for State employees  
• Wellmark – Blue 365; Identity Protection; BeWell 24/7  
• Delta Dental of Iowa vision discount through EyeMed |
Medical Options

Beginning on January 1, 2019, Wellmark Blue Cross and Blue Shield will be changing the name of the ISU plans. The name changes will be PPO (Alliance Select) to BluePPO and HMO (Blue Advantage) – to BlueHMO. Wellmark BC/BS will be issuing new cards to all plan participants, even if you are keeping the same plan.

The ISU Plan offers you two medical options. You can choose the plan that is right for your individual situation. You also elect the tier of coverage that is appropriate for you. Your options include:

- BluePPO (Preferred Provider Organization)
- BlueHMO (Health Managed Organization)
- The same Express Scripts Prescription plan with BluePPO or BlueHMO

Enrollment

NEW: As of 01/01/2019 the University has decided that medical/pharmacy and dental insurance coverage will end at the end of the month in which the employee separates.

Four tiers of coverage to choose from:
- Yourself
- Yourself and your spouse/domestic partner
- Yourself and child(ren)
- Yourself and spouse/domestic partner and child(ren)

Under the ISU Plan a benefits eligible employee will receive an ISU contribution towards medical:

Premium

A “double spouse/domestic partner” shared contract option may be available for employees whose spouse/domestic partner is an employee with ISU.

- Beginning on January 1, 2019 the double spouse/domestic partner
  - Contract holder must be Faculty, Professional & Scientific, Supervisory Merit or Pre/Post-Doctoral Associate employee, if on a double spouse contract with a Merit employee.
  - A Merit employee who shares a double spouse contract with another Merit employee, no change is required.
- The double spouse/domestic partner rate in the following box is for a couple sharing the ISU plan
- Must be enrolled in family coverage for double spouse option including employee, spouse/partner and child(ren)

**Premium for 2019**

**Monthly Amount Employee Pays Pre-tax**

<table>
<thead>
<tr>
<th>Tier</th>
<th>BluePPO</th>
<th>BlueHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td>Self &amp; Spouse/Domestic Partner</td>
<td>$263</td>
<td>$78</td>
</tr>
<tr>
<td>Self &amp; Children</td>
<td>$173</td>
<td>$46</td>
</tr>
<tr>
<td>Self &amp; Family</td>
<td>$339</td>
<td>$112</td>
</tr>
<tr>
<td>Family Double Spouse/Domestic Partner (each)</td>
<td>$96</td>
<td>$0</td>
</tr>
</tbody>
</table>
## GENERAL PLAN PROVISIONS

<table>
<thead>
<tr>
<th>Benefits from non-participating providers.</th>
<th>Refer to out of network column</th>
<th>80% coverage to MAF (maximum allowable fee) after deductible. You are responsible for any amounts between the billed charge and the maximum allowable fee paid by Wellmark. These amounts will not accumulate towards the medical out-of-pocket limit.</th>
<th>None, unless prescribed and referred by participating physician and Wellmark or in an emergency medical situation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$300 - single</td>
<td>$0</td>
</tr>
<tr>
<td>Out-of-pocket Maximum (OOP) Co-Pays <strong>DO NOT APPLY to OOP</strong></td>
<td>$1500/single contract</td>
<td>$3,000 - single contract/year</td>
<td>None on medical</td>
</tr>
<tr>
<td></td>
<td>$3,000 spouse/child/family contract/year and Separate prescription out-of-pocket limit of $1500/single/$3,000 spouse/child/family</td>
<td>$6,000 spouse/child/family contract/year and Separate prescription out-of-pocket limit of $1500/single/$3,000 spouse/child/family</td>
<td>Prescription out-of-pocket limit of $1500 - single</td>
</tr>
<tr>
<td>Coinurance (member pays)</td>
<td>10% of Maximum Allowable Fee</td>
<td>20% of Maximum Allowable Fee, after deductible</td>
<td>0%</td>
</tr>
<tr>
<td>Large case management</td>
<td>Alternative care set up on a case-by-case basis by insurance company</td>
<td>Alternative care set up on a case-by-case basis by insurance company</td>
<td>Directed by PCP</td>
</tr>
<tr>
<td>Lifetime maximum benefit – none</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

