The benefits in this guide are subject to change each year. Employees are responsible for understanding and reviewing their benefits.
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Review the entire Enrollment Guide.

Sign-up for a group benefit sessions (see Page 4) and review checklist (see Page 6).

Enroll in your benefits by the assigned deadline which is included in the welcome letter. Failure to enroll in benefits within 31 days will cause you to forfeit your opportunity to elect many benefits.

Keep your benefits current. You are responsible to promptly notify University Human Resources – Benefits Office of any family status changes (see Page 11).
Welcome to the Iowa State University Benefit Program!

The University Human Resources, Benefits Office welcomes you as a new employee of Iowa State University.

The University Human Resources, Service Center is located in 3810 Beardshear Hall. This is where you turn in enrollment forms or check in if you have an appointment with the Benefits Office Staff.

The telephone number is 515-294-4800 / 877-477-1485, the fax number is 515-294-4707, and the e-mail address is benefits@iastate.edu. The office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday except during holidays or when the University is operating under reduced hours. Any alteration of office hours will be posted as well as indicated on the voice messaging system.

The benefits staff is available to assist you and answer benefit questions. Drop-ins are welcome, but appointments are preferred to ensure the benefits staff is available to meet with you.

To enroll in the Iowa State University Benefits program, you should attend a group benefit session. Please call 515-294-4800 / 877-477-7485 to schedule your session.

Iowa State University provides employees with various kinds of insurance protection and retirement plans. Most programs are optional, requiring enrollment. Some are automatic or mandated by law. In some cases the University contributes towards the cost of these programs or bears it entirely.

This booklet is designed to provide you with an overview of the benefit programs to assist you in making enrollment decisions. This booklet is not intended to be a policy statement. When you enroll in the various programs, you will have online access to policy booklets and/or certificates of coverage, which will be your full policy statement.

**Enrollment:**

Enrollment is optional with the exception of the default retirement plan, IPERS (Iowa Public Employees Retirement System), immediately and Long Term Disability Plan after one year. **Enrollment in optional programs is not automatic. You must enroll by the assigned date indicated on your letter included in your benefit packet.**

Most enrollment forms are provided in your benefit packet. The completed forms must be turned in by your assigned deadline. Bring the forms to the benefit session. You will be given an opportunity at the session to listen to a presentation and ask questions about the coverage you are offered. The completed forms must be turned in by your assigned deadline, which is on the welcome letter included with your enrollment packet.

**Right to Change Benefits - Required Statement:**

Iowa State University reserves the right to amend; modify; revoke or terminate any of the benefit plans, in whole or in part, at any time. The authority to make any such changes to the plans rests with the University Administration and the Iowa Board of Regents.
Iowa Fair Information Practices Act - Required Statement:

Iowa State University requests information for the purpose of maintaining the required records for your various University fringe benefit programs. No persons outside the University are routinely provided this information. Responses to items marked (optional) are optional; responses to all other items are required. If you fail to provide the required information, it may result in a delay in providing you with one or more of your fringe benefit programs.

Social Security Numbers Are Required for Health & Dental Coverage:

If you enroll a spouse/partner and/or dependent children in the health and/or dental plans, we need their Social Security numbers. Social Security numbers provide unique identifiers for your family that aid in processing enrollment information between the vendors and Iowa State University.

In order for Wellmark (the health insurance provider) to report your coverage status to the federal government, you must provide your Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under your coverage and of any member(s) added to your coverage.

If you have a newborn child while you are covered under your group health plan, you must notify us of the newborn’s social security number within six months of the child’s birth.

The IRS requires that Wellmark report this information using the Social Security number or tax identification number of the plan member and each dependent. If Wellmark does not have Social Security or tax identification numbers, they will be unable to report and send the information needed to complete federal tax returns.

If you do not provide the Social Security numbers or taxpayer identification numbers for this purpose, you will be subject to a $50 penalty per violation imposed by the Internal Revenue Service.

Federal and State law protects the privacy and security of your SSN and ISU will not disclose your SSN without your consent for any other purposes except as allowed by law. ISU is working to minimize the use of SSN’s within its business processes

If your family member is a foreign national, without a SSN or tax ID, indicate this on the ISU Plan Benefits enrollment form.
Check List for Enrollment Forms

*We ask that you bring all of the enrollment forms to the benefit session.*

**ISU Plan**

___ Benefit Enrollment Form - Both Sides
___ Declaration of Domestic Relationship
___ Principal Health Statement
___ Principal Beneficiary Designation/Change Form
___ Principal Voluntary & Dependent Life Enrollment Form
___ Avesis Vision Plan - Eyewear Insurance Enrollment Form

**Retirement Fund**

___ Iowa State University Retirement Plan Election Form **and**
___ IPERS Membership Information and Beneficiary Designation **or**
___ TIAA-CREF Application Form or Complete Online Application **or**
___ Contact VALIC representative, contact information available by request (see page 76)
Eligibility Requirements:

- Faculty, Professional/Scientific, or Supervisory/Confidential Merit employees 1/2 time or more
- Appointed for 9 months or longer
- Budgeted salary of $7,800 or more per year (enrollment into the retirement option)

How the Program Works:

Choose the benefits best suited for your personal situation. Your portion to pay is indicated on the ISU Plan enrollment form. Under the ISU Plan, the University’s contributions toward your benefits (medical, dental, life and disability) will be listed on the payroll information system earnings statement as the ISU Plan Credit. The plan credit is the money ISU provides towards the cost of your benefits. On the earning statement, the full premium will be indicated. The ISU Plan Credit minus the full premium is the employee amount to pay.

Paying for Your ISU Plan Benefits:

Under the ISU Plan, employees receive a contribution from Iowa State University (ISU) towards the full premium of the benefits elected. Employees receive the ISU contribution in the following areas:

- **Medical Insurance** – detailed coverage information begins on page 15.

  Employee choices include coverage for yourself, yourself and your spouse/domestic partner, yourself and children, or yourself and family. Family includes: you, spouse/domestic partner and eligible children.

  You may also elect “no coverage” option instead of medical coverage. ISU will contribute $107 towards the purchase of ISU dental premium first, if applicable. Any remaining funds are deposited into one of the ISU flexible spending accounts.

  The double spouse/domestic partner option is a contract when both spouse/domestic partner work at Iowa State University and are insuring a family. If your spouse/domestic partner works for a State of Iowa agency or an ISU Non-Supervisory Merit employee, review options with assistance from the ISU Benefits office.

- **Dental Insurance** – detailed coverage information begins on page 23.

  Employee choices include coverage for yourself only, yourself and your spouse/domestic partner, yourself and children, or yourself and family. Family includes: you, spouse/domestic partner and eligible children.

