Iowa State University and Affiliated Iowa Board of Regents Institutions
Retiree Group Health Insurance Information for 2020 Open Enrollment
Opening October 15, 2019 – Closing December 7, 2019

Presentation followed by Questions & Answers
Pick a date: October 22nd or November 4th, 2019
Pick a time: 9:00 a.m. to 11:30 a.m. or 1:30 to 3:30 p.m.
Alumni Center – South Ballroom – No reservations needed.

➢ Read and review the ISU medical/prescription insurance information on the following pages. The dental plan information will be mailed separately to all those currently enrolled.

➢ If possible, plan to attend one of the presentations offered by the ISU Benefits Team. 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, 2019. Changes made would become effective on January 1, 2020. Your choices are:
   1) Do nothing and continue with the ISU plan or
   2) Change from one ISU plan to another or
   3) Shop for other coverage, leaving the ISU plan, both medical and prescription.

➢ To make a change from your existing ISU plan to the ISU plan offered, or to update your address, phone or to add e-mail, complete the change form included in this packet.

➢ To drop the current ISU plan, complete the drop form and return it before 12-7-2019. If you drop the ISU plan, you will not be offered another opportunity to enroll in that coverage again. If you drop the ISU Wellmark plan, you are also dropping the prescription plan. The ISU prescription plan is required to have the ISU Wellmark plan.

➢ Follow up with ISU Benefits Office at 1-515-294-4800 if necessary. Phone calls or planned appointments are strongly encouraged. Getting to central campus is difficult and drop-ins may be disappointed when there isn’t staff available to discuss options. We anticipate a high volume of calls and appointments so please be patient and leave a message. We will work to return calls and schedule appointments. The active employee open enrollment time is 11-1-2019 to 11-22-2019, so the month of November is extra busy for the Benefits Office staff.

➢ For those that will become eligible for Medicare in 2020 either due to turning age 65 or if on Social Security Disability for 24 months, please pay particular attention to the sections regarding Medicare and Medicare Part D. ISU sends information to those turning 65, typically 3 months before your birth month.
Steps if you want to make changes to your ISU Plan for 1-1-2020
- Complete the Open Change Form, included in this packet, indicating your new choice.
- If adding a Medicare eligible person enrolling in the Plan for January 1, 2020, such as a spouse or partner or other eligible dependent; please request a Humana application from the ISU Benefits office. It is not included in this packet.
- Make a copy of the completed forms for your own records.
- Mail to ISU Benefits Office, 3810 Beardshear Hall, 515 Morrill RD, Ames IA 50011-2033 or bring forms to 3810 Beardshear or bring to one of the sessions.

Steps to enroll in coverage elsewhere for 1-1-2020
- 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 by 12-7-19 to: ISU Benefits Office, 3810 Beardshear Hall, 515 Morrill RD, Ames IA 50011-2033

Life-Long Coverage?
ISU Retiree insurance is not guaranteed but ISU plans to continue to provide group health benefits to retirees and their family members for years to come. With over 3,000 retirees/spouses on the retiree insurance currently, the ISU Plan is projecting to be stable for the future.

Automatic Payment?
The member is responsible for the timely payment of all premiums. Consider setting up automatic payment with Wellmark. Forms are available on request.

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

-- You may insure an eligible 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 permanently disabled child is eligible for coverage on the retiree policy. CONTACT ISU to remove your child when their eligibility changes.

-- Disabled children may continue on the retiree’s plan if: there has not been any lapse in coverage for the child and prior to reaching age 26; the disability is verified by the child’s physician to be total and permanent; and the verification is provided to ISU Benefits office.

--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 enrollment 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 30 days of a qualifying event. Coverage is effective the first of the month following satisfactory evidence of the event 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.

**What is Medicare Eligibility?**

Typically Medicare eligibility is the first of the month in which you will 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 a 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 those Medicare eligible individuals. Medicare receives a claim first and once the claim is processed by Medicare, 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 until Medicare enrollment is completed.
2) When the person finally enrolls in Medicare, the member would then incur a lifelong, late enrollment penalty from Social Security. That penalty is added to the total a member pays for their Medicare Part B monthly premium.