## PROFESSIONAL OFFICE SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>BluePPO In Network</th>
<th>BluePPO Out-of-Network</th>
<th>BlueHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$10/visit copay then $500 annual maximum benefit/member, self-referral to provider for up to 5 visits/condition</td>
</tr>
<tr>
<td>Office exam co-pays</td>
<td>$20 copay</td>
<td>None</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Allergy treatment</td>
<td>90% coverage, prior approval for some treatment</td>
<td>80% coverage after deductible, prior approval for some treatment</td>
<td>100% coverage - directed by PCP</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>$20/visit co-pay, then 90% coverage</td>
<td>80% coverage after deductible</td>
<td>$10 per visit copay, then 100% coverage, self-referral to network provider</td>
</tr>
<tr>
<td>Routine eye exam</td>
<td>100% coverage, after $20 copay, including refraction, one per calendar year</td>
<td>Not covered</td>
<td>100% coverage after $10 copay, one per calendar year, may self-refer to a network provider</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>100% coverage, after $20 copay, one per calendar year</td>
<td>Not covered</td>
<td>100% coverage after $10 copay, one per calendar year, self-refer to network provider</td>
</tr>
<tr>
<td>Maternity</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - directed by PCP</td>
</tr>
<tr>
<td>Contraceptive other than prescription</td>
<td>90% coverage – outpatient $20 copay - office</td>
<td>80% coverage after deductible</td>
<td>100% coverage - outpatient directed by PCP $10 copay - office</td>
</tr>
<tr>
<td>Routine physicals</td>
<td>100% coverage after $20 copay</td>
<td>Not covered</td>
<td>100% coverage after $10 copay - PCP</td>
</tr>
<tr>
<td>PLAN PROVISIONS</td>
<td>BluePPO In Network</td>
<td>BluePPO Out-of-Network</td>
<td>BlueHMO</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------</td>
<td>------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>(Office) Surgery, Radiology &amp; Pathology</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - directed by PCP</td>
</tr>
</tbody>
</table>

### HOSPITAL SERVICES

#### INPATIENT HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network Coverage</th>
<th>Out-of-Network Coverage</th>
<th>PCP Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preapproval of inpatient admissions</td>
<td>Required</td>
<td>Required</td>
<td>Directed by PCP - preauthorization required</td>
</tr>
<tr>
<td>In-patient Hospital Services</td>
<td>90% coverage; prior approval required for certain procedures</td>
<td>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</td>
<td>100% coverage - PCP or referred by PCP</td>
</tr>
<tr>
<td>Room &amp; Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Physician Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### OUTPATIENT HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network Coverage</th>
<th>Out-of-Network Coverage</th>
<th>PCP Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgical Center – Outpatient Surgery</td>
<td>90% coverage; prior approval required for certain procedures</td>
<td>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</td>
<td>100% coverage - PCP or referred by PCP</td>
</tr>
<tr>
<td>Outpatient Diagnostic Lab, Radiology</td>
<td>90% coverage; prior approval required for certain procedures</td>
<td>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</td>
<td>100% coverage - PCP or referred by PCP</td>
</tr>
</tbody>
</table>

#### EMERGENCY CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network Coverage</th>
<th>Out-of-Network Coverage</th>
<th>PCP Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - medically necessary</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - medically necessary</td>
</tr>
<tr>
<td>Emergency room care</td>
<td>$100 copay then 90% coverage; coinsurance follows copay; copay does not apply to the plan out-of-pocket limit; copay waived if admitted</td>
<td>$100 copay then 80% coverage; copay does not apply to the plan out-of-pocket limit; copay waived if admitted</td>
<td>$100 copay then 100% coverage-waived if admitted</td>
</tr>
</tbody>
</table>

#### BEHAVIORAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network Coverage</th>
<th>Out-of-Network Coverage</th>
<th>PCP Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient mental health and chemical dependency treatment</td>
<td>90% coverage</td>
<td>80% coverage after deductible; preadmission approval required</td>
<td>100% coverage</td>
</tr>
<tr>
<td>Outpatient mental health and chemical dependency treatment</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage</td>
</tr>
</tbody>
</table>

#### OUTPATIENT THERAPY SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>In Network Coverage</th>
<th>Out-of-Network Coverage</th>
<th>PCP Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech, occupational and respiratory</td>
<td>90% coverage, prior approval for some treatment.</td>
<td>80% coverage after deductible, prior approval for some treatment.</td>
<td>100% coverage - directed by PCP</td>
</tr>
</tbody>
</table>
Prescription Plan – Express Scripts

The prescription plan is administered by the pharmacy benefit manager of Express Scripts.