  You may also elect “no coverage” option instead of dental coverage. ISU will contribute $24 towards the purchase of ISU medical premium first. Any remaining funds are deposited into one of the ISU flexible spending accounts.

  A double spouse/domestic partner option is also available, see “Medical” section above for details.
• **Life Insurance/Accidental Death and Dismemberment (AD&D) Insurance** – detailed coverage information begins on page 29.

ISU pays 100% of the premium. If “no coverage” is elected instead of life insurance, ISU will contribute towards the purchase of the ISU medical premium first and then to the ISU dental premium. Any remaining funds are deposited into one of the ISU flexible spending accounts.

• **Long Term Disability (LTD) Insurance** – detailed coverage information begins on page 26.

ISU pays 100% of the premium after one full year of service for the 75/60% plan. Employees are eligible to elect the 50% option after the first year of service. The ISU contribution difference for choosing 50% option instead will go towards the purchase of the ISU medical premium first and then ISU dental premium. Any remaining funds are deposited into one of the ISU flexible spending accounts.

• **Flexible Spending Accounts by Election or Default** – detailed coverage information begins on page 31.

Health Care Spending Account (FSA) and Dependent Care Assistance Program (DCAP) are created through two possible methods for Faculty, Professional and Scientific and Supervisory/Confidential Merit.

1. The first method is to create an account by contributing your own funds by pre-tax payroll deduction.
2. The second method is when ISU contributes funds to one of the accounts.
   - This is due to an ISU credit when a “no coverage” option is chosen. When the contribution for ISU medical, dental, life or disability insurance is greater than what was needed to pay for the applicable premium.
   - The default is to FSA. If DCAP is preferred, the indication must be made on the benefit enrollment form.
   - The ISU contribution is subject to change and should be reviewed during the open change period each year.
   - If you want to change the default, this may only be changed during the open change period for the next year.

**Paid a 9-Month Salary:**

Employees whose annual budgeted salary is paid on a 9-month basis and the appointment is from August to May have coverage year round. There is usually three deductions withdrawn from the May pay. These deductions are the premiums for June, July and August for medical and dental coverage and May, June and July life and disability coverage premiums. Notification will be sent during the Spring semester from the Benefits Office regarding the continuation of the appointment and benefits.

**Who is Eligible?**

Your eligible dependents to enroll on insurance include:

- Legal spouse (same or opposite sex), if you complete and sign a “Declaration of Domestic Relationship” form.
- Domestic partner (same or opposite sex), if you complete and sign a “Declaration of Domestic Relationship” form and State of Iowa Relationship Affidavit. Imputed income may apply.*
- Natural child or legally adopted child and your stepchild or foster child up to age 26 (provided they are not already covered under the plan as an employee or by another employee).
Coverage can also continue beyond age 26 if a child is incapable of self-support because of a developmental or physical disability and was covered at the time of disability. Contact the insurance company for verification of disability requirements prior to the child’s 26th birthday.

Unmarried children, age 26 or over, who are full-time students. Imputed income may apply.*

*Notice Regarding Imputed Income:

If there is additional benefit provided to the employee or if adding non-qualified dependent, results in the reduction of taxable gross wages, there would be a requirement to impute income.

- Continuing health or dental coverage for full time students over age 26, who do not meet the definition of a dependent under Federal and State tax laws.
- Insuring domestic partner, who does not meet the definition under the Federal and/or State tax laws.

Coverage for Adult Children

Before age 26:

- Under the Affordable Care Act (Healthcare Reform), children may be covered under their parent/guardian’s health insurance policies (medical, dental and/or vision) up to age 26, regardless of student or marital status.

After age 26:

- An eligible child is disabled before age 26 and remains unmarried after age 26.
- An eligible child is unmarried and a full-time student.

Enrollment:

- Employees may enroll adult children meeting the conditions above during their initial enrollment.
- If you do not enroll them during the initial enrollment or with a qualifying life event, you will have to wait until the next open change period to enroll them on your available plans.
  - Once you enroll them, you will not be able to drop their coverage until the next open change period unless there is a qualifying event.

The assumption will be made that any dependent enrolled by the employee meets all conditions to be a valid member. Employees are responsible for reporting eligibility changes for any participant of their insurance policies within 30 days of an event. As long as unmarried adult children are full-time students at an accredited post-secondary institution, there is no age limit or Iowa residence requirement and those children may remain on their parent’s insurance policies, until their status changes.

Termination:

Termination of adult children: coverage will term December 31 of the year the dependent reaches age 26.

Termination of unmarried, full-time student over age 26: coverage will term at the end of the next month child marries or ends full time student status.
Examples:

- Child is 25 or younger is added to insurance. On March 3rd the child turns 26 and is not a full-time student. If not a full-time student by December. Coverage would have to end on December 31 but could end earlier if there is an event that allows a change.
- Unmarried child is 26 or older on March 3rd and is a full-time student. Child graduates on May 15th and is not a full-time student. Coverage must terminate on June 30.
- Unmarried child is 26 or older and is a full-time student. The child marries in August, coverage ends on September 30.

There will be periodic verification notices for full-time students. The notice may be from Iowa State University or the insurance companies.

Notice of Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA):
While you are an employee of the State of Iowa, your children are not eligible for the Children’s Health Insurance Program (CHIP), known in Iowa as “healthy and well kids-Iowa” or “hawk-i”. There may be a premium assistance program that may assist in paying towards another employer-sponsored health plan. The State uses funds from the Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but qualify for assistance in paying for the health premiums.

If you or your dependents are already enrolled in Medicaid or hawk-i, contact your State Medicaid or hawk-i office to confirm ineligibility and to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or hawk-i, and you think you or any of your dependents might be eligible for either of these programs; you can contact your State Medicaid or CHIP office or dial 877-KIDS NOW (877-543-7669) or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for another employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or hawk-i, another employer’s health plan is required to permit you and your dependents to enroll in the plan as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

To see a list of States who have a premium assistance program since March 3, 2010, or for more information on special enrollment rights, you can contact either:

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<th>U.S. Department of Labor</th>
<th>U.S. Department of Health and Human Services Centers for Medicare &amp; Medicaid Services</th>
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<td>Employee Benefits Security Administration</td>
<td><a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a></td>
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<tr>
<td><a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a></td>
<td>877-267-2323, Ext 61565</td>
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<tr>
<td>866-444-EBSA (3272)</td>
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You elect to make benefit changes during the open change period or with a qualifying event or become ineligible or ISU makes changes to the plans. Payroll deductions, which cover these benefits, are taken from your pay year round. When deductions are on a pre-tax basis, the Internal Revenue Service regulations are followed for mid-year changes.

