Iowa State University Retired Faculty, P & S and Supervisory Merit Group Insurance Information for 2018 Open Change Opening October 15, 2017 – Closing December 7, 2017

Presentation followed by Questions & Answers
Pick a date: October 31st or November 6th, 2017
The session time for either date: 8:30 A.M. to 10:00 A.M.
Alumni Center – South Ballroom

➢ If possible, plan to attend one of the retiree sessions offered by the ISU Benefit Team. There are two dates but the same time each day.

➢ The sessions will be in the Alumni Center on 420 Beach Ave. There is free parking on the east side of the building, accessible from Center Dr or South 4th St. The elevator is just inside the ground floor entrance, to the right of the staircase.

➢ You must make a decision between October 15th and December 7, 2017 for your January 2018 insurance plans. Your choices are:
   1) Do nothing and continue with the ISU medical/dental plan you are currently enrolled in or
   2) Complete the change form to switch to the other insurance plan offered or
   3) Shop for other, individual coverage, leaving the ISU plan.

➢ Review the ISU insurance choices and information on the following pages.

➢ To make the change from your existing ISU medical or dental plans to the other plans offered, complete the change form included in this packet.

➢ To drop the current ISU plan medical and/or dental, complete the drop form on the reverse side of the change form. If you drop the ISU medical or dental, you are not offered another opportunity to enroll in that coverage again.

➢ Follow up with ISU Benefits Office with questions not addressed in this mailing or if you can’t attend the presentation. Phone calls or appointments are strongly encouraged. Getting to central campus is difficult and drop-ins may be disappointed if there isn’t staff available to discuss options. We anticipate a high volume of calls and appointments so please be patient as we work to return calls and schedule appointments. The active employees open change time is in November, so the month of November will be very busy for the Benefits Office staff.

➢ For those that will become eligible for Medicare in 2018 either due to turning age 65 or if on Social Security disability more than a year, please pay particular attention to the sections regarding Medicare and Medicare Part D.
Steps to make changes to your ISU Plan for 1-1-2018
- Complete the Open Change Form from the packet indicating your new choices
- If adding any Medicare eligible person enrolling in the Plan for January 1, 2018, such as a spouse or partner or other dependent; complete the Humana application in this packet. If you are already enrolled in the Humana plan, disregard the Humana application.
- Make a copy of the completed forms for your own record.
- Mail to ISU Benefits Office, 3810 Beardshear Hall, 515 Morrill RD, Ames IA 50011-2033 or drop off the forms at 3810 Beardshear or bring to one of the retiree sessions.

Steps to enroll elsewhere for 1-1-2018
- Visit with SHIIP consultants or insurance brokers selling individual insurance plans.
- Fill out forms for those companies, as needed.
- So we have a record of your intentions, submit the drop notice (on reverse side of change form) to: ISU Benefits Office, 3810 Beardshear Hall, 515 Morrill RD, Ames IA 50011-2033

Life-Long Coverage?
Retiree health and dental coverage is not guaranteed in the future, ISU hopes to continue to provide group health/prescription and dental benefits to retirees and their family members for years to come. ISU will make every effort to continue to offer plans with options our retirees can afford. The member is responsible for the timely payment of all premiums to have continuous coverage, so consider setting up automatic payment options with Wellmark and/or Delta.

Who may you insure on the ISU insurance plans?
--You may insure a spouse or domestic partner and eligible children.

--You may insure an eligible adult child on your insurance through the end of the year in which they turn 26. After 26, only an unmarried, full-time student, adult child or a total and permanently disabled child is eligible for coverage on the retiree policy.

--Disabled children may continue on the retiree’s plan if there has not been any lapse in coverage for the child since the disability was verified as total and permanent.

--A spouse/partner of the retiree. If the spouse/partner is insured on the retiree’s plan at the time of the retiree’s death, the surviving spouse/partner should contact the ISU Benefits Office to report the death. The surviving spouse/partner would then complete a form to transfer the policy to their name.

--If you decide to drop the ISU Plan coverage, you will not be able to rejoin those specific coverages at a later date. If you decide to drop the ISU Plan coverage, any family member on the plan will also be dropped.

