Welcome

Pre/Post-Doctoral Associates
ISU Plan Benefits
for 2019
UHR Service Center and Benefits Office

Room 3810 Beardshear Hall
Phone 515-294-4800 or
877-477-7485

Benefits Team:
Sarah Ford
Jill Pretzer
Dawn Shedarowich
Ryan Stuart
Jane Walter

Retirement Income Planning: Ann Doty
http://www.hr.iastate.edu/benefits - Benefit Website
Eligibility Requirements

Must be appointed for 1/2 time or more
International Pre/Post Doctoral Associates

- All international Pre/Post-Doctoral Associates (F and J Visa) are required to carry medical/prescription drug insurance for themselves as a condition of employment at Iowa State University.
- Accompanying dependents must also be enrolled in the medical/prescription drug insurance.
- Internationals Pre/Post-Doctoral Associates are defined for this purpose as:
  - Students who are not U.S. citizens
  - U. S. permanent residents
  - Refugees
- ISU Plan is mandatory as a condition of your employment to Iowa State University
Initial Enrollment

You will receive an email (to your ISU account) containing:

• Welcome Letter
• Enrollment Form

Return the enrollment form within your designated timeframe to indicate your benefits elections.
When Can I Make Changes?

- *After initial enrollment:*
  - Qualifying Event (Mid-Year Changes)
    - Add/Drop dependents
  - Annual Open Enrollment Period
Mid-Year Changes

- After initial enrollment:
  - Must have an “event” to add/drop dependents outside of open change time to medical, dental or vision plans.
  - **Notice required within 60 days of event!**
    - Birth of baby or adoption
    - Marital status change
    - Loss of coverage for self and/or dependents
    - Eligible for new coverage for self and/or dependents

- The event date determines effective dates on adds and drops
Annual Open Enrollment Period

- Limited open change period
  - 1st working day in November through Friday close of business before Thanksgiving week begins.

- Effective dates of changes:
  - January 1 the next year
  - Upon approval

- E-mail notification

- Informational guide provided
  - Benefit Website

- You may not want to change your benefits, but your benefits might **CHANGE!**
Employee Information via AccessPlus (http://accessplus.iastate.edu)

- **View in Payroll Info:**
  - Pay and deductions
  - Details about W-4’s, taxes, year-to-date earnings
  - View vacation, sick leave and sick leave converted
to vacation time if/when eligible

- **View in Benefits Info:** only during open change period - most options will be available - view benefits, deductions, check or change your insurance benefits

- **View in Change Address:** update home/office address and confidentiality - Do not delete info!

- W-2 in January - electronic versions available
Medical and Dental Insurance

Available for:

- Tier 1 - Employee only
- Tier 2 - Employee and a spouse or domestic partner
- Tier 3 - Employee and child(ren)
- Tier 4 - Employee and family (spouse/partner & children)

- *Double spouse options* (Both work for ISU)
Spouse/Partner Defined:

- Married
- Common law marriage
- Domestic partners
  - Same or opposite sex
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 & permanently disabled child (verified by insurance while on the plan and by age 26)
- Dependent status verification required, report changes promptly
Potential 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 (that is not a tax dependent i.e., disabled)

- Over age 26 and an unmarried, full-time student

Domestic Partner

- State and Federal tax
Double Spouse Options - Medical & Dental

Share A Family Contract on ISU Plan

- Who can share:
  - Faculty
  - Professional & Scientific
  - Merit
  - Pre/Post Doctoral Associates

- Two employees with children to insure can share a family contract.

- One employee’s name is on the contract.