The pharmacy plan is administered separately from your medical plan. The member will receive a separate ID card used for your prescription purchases. You do not pay a separate premium for prescription drug coverage; the cost of the medical premium includes both.

At the point of sale, the co-pay or co-insurance you pay is determined by Express Scripts: either at a participating pharmacy or Excess Scripts by Mail.

<table>
<thead>
<tr>
<th>Deductibles: $0</th>
<th>Out-of-pocket maximum:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500 single / $3,000 spouse/child/family</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retail (30-day supply)</th>
<th>Express Script by Mail (90-day supply-home delivery)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For prescription medications used on a short-term basis.</td>
<td>For prescription medications used on a regular basis (for 3 months or more)</td>
</tr>
</tbody>
</table>

| Generic: | $10 co-pay | $0 co-pay |
| Preferred Brands: | 30% co-insurance of day supply ($100 maximum co-pay/prescription) | 25% co-insurance of day supply ($250 maximum co-pay/prescription) |
| Non-preferred Brands: | 50% co-insurance of day supply ($200 maximum co-pay/prescription) | 33% co-insurance of day supply ($500 maximum co-pay/prescription) |

Allowed to purchase 90-day supply at retail pharmacy; the 30-day cost triples.

The Express Scripts plan has clinical programs that target conditions considered chronic and complex, of which many will be treated with Specialty Medications.

- Step therapy and/or prior authorization may be required in order to:
  - Enhance health and safety through greater medication compliance.
  - Ensure adherence to prescribed therapies.
  - Avoid negative outcomes as a result of incorrect dosing, drug interactions, or treatments prescribed for non-approved indications or treatment guidelines.
Dental Options

The ISU Plan offers two dental options. You choose the plan that is right for your individual situation.

Enrollment

NEW: As of 01/01/2019 the University has decided that medical/pharmacy and dental insurance coverage will end at the end of the month in which the employee separates.

- Four tiers of coverage to choose from:
  - Yourself
  - Yourself and spouse/domestic partner
  - Yourself and child(ren)
  - Yourself, spouse/domestic partner and child(ren)

- Enrollment into the Comprehensive Dental Plan requires that you remain in the plan for a minimum of three years.
  - If you have satisfied the three (3) years of enrollment in the Comprehensive Plan, during this Open Change Period you may switch to the Basic Plan or No Coverage option.

Premium

- A “double spouse/domestic partner” shared contract option may be available for employees whose spouse/domestic partner is an employee with ISU.
- Contact the Benefits Office for details.

<table>
<thead>
<tr>
<th></th>
<th>Tier</th>
<th>Basic</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>$0</td>
<td>$16</td>
<td></td>
</tr>
<tr>
<td>Self &amp; Spouse</td>
<td>$30</td>
<td>$77</td>
<td></td>
</tr>
<tr>
<td>Self &amp; Children</td>
<td>$37</td>
<td>$82</td>
<td></td>
</tr>
<tr>
<td>Self &amp; Family</td>
<td>$45</td>
<td>$96</td>
<td></td>
</tr>
<tr>
<td>Family Double Spouse/Domestic Partner (each)</td>
<td>$9.50</td>
<td>$35</td>
<td></td>
</tr>
</tbody>
</table>

ISU Basic Dental Insurance (Delta Premier Plan)

- Maximum coverage: $750/year/insured person.
  - Coverage at 50%: Eligible basic and major restoratives such as crowns, extractions, fillings, root canal.
  - Not covered: Bridgework, dentures, implants, orthodontics
- CheckUp plus – Coverage at 100% (in-network)
  - Two routine cleanings & exams, routine bitewing x-ray
- Deductible: None

ISU Comprehensive Dental Insurance (Delta Premier Plan) - 3-year enrollment required