--If a family member leaves the ISU plan but the retiree does not; the retiree may add that family member back on to the retiree’s ISU plan policy next open change time, provided they
meet the eligibility requirements. Likewise, if a family member is losing coverage mid-year the retiree may add the eligible family member within 60 days of a qualifying event. Coverage is effective the first of the month following satisfactory notice as determined by the ISU Benefits office.

--If a retiree divorces their spouse, the divorce must be reported to ISU and the spouse will be offered COBRA or could seek coverage elsewhere. They are not allowed to remain on the group plan.

**The Iowa State University health insurance plan choices**

ISU offers two options to meet your healthcare needs. Wellmark Blue Cross and Blue Shield of Iowa administers both plans for Iowa State University.

1. **Alliance Select** is a Wellmark and Blue Cross/Shield Association Preferred Provider Organization (PPO) plan.

   **The PPO plan network is nationwide, there are participating providers all over the U.S.A.** This plan is the ISU plan for retirees residing outside of Iowa. It is also the preferred plan for those residing in Iowa but traveling extensively or want to have service from the Mayo Clinic or other, out-of-state, providers.

   - The PPO requires in-network providers only for routine services. If all eligible services are received from providers in the PPO network, PPO participants will have less to pay.
   - If routine services (routine physical, eye or hearing exams) are from providers outside of the network, those services would not be covered by the ISU Plan.
   - If non-routine services are received from providers outside of the network, but still participating with Blue Cross Blue Shield contractually, the coverage has a deductible and higher co-insurance and an out-of-pocket maximum.
   - If services are from providers are not participating with the Blue Cross/Blue Shield contract at all, those providers may balance bill.

2. **Blue Advantage** is a Wellmark Blue Cross and Blue Shield of Iowa Health Maintenance Organization (HMO) plan.

   The Wellmark Health Plan of Iowa (WHPI), network is a large network of participating physicians in Iowa and some counties in some bordering states. You may contact Wellmark or use their website to check for network providers. This plan is an option for those residing in Iowa.

   - Each member in the HMO contract is required to designate a Primary Care Physician (PCP), which can be a different doctor for your family members. Physician Assistants and Nurse Practitioners may be PCPs. Female participants may elect to also designate a primary OB-GYN Physician for their yearly OB-GYN exams. Check with local providers (Clinics, Hospitals, Specialists, Chiropractors, etc.) regarding their possible participation. A Wellmark recognized
Network, Primary Care Physician (PCP) must be designated on the form when electing the HMO plan.
- The HMO offers (but does not require) **a guest membership for long term travelers**. The guest membership does not have a cost to the member. For those who have a permanent residence in Iowa but travel to another area for more than 90 days at a time, the HMO is still an option. Call Wellmark for additional details regarding the Blue Advantage ISU HMO plan and for help in following the HMO requirements. For travelers that **do not** implement a guest membership, emergency room services are included in the plan, even when out of the Iowa network.

Retirees or the surviving spouse that continue the ISU plan **may change between the two offered medical insurance plans each year** during the open change period, or if they move out of Iowa and the HMO network area during the plan year. The changes made during the open change are effective on January 1. Mid-year changes are effective as determined by the qualifying event date.

If you have questions on the two ISU plan medical options, please read the health plan summaries in this mailing or read the detailed plan certificates on the ISU web pages. If you want to have a conversation about the plan detail differences for medical services you are wondering about, you may contact Wellmark customer service. Web links and phone numbers are on the last page of this packet.

For those Medicare eligible, prescription drug coverage through Humana will continue in 2018. You must have the Humana plan as the group Prescription Drug Plan (PDP), also known as Medicare Part D, in order to have the ISU medical plan from Wellmark. Those not yet Medicare eligible will continue to have Express Scripts. More details about prescription coverage begins on page 5.

**What is Medicare eligibility** – Typically it is the first of the month you reach Age 65, but it can also be determined by a medical diagnosis such as ALS or End Stage Renal Disease or after 24 months of Social Security Disability determination.