**Medicare eligible now or becoming eligible in 2020**

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 enroll in Medicare A and B and ISU recommends enrolling at the first opportunity, three months before the 65th birth month. [https://www.ssa.gov/benefits/medicare/](https://www.ssa.gov/benefits/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, becomes secondary coverage to Medicare A and B. The ISU Plan is not a standardized, supplemental individual or group “Medigap” plan such as Plan F or Plan G or Plan N. It is not a Medicare Advantage Plan (also called 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 BluePPO or BlueHMO health plans with the addition of the Humana custom Group Medicare Part D plan are the best options to offer our Medicare eligible retirees.

The Iowa State University Health Insurance Choices

Wellmark Blue Cross and Blue Shield of Iowa administers both plan options for Iowa State University.

1. **Wellmark BluePPO** (a Blue Cross/Shield Association Preferred Provider Organization)

   The BluePPO plan network is a nation-wide plan. Participants can find participating providers all over the U.S.A. This plan is an ISU plan for retirees residing in or outside of Iowa. It is the preferred plan for those residing in Iowa but who travel extensively. Or for those that want to have service from Mayo Clinic or other out-of-state providers. In some cases, you may have PPO in-network services even when out of the country.

   The BluePPO requires in-network providers for routine services. If all eligible services are received from providers in the BluePPO network, BluePPO participants will have less to pay.

2. **Wellmark BlueHMO** (a Wellmark Health Plan of Iowa network)

   The Wellmark Health Plan of Iowa (WHPI) or BlueHMO network is a large network of Iowa health providers. The network does include some counties in some bordering states. **Contact Wellmark or use their website to check for network providers.** Or check with your local providers (Clinics, Hospitals, Specialists, Chiropractors, etc.) regarding their participation in the network. For services outside of the network, only emergencies or prior-authorized care would be covered.

   Each member in the BlueHMO contract is required to designate a Primary Care Provider (PCP), which can be a different doctor for each participant on your plan. Physician Assistants and Nurse Practitioners may be a designated PCP. Report the name of your PCP on your form when switching to the BlueHMO.

   The BlueHMO offers a **guest membership for long term (90-180 days) absence from Iowa.** This guest membership does not have an additional premium 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 BlueHMO can still be an option. The guest membership, would allow for non-emergency medical care outside of Iowa. Contact Wellmark directly for more details.
Changing between the two ISU Wellmark options

Participants may change between the two offered Wellmark ISU insurance plans each year. For a change for 2020, complete and submit the change form prior to 12-7-2019. Changes made during open enrollment, are effective on January 1. New cards are issued once the enrollment process is complete.

If moving out of Iowa and the BlueHMO network area after the open enrollment time is over, contact the ISU Benefits office in advance to change to the PPO mid-year, due to the move.

Members that need to make mid-year changes (such as adding a newly eligible family member to the plan) should contact the ISU Benefits office. This needs to be within 30 days of the event, and it is best to be pro-active! Have a conversation with our office to understand if your event qualifies to make a change. Changes are effective as determined by the qualifying event date and must be reported in a timely manner and may require evidence of the event.

If you want to compare the two ISU plan medical options, the detailed plan certificates are on the ISU web pages. [https://www.hr.iastate.edu/benefits/retiree-life/retiree-isu-plan#medical](https://www.hr.iastate.edu/benefits/retiree-life/retiree-isu-plan#medical)
If you want to have a conversation about the plan differences for medical services you may be considering for next year, you may contact Wellmark customer service and they can offer assistance in understanding the plan difference. The number is on your ID card.

Enrolling in other plans – Understanding the ISU Plan difference

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 and ISU would require you to leave the ISU Group Humana Prescription Drug Plan (PDP).

If enrolling in any individual health/prescription (Medicare Supplement, Advantage or Part D PDP) for 2020, 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 a retiree signs up for other insurance, the retiree and any family member, on the plan with them, would need to terminate the ISU Plan medical coverage as well. Once the contract holder (retiree or surviving spouse) voluntarily drops the ISU Plan, they will not be able to rejoin the group plan later.

If the retiree’s benefit eligible family member leaves the plan for 2020 but the retiree stays on the ISU Plan, the family member may be added back to the retiree’s plan during open enrollment, provided they are still eligible by the rules of our plan. Ask the ISU Benefits Team if you have a question on eligibility.