- Maximum coverage: $1,500/year/insured person, excluding orthodontics.
  - Coverage at 100%: Eligible checkups, cleanings, X-rays
  - Coverage at 80%: Eligible basic restoratives such as extractions, fillings, root canal.
  - Coverage at 50%: Eligible major restoratives such as bridgework, crowns, dentures, implants, inlays
  - Eligible orthodontics, lifetime maximum benefit of $2,000, $50 deductible.
  - Deductible: $25 annual/contract combined for basic and major restorative, excluding orthodontics
Making Future Changes

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows employees to enroll themselves and their spouse/partner in an employer-sponsored medical plan without underwriting (approved Statement of Health).

Making Mid-Year Changes

The benefit elections you make stay in effect from year to year unless you elect to make a change during the open change period or with a qualifying event. Payroll deductions, which cover these benefits, are taken from your paychecks January through December.

The IRS allows changes during the year for qualifying family status changes only, which include:

- Marriage (employee or dependent)
- Divorce, annulment, legal separation (employee or dependent)
- Your change of employment status
- Birth of a biological child, adoption of a child, placement for adoption, or addition of a step or foster child
- Dependent becomes eligible again due to an event
- Employee or spouse/partner reaches age 65
- Employee or dependent becomes eligible for Medicare
- Dependents becomes ineligible for Medicaid, CHIPRA or hawk-i (dependents of State of Iowa employees are not eligible for hawk-i)
- Dependent no longer eligible (over age 26), student status (no longer a full-time student) or marital status (married)
- Served with a judgment or order or decree
- Spouse’s/partner’s Retirement
- Spouse/partner terminates employment or change in employment
- Spouse/partner or dependent commences employment
- You, your spouse/partner or your dependent becomes entitled to Medicare or Medicaid
- Death of a spouse/partner or dependent
- Health only – change in employee, spouse/partner or dependent residence

Contact University Human Resources Service Center at 515-294-4800 or 877-477-7485 and ask to speak to a Benefits Consultant to discuss event qualifications(changes allowed and to obtain appropriate forms.

If you have a change in family status, which affects eligibility, you must make your change within 60 days of the event. The event will determine the effective date.
Long-Term Disability

Principal Financial Group is the underwriter for the long-term disability insurance.

Within the First 30 Days of Employment or During the Open Change Period

- Employees have the option to apply for the long-term disability option.
- If approved for the coverage, the employee is responsible for the premium on a post-tax basis during the first year of employment.
- If you waived the coverage on your new hire form and now wish to apply for coverage:
  - You are required to provide evidence of insurability via the online Principal Statement of Health Questionnaire. An e-mail will arrive at your ISU e-mail address from principalcustomerservice@ibuinc.com
  - Complete the 2019 ISU Plan Open Change Period Enrollment form
  - Employees are required to return completed forms to the Benefits Office for processing
  - To contact a Benefits Consultant to discuss or obtain forms contact University Human Resources Service Center, 3810 Beardshear Hall, or by call 515-294-4800 or 877-477-7485
  - Effective date will be upon approval from Principal Financial Group

After One Full Year of Employment ISU Pays 100% of Premium

- An employee who is currently paying for their coverage, this will automatically change to ISU paying the premium.

If approved to receive long-term disability income – NEW Percentage

- Based on the annual budgeted salary, the minimum monthly amount will be $10,000. This maximum amount has already been in place for Faculty and Staff but will be increasing from $7,500 for Merit employees.
Health Care Flexible Spending and Dependent Care Assistance Program

ASI Flex is the administrator of the Flexible Spending program.

Beginning January 1, 2019, there will be no ISU Plan Credits applied when waiving the medical or dental coverage.

- If you have any remaining excess credit funds in your Health Reimbursement Account for 2018, up to $500 may be rolled over to 2019.

Be Aware: If you, or a family member, have a Health Savings Account (HSA) plan independently or from an employer, check with the HSA Plan Administrator about the use of a health care flexible spending account (FSA).

What is a Flexible Spending Account?

A tax savings device, you contribute a portion of your pay into an FSA or DCAP on a pre-tax basis. Most people can save at least 25% or up to 40% on each dollar that is set aside in these programs when claimed with eligible expenses.