*It is your responsibility to contact the benefits office to drop dependents within 30 days of loss of eligibility. Dropping after 30 days may result in ineligibility for refunds of overpayments.*

**Qualified Life Events:**

When you enroll in health insurance, dental insurance, vision insurance, life insurance and/or the flexible spending accounts, your benefit elections remain in effect until a change is made. You cannot make any plan changes until the next open change period unless you experience a qualified life event and the benefit change you request is consistent with the event. For example, a marriage is a family status change that would allow you to change from single health coverage to different tier of health and or dental coverage because acquiring a spouse is consistent with a gain in eligibility for health or dental coverage.

Qualified events are defined by Section 125 of the Internal Revenue Code, based on individual circumstances and plan eligibility. The following list may not apply to every benefit plan.

**Qualified Life Event Categories:**

You may be able to change your benefit elections if…

You have a change in your **legal marital status.**

You have a change in the **number of your dependents.**

You have a change in your **employment status.**

Your **spouse or dependent** has a change in their **employment status.**

Your **dependent** has a change in his or her **eligibility status.**

You, your spouse or dependent has a **change in residence.**

You, your spouse or your dependent becomes entitled to **Medicare or Medicaid.**

You are served with a **judgment, order or decree.**

There is a **change in cost** by your **dependent care provider.**

This list may not apply to every benefit plan.
Opportunities to enroll in coverage during the year:

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a special enrollment period for health insurance is available in the following circumstances. You may enroll in the health plan within 30 days of any of the following events:

- Loss of other coverage
- Marriage
- Adoption or placement for adoption (within 60 days of the event)
- Birth (within 60 days of the event)

Opportunities to change coverage during the year:

If you are already enrolled in a health plan, HIPAA allows you to add eligible family members to your already existing health and/or dental plan within 30 days of the following events:

- Loss of other health coverage
- Marriage
- Divorce or legal separation
- Death of spouse or dependent
- Adoption or placement for adoption (within 60 days of the event)
- Birth (within 60 days of the event)

Finally, if you are already enrolled in a health plan, the following life event may allow you to enroll in a different health plan regardless of whether you are adding eligible family members.

- Change to out-of-state address

Changing Your Coverage:

When any qualifying event occurs, contact the benefits office to change coverage:

Drop Who’s Insured

- Notification within 30 days of loss of eligibility.
- Dropping after 30 days may result in ineligibility for refunds of overpayments.

Adding Who’s Insured

- Notify within 30 days of the event (60 days in the case of birth or adoption) for the change to be accepted.
- Otherwise, you will have to wait for the next open change period in which you are eligible to participate and have the change become effective the following February 1.
- You may be asked to provide documentation of the change.

If you have a change in family status, you may make certain changes to some of your benefits. You must make your change within 30 days of the event, except you have 60 days to add a newborn, newly adopted child or a dependent previously covered by Medicaid, Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) or Healthy and Well Kids in Iowa (hawk-i). Please note: dependents of State of Iowa employees are not eligible for hawk-i.
You must **always** complete Enrollment/Change form when adding a newborn; or other eligible dependents.

To discuss event qualifications/changes allowed and to obtain appropriate forms, contact University Human Resources, Service Center at 515-294-4800 or 877-477-7485 and ask to speak to a Benefit Consultant.

**EXAMPLES:**

- **Medical plan** – With the birth of a child or other qualifying events, you may add dependents. A newborn child may be added, but your spouse/domestic partner and other dependent children not previously enrolled may not be added as special enrollees. Without the qualifying event, any dependent must be added during the open change period, see below.

  If you are enrolled in the ISU HMO Plan and you or your dependent moves outside the HMO network area, you may change your plan to the ISU PPO Plan. The HMO has the option of Guest Membership when a dependent is out of the State (see Medical page 17 for details).

- **Dental plan** – When adding dependents: a newborn child may be added, but your spouse/domestic partner and other dependent children not previously enrolled may only be added with the 12-month deferral of coverage for Basic and Major Restorative Services. This waiting period may be removed before it would otherwise expire if proof of your good dental health is submitted to and approved by Delta Dental. They will determine the type and form of required proof. You must pay the cost of obtaining that proof.

**Annual Open Change Period:**

*It is the employee’s responsibility to be aware of open change and to review the benefits for changes.*

Iowa State University holds an open change period annually:

- **Beginning at 8:00 a.m. the first working day in November**
- **Ending at 5:00 p.m. the Friday before Thanksgiving**
- **Notification will be sent to campus e-mail addresses with information regarding open change period**
- **Information regarding the open change period will be available on the benefits web page at [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits) in November**

Annual reenrollment is not required. Iowa State University may make changes to all benefits. Any changes are communicated during the open change period. The open change guide is available on the ISU Benefits web page or AccessPlus from menu title “Benefits Info”. Otherwise, once elected, coverage continues until the employee makes a change during the annual open change period.

**Effective Dates for changes made during open change period:**

- **February 1** – medical, dental and vision insurance
- **January 1** – health care flexible spending account or dependent care assistance program
- **January 1 or upon approval** – life and disability insurance

**Possible Changes**

- **Medical Plan** - You may change from one medical plan to another without a waiting period for pre-existing condition. During this period you may also add or remove dependents.
- Dental Plan - You may change from one dental plan to the other or begin basic coverage without incurring the deferred coverage waiting period. During this period you may change from the Basic Plan to the Comprehensive Plan or from the Comprehensive Plan to the Basic Plan (see information regarding the three-year lock-in on the Comprehensive Plan). During this period you may also add or remove dependents.

- Long-Term Disability - You may change from the 75%/60% Plan to the 50% Plan. You may elect the 50% Plan during any open change period following your first full year of coverage. The ISU contribution difference for choosing the 50% option will go towards the purchase of ISU medical premium first and then ISU dental premium, if applicable. Any remaining funds are deposited into one of the ISU flexible spending accounts. Once coverage is reduced to 50%, a change back to 75%/60% coverage is available only during open change period and requires a Principal Statement of Health Questionnaire to apply for coverage. If approved by the underwriting, coverage will begin on date determined by Principal Financial Group.

- Basic Life Insurance - If you elect “no coverage” for Basic Life and AD&D coverage, the amount ISU provides will be used towards the purchase of ISU medical premium first and then ISU dental premium, if applicable. Any remaining funds are deposited into one of the ISU flexible spending accounts. You may apply for the coverage during the open change period. You will be required to complete a Principal Statement of Health Questionnaire to apply for coverage. If approved by the underwriting, coverage will begin on date determined by Principal Financial Group.

