<table>
<thead>
<tr>
<th>IMPORTANT DATES</th>
<th>EMPLOYEE BENEFITS at IOWA STATE UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2017</td>
<td>Iowa State University recognizes employees have different benefit needs. This is why the ISU benefit plan allows you to choose between different benefit options to design the benefit plan that is right for you.</td>
</tr>
<tr>
<td>• Open Change Period Begins</td>
<td></td>
</tr>
<tr>
<td>• Participation Statements available in AccessPlus</td>
<td></td>
</tr>
<tr>
<td>November 3, 2017</td>
<td>This guide provides you with information about your benefit options for plan year 2018. It will explain the enrollment process and serve as a resource for you. It is a good idea to take some time and read this guide before beginning the open change process.</td>
</tr>
<tr>
<td>• Live Web Cast Event (closed caption available)</td>
<td></td>
</tr>
<tr>
<td>• 9:00 a.m. – 10:00 a.m.</td>
<td></td>
</tr>
<tr>
<td>• URL:</td>
<td></td>
</tr>
<tr>
<td><a href="https://connect.extension.iastate.edu/benefits">https://connect.extension.iastate.edu/benefits</a></td>
<td></td>
</tr>
<tr>
<td>• Event recorded and available on Benefit Website</td>
<td></td>
</tr>
<tr>
<td>November 17, 2017</td>
<td>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.</td>
</tr>
<tr>
<td>• Open Change Closes at 5:00 p.m.</td>
<td></td>
</tr>
<tr>
<td>December 1, 2017</td>
<td>To review detailed information of the various programs, go to <a href="http://www.hr.iastate.edu/benefits">http://www.hr.iastate.edu/benefits</a>.</td>
</tr>
<tr>
<td>• Benefit Confirmation Statement Available in AccessPlus</td>
<td></td>
</tr>
<tr>
<td>December 15, 2017</td>
<td>The University Human Resources, Service Center is located at 3810 Beardshear Hall, 515 Morrill Road, Ames, IA. This is where you will check in for an appointment with the Benefits Office Staff.</td>
</tr>
<tr>
<td>• Final Benefit Statement Available in AccessPlus</td>
<td></td>
</tr>
<tr>
<td>January 1, 2018</td>
<td>Telephone: 515-294-4800 or 877-477-7485</td>
</tr>
<tr>
<td>• Effective date for enrollment and changes</td>
<td>FAX: 515-294-8226</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:benefits@iastate.edu">benefits@iastate.edu</a></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 changes to the office hours, the changes will be posted on the UHR website, signage will be placed on the Service Center door, and indicated on the voice message system.</td>
</tr>
</tbody>
</table>
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

TABLE of CONTENTS:

- Welcome / General Information
- What’s New in 2018
- Dependent Eligibility
- Review Benefits & Make On-Line Changes
- ISU Plan Benefits...A Snapshot
- Medical Plan Options & Medical Plan Comparison
- Pharmacy – Express Scripts Prescription Drug Coverage
- Dental Plan Options
- Making Future Changes
- Health Care Flexible Spending Account
- Dependent Care Assistance Program
- Avesis Eyewear Plan
- Vendor Value Added Services
- Benefit Provider Websites
- Summary
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?
- Will you participate in a Flexible Spending Account? Be sure to evaluate expenses you expect for 2018.
- 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 2018?

- Plan year for all benefits begins on January 1, 2018
- Medical Flexible Spending Account (FSA) offered
- Dependent Care Assistance Program (DCAP) offered
- Avesis vision discount plan offered
- Double spouse contract with non-ISU spouse/partner is no longer allowed

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

When Do Changes Become Effective?

- January 1, 2018 – Medical, Dental, Avesis Vision – Optional Eyewear Discount Plan, Health Care Flexible Spending Account and Dependent Care Assistance Program
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
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 IT Solution Center 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 2018 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 click on the “calculate” and “submit” buttons, all changes will be lost. Changes may also be lost when navigating between pages.
  - Some changes may not be allowed through AccessPlus - contact the Benefits Office for appropriate forms

**Step #4** – Confirm Benefits – click on “Benefit Statement”
- Starting December 1, 2017 – 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 8, 2017 at 5:00 p.m.**
- A Final Benefit Statement of the 2018 elections will be available in AccessPlus on December 15, 2017 for your review. **Please note: no corrections will be allowed.**

**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

**DOUBLE SPOUSE REMINDER:**
If you are on a double spouse contract and both of you are classified as Faculty, P & S, Supervisory/Confidential Merit, 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
- Note: a double spouse contract is no longer allowed if both spouses/partners are not ISU employees
### ISU Plan Benefits...A Snapshot

<table>
<thead>
<tr>
<th>Plan Election</th>
<th>Your Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Prescription</td>
<td>• Wellmark Blue Advantage – the ISU Health Maintenance Organization (HMO) Plan and Express Scripts Pharmacy Plan&lt;br&gt;• Wellmark Alliance Select – the ISU Preferred Provider Organization (PPO) Plan and Express Scripts Pharmacy Plan</td>
</tr>
<tr>
<td>Dental</td>
<td>• Basic Dental Plan&lt;br&gt;• Comprehensive Dental Plan</td>
</tr>
<tr>
<td>Flexible Spending Account (FSA) Administrator is ASIFlex</td>
<td>• Health Care Spending Account - employee may contribute $20.00 minimum/month up to $2,650/year&lt;br&gt;• Dependent Care Assistance Program - up to $5,000 a year, per household&lt;br&gt;• No employee contribution</td>
</tr>
<tr>
<td>Eyewear Discount Program</td>
<td>• Avesis Vision – Eyewear Plan</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>• Employee &amp; Family Resources (EFR)</td>
</tr>
<tr>
<td>Vendor Discounts</td>
<td>• PerksConnect – discount program for State employees&lt;br&gt;• Wellmark – Blue 365; Identity Protection; BeWell 24/7&lt;br&gt;• Delta Dental of Iowa vision discount through EyeMed</td>
</tr>
<tr>
<td>Group Supplemental Retirement Annuity (GSRA)</td>
<td>• Supplemental retirement account that allows employees to contribute additional funds into your retirement on a tax-deferred or after tax basis</td>
</tr>
</tbody>
</table>
Medical Options