There are two types of accounts:

- **Health Care FSA:**
  - Essential health care expenses that are not covered, or are partially covered, by your medical, dental and vision insurance plans
  - Out-of-pocket health care expenses, including prescription drug costs, medical, dental, vision and hearing expenses and some approved over-the-count items

- **Dependent Care Assistance Program (DCAP):**
  - Your 13 and under age child(ren) dependent care expenses, including day care, before and after school care expenses, in-home care for older children and/or spouse or parents who reside in your home

When you enroll in the FSA or DCAP, you decide how much to contribute to the account for the entire plan year. The money is deducted from your pay pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts over the course of the plan year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to ASIFlex to request tax-free withdrawals from your FSA to reimburse yourself for these expenses.

Using the FSA to pay for expenses will reduce your out-of-pocket costs significantly. Your personal tax rate may vary, and your savings will vary according to your net tax rate.

Enrollment Information

NEW January 1, 2019 – the minimum election will now be a $240 annual amount for either program.

The health care flexible spending has an annual maximum of $2,650.

The dependent care assistance program has a maximum of $5,000 per household.

Annual re-enrollment is not required. If you do not go into Access Plus to make any benefit changes, your current 2018 contribution will automatically become the 2019 election. However, your election will be based on a minimum annual amount of $240. If you do go into Access Plus to make any benefit changes, you will be required to enter a dollar amount in the FSA and DCAP fields. Enter $0.00 if you do not want to participate.

Eligible expenses are expenses incurred during the calendar year (January 1 through December 31), or prior to your termination of employment. The determining factor is the actual date of services, not the date of billing or the date the bill is paid.
When can I start requesting reimbursement?

- Eligible expenses can only be incurred on or after the first day of your plan year.
- You are allowed to submit January 2019 claim reimbursement requests as soon as services are provided. However, funds will not be released until after February 1, 2019.
- For the Health Care FSA, your full annual election amount is available upon your initial contribution to the spending account.
- For the Dependent Care Assistance Program, you are allowed to be reimbursed only up to what you have contributed from your pay at that point, but requests in excess of this amount will be reimbursed as additional contributions are taken from your pay.

You may submit reimbursement requests for either account as frequently or infrequently as you prefer. If all your insurance is through Iowa State University, automatic claim rollover may be an option. You can find this form online at http://isu.asiflex.com.

The Federal regulations require all expenses are to be incurred during the plan year January 1 through December 31. Any reimbursement request for eligible claims incurred during the 2017 calendar year; must be submitted and received by ASIFlex on or prior to April 30, 2018. Federal regulations mandate the remaining funds will be:

- Dependent Care Assistance Program – any prior year contributions will be forfeited.
- Healthcare Flexible Spending (Health Reimbursement Account - 2018) – funds beyond the $500 carryover amount, will be forfeited. The carryover amount is a combined total of the FSA and HRA.

How Do I Submit Claims and Receive Reimbursement?

- Forms available on
  - ASIFlex website, http://isu.asiflex.com
- On-line claims filing
- Automatic filing - Medical, Dental, Rx charges
  - Enrollment and eligibility required
- Mobile phone app
- Direct deposit available

If You Have Questions?

Contact ASIFlex Customer Service by:

Phone: 800-659-3035  TTY Phone: 866-908-6043

Monday through Friday – 7:00 a.m. – 7:00 p.m. Central Time
Saturday – 9:00 a.m. – 1:00 p.m. Central Time

E-mail: asi@asiflex.com

Web: http://isu.asiflex.com
Life Insurance

- Administered by Principal Financial Group
- During open change, if you wish to reduce or drop coverage, you may do so in AccessPlus
- REMINDER: Review your beneficiary designations, to update complete the Principal Beneficiary Change form found on the Benefit Web site.

Group Term Life Insurance (Basic)

- ISU pays 100% of the premium.
- ISU Group Term Life Insurance is equal to two times the annual salary and Accidental Death & Dismemberment coverage is equal to an additional four times annual salary.
- When an active employee reaches age 65 the benefit reduces to 65% of the annual budgeted salary.
- Upon resigning from ISU, this plan is not portable.
- Employees who retire with 10 years continuous participation prior to retirement receive a $4,000 death benefit policy.