For participants enrolled in Medicare Part A & B and the ISU Plan, the Wellmark network rules still apply for the secondary coverage which effects coverage. Medicare must process all claims first, either to pay or deny. After Medicare, the claim will be processed by Wellmark.
Wellmark begins the process by looking at the claim without the Medicare settlement. They check to see if the provider is in network and determine how they would settle on the claim. Then, the Medicare settlement, as reported to Wellmark, is applied to the claim again and usually reduces the member liability. If you receive co-insurance or co-pay bills from a provider after Medicare and Wellmark have processed the claims, this should be verified by comparing your two Explanation of Benefits, Medicare and Wellmark. Member liability as indicated in the ISU plan certificates, deductible, co-pays and co-insurance; are usually reduced or eliminated. The liability reduction is dependent on Medicare and Wellmark coordination.

If any health provider tells a member they do not file the claim because Medicare will not pay on the service; please ask the provider to file the claim with Medicare anyway. Wellmark must have Medicare’s determination to process a claim. If the provider does not participate with Medicare, you may need to file the claim to Medicare yourself. This must be timely! Once Medicare processes a claim, Wellmark should get the claim per normal process.

If you are Medicare eligible and continuing with the ISU Wellmark medical plan, you must have the ISU Group Medicare Part D Prescription Drug Plan (PDP) with Humana.

If you want to add a Medicare eligible family member during this open enrollment, that family member must also complete an ISU - Humana enrollment form. Request the form from the ISU Benefits office prior to the end of open enrollment. This action is with the ISU Benefits office and never 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 have the ISU Express Scripts drug coverage. And the reverse, if you are not Medicare eligible but they are.

If you decide to leave the ISU plan and instead apply for an individual Medigap plan, make certain to also 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.

The Iowa State University Prescription Drug Coverage
Regardless of where you purchase your prescriptions, you use the ISU Prescription insurance to lower your out-of-pocket expense. Any pharmacy with your insurance information is reporting your prescription purchases to the prescription insurance plan you are enrolled in. That Pharmacy Benefit Management Company (Express Scripts or Humana) then reports back to the pharmacy what the charge to you should be.

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<thead>
<tr>
<th>Prescription Drug Coverage Required Notice</th>
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<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 timely enroll in an individual Medicare prescription drug plan. (Please see enclosed Notice of Creditable Coverage)</td>
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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. This is the exact same prescription coverage that active employees have. The copay-coinsurance structure does not change.

2. **Humana** is the ISU Group Medicare Part D Prescription Drug Plan (PDP) for retiree/disabled members and the family members on the plan that are Medicare eligible. CMS does not allow more than one PDP.

Members in our retiree group plan transfer from Express Scripts to Humana when eligible for Medicare. ISU assists with this transition. Enrollment is completed by following the ISU Benefits office direction to get the ISU PDP plan. The ISU Plan is not available through a general Humana enrollment application. You enroll with the ISU PDP to stay in our Wellmark ISU plan that follows Original Medicare.

During the 2020 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 this 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 Humana, 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.

**Transitioning between ISU Prescription Drug Plans**

**Express Scripts**
For members adding new dependents to the plan that are not yet Medicare eligible, the enrollment form adding them to the ISU BlueHMO or BluePPO plan will begin the process for enrollment to the ISU Express Scripts plan for January 1, 2020 Those dependents should be mindful of the need to get refills from their current plan they are leaving prior to the end of December so they have time to transition to Express Scripts. Until enrollment is complete, Express Scripts cannot advise on transitioning current medications.

**Humana**
For those adding new dependents that are Medicare eligible, in addition to electing the ISU BlueHMO or BluePPO, eligible family members would need to complete the ISU Humana enrollment form and return the form to ISU along with the 2020 Open Enrollment form.

For anyone on the plan transitioning to Medicare in the future, the ISU Benefits office does send the ISU-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 Part 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. So 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, 2020, you may contact ISU Benefits Office 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 (Standard Framework) Stages**

All Medicare Part D prescription drug plans must follow the framework of rules and regulations established by CMS but an approved plan can be “as good” or “better” than a standard Part D plan. The ISU Plan with Humana is approved by CMS and follows the CMS framework but the ISU plan in aggregate is better. The ISU Part D PDP plan is custom for having maximum limits per prescription and a $2,500.00 limit for the participant’s maximum out-of-pocket (MOOP); therefore our plan allows the coinsurance amount of 30% in the Coverage Gap instead of a standard D plan of 25%

Individual Standard D plans typically do not have an out-of-pocket maximum limit. Many individual standard D plans begin with a deductible for a member to pay first. The ISU Humana Plan does not have a deductible for the member to pay. We begin with a co-pay or co-insurance.