If an ISU retiree or disabled employee or their family member qualifies for Medicare and wants to continue to be covered by the ISU insurance, Medicare Part A & B must be the primary insurance for any Medicare eligible individuals on the ISU health plan. Medicare receives the claims first and once Medicare processes the claim, the claim arrives at Wellmark electronically.

If the retiree/disabled employee or an insured family member postpones enrollment in Medicare, there will be a penalty from two places.
1) The ISU Plan penalty is, the member would be responsible for the first 80% of any medical claim before Wellmark would pay.
2) When the person finally enrolls in Medicare, Wellmark will then pay after Medicare; but the member would then incur a lifelong penalty from Social Security. That penalty is added to the total a member pays for their Medicare Part B premium.
Medicare eligible or becoming eligible in 2018
Those that elect to begin Social Security Income (SSI) benefits prior to age 65 typically receive their Medicare card three months before their 65th birthday month. If not currently receiving the SSI benefits, the plan member should contact Social Security in the three months before the 65th birth month to discuss the process and benefits of signing up for Medicare. When the Medicare card arrives, it is good to be pro-active in contacting the ISU Benefits office to relate the Medicare information and to further understand how Medicare is involved in the ISU retiree medical coverage. ISU does mail information to members to make the transition with our plan but it is your responsibility to make contact.

The ISU retiree plan for Medicare participants is secondary coverage to Medicare. It is not a supplement “Medigap” plan. For those enrolled in Medicare Part A & B, the Wellmark network rules still apply for the secondary coverage but member liability (deductible, co-pays and co-insurance) is usually reduced or eliminated. The reduction is dependent on Medicare and Wellmark. Medicare must process all claims first, to pay or deny. Then the claim will be processed by Wellmark. Wellmark will process as if the claim is being paid by Wellmark first. Then, after that, the Medicare payment is applied to the remaining liability and reduces the member liability. If you receive any co-insurance or co-pay bill from a provider after Medicare and Wellmark have processed the claims, this should be questioned.

If any provider tells the member that Medicare will not pay on the claim, ask the provider to file it to Medicare anyway. Wellmark must have Medicare’s determination to finish processing a claim.

And if you are Medicare eligible and on the ISU Wellmark medical plan, you must have the ISU Group Medicare Part D plan. If adding a Medicare eligible dependent to the medical plan during this open time, the Medicare eligible dependent must take action during this open change time to enroll in our group Humana plan. This action is with the ISU Benefits office and not directly with Humana. There are other Humana plans that are individual plans. To stay in the ISU Wellmark plan, you must have the ISU Group PDP with Humana. Family members on the plan that are not yet Medicare eligible will need to have the ISU Express Scripts drug coverage. Each year Medicare eligible participants have an opportunity to enroll in any Medicare supplement plan. Electing to move to any individual plan may require medical screening.

If you decide to leave the ISU plan and instead apply to an individual Medigap, make certain to enroll in an individual Medicare Part D for prescriptions as well as a medical plan. Members cannot stay in the ISU Humana group plan without the Wellmark medical plan.

Remember, the ISU Plan, is a plan secondary to Medicare. It is not a standardized, individual or group Medigap plan such as Plan F or N. It is not a Medicare Advantage Plan (Medicare C) and it is not a Private-Fee-For-Service Plan. The ISU University Benefits Committee investigated those options in the past and believe the existing Wellmark PPO or HMO health plans with the addition of the Humana custom Group Medicare Part D plan are the best options to offer our Medicare eligible retirees.
Retirees also cannot stay in the ISU Wellmark medical plan if they later enroll in an individual Medicare Part D plan that is not the ISU group plan. Exercise caution when dealing with sales people offering Medicare supplemental and prescription plans. Once you elect to drop your coverage through Iowa State University, you are not allowed to re-enroll at a later date.