- Health Care Spending Account (FSA) and Dependent Care Assistance Program (DCAP) - Annual reenrollment is not required. Once a spending account is elected the employee contribution will continue year after year unless the employee makes a change during this time. During this time you may begin, stop, increase or decrease participation in either the FSA or DCAP. If flexible spending is created by default through ISU contribution funds, during open change period the changes in ISU contribution may affect accounts. You may reset the default choice during the open change period.

- Voluntary Life Insurance - You may elect to begin, increase or decrease Voluntary Life Insurance coverage during the open change period. If you elect coverage or elect to increase coverage after initial eligibility, you will be required to complete a Principal Statement of Health Questionnaire. If approved by the underwriting, coverage will begin on the date determined by Principal Financial Group. Voluntary Life Insurance coverage may be dropped at any time. You must request to drop in writing and the insurance will be dropped by the 1st of the month following the day your written request is received by the Benefits Office. If enrolled in dependent life, dropping voluntary life will automatically end the coverage.

- Dependent Life Insurance - You may elect to begin, increase or decrease Dependent Life Insurance coverage during the open change period. If you elect the coverage or elect to increase coverage after initial eligibility, you will be required to complete a Principal Statement of Health Questionnaire. If approved by the underwriting, coverage will begin on the date determined by Principal Financial Group. Dependent Life may be dropped at any time. You must request to drop in writing and the insurance will be dropped the 1st of the month following the day your written request is received by the Benefits Office.

- Avesis Vision Eyewear Insurance Plan - You may elect to begin, change or end enrollment in Avesis Vision.
Iowa State University offers Faculty, Professional/Scientific, and Supervisory/Confidential Merit employees a choice of two optional group medical insurance plans - the ISU PPO Plan (Alliance Select), and the ISU HMO Plan (Blue Advantage).

You also select a tier of coverage - Yourself Only, Yourself and Your Spouse or Domestic Partner, Yourself and Your Child(ren), or Yourself and Your Family.

You may elect “no coverage” instead of medical coverage. Iowa State University will contribute towards the purchase of ISU dental insurance premium first. Any remaining funds are deposited into one of the ISU flexible spending accounts.

Date Coverage Begins:

Coverage is effective on the first day of active work, providing you enroll prior to your assigned deadline, which is found on your Welcome Letter.

If you are not actively at work on the date coverage would otherwise be effective, your coverage will not be in force until the day you begin active employment.

Pre-Existing Conditions:

The Iowa State University medical insurance policies have no waiting periods or exclusions for pre-existing conditions for new employees. Employees and their eligible dependents have full coverage as of the effective date, if enrolled by the assigned deadline.

Cost of the Plans:

The employee monthly premium for benefits is indicated on the enrollment form. These premiums are usually paid one month in advance.

Your portion to pay is indicated on the ISU Plan enrollment form. Under the ISU Plan, the University’s contributions toward your benefits (medical, dental, life and disability) will be listed on the payroll information system earnings statement as the ISU Plan Credit. The plan credit is the money ISU provides towards the cost of your benefits. On the earning statement, the full premium will be indicated. The ISU Plan Credit minus the full premium is the employee amount to pay.

ISU Medical Plans:

Wellmark Blue Cross/Blue Shield of Iowa is the plan administrator.

The benefit provisions for both ISU Medical plans are compared in the summary chart on pages 19 through 21. Please review these comparisons, the summary of benefits and coverage or the certificates available on-line carefully before making your decision.
The **ISU PPO Plan (Alliance Select)** is a managed care plan that gives you a choice each time you need health care to access a Blue Cross/Blue Shield Preferred Provider.

The **ISU HMO Plan (Blue Advantage)** is a managed care plan that requires you to receive all of your health care through a Wellmark Health Plan of Iowa (WHPI) network based physicians. A Primary Care Physician, whom you choose from the network directory, coordinates your health, referring you to network specialists. You pay the full cost of any care you receive outside the network, except for emergency care when you are traveling out of the service area.

**Identification Cards:**

- **PPO** – cards will be issued in the contract holder’s name. Enrolled family participants have identical cards.
- **HMO** – cards will be issued, one in each participant’s name on the contract holder’s policy. In addition, each card will indicate that participant’s Primary Care Physician (PCP) but not the OB/GYN PCP, if designated for female participants.

**Enrollment:**

Complete the Medical Insurance section on your enrollment form. Determine your election and circle. Then write the employee premium amount in “Employee Share Box”.

On the enrollment form, in the section titled “You and Your Dependents”, please indicate the Name, Social Security Number and Gender for yourself and each of your dependents. This is very important information and should be completed accurately and in full. See statement on SSN requirement on page 5.

If you enroll in the ISU HMO Plan, you **must** designate a Primary Care Physician (PCP) for each covered person. The network PCP names and numeric codes are listed in the online Provider Directory, which you can find at the Wellmark website: [www.wellmark.com](http://www.wellmark.com). You may change your PCP effective the first of the month following notice by contacting Wellmark customer service directly. Contact Wellmark if you have questions regarding the PCP choice.

You will have until your assigned deadline to enroll in a medical plan and to change your enrollment election.
Wellmark PPO (Alliance Select) *

- This plan design has a network of participating physicians throughout the U.S.A.
- Allowed to have the flexibility of service from participating providers that are contracted with Blue Cross and Blue Shield, Alliance Select.
- In-Network – no deductible, $20 office co-payment (which does not apply to out-of-pocket maximum) and/or 10% co-insurance. Includes routine annual physical exams and any related lab tests, hearing and eye exams.
- Out-of-Network refers to physicians that are not contracted with Blue Cross and Blue Shield as preferred providers. Out-of-Network - $300 single/$600 spouse/partner/child/family contract deductible, 20% co-insurance. No coverage for routine services – includes annual physical and any related lab tests, hearing and eye exams.
- Self-referral allowed – if you feel an injury or illness warrants specialty care you are allowed to make an appointment with the specialist without going through a primary care physician. The specialist may require the referral, but your plan design does not.
- $100 emergency room co-payment which is waived if admitted.
- Out-of-pocket maximum of $1,500 per single contract and $3,000 per spouse/partner, child or family contract on eligible medical expenses.