All Part D plans have an **initial stage** of coverage, which lasts until the total drug spend (the amount the member pays plus the amount Humana pays) reaches $4,020.00. During the initial
stage, members in the ISU PDP plan pay a copay or a coinsurance percentage but the ISU PDP Plan has a maximum of $50.00 per 30 days supply when in the initial stage.

**Stage two** is referred to as the coverage “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! Since 2011, ACA rules have closed the gap for all plans. What the gap coverage signifies now, is the beginning of the ACA gap discounts for medication, where the cost of medication is reduced. This reduction does not necessarily reduce what our member pays while in stage two.

For the ISU Plan, in stage two, the 30% coinsurance maximum is still capped at $10.00 for 30 day supply of generics and $50.00 for 30 day supply of preferred brand name medication. For the non-preferred brand or specialty medication, the coinsurance percentage applies **without** the $50.00 cap. So, it is possible that a prescription that cost $50.00 for one purchase could cost hundreds the next time it is purchased, if the member reached the gap.

For all covered prescriptions, the maximum out-of-pocket for each person with the ISU Humana plan is $2,500.00 annually. After your out-of-pocket drug costs reach the $2,500.00, Humana pays 100% of your total drug costs.

The stages of the framework are referred to in each individual’s “SmartSummaryRx” sent by Humana to members purchasing prescription medications using the ISU Humana plan.

**Stage three** is also known as the catastrophic stage. This stage begins when the total drug costs reach $6,350.00. You could reach this stage without reaching the maximum out of pocket amount for the ISU Humana plan. If you haven’t reached the maximum out of pocket, you would pay the greater of 5% or $3.40 for generics/ multiple source drugs/ $8.50 for all other drugs until the end of the year or you reach the maximum of $2,500.00.

You might have a prescription that your pharmacy may indicate as not covered by Humana due to coverage by Medicare Part B. For the prescriptions considered to be Part B, Wellmark will follow Medicare. An example of this type of prescription may be diabetes test strips or transplant auto-immune suppressive medications. However, if neither Part B nor Part D covers your prescription, Wellmark will not cover that expense. There would not be coverage for that expense.

Humana – the phone number will be on the back of each member ID card. If you need assistance prior to enrollment you may call Humana Customer Care at 1- 866-396-8810 with questions on transitioning mail order medication from Express Scripts to Humana.

**MEDICAL/PRESCRIPTION MONTHLY PREMIUMS FOR 2020**

Your ISU Medical/Prescription Plan is a two-part plan for one price. 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. 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 member must continue to pay the premiums to the insurance company in a timely manner, so you may want to consider setting up automatic payments, where Wellmark pulls the payment from your account. Many current participants find this an effective way to pay but it is not required. You may continue to get invoices and send in checks.

2020 Medical/Pharmacy Premiums have two group categories. The former Faculty, Professional and Supervisory or Confidential Merit have a different premium than former Merit retirees. This is due to the limited history of the Merit retirees’ claims experience. As the plan experience and trend are evaluated over a longer period of time, the expectation is the two groups will be blended to eventually have the same premiums. For 2020, all the Medicare categories have a slight increase over the 2019 premium.

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 annually assessed by Social Security. 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 you pay to Wellmark but there could be an adjustment due to the income level you had in 2018.

Social Security will base the Medicare Part B and D 2020 premiums on the 2018 income. This is deducted from your Social Security Income (SSI) or billed to you if not yet collecting your SSI.

For those Medicare participants with high income reported in 2018, the participants will be assessed an Income-Related Monthly Adjustment Amount (IRMAA) in 2020. This amount, based on reaching a higher income tax level, is deducted directly from the Social Security Income (SSI). CMS notifies the member of this annually applied assessment for Medicare B and D. If assessed the fee and the participant does not agree to have the fee deducted from the SSI, CMS would advise Humana to terminate the Medicare Part D, which would be your ISU Humana group plan. Any appeal regarding this assessment is directly to SSA.

Also in 2020, based on 2018 income, members might qualify for a low income subsidy (LIS) for the Medicare Part D PDP. The premiums listed in this document do not reflect the LIS. CMS notifies Humana when a member qualifies as LIS. ISU then gets 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.

You may contact the ISU Benefits Office if you have questions about either LIS or IRMAA.