- Only applies to a family plan. If children come off the plan, the double spouse option ends.
If your spouse/partner is also a State of Iowa employee:

- You and dependents cannot be covered under two plans provided by the State of Iowa.
  - *Example*: A DOT employee can’t have family coverage at the DOT and also be covered as a dependent on your medical and dental insurance plans at ISU and vice versa.
- This rule regarding duplicate coverage does **not** affect the **double spouse premium** provision or non-State employers insurance.
Coordination of Benefits

- If your spouse/partner has coverage with another employer’s plan. There may be:
  - Coordination of medical and dental plans
  - ISU Plan does not allow prescription plan coordination with Express Scripts (choice of member)

- Coordination of benefit rules applied:
  - Employer’s plan coverage is primary for that employee.
  - Insured dependent children, the primary coverage is determined by earliest date of birth of both contract holders.
My Premium

**ISU PLAN CREDITS**
- Contributions from ISU
- Receive contributions for Medical, Dental, and Group Term Life Insurance (Basic), Disability after first year is complete
- Shows as one lump sum on payroll information
- Added to gross wage

Employee pre-tax elections
- Retirement
- Medical, Dental, Life, and Disability (2\textsuperscript{nd} year) indicates full cost on payroll

Employee post-tax elections

**To your calculate your costs:**
- Subtract ISU PLAN CREDITS from dental, medical, life and disability
Medical Insurance

Opt Out

- Do not want medical/prescription drug insurance
- International Pre/Post-Doctoral Associates are not eligible to opt out
Medical Insurance Plans

- Administered by Wellmark Blue Cross/Blue Shield

- Two Different Plan Designs
  - Blue PPO (Preferred Provider Organization)
  - Blue HMO (Health Maintenance Organization)

- Choice for the best coverage to meet your needs

  NOTE: The ISU Thielen Student Health Center is no longer a clinic option with these plans.
## Monthly Premiums

**Medical/Prescription Insurance**

<table>
<thead>
<tr>
<th>Tier of Coverage</th>
<th>PPO &amp; RX</th>
<th>HMO &amp; RX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td>Employee + Spouse/Partner</td>
<td>$263</td>
<td>$78</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$173</td>
<td>$46</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$339</td>
<td>$112</td>
</tr>
<tr>
<td>Family Double Spouse/Partner (contract holder pays)</td>
<td>$194</td>
<td>$0</td>
</tr>
</tbody>
</table>
**Blue PPO**

- Self-Referral
- Using providers in the national network of preferred providers organization (PPO) contracted by BC/BS for best benefits.
- Routine preventative services physicals, eye exams
- Reduced coverage when using non-network providers
  - May balance bill
  - No routine services (preventative tests, physical, eye or hearing exams)
- Out-of-pocket maximum begins on effective date through calendar year

**Blue HMO**

- Iowa network of providers:
  - Must name a Primary Care Physician (PCP)
  - Wellmark Health Plan of Iowa (WHPI) network – always verify the PCP is accepting new patients
  - PCP required for routine services
  - You may self-refer to network chiropractor, eye doctor for routine exam or acupuncturist
- Out of WHPI network: benefits only by prior authorization or emergency room
- Guest membership arrangement available:
  - Out of network for 90 – 180 days
  - Routine Services Allowed
  - May not set up retroactive
    - Turn off when resuming in-network
  - College students
  - Custodial Parents
# Medical Plan Comparison

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Blue PPO In-Network</th>
<th>Blue PPO Out-of-Network</th>
<th>Blue HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>$300 $600</td>
<td>$0</td>
</tr>
<tr>
<td>• Single</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>10%</td>
<td>20% after deductible</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum, effective date of hire to end of calendar year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single</td>
<td>$1,500 $3,000</td>
<td>$3,000 $6,000</td>
<td>None</td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>$20 copay</td>
<td>None</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Does not apply toward out-of-pocket maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$100 copay, then 10% coinsurance</td>
<td>$100 copay, then 20% coinsurance</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Waived if admitted</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PPO and HMO Plans

- Fertility / Infertility Services – Transfer procedures subject to $15,000 lifetime maximum. Prescriptions for this category are medical claims.
- Know your plan prior to approving services
- Case Management available to help with critical issues
- Call Wellmark with service eligibility questions
Prescription Drug Coverage