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:

- PPO (Preferred Provider Organization) (Blue Cross/Blue Shield network as Alliance Select)
- HMO (Health Managed Organization) (Wellmark BC/BS network as Blue Advantage)
- The same Express Scripts Prescription plan with PPO or HMO

Enrollment

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 also an employee with ISU.

- 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)

<table>
<thead>
<tr>
<th>Tier</th>
<th>PPO</th>
<th>HMO</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>

ON THE FOLLOWING PAGES, THE COMPARISON IS ONLY A LIMITED SUMMARY OF BENEFITS. BENEFITS WILL BE ADMINISTERED AS DESCRIBED IN EACH PLAN’S SUBSCRIBER AGREEMENT OR PLAN DOCUMENT.
## General Plan Provisions

### Benefits from non-participating providers.

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.

### Deductible

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Alliance Select)</th>
<th>HMO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$300 - single</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>$600 - spouse/child/family</td>
<td>$3,000 - single contract/year</td>
<td></td>
</tr>
</tbody>
</table>

### Out-of-pocket Maximum (OOP) Co-Pays Do NOT apply to OOP

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Alliance Select)</th>
<th>HMO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket</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 $3,000 - spouse/child/family</td>
</tr>
</tbody>
</table>

### Coinsurance (member pays)

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Alliance Select)</th>
<th>HMO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>10% of Maximum Allowable Fee</td>
<td>20% of Maximum Allowable Fee, after deductible</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Large case management

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Alliance Select)</th>
<th>HMO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

### Lifetime maximum benefit

- None

## Professional Office Services

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Alliance Select)</th>
<th>HMO (Blue Advantage)</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>PPO (Alliance Select)</td>
<td>HMO (Blue Advantage)</td>
<td></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>PPO In Network</th>
<th>PPO Out-of-Network</th>
<th>HMO</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>PPO In Network</th>
<th>PPO Out-of-Network</th>
<th>HMO</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 and prior approval required for certain procedures</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>PPO In Network</th>
<th>PPO Out-of-Network</th>
<th>HMO</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 but then deductible applies</td>
<td>$100 copay then 100% coverage-waived if admitted</td>
</tr>
</tbody>
</table>

#### BEHAVIORAL HEALTH SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO In Network</th>
<th>PPO Out-of-Network</th>
<th>HMO</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>PPO In Network</th>
<th>PPO Out-of-Network</th>
<th>HMO</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></td>
<td>$1,500 single/$3,000 spouse/child/family</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>

<table>
<thead>
<tr>
<th>Generic:</th>
<th>Preferred Brands:</th>
<th>Non-preferred Brands:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 co-pay</td>
<td>30% co-insurance of day supply ($100 maximum co-pay/prescription)</td>
<td>50% co-insurance of day supply ($200 maximum co-pay/prescription)</td>
</tr>
<tr>
<td></td>
<td>25% co-insurance of day supply ($250 maximum co-pay/prescription)</td>
<td>33% co-insurance of day supply ($500 maximum co-pay/prescription)</td>
</tr>
</tbody>
</table>

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

- 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>Premium for 2018</th>
<th>Monthly Amount Employee Pays</th>
</tr>
</thead>
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<td>Family Double Spouse/ Domestic Partner (each)</td>
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</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
- Dependent no longer eligible (over age 26), student status (no longer a full-time student) or marital status (married). Exception given to adding adult children because of dependent law, see pages 5-6
- 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.
Health Care Flexible Spending and Dependent Care Assistance Program

ASI Flex is the administrator of the Flexible Spending program.

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**

| 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 enrollment is required.** You are required to take action to start the employee election.

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 2018 claim reimbursement requests as soon as services are provided. However, funds will not be released until after February 1, 2018.
- 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 2018 calendar year; must be submitted and received by ASIFlex on or prior to April 30, 2019. Federal regulations mandate the remaining funds will be:

- **Dependent Care Assistance Program** – any prior year contributions will be forfeited.
- **Healthcare Flexible Spending** – funds beyond the $500 carryover amount, will be forfeited.

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
**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.

- 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.
  - 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.

<table>
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<tr>
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<th>2018 Premium</th>
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<tr>
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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
  - Use group #60790-1227
  - Plan #9133

**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](http://www.hr.iastate.edu/benefits)
Discount Opportunities

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

- Delta Dental Enrollment
- Wellmark BC/BS Medical Enrollment
- 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. 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 “2018 Open Change Period Benefit Enrollment” authorizes:

♦ The accuracy of the benefit elections you have made, as well as the accuracy of the information about you and your dependents.
♦ From your 2018 payroll, 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.

A Final Note

Open Change Period Dates: November 1, 2017 through November 17, 2017 at 5:00 p.m.