2020 Premiums are listed on page 12 of this document.
**Long Term Care Insurance**

ISU Wellmark plans do not cover custodial care in nursing homes. And ISU does not have a group long term care insurance plan open for new applicants.

The Iowa Senior Health Insurance Information Program (SHIIP), sponsored by the Iowa Insurance Commission and not selling any product, can assist you with understanding Medicare, Medigap, Part D PDP and Medicare Advantage plans. They also have information to help evaluate the possible 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](http://www.shiip.state.ia.us).

| The Patient Protection and Affordable Care Act (ACA) requests employers provide a notice to 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) |

**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)

**Humana**

As a member of the ISU Humana PDP, at the beginning of the year, Humana may offer discounts/services similar to Wellmark, you will receive Humana information at the beginning of the plan year.

**Iowa State University Benefits Office**

1-515-294-4800 or toll free, 877-477-7485

As a member of the ISU retiree insurance, you may contact the ISU Benefits office throughout the year to assist you with any issue with insurance that might warrant questions. The ISU Benefits office may have to pass your issue on to the insurance carrier for resolution or to clarify understanding but we will do our best to help you. The ISU HR Service Center gets the call and may transfer you to a Benefits Consultant’s voice mail. If you can, leave a detailed message, we’ll call you back as soon as possible.
## 2020 ISU PLAN MONTHLY PREMIUMS for former Merit staff of ISU and Affiliated Board of Regents Institutions

Prices include either Express Scripts or Humana pharmacy - based on Medicare eligibility

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<thead>
<tr>
<th>Plan Type</th>
<th>BluePPO and Rx</th>
<th>BlueHMO and Rx</th>
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<tbody>
<tr>
<td><strong>Retiree Only</strong></td>
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<td></td>
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<tr>
<td>Not Medicare eligible</td>
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<td>$487.00</td>
</tr>
<tr>
<td>Medicare eligible</td>
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<td>$291.00</td>
</tr>
<tr>
<td><strong>Retiree and Spouse or Partner – Two people</strong></td>
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<tr>
<td>Two not Medicare eligible</td>
<td>$1,148.00</td>
<td>$1,117.00</td>
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<tr>
<td>Two people - one with Medicare/one without Medicare</td>
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<td>$777.00</td>
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<tr>
<td>Two Medicare eligible</td>
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<td>$581.00</td>
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<tr>
<td><strong>Retiree and Child(ren) only – Two or more</strong></td>
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<tr>
<td>Retiree is not Medicare eligible</td>
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<tr>
<td>Retiree is Medicare eligible</td>
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<tr>
<td><strong>Family- Retiree, Spouse/Partner &amp; child(ren) - 3 or more</strong></td>
<td></td>
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<tr>
<td>Three or more - none are Medicare eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One with Medicare and others without Medicare</td>
<td>$1,131.00</td>
<td>$1,080.00</td>
</tr>
<tr>
<td>Two Medicare eligible and others without Medicare</td>
<td>$933.00</td>
<td>$884.00</td>
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## 2020 ISU PLAN MONTHLY PREMIUMS for former Faculty, Professional & Scientific, Supervisory or Confidential Merit staff of ISU and Affiliated Board of Regents Institutions

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</tr>
<tr>
<td>Not Medicare eligible</td>
<td>$503.00</td>
<td>$487.00</td>
</tr>
<tr>
<td>Medicare eligible</td>
<td>$305.00</td>
<td>$291.00</td>
</tr>
<tr>
<td><strong>Retiree and Spouse or Partner – Two people</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two not Medicare eligible</td>
<td>$1,148.00</td>
<td>$1,117.00</td>
</tr>
<tr>
<td>Two people - one with Medicare/one without Medicare</td>
<td>$807.00</td>
<td>$777.00</td>
</tr>
<tr>
<td>Two Medicare eligible</td>
<td>$609.00</td>
<td>$581.00</td>
</tr>
<tr>
<td><strong>Retiree and Child(ren) only – Two or more</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree is not Medicare eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree is Medicare eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family- Retiree, Spouse/Partner &amp; child(ren) - 3 or more</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three or more - none are Medicare eligible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One with Medicare and others without Medicare</td>
<td>$1,131.00</td>
<td>$1,080.00</td>
</tr>
<tr>
<td>Two Medicare eligible and others without Medicare</td>
<td>$933.00</td>
<td>$884.00</td>
</tr>
</tbody>
</table>