Wellmark HMO (Blue Advantage) *

- This plan design has a network of participating physicians based in Iowa. Current participation is 99% of hospitals (acute care), 93% of primary care physicians (includes pediatricians), 91% of OB/GYN physicians, and 93% for specialists that are participating in the network.
- Each member in the contract is required to designate a primary care physician (PCP). Female participants may elect to also designate a primary OB-GYN physician for their yearly exams.
- For service directed by your elected PCP there is: $10 co-pay for office calls – preventative, outpatient mental health/chemical dependency.
- $10.00 co-pay for in-network chiropractic care and acupuncture services.
- For service directed by your elected PCP there is $0 deductible and $0 co-insurance.
- There is a $100 emergency room co-payment which is waived if admitted.
- If you require care from a specialist, you may see a provider in the Network with referral from PCP. If you require services that are not available from a specialist within the Network, you will be referred to a provider outside the Network who has expertise in diagnosing and treating your condition. Wellmark must approve out-of-Network referrals before you receive services or the services will not be covered. Please note: Even when your out-of-Network referral is approved, you are still responsible for complying with notification requirements. See Notification Requirements and Care Coordination in the Wellmark certificate accessible from the ISU Benefits web page.
- Referrals are not required for chiropractor visits, hearing exams, vision exams or acupuncture.
- Unless an emergency and care is received in an emergency room or admitted from an emergency room or a prior authorization by Wellmark has been completed, there is no coverage outside of the Blue Advantage network.
- Guest membership: this is an added benefit while away from home for 90 or more consecutive days. The guest membership includes access to Blue Cross and Blue Shield participating hospitals, physicians and other health care providers from which you can receive covered services. This guest membership is a valuable service for: long-term out-of-state travelers (traveling up to 180 days), dependent children who attend college full-time out of state, and family members who reside in another state but are covered under the same health plan. To request this service contact Wellmark Customer Service, the telephone number can be found on the back of your medical insurance card.

* This is a summary. Benefits will be administered as described in each plan’s subscriber agreement or plan document.
Each health insurance carrier has determined that the following shaded counties have adequate participating providers to offer services as noted. There may be participating providers in a county that is not shaded. Please check the provider directories for any plans that interest you to ensure that there are participating doctors, specialists, labs, hospitals, clinics, etc. in your area.

**VERY IMPORTANT:** Services will not be paid by the carrier if you do not follow the WHPI network requirements regarding providers for all your health care needs.

*All of the shaded Counties are covered by the WHPI network.*
This is a limited comparison of benefits. The Summary of Benefit and Coverage for each plan is available on-line, see page 74 for details. Benefits will be administered as described in each plan’s subscriber agreement or plan document. For further detail, refer to those documents or call Wellmark Blue Cross/Blue Shield. If there are discrepancies between this comparison and Wellmark’s benefit certificates, the certificates will govern in all cases.

### GENERAL PLAN PROVISIONS

<table>
<thead>
<tr>
<th>Benefits from non-participating providers.</th>
<th>Refer to out of network column</th>
<th>80% coverage to MAF (maximum allowable fee) after deductible. You are responsible for any amounts between the billed charge and the maximum allowable fee paid by Wellmark. These amounts will not accumulate towards the medical out-of-pocket limit.</th>
<th>None, unless prescribed and referred by participating physician and Wellmark or in an emergency medical situation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$300 - single $600 - spouse/child/family</td>
<td>$0</td>
</tr>
<tr>
<td>Out-of-pocket Limit</td>
<td>$1500/single contract $3,000 spouse/child/family contract/year and Separate prescription out-of-pocket limit of $1500/single/$3,000 spouse/child/family</td>
<td>$3,000 - single contract/year $6,000 spouse/child/family contract/year and Separate prescription out-of-pocket limit of $1500/single/$3,000 spouse/child/family</td>
<td>None on medical</td>
</tr>
<tr>
<td>Copays DO NOT apply</td>
<td>10% of Maximum Allowable Fee</td>
<td>20% of Maximum Allowable Fee, after deductible</td>
<td>0%</td>
</tr>
<tr>
<td>Large case management</td>
<td>Alternative care set up on a case-by-case basis by insurance company</td>
<td>Alternative care set up on a case-by-case basis by insurance company</td>
<td>Directed by PCP</td>
</tr>
</tbody>
</table>

Lifetime maximum benefit – none

### PROFESSIONAL OFFICE SERVICES

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Office exam</td>
<td>$20 copay</td>
<td>$0</td>
</tr>
<tr>
<td>Allergy treatment</td>
<td>90% coverage, prior approval for some treatment</td>
<td>80% coverage after deductible, prior approval for some treatment</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>$20/visit co-pay, then 90% coverage</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Routine eye exam</td>
<td>100% coverage, after $20 copay, including refraction, one per calendar year</td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>100% coverage, after $20 copay, one per calendar year</td>
<td>Not covered</td>
</tr>
<tr>
<td>Maternity</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Contraceptive other than prescription</td>
<td>90% coverage – outpatient $20 copay - office</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Routine physicals</td>
<td>100% coverage after $20 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Well child care exams</td>
<td>100% coverage after $20 copay</td>
<td>80% coverage to MAF (maximum allowable fee)</td>
</tr>
</tbody>
</table>

$10/visit copay then $500 annual maximum benefit/member, self-referral to provider for up to 5 visits/condition

$10 copay

100% coverage after $10 copay, one per calendar year, may self-refer to a network provider

100% coverage after $10 copay, one per calendar year, self-refer to network provider