**ISU Plan Group Prescription Drug Plan (PDP) Coverage by Humana & Express Scripts**

<table>
<thead>
<tr>
<th>Prescription Drug Coverage Required Notice</th>
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<tbody>
<tr>
<td>Iowa State University has determined that both the Express Scripts and Humana prescription drug coverage with the ISU Plan are as good as or better coverage than the standard Medicare prescription drug coverage (Part D). This means that your ISU Plan coverage is considered “creditable coverage” and that you will not pay extra if you later decide to leave our plans and enroll in an individual Medicare prescription drug plan.</td>
</tr>
<tr>
<td>(Please see enclosed Notice of Creditable Coverage)</td>
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</tbody>
</table>

**ISU Plan Prescription Drug Plans.**

The premium you pay to Wellmark includes prescription drug coverage. The ISU Plan members have prescription drug coverage with either Express Scripts or Humana. Medicare eligibility determines which plan you are required to be in.

1. **Express Scripts** is the plan for retiree/disabled members and the family members on the plan that are not yet Medicare eligible. There is a page in this packet on the structure of co-pays or co-insurance when you purchase your prescriptions using the Express Scripts cards at your local pharmacy or through the mail order process.

2. **Humana** is the ISU Group Medicare Part D prescription drug plan for retiree/disabled members and the family members on the plan that are Medicare eligible. If you are Medicare eligible, you would have Humana. Any family member on the plan, who isn’t yet Medicare eligible will have Express Scripts. And the reverse, if you are not Medicare eligible but they are.

Members in our retiree group plan must transfer from Express Scripts to Humana when eligible for Medicare. ISU assists with this transition. You must enroll following the ISU Benefits office direction to get our plan. It is not available through a general Humana enrollment. You must get the ISU PDP to stay in our Wellmark plan for medical coverage.

If a retiree signs up for any other Medicare Supplement or Part D PDP, the retiree and any family member on the plan with them, must terminate the ISU Plan. The retiree will not be able to rejoin the group plan. **Please communicate with the ISU Benefits Office if you, or a covered family member, intend to enroll elsewhere**. This will help the transition go smoothly. The drop coverage form is attached to complete and return.
If you are adding a Medicare eligible family member during this open change time, they must also complete an ISU Humana enrollment form.

If the retiree’s benefit eligible family member leaves the plan for 2018 but the retiree stays on the ISU Plan, the family member may be added back to the retiree’s plan during an open change time, provided they are still eligible by the rules of our plan. Ask the ISU Benefits Team if you have a question on eligibility.

During the 2018 year or any year, if you receive notice that you have been or are being dropped from your ISU Express Scripts or Humana plan and you did not take action to terminate the coverage yourself, please contact the ISU Benefits Office.

If an assisted living facility, nursing home or other facility wants to enroll you or your dependent in a different prescription plan because the facility is not participating with our Part D plan, remember it is necessary to keep our prescription plan to be in our group medical plan. Humana can assist you in working with the long term care provider. Humana Pharmacy mail delivery might be an option.

**MEDICAL/PRESCRIPTION MONTHLY PREMIUMS FOR 2018**
Your ISU Medical/Prescription Plan is a two-part plan for one price. ISU has Wellmark collect the full retiree premium for ISU Plan participants. ISU Retirees on the plan do not pay a premium directly to either of the prescription managers, Express Scripts or Humana. The payments you make fund the retiree pool; ISU then uses the pool to pay for the medical claims and the applicable pharmacy coverage and claims.

The premium is for both medical **and** prescription coverage. Express Scripts for those not yet eligible for Medicare or the Humana Part D for those eligible for Medicare drug coverage. All premiums include a small administration fee for the ISU Benefits Office. This fee, implemented in 2010, is for the cost involved with providing ISU Benefits Office service to our retiree participants.

The member must continue to pay the premiums to the insurance companies in a timely manner, so you may want to consider setting up an automatic payment where Wellmark and/or Delta pulls the payment from your account. Many current participants find this an effective way to pay. This way to pay is not required. You may continue to get invoices and send in checks.
Insurance Premium changes for those with Medicare and Low Income or High Income

Medicare Part A is usually at no cost to those eligible. Medicare Part B premiums are income-based and assessed by Social Security. Social Security will base the 2018 premiums on the 2016 income. This is deducted from your Social Security Income (SSI) or billed to you if not yet collecting your SSI.

The Medicare Part D premium for any Part D plan (including our Humana Part D plan) is also based on income. The premium for our Humana plan is rolled into the premium from Wellmark but there could be an adjustment due to the income level you had in 2016.