pharmacy benefit manager company

Separate Cards in Contract holder name
## Prescription Plan – Express Scripts

| Annual Out-of-Pocket Maximum | $1,500 single  
<table>
<thead>
<tr>
<th></th>
<th>$3,000 family</th>
</tr>
</thead>
</table>
| **30-day supply – Retail Pharmacy** | • $10 copay for generic  
|                             | • 30% coinsurance for preferred brand name ($100 maximum copay/prescription)  
|                             | • 50% coinsurance for non-preferred brand name ($200 maximum copay/prescription) |
| **90-day supply – Retail Pharmacy** | • $30 copay for generic  
|                             | • 30% coinsurance for preferred brand name ($300 maximum copay/prescription)  
|                             | • 50% coinsurance for non-preferred brand name ($600 maximum copay/prescription) |
| **90-day supply – Express Scripts Home Delivery Pharmacy** | • $0 copay for generic  
|                             | • 25% coinsurance for preferred brand name ($250 maximum copay/prescription)  
|                             | • 33% coinsurance for non-preferred brand name ($500 maximum copay/prescription) |
Prescription Plan – Express Scripts

- Some drugs require:
  - Step-therapy
  - Prior authorization for coverage or quantity limits
  - Generic equivalent substitution may occur

- Call Express Scripts if you have questions regarding your specific medication
Wellmark
  • [http://www.wellmark.com/](http://www.wellmark.com/)
  • 800-494-4478
  • Register to receive electronic explanation of benefits
  • Register to access claims information
  • Locate participating providers

Express Scripts
  • [https://www.express-scripts.com/](https://www.express-scripts.com/)
  • 800-987-5248
  • Create online account
  • View prescription purchases – mail order or retail purchases
  • Verify medication coverage
Dental Insurance

- Opt Out

- Administered by Delta Dental of Iowa

- Two Plan Choices:
  - Basic Plan
  - Comprehensive Plan
    - 3 year lock-in
# Monthly Dental Insurance Premiums

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0</td>
<td>$16</td>
</tr>
<tr>
<td>Employee + Spouse/Partner</td>
<td>$30</td>
<td>$77</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$37</td>
<td>$82</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$45</td>
<td>$96</td>
</tr>
<tr>
<td>Family Double Spouse/Partner</td>
<td>$19</td>
<td>$70</td>
</tr>
</tbody>
</table>
# Dental Insurance Plan Comparison

<table>
<thead>
<tr>
<th>Delta Dental Premier (Dentist is Delta Dental Provider)</th>
<th>Basic</th>
<th>Comprehensive (3-year lock in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Per Person/ Year</td>
<td>$750 (applied to restorative services only)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$0</td>
<td>$25.00/contract – first restorative visit</td>
</tr>
<tr>
<td>Check Ups &amp; Cleaning</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

## BASIC RESTORATIVE

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cavity Repair &amp; Extractions</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Root Canals</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Gum &amp; Bone Disease</td>
<td>50%</td>
<td>80%</td>
</tr>
</tbody>
</table>

## MAJOR RESTORATIVE

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High Cost Restorations</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Bridges, Dentures, Implants</td>
<td>Not Covered</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Not Covered</td>
<td>50% after deductible to Life-time Maximum of $2,000 (no age limit)</td>
</tr>
</tbody>
</table>
Web Site Information

- [www.deltadentalia.com](http://www.deltadentalia.com)
- 800-544-0718
- Register as subscriber to access coverage details
- Register to receive electronic explanations of benefits
- Locate participating providers
Enrollment Form & ID’s

Indicate your choices:

- Check plan and tier of coverage
  - If not electing coverage, please indicate that you decline.

- Data transfers electronically to vendors when both your hire process and enrollment forms are complete
  - ID cards for medical, prescription, dental and vision plans elected should arrive at your home within 2 weeks
Enrollment Form- You and Your Eligible Dependents

- List everyone participating in medical/prescription, dental insurance coverage or Avesis plan

- SSN required by Center for Medicare. If no SSN due to foreign international status, special # will be used

- For HMO members, designate the Primary Care Physician (PCP) for all family members (females may also designate a OB-GYN PCP)

- Contact the PCP to establish patient status
Declaration of Relationship

Complete When:

- Married
- Domestic Partners
  - Enrolling in medical, dental, vision and/or dependent life insurance coverage
Termination and COBRA