100% coverage - directed by PCP

100% coverage - outpatient directed by PCP $10 copay - office

100% coverage after $10 copay - PCP

100% coverage after $10 copay - PCP
<table>
<thead>
<tr>
<th>PLAN PROVISIONS</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Alliance Select)</th>
<th>HMO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Office) Surgery, Radiology &amp; Pathology</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - directed by PCP</td>
</tr>
<tr>
<td><strong>HOSPITAL SERVICES</strong></td>
<td><strong>INPATIENT HOSPITAL SERVICES</strong></td>
<td><strong>INPATIENT HOSPITAL SERVICES</strong></td>
<td><strong>INPATIENT HOSPITAL SERVICES</strong></td>
</tr>
<tr>
<td>Preapproval of inpatient admissions</td>
<td>Required</td>
<td>Required</td>
<td>Directed by PCP - preauthorization required</td>
</tr>
<tr>
<td>In-patient Hospital Services Room &amp; Board Inpatient-Physician Services Inpatient - Supplies Inpatient Surgery</td>
<td>90% coverage; prior approval required for certain procedures</td>
<td>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</td>
<td>100% coverage - PCP or referred by PCP</td>
</tr>
<tr>
<td><strong>OUTPATIENT HOSPITAL SERVICES</strong></td>
<td><strong>OUTPATIENT HOSPITAL SERVICES</strong></td>
<td><strong>OUTPATIENT HOSPITAL SERVICES</strong></td>
<td><strong>OUTPATIENT HOSPITAL SERVICES</strong></td>
</tr>
<tr>
<td>Ambulatory Surgical Center - Outpatient Surgery</td>
<td>90% coverage; prior approval required for certain procedures</td>
<td>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</td>
<td>100% coverage - PCP or referred by PCP</td>
</tr>
<tr>
<td>Outpatient Diagnostic Lab, Radiology</td>
<td>90% coverage; prior approval required for certain procedures</td>
<td>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</td>
<td>100% coverage - PCP or referred by PCP</td>
</tr>
<tr>
<td><strong>EMERGENCY CARE</strong></td>
<td><strong>EMERGENCY CARE</strong></td>
<td><strong>EMERGENCY CARE</strong></td>
<td><strong>EMERGENCY CARE</strong></td>
</tr>
<tr>
<td>Ambulance</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - medically necessary</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - medically necessary</td>
</tr>
<tr>
<td>Emergency room care</td>
<td>$100 copay then 90% coverage; copay does not apply to out-of-pocket limit, copay waived if admitted</td>
<td>$100 copay then 80% coverage; copay does not apply to the plan out-of-pocket limit; copay waived if admitted but then deductible applies</td>
<td>$100 copay then 100% coverage-waived if admitted</td>
</tr>
<tr>
<td><strong>BEHAVIORAL HEALTH SERVICES</strong></td>
<td><strong>BEHAVIORAL HEALTH SERVICES</strong></td>
<td><strong>BEHAVIORAL HEALTH SERVICES</strong></td>
<td><strong>BEHAVIORAL HEALTH SERVICES</strong></td>
</tr>
<tr>
<td>Inpatient mental health and chemical dependency treatment</td>
<td>90% coverage</td>
<td>80% coverage after deductible; preadmission approval required</td>
<td>100% coverage</td>
</tr>
<tr>
<td>Outpatient mental health and chemical dependency treatment</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage</td>
</tr>
<tr>
<td><strong>OUTPATIENT THERAPY SERVICES</strong></td>
<td><strong>OUTPATIENT THERAPY SERVICES</strong></td>
<td><strong>OUTPATIENT THERAPY SERVICES</strong></td>
<td><strong>OUTPATIENT THERAPY SERVICES</strong></td>
</tr>
<tr>
<td>Speech, occupational and respiratory therapy</td>
<td>90% coverage, prior approval for some treatment</td>
<td>80% coverage after deductible, prior approval for some treatment.</td>
<td>100% coverage - directed by PCP</td>
</tr>
</tbody>
</table>

**THIS COMPARISON IS ONLY A LIMITED SUMMARY OF BENEFITS.**
**BENEFITS WILL BE ADMINISTERED AS DESCRIBED IN EACH PLAN'S SUBSCRIBER AGREEMENT OR PLAN DOCUMENT.**
The prescription plan is administered by pharmacy benefit manager, Express Scripts.

The ISU Plan offers a pharmacy program that is administered separately from your medical plan. This card must be used for your prescription purchases. There is not a separate premium to pay for prescription coverage. The cost of the medical and prescription plans is combined into the medical premium.

The percent of co-insurance is determined by Express Scripts at the point of sale: either at a participating retail pharmacy or Express Scripts by Mail.

- **Identification Cards**: you will have a *separate prescription benefit card* from Express Scripts. Cards will be issued in the contract holder’s name. Enrolled family participants have identical cards.

<table>
<thead>
<tr>
<th>Deductibles</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$1,500 / single contract / year</td>
</tr>
<tr>
<td></td>
<td>$3,000 / spouse/partner/child/family contract / year</td>
</tr>
<tr>
<td></td>
<td>Separate from applicable medical plan out-of-pocket</td>
</tr>
<tr>
<td>30-day supply – Retail Pharmacy</td>
<td>$10 copay for generic</td>
</tr>
<tr>
<td>For prescription medications used on a short-term basis</td>
<td>30% coinsurance for preferred brand name ($100 maximum copay/prescription)</td>
</tr>
<tr>
<td>Limited coverage for non-participating pharmacies.</td>
<td>50% coinsurance for non-preferred brand name ($200 maximum copay/prescription)</td>
</tr>
<tr>
<td>90-day Supply – Retail Pharmacy</td>
<td>$30 copay for generic</td>
</tr>
<tr>
<td>For prescription medications used on a regular basis (for 3 months or more)</td>
<td>30% coinsurance for preferred brand name ($300 maximum copay/prescription)</td>
</tr>
<tr>
<td>Limited coverage for non-participating pharmacies.</td>
<td>50% coinsurance for non-preferred brand name ($600 maximum copay/prescription)</td>
</tr>
<tr>
<td>90-day Supply – Express Scripts Home Delivery Pharmacy</td>
<td>$0 copay for generics</td>
</tr>
<tr>
<td>For prescription medications used on a regular basis (for 3 months or more)</td>
<td>25% coinsurance for preferred brand name ($250 maximum copay/prescription)</td>
</tr>
<tr>
<td></td>
<td>33% coinsurance for non-preferred brand name ($500 maximum copay/prescription)</td>
</tr>
</tbody>
</table>

Be aware the prescription coverage has clinical programs which add step therapy and/or prior authorization requirements. These programs enhance health and safety through greater medication compliance and adherence to prescribed therapies. This helps patients avoid negative outcomes as a result of incorrect dosing, drug interactions, or treatments prescribed for non-approved indications or treatment guidelines. The programs target conditions that are considered chronic and complex, many of which are treated with specialty medications.
Do you have any maintenance medications? Use Express Scripts Home Delivery Pharmacy!

Enjoy convenient mail order for your prescriptions. You will find this service safe, secure and with a cost savings!

If you take prescription medication on an ongoing basis, your prescription drug plan may allow you, for chronic conditions, to order prescriptions from Express Scripts home delivery pharmacy. Once you start, you can refill and renew your prescriptions right at the Express Scripts site and benefit from free standard shipping.

Take advantage of prescription home delivery service, which offers you the ultimate in ease and convenience when purchasing prescriptions.

- Ask your doctor if your prescription can be written for a 90-day supply (plan's home delivery limit) with refills when appropriate instead of 30-day supply with refills.
- It is important to ask for a 90-day supply, as opposed to a 30-day supply, in order to receive up to 90 days of medication for one home delivery co-payment. Please note that you will be charged a home delivery co-payment regardless of the number of days' supply written on the prescription, so make sure your doctor has written the prescription for 90 days.

Please note that the actual quantity and/or days' supply may vary for each drug. Your doctor's instructions on how to take the medication, state and federal dispensing guidelines, or how the medication is packaged may impact the quantity and/or days' supply you can receive.

Getting Started:
From the homepage of Express Scripts you can set up a profile to monitor retail prescription purchases and reorder mail order prescriptions. The web address is: https://www.express-scripts.com/.
Iowa State University offers to Faculty, Professional/Scientific and Supervisory/Confidential Merit employee’s two optional dental insurance plans. The plan options are: Basic Plan and Comprehensive Plan. Delta Dental is the plan administrator.