In 2018, based on 2016 income, those qualifying for the low income subsidies (LIS) for the Medicare Prescription Drug Plan (PDP) ISU will have the premium from Wellmark reduced for the months that the LIS applies. The premiums listed in this document do not reflect the LIS. CMS notifies Humana when a member qualifies as LIS. We then get a notice from Humana. ISU then alerts Wellmark to have the member charged a lower premium. The LIS is based on the reduction of the cost for the Humana plan for the applicable member.

The Medicare participants with high income reported in 2016 are assessed an Income-Related Monthly Adjustment Amount (IRMAA). This amount, based on reaching a higher income tax level, is deducted directly from the SSI. CMS notifies the member of this annually applied assessment. If assessed the fee and the participant does not agree to have the fee deducted

<table>
<thead>
<tr>
<th>2018 ISU PLAN MONTHLY PREMIUMS</th>
<th>PPO and Rx</th>
<th>HMO and Rx</th>
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</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Medicare eligible (includes ISU Express Scripts Rx)</td>
<td>$503.00</td>
<td>$487.00</td>
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<tr>
<td>Medicare eligible (includes ISU Humana Rx)</td>
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<td>Retiree and Spouse or Partner</td>
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<tr>
<td>Two not Medicare eligible (ISU Express Scripts Rx)</td>
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<tr>
<td>Two people, one with Medicare (ISU Humana Rx), one without Medicare (ISU Express Scripts Rx)</td>
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<td>$766.00</td>
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<tr>
<td>Two Medicare eligible (ISU Humana Rx)</td>
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<td>$557.00</td>
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<tr>
<td>Retiree and Child(ren) only</td>
<td></td>
<td></td>
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<tr>
<td>Retiree is not Medicare eligible (ISU Express Scripts Rx)</td>
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<td>$874.00</td>
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<tr>
<td>Retiree is Medicare eligible (ISU Humana Rx for retiree)</td>
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<td>$667.00</td>
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<tr>
<td>Family- Retiree, Spouse or Partner &amp; child(ren)</td>
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<td></td>
</tr>
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<td>Three or more - none are Medicare eligible (ISU Express Scripts Rx)</td>
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<td>One with Medicare (ISU Humana Rx) and others without Medicare (ISU Express Scripts Rx)</td>
<td>$1,120.00</td>
<td>$1,070.00</td>
</tr>
<tr>
<td>Two Medicare eligible (ISU Humana Rx) and others without Medicare (ISU Express Scripts Rx)</td>
<td>$909.00</td>
<td>$861.00</td>
</tr>
</tbody>
</table>
from the SSI, CMS advises Humana to terminate the Medicare Part D, which is your ISU Humana plan. It is best to accept IRMAA than to risk having your coverage terminated. If your Humana is terminated, we will contact you about your medical plan which is also subject to termination as well. You may contact the ISU Benefits Office if you have questions about either adjustment.

**Transitioning between Prescription Drug Plans**

**Express Scripts**
For those members adding new dependents to the plan that are not yet Medicare eligible, the enrollment form adding them to the ISU HMO or PPO plan will begin the process for enrollment to the ISU Express Scripts plan for January 1, 2018. Please try to get refills from the plan you are leaving before the end of December so you will have time to transition to Express Scripts. Until you are enrolled, Express Scripts cannot advise you on transitioning your current medications. So it is a good idea to fill as many of your prescriptions as possible prior to the first of January.

**Humana**
For those adding new dependent that are Medicare eligible, in addition to electing the ISU HMO or PPO, eligible family members would need to complete the ISU Humana enrollment form and return the form to ISU along with the 2018 Open Change form.

For anyone transitioning to Medicare later in 2018, the ISU Benefits office will send the Humana application approximately 90 days prior to your Medicare eligible birth month.