- New employees will receive general notice regarding guidelines of COBRA
- When employment or coverage must end due to an event that changes eligibility such as:
  - Resigning from ISU
  - Dependent no longer full-time student (over age 26)
  - Divorce
- Contact the ISU Benefits office to report the event within 60 days
- Timely notice is required for COBRA offering to the employee or dependents losing coverage
- Limited time to apply to purchase
  - **Must** purchase back to effective date of ISU coverage ending
Flexible Spending Accounts

- ASIFlex administers our plans
- Tax Savings Devices (not an Health Savings Account - HSA)
- Pre-tax contributions from your pay
- Optional Participation
- Separate accounts:
  - Health Care Flexible Spending (FSA)
  - Dependent Care Assistance Program (DCAP)
- What is flexed may not be reported on a tax return
- Incur expenses in calendar year
  - **Effective employment date to begin incurring expenses**
Health Care Flexible Spending Account

- Deductions taken equally over pay periods
- Minimum contribution is $240 per year
- Maximum contribution is $2,650 per year

To calculate, count the month hired until the end of the year

- Carry Over Provision
  - Carry over provision, allows $500 in unused funds to be rolled over to the following plan year
  - The carry over amount available to claim during the entire following plan year as long as you are a benefits eligible employee
Health Care Flexible Spending Account

- You may be reimbursed for expenses for yourself, and eligible dependent(s) as determined by the Internal Revenue Service.

- Reimbursable expenses are:
  - Qualified medical, dental or vision expenses that are not eligible for reimbursement from any other source.
  - Limited purpose use if any participants are involved in Health Savings Accounts elsewhere.

- Examples of items to claim:
  - Deductibles, copays, eyeglasses, contact lenses and required solutions, hearing aids, orthodontics, and O-T-C with Dr. prescription and some with letter of medical necessity.
Dependent Care Assistance Program

Expenses to provide care for your eligible dependents may qualify while you work.

Eligible dependents include:

- Children under age 13
- Disabled child
- Disabled spouse
- Disabled parent living in your home

Covered Charges:

- Licensed day care center
- Nursery School
- In-home day care
  - Provider must claim as income
- Adult day care or nursing care
Dependent Care Assistance Program

- Minimum contribution is $240 per year

- Maximum Contributions:
  - Maximum $5,000 annually
    - Single or married and file a joint return
  - Maximum $2,500 annually
    - Married and file separate returns
  - Other maximums if one parent is a student

- Deductions taken equally over pay periods
- Use it or lose it
FLEX Reimbursement

- Reimbursements begin only after the first contribution is made:
  - Deadline to claim previous year expenses is April 30, except for carryover funds
- Receive “Welcome Letter” from ASI Flex
- Reimbursement Process:
  - Forms available on
    - ASIFlex website, [http://isu.asiflex.com/default.html](http://isu.asiflex.com/default.html),
  - On-line claims filing
  - Automatic filing - Medical, Dental, Rx charges
    - Enrollment and eligibility required
  - Mobile phone app
- Direct deposit available
# Eyewear Discount Plan

<table>
<thead>
<tr>
<th>Tier of Coverage</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7.33</td>
</tr>
<tr>
<td>Employee + Spouse/Partner</td>
<td>$13.82</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$15.13</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$19.46</td>
</tr>
</tbody>
</table>
Eyewear Discount Plan

- Benefit available once each calendar year
- Co-pay $25
- Discount **benefits annually** for **either** glasses or contacts:
  - Frames – up to $150 allowance
  - Spectacle lenses – (standard, progressive or specialty) discounts vary, contact Avesis:
    - 800-828-9341
    - [www.avesis.com](http://www.avesis.com)
  - Contact lenses - $130 allowance for materials & fit
  - Lasik - Members receive a one-time/lifetime allowance of $150 (additional 25% provider discount may be available)
ISU Retirement Funds

- IPERS
  (Iowa Public Employees Retirement System)

- TIAA Retirement Annuity
  (Teachers Insurance and Annuity Association)
The election is **IRREVOCABLE!**

Election of either IPERS or TIAA cannot be changed while you are employed at ISU.