You may select from a tier of coverage - Yourself Only, Yourself and Your Spouse (Domestic Partner), Yourself and Your Child(ren) or Yourself and Your Family.

You may elect “no coverage” instead of dental coverage. Iowa State University will contribute towards the purchase of ISU medical insurance premium first. Any remaining funds are deposited into one of the ISU flexible spending accounts.

**Date Coverage Begins:**
Coverage is effective on the first day of active work providing you enroll by your assigned deadline.

**Pre-Existing Conditions:**
The Iowa State University dental insurance policies have no waiting periods or exclusions for pre-existing conditions for new employees. Employees and their eligible dependents have full coverage as of the effective date, if enrolled by your assigned deadline.

If you are not actively at work on the date coverage would otherwise be effective, your coverage will not be in force until the day you begin active employment.

**Cost of the Plans:**
The employee monthly premium for benefits is indicated on the enrollment form. These premiums are usually paid one month in advance.

Your portion to pay is indicated on the ISU Plan enrollment form. Under the ISU Plan, the University’s contributions toward your benefits (medical, dental, life and disability) will be listed on the payroll information system earnings statement as the ISU Plan Credit. The plan credit is the money ISU provides towards the cost of your benefits. On the earning statement, the full premium will be indicated. The ISU Plan Credit minus the full premium is the employee amount to pay.

**Enrollment:**
Complete the Dental Insurance section on your enrollment form. Determine your election and circle; then write the employee premium amount in “Employee Share Box”.

You will have until your assigned deadline to enroll in a dental plan and to change your enrollment election. After the assigned deadline, you may enroll in a dental plan or add coverage for dependents mid-year if there is a “family status change” (defined by IRS). There will be an 18-month waiting period for any pre-existing conditions. All or part of the waiting period may be waived with a “certificate of creditable coverage” from a previous medical insurance carrier provided there is not a break in coverage of more than 63 days.
Identification Cards:

- Cards will be issued in the contract holder’s name. Enrolled family participants have identical cards.

Dental Plan Options:

**NOTE:** The Comprehensive Plan has a three-year lock-in provision. If you choose this option, coverage will remain in effect until you elect to change during an open change period following three full years of participation. The change would be effective the following February 1.

The services of any licensed dentist will be considered. However, if your dentist is not participating with Delta Dental you will be responsible for co-insurance and any amount billed over the Maximum Plan Allowance (Delta Allowance) limit established by Delta Dental.

*Limitations may apply. Once maximum benefit is used in a benefit year any additional services will be patient liability. Benefits will be administered as described in the plan certificate, which can be found on the Benefit web page, see navigation on page 74.*

The benefit provisions for the Basic Dental Plan and the Comprehensive Dental Plan are compared in the chart below. Please review these comparisons carefully before making your decision.

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Basic Option</th>
<th>Comprehensive Option (requires 3-year lock-in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>None</td>
<td>$25 annual deductible/contract combined for basic &amp; major restorative</td>
</tr>
<tr>
<td>Annual maximum benefit</td>
<td>$750/person/year – restorative services</td>
<td>$1500/person/year excludes orthodontics</td>
</tr>
<tr>
<td>CheckUp Plus – two routine cleanings &amp; exams, routine bitewing x-ray (in-network).</td>
<td>100% covered and does not reduce maximum benefit of $750</td>
<td>Not applicable in this option, these services are covered but are deducted from the annual maximum benefit</td>
</tr>
</tbody>
</table>

**Diagnostics/preventative—limitations apply, see certificate**

<table>
<thead>
<tr>
<th></th>
<th>Basic Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check-ups</strong></td>
<td>100%--2/year</td>
<td>100%--2/year</td>
</tr>
<tr>
<td><strong>Cleanings</strong></td>
<td>100%--2/year</td>
<td>100%--2/year</td>
</tr>
<tr>
<td><strong>X-rays</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Topical fluoride—under age 19</strong></td>
<td>1 every 12 months</td>
<td>1 every 12 months</td>
</tr>
<tr>
<td><strong>Topical fluoride—adults</strong></td>
<td>1 every 12 months</td>
<td>1 every 12 months</td>
</tr>
<tr>
<td><strong>Sealants—under age 15</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Space maintainers—under age 14</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Basic restorative—limitations apply, see certificate**

<table>
<thead>
<tr>
<th></th>
<th>Basic Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-gold fillings</strong></td>
<td>50%</td>
<td>80%, after deductible</td>
</tr>
<tr>
<td><strong>Root canal</strong></td>
<td>50%</td>
<td>80%, after deductible</td>
</tr>
<tr>
<td><strong>Treatment for gum disease</strong></td>
<td>50%</td>
<td>80%, after deductible</td>
</tr>
<tr>
<td><strong>Ex Extractions</strong></td>
<td>50%</td>
<td>80%, after deductible</td>
</tr>
<tr>
<td><strong>Anesthesia</strong></td>
<td>50%</td>
<td>80%, after deductible</td>
</tr>
</tbody>
</table>

**Major restorative—limitations apply, see certificate**

<table>
<thead>
<tr>
<th></th>
<th>Basic Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gold and porcelain inlays and onlays</strong></td>
<td>50%</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td><strong>Crowns and jackets</strong></td>
<td>50%</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td><strong>Bridgework</strong></td>
<td>Not covered</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td><strong>Implants</strong></td>
<td>Not covered</td>
<td>50%, after deductible</td>
</tr>
<tr>
<td><strong>Dentures</strong></td>
<td>Not covered</td>
<td>50%, after deductible</td>
</tr>
</tbody>
</table>

**Orthodontics – no age limit**

<table>
<thead>
<tr>
<th></th>
<th>Basic Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orthodontics</strong></td>
<td>Not covered</td>
<td>50% coverage, lifetime maximum benefit of $2000 after $50 deductible</td>
</tr>
</tbody>
</table>
EXAMPLE – Basic Plan only – CheckUp Plus

Coverage assumes two routine checkups (two cleanings & exams, routine bitewing x-ray)

<table>
<thead>
<tr>
<th>In-Network Delta Dental Pays</th>
<th>Member Pays</th>
<th>Annual Maximum Remaining after 2 checkups</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$0.00</td>
<td>$750</td>
</tr>
</tbody>
</table>

Basic Plan Benefits with CheckUp Plus

From the Member link on the Delta Dental website:

http://www.deltadentalia.com/

- Elect to have explanation of benefits delivered electronically instead of through the mail.
- To view Delta Dental of Iowa’s vision discount program, see page 74.
Principal Financial Group is the insurer. Participation in the Group Long Term Disability (LTD) Insurance Program is automatic for all eligible employees.