Contact the ISU Benefits team if you or any family member on the plan becomes Medicare eligible prior to age 65. This could be due to a medical diagnosis or Social Security disability. ISU will provide the Humana application to move to the D plan. Those becoming eligible due to age 65, receive a lot of mail from many insurance companies offering a plan. It is important to watch for the Iowa State University envelope to take steps to continue the ISU group plan correctly. Or contact the ISU Benefits office if you did not get our mailing. The Humana forms must be returned to the ISU Benefits office, and ISU takes care of submitting the form to Humana for enrollment in the ISU group. Then the Humana card replaces the Express Scripts card. Family members who are not eligible for Part B will remain in the ISU Express Scripts group plan and get a new card as well.

Your prescription history as processed by your previous prescription plans cannot be shared with any new plan.

Regardless of where you purchase your prescriptions, the new plan may need to have medications go through a new authorization. The account representatives will assist members in any transition. You will have a member number and a phone number to call listed on the new ID cards. Mail order is an option, not a requirement. If you use your local pharmacy, they will request to make a copy of your new prescription card. If you want to use the mail order, customer service can assist in that transition. If the prescription ID does not arrive by January 1, 2018, you may contact ISU Benefits to assist you.
For those with Medicare, enrolling in the ISU Humana plan, the Center for Medical Services (CMS) requires the Part D plan providers to send a renewal kit. These kits, will have the Annual Notice of Change, Evidence of Coverage, and a Prescription Formulary which is an Abbreviated Drug List and a new ID card.

For the comprehensive formulary please use the website or call the customer service number on your ID card. The web link is: https://www.humana.com/pharmacy/insurance-through-employer/tools/druglist/

**Medicare Part D Prescription Drug Plan Framework or Stages**

All Medicare Part D prescription drug plans must follow the framework of rules and regulations established by CMS but an approved plan can offer better benefits than a standard Part D plan. The ISU Plan with Humana is approved for following the CMS framework but we do have better benefits than the standard D.

The Standard D framework does not have an out-of-pocket maximum limit. In comparison, the ISU Plan Part D PDP plan with Humana limits a member’s annual out-of-pocket to $2,500.00.

The Standard D framework has a deductible for a member to pay first. In comparison, the ISU Humana Plan does not have a deductible for the member to pay. We begin with a co-pay or co-insurance.

All D plans have an **initial stage** of coverage, which lasts until the true drug spend reaches $3,750.00 (this is comprised of what is paid by you and the pharmacy for a prescription). During the initial stage, members in the ISU PDP plan pay a copay or a coinsurance percentage but only up to a maximum of $50.00 for a 30 day supply.

**Stage two** is referred to as the “gap” or donut hole. Prior to 2011, the Part D standard framework did not include coverage for anyone while they were in stage two. It was called the gap or donut hole because nothing was there!

Under the Affordable Care Act (ACA), the “Medicare Coverage Gap Discount Program” was started. This program requires prescription drug manufacturers to reduce the cost of a medication for the person that reaches stage two. The manufacturers cost is 50% lower in stage two than in stage one.

In addition to the price reduction, the ACA also requires a brand benefit that results in a maximum co-insurance of 35%. For the ISU Plan, the 35% coinsurance is on prescriptions that are non-preferred or considered a specialty medication by Humana. The co-pay or co-insurance for generic and preferred brand name does not change in stage two for those on the ISU plan that reach that stage.
The stages of the framework are referred to in each individual’s “SmartSummaryRx” sent by Humana to members purchasing prescription medications.

Stage three is also known as the catastrophic stage. Because we have a $2,500.00 out-of-pocket maximum, reaching the catastrophic stage is rare on the ISU Plan. See the page on the Humana plan description for the details of the catastrophic stage.

The Dental Coverage Choices

- **Basic plan** – offers coverage for basic diagnostic and limited restorative coverage. No coverage on new bridgework, dentures or implants.
- **Comprehensive plan** – a plan with a three-year, lock-in offering more comprehensive restorative services such as bridgework, dentures, implants and higher coverage on some basic restorative services. At the end of three years, participants may elect to move to basic coverage during the next open change time.
- Both plans continue to have limitations on services, it is best to review with Delta prior to approving services.
- If you have previously dropped the ISU dental coverage, you are not able to enroll.

See dental plan summaries in this mailing. You can also visit the ISU Benefits web page to read the certificate of coverage on the ISU Benefits web pages for greater details about the dental plan coverage. Or contact Delta Dental of Iowa customer service.