Voluntary Term Life Insurance – Optional enrollment available if enrolled in group term life (basic).

- The premiums are based on salary/age and are paid in full by the employee on a post-tax payroll deduction.
- Benefit is for additional life insurance coverage of 1, 2, 3 or 4 times your annual salary. Medical underwriting approval is required.
- Required minimum is greater of 1x annual budgeted salary or $10,000 and a maximum of lesser of 4x annual budgeted salary or $500,000.
- There is additional coverage for accidental death and dismemberment, which is equal to the coverage.
- The coverage is portable upon termination/retirement. If you continue the insurance when active employment ends, coverage may continue until age 75.

Dependent Term Life Insurance – Optional enrollment, if employee is enrolled in group term life (basic).

- Coverage is available for eligible spouse/domestic partner and/or eligible children.
- The premiums are paid in full by the employee on a post-tax payroll deduction.

Options:

Plan 1 - $2.40 per month
$5,000 coverage for spouse/domestic partner
$2,500 coverage for each dependent child

Plan 2 - $4.80 per month
$10,000 coverage for spouse/domestic partner
$5,000 coverage for each dependent child

Contact the Benefits Office to visit with a Consultant to discuss your options.
Long-Term Care Insurance (Optional)

Genworth Financial administers the long-term care insurance and offers enrollment into a group long-term care insurance product.

As a voluntary program, eligible employees, retirees and their qualified family members are eligible to apply for coverage.

After employment at ISU ends, employees have to option to continue the long-term care policy.

Contact Genworth with any questions:
• 800-416-3624
• Genworth online (group ID is ISU and access code is groupLTC)

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is administered by Employee and Family Resources (EFR). It is available to you and eligible family members.

• It is a benefit designed for you and your eligible family members.
• ISU provides this benefit at no cost to you or your family members.
• Telephone Counseling 24/7
• Up to six sessions per year
  o Per separate issue
• More information may be found here: http://www.hr.iastate.edu/benefits/addlbenefit

Do you want more information?

Detailed information regarding the Avesis plan design can be found on the Benefits website at: http://www.hr.iastate.edu/benefits

Avesis (Optional Eyewear Plan)

Iowa State University offers all benefits eligible, actively-at-work employees and eligible family members a voluntary group, eyewear discount plan.

• NEW for January, 2019: benefits plan year will begin on January 1, 2019. Benefit will end at the end of the month in which the employee separates.
• There is optional enrollment for in-network benefits for frames and spectacle lenses or contact lenses every 12 months.
• The Avesis does not cover eye exams.
  o The eye exams are covered by your medical plan.
• Coverage is available for discounted lens options or LASIK vision correction.
• There is reimbursement available for out-of-network purchase.
• The premiums are paid in full by the employee on a post-tax payroll deduction.

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A complete listing of providers in Iowa and the United States can be found:

✓ www.avesis.com
✓ 800-828-9341 to contact Avesis Customer Service Representatives
✓ To identify our plan
  o Use group #60790-1227
  o Plan #9133
Discount Programs

There may be other additional discounts available to employees from the following vendors:

- Delta Dental Enrollment
- Wellmark BC/BS Medical Enrollment
- Principal Financial Group
- Discount Program for State Employees

By going to this link, you will find the listing of those vendors and detail regarding the discounts:
http://www.hr.iastate.edu/benefits/addlbenefits/vendor-discounts

Benefit Provider Websites - From this link: http://www.hrs.iastate.edu/hrs/node/497/attachment, you will find direct links to the vendors ISU uses for the benefits.

Summary

This is a summary of your benefits under the ISU Plan (Faculty, Professional & Scientific and Merit). If there is any discrepancy between this guide and the actual plan documents, the plan documents will control in all cases.

Your enrollment via computer in AccessPlus or your signature on the “2019 Open Change Period Benefit Enrollment Form” authorizes:

- The accuracy of the benefit elections you have made, as well as the accuracy of the information about you and your dependents.
- ISU to make the appropriate payroll deductions (if any) to pay your premium of the benefits.
- Release of pertinent medical records to the insurance company, when reasonably related to the health care condition for which you, (spouse/partner and/or a dependent) are being treated.