*If no election is made by your deadline date, you will be defaulted into IPERS.*
Retirement Plan Resources

• ISU Retirement Income Planning Consultant -
  Ann Doty - 515-294-4800

• TIAA - [www.tiaa.org/iastate](http://www.tiaa.org/iastate)
  Ames office – 800-732-8353

• IPERS - [www.ipers.org](http://www.ipers.org)
  800-622-3849

• Retirement Plan Comparison -
  [http://www.hr.iastate.edu/benefits](http://www.hr.iastate.edu/benefits)
  Located: Employee Benefits and then Retirement Plan
- Defined benefit plan
- Rules governing the operation of IPERS are controlled by the Iowa Legislature
- IPERS makes investment decisions, annuity is based on formula
- IPERS takes all the investment risk
Current Contributions:

- Employee 6.29% of budgeted salary
- ISU contributes 9.44% of budgeted salary

Member Vesting:

- Will become vested after 7 years of active participation in IPERS or
- Upon reaching 65
- Whichever comes first
Guaranteed Benefit Income

- You CANNOT outlive your benefit
- The formula multiplier is based on your years of service
  - 2% increase per year for the first 30 years
  - 1% increase per year for the following 5 years
  - Maximum multiplier is 65%
- Normal retirement age:
  - Age 65
  - Rule of 88 (age + years of service = 88)
  - Rule of 62/20 (age and years of service)
- Retire **prior** to normal retirement ages:
  - Benefits will be reduced by 6% times the # of years before normal retirement age
IPERS - Future Changes

- IPERS may adjust contribution rate up or down by no more than 1.0 percentage point each July
- IPERS rules may be changed by the Iowa Legislature
- IPERS will notify members of any changes
Defined Contribution Plans established by:
- Iowa State University and
- Approved by the State Board of Regents

Employee determines risk levels
- You choose how your funds are invested
- You can change your fund allocations at any time

Vested after 3 years of eligible employment contributions at ISU
- Guaranteed benefit – ONLY TIAA Traditional Annuity investment option
- You can change allocation or transfer funds at a later date – at no cost
- Total funds in retirement plans may fluctuate and vary depending on:
  - Retirement income options chosen
  - Your age at the time benefits begin
  - Size of retirement plan accumulations
  - Rate of return before and after retirement
Contributions – based on annual budgeted salary:

- **Employee Contribution:**
  - 3 1/3% of first $400
    - ($4,800/12 pp = $400 or paid 9 pp = $533.34)
  - 5% of the remaining salary

- **ISU Contribution:**
  - 6 2/3% of the first $400 (9 pp = $533.34)
  - 10% of the remaining salary

- **Begin 6th year of employment:**
  - Employee 5%
  - ISU 10%
Contribution Comparisons – $2,000 Monthly Budgeted Salary

**IPERS**

<table>
<thead>
<tr>
<th>Description</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Contribution</td>
<td>6.29% = $125.80</td>
</tr>
<tr>
<td>ISU Contribution</td>
<td>9.44% = $188.80</td>
</tr>
</tbody>
</table>

*Monthly total = $314.60*

**TIAA**

<table>
<thead>
<tr>
<th>Description</th>
<th>Contribution</th>
</tr>
</thead>
</table>
| Employee Contribution        | 3 1/3 of first $4,800 = $13.33  
($4,800/12 = $400) | 5% of remaining $1,600 = $80 |
| ISU Contribution             | 6 2/3 of first $4,800 = $26.66  
10% of remaining salary = $160 |

*Monthly Total = $279.99*
Voluntary Group Supplemental Retirement Annuity (GSRA)

- A retirement account separate from the required retirement plan
- Eligible for employees with IPERS or TIAA
- May begin or end contributions or switch carriers any month
  - Changes based on date submitted to Benefits Office
- Pre or Post tax (Roth 403(b) options available
  - Previous contributions into a voluntary plan are considered
  - IRS limits for 2019 elective deferrals are
    - $19,000 for elective deferrals
    - $6,000 “catch up” contributions if you are 50 or older

To Enroll:
- Complete Elective Payroll Reduction Form & submit to Benefits Office
- Establish account with vendor
- Vendors allowed with payroll deduction:

[Logos of AIG and TIAA]
IPERS & TIAA & GSRA

While Actively Employed:

• Not allowed to transfer funds

• Not allowed to withdraw funds

• No loan options
Enrolling in a Retirement Plan

- **Step One:** Prior to your deadline
  - Elect either IPERS or TIAA
    - Indicate your choice by filling in the appropriate square on the New Hire Enrollment Form, Retirement Section

- **Step Two:** Complete either:
  - IPERS – white paper enrollment (listing beneficiaries)
  - TIAA enrollment through the [www.TIAA.org/iastate](http://www.TIAA.org/iastate) electronic enrollment system
    - If you do not complete online enrollment, contributions received will be invested in a life cycle fund closest to attaining age 65
Paper Enrollment Form:

- Due by Assigned Deadline
- Fax to: 515-294-8226
- Drop off to Room 3810 Beardshear Hall
  - 8:00 to 5:00 p.m. - Monday, Tuesday, Thursday or Friday
  - 9:15 a.m. to 5:00 p.m. - Wednesday
Additional Benefits & Programs
Employee Assistance Program

Services through Employee and Family Resources (EFR)

When you are facing a personal problem the EAP program gives you:
- Free, confidential and timely access to:
  - 24/7 phone counseling
  - 6 in-person sessions per incident
  - ID Theft Resolution
Employee Assistance Program

- **Benefits:**
  - Work Stress
  - Family and Personal Relationships
  - Emotional or Mental Health
  - Work and Life Balance
  - Substance Abuse
  - Financial or Legal Concerns
  - Personal Growth and Development

- **Resources:**
  - Webinars
  - On campus workshops – Learn@ISU
  - Newsletters
  - [www.efr.org/workplace/my-eap](http://www.efr.org/workplace/my-eap)
  - Phone: 800-327-4692
Adventure2

As part of Iowa State's commitment to you, we welcome you to Adventure2, a holistic employee well-being program designed to support you in *living your best life* every day!

**How it works:**

- Register on the ISU WellBeing website at [www.wellbeing.iastate.edu](http://www.wellbeing.iastate.edu)
- Click on the Adventure2 button
- Complete your Well-Being Assessment to earn 400 points right away.
- Join challenges and earn additional points to reach new levels.
- Qualify for great rewards like Level Up Email Signature Badges, ISU Cyclone Gear, and celebrations with ISU leaders.
Vendor Discount Programs

http://www.hr.iastate.edu/benefits, links found under section of Additional Benefits
Vision Discount

- Delta offers an EyeMed discount program for enrolled members of any Delta Dental of Iowa plan at no cost
- Unlimited use of the discount for eyeglass frames and lenses
- Conventional contact lens benefit (not disposables)
- Lasik benefits
- See www.deltadentalia.com website
As a member of a BC/BS Association health plan, you have access to exclusive healthy deals and discounts from your favorite brands.

You get a wide range of savings from brands like:

- Fitness
- Personal Care
- Financial Health
- Lifestyle
- Wellness

Register/login at: https://www.blue365deals.com
Identity Protection Services

- Enroll through myWellmark online account or call 866-486-4812
- Enrollment code: 4170999624
  - Credit Monitoring
  - Cyber Monitoring
  - Fraud Detection
  - Complete Identity Recovery
  - Reimbursement Insurance
BeWell 24/7

- A service that is available exclusively to Wellmark members. Call 844-842-3935
- Connect with a real person who can help with variety of health-related concerns:
  - Locae health care providers and facilities – at home or traveling
  - Estimate your costs for common medical procedures and services
  - Coordinate health care appointments
  - Discuss treatment options and answer questions
  - Make arrangements for community-based services
Disclaimer

All employees are encouraged to research and compare prices and services before purchasing, signing any contract or making any arrangements. Any arrangements, services or products from any discount program are strictly between the employee, as a consumer, and the merchant, and are the sole responsibility of the individual employee.

The State of Iowa and ISU assume no responsibility for any arrangements, contracts, purchases or disputes between an individual employee and any discount merchant.
University Human Resources
Service Center
515-294-4800 or
877-477-7485

- Appointments are encouraged
- Benefits Office e-mail: benefits@iastate.edu
- Benefit website: http://www.hr.iastate.edu/benefits