### DENTAL MONTHLY PREMIUMS FOR 2018

<table>
<thead>
<tr>
<th>Plan Tier</th>
<th>Basic Plan</th>
<th>Comprehensive Plan</th>
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<tbody>
<tr>
<td>Retiree</td>
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</tr>
<tr>
<td>Retiree &amp; Spouse or Partner</td>
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</tr>
<tr>
<td>Retiree &amp; Child(ren)</td>
<td>$63.00</td>
<td>$108.00</td>
</tr>
<tr>
<td>Family</td>
<td>$71.00</td>
<td>$122.00</td>
</tr>
</tbody>
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Delta Dental of Iowa Vision Discount: If you have any Delta Dental of Iowa dental plan, you have access to their vision (eyewear) discount program through EyeMed. For details visit the Delta at: [https://www.deltadentalia.com/webres/File/Member/vision-discount.pdf](https://www.deltadentalia.com/webres/File/Member/vision-discount.pdf)

Blue365® Member Discounts and Services –
As a member of any Wellmark medical plan, you have access to discounts and services through a program designed by the Blue Cross Blue Shield Association. Check out the website below or call Wellmark regarding discounts or services related to: Diet, Family Care, Financial, Fitness, Hearing (aids), Travel and Vision (eyewear).
[http://www.wellmark.com/Member/UsingBenefits/Blue365.aspx](http://www.wellmark.com/Member/UsingBenefits/Blue365.aspx)
Long Term Care Insurance

Iowa State University retirees and their eligible family may also apply for long term care insurance coverage through Genworth. Questions about long-term care insurance:

- Call Genworth at 800-416-3624
- Or visit Genworth’s website to view plan details, including videos at: https://longtermcare.genworth.com/fiveseries/login.do
  (The group ID is ISU; and the access code is groupltc)

The Iowa Senior Health Insurance Information Program (SHIIP) can assist you with the search for Medigap plans if you are interested in shopping for an individual plan. They also have a great reference for understanding and evaluating the need for long term care insurance. Their publication, Iowa Guide to Long Term Care Insurance is available on-line or through the mail. You may call 1-800-351-4664 or go to the SHIIP link: www.shiip.state.ia.us.

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<table>
<thead>
<tr>
<th>Important Internet Sites and Phone Numbers</th>
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<tbody>
<tr>
<td>Call the insurance carriers for specific coverage questions.</td>
</tr>
<tr>
<td>VISIT ISU ON THE INTERNET AT: <a href="http://www.iastate.edu">www.iastate.edu</a> or Call 1-515-294-4800</td>
</tr>
<tr>
<td>Visit the ISU Benefits dental plan web page at: <a href="http://www.hr.iastate.edu/benefits/retiree-life/retiree-isu-plan#dental">http://www.hr.iastate.edu/benefits/retiree-life/retiree-isu-plan#dental</a></td>
</tr>
</tbody>
</table>
| Delta Dental of Iowa: [www.deltadentalia.com](http://www.deltadentalia.com)  
Call Delta at 1-800-544-0718 |
| Visit the ISU Benefits medical plan web page at: [http://www.hr.iastate.edu/benefits/retiree-life/medical---dental-merit#Medical](http://www.hr.iastate.edu/benefits/retiree-life/medical---dental-merit#Medical) |
| Express Scripts Member Service – the phone number will be on the back of the member ID card. |
| Humana – the phone number will be on the back of the member ID card.  
Prior to enrollment you may call Humana Customer Care at 1- 866-396-8810 with questions on transitioning. |

The Patient Protection and Affordable Care Act (ACA) requests employers provide a notice to current employees and retirees regarding coverage options available through a Marketplace. The Department of Labor’s notice is available by request or at the ISU benefits website for your review: [http://www.hrs.iastate.edu/hrs/system/files/benefits/general/629/affordable_care_act_-_marketplace_coverage_options_2013-09-20_1106.pdf](http://www.hrs.iastate.edu/hrs/system/files/benefits/general/629/affordable_care_act_-_marketplace_coverage_options_2013-09-20_1106.pdf)