There are two levels of LTD coverage: 75%/60% and 50% plan options. You will automatically be placed in the 75%/60% plan when you are initially eligible. You may elect the 50% plan the first open change period following your first full year of coverage.

**What is Long Term Disability Insurance?**

Long term disability insurance is an income replacement. If, for some reason, due to injury or illness, you are unable to perform your normal job duties at ISU, there are coverage benefits you may qualify to receive.

**Enrollment/Date Coverage Begins:**

During the first year of employment, you may apply for coverage by completing a Principal Statement of Health Questionnaire before your assigned deadline. If coverage for the first year of employment is approved, your insurance will normally be in force on the first day of the calendar month that follows the date proof is provided by Principal Financial Group.

If you do not apply for coverage in the first year or if your application is denied by Principal Financial Group, you will automatically become covered on the first day of the month coinciding with or following the date you complete one year of continuous active employment, provided you remain eligible during the year.

**Enrollment Premiums:**

Premium is based on annual budgeted salary.

If you applied for the coverage for the first year of employment and if approved, the monthly premium is paid by you on a post-tax basis. After the first year of continuous active employment, Iowa State University will pay 100% of the premium, which will automatically happen.

The premium for the 75%/60% coverage plan is paid in 100% by Iowa State University effective the first of month following the date you complete one full year of continuous active employment, which will automatically happen.
Under the ISU Plan, the University’s contributions toward your benefits (medical, dental, life and disability) will be listed on the payroll information system earnings statement as the ISU Plan Credit. The plan credit is the money ISU provides towards the cost of your benefits. On the earning statement, the full premium will be indicated. The ISU Plan Credit minus the full premium is the employee amount to pay.

After the first year of enrollment, employees must participate in either the 75%/60% plan option or elect the 50% plan option. If the 50% option is elected, the difference in the amount ISU provides will go towards ISU medical insurance premium and then ISU dental insurance premium. Any remaining funds are deposited into one of the ISU flexible spending accounts.

**Qualifying for Benefits:**

To qualify for Long Term Disability benefits, you must become disabled while insured under this policy and a benefit waiting period applies. For a complete explanation and list of qualifications see the Summary Plan Document / ISU Plan Group Long Term Disability Booklet/ Certificate, available on the Benefits website at [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits).

**Policy Benefits:**

**Income:**
The amount of benefit is based on your University budgeted salary. Monthly compensation is 1/12 of annual budgeted salary. The 75%/60% Plan benefit will be the sum of:

- 75% of the first $1,000 of monthly compensation at the time your disability begins, plus
- 60% of your monthly compensation in excess of $1,000
  - Up to a maximum benefit payable of $10,000 per month
- **The 50% Plan benefit will be 50% of your monthly compensation**
  - Up to a maximum benefit payable of $8,000 per month
- Benefit payments are coordinated with Primary and Dependents Social Security and Workers’ Compensation benefits.
- Cost of living adjustments based upon the Consumer Price Index are applied to benefits each year on the July 1 following completion of one year of continuous disability.

**Life Insurance:**
You will maintain full value of all Iowa State University life insurance policies enrolled at the time of disability incurred date. Premiums are paid through life waiver.

**Health and Dental Insurance:**
Iowa State University will continue contribution for the group health and dental insurance coverage.

**Waiver of Annuity Contribution Benefit:**
If you are enrolled in the TIAA-CREF Retirement Program or VALIC and qualify for benefit payments under the Long Term Disability policy, your standard contribution and Iowa State University’s contribution to the TIAA-CREF Program / VALIC will be continued by Principal Life Insurance Company during the period of your disability. Contributions will continue as long as you are receiving Long Term Disability benefit payments. Contributions will end when benefit payments end.

University Extension employees under a Federal Retirement Program (Civil Service or FERS) are also covered under this benefit. At the time of disability, a TIAA-CREF contract will be established to accept the waiver contributions.
Cost of living adjustments are also included in the Waiver of Annuity Contribution benefit.

**Participants with IPERS will not have waiver contributions.**

**Termination of Benefits:**

Long Term Disability payments cease on the earliest of:

- the date of your death
- the day before the date of your retirement
- the date you are no longer disabled, or you fail to submit evidence of continuing disability
- the June 30 following the date you attain age 65 if your disability begins before you are age 61
- the earlier of five years or June 30 following the date you attain age 70 if your disability begins after age 61, but before age 69
- after 12 months of benefit payments if your disability begins after age 69
- the date you cease to be a participant in the Teachers Insurance and Annuity Association (TIAA); or the Civil Service Retirement System (CSRS); or the Federal Employees Retirement System (FERS), or VALIC,
- the date you fail to report income from other sources

For a complete list of reasons for termination, refer to Summary Plan Document / Group Long Term Disability Insurance Booklet-Certificate which is available on the Benefits website.
The Basic Life Insurance Program at Iowa State University is an optional benefit. Principal Financial Group is the insurer. Eligible employees may either accept or decline the coverage.

A Summary Plan Document/Group Life Insurance Booklet-Certificate of Coverage that describes the right and benefits of the life insurance are located on the benefits web page, [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits). It outlines what you must do to be insured and explains how to file claims. This is your certificate while you are insured.

**Date Coverage Begins:**

Coverage will become effective the first of the month following your hire date, providing you enroll by your assigned deadline.

**Premiums:**

ISU pays 100% of the premium of the Basic Life Insurance. The formula for calculating the ISU contribution is on the Enrollment Form.

Under the ISU Plan, the University’s contributions toward your benefits (medical, dental, life and disability) will be listed on the payroll information system earnings statement as the ISU Plan Credit. The plan credit is the money ISU provides towards the cost of your benefits. On the earning statement, the full premium will be indicated. The ISU Plan Credit minus the full premium is the employee amount to pay.

If “no coverage” is elected instead of life insurance coverage, the amount ISU provides will be used towards the ISU medical premium and then ISU dental premium, if applicable. Any remaining funds are deposited into one of the ISU flexible spending accounts.

**Policy Benefits:**

- Term life insurance and thus does not provide for a cash surrender value.
- Value is two (2) times your University budgeted salary rounded to the nearest $1,000.
- Accidental death insurance of four (4) times your University budgeted salary rounded to the nearest $1,000. This is in addition to the Basic Term Life coverage above.
- Accidental dismemberment coverage between 1/2 and the full amount of your University budgeted salary.
  - There are additional benefits included with AD & D, refer to Summary Plan Document/Group Life Insurance Booklet-Certificate located on Benefits web page: [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits).
Waiver of continued premium payments in the event of total disability.
  - Value at the time of disability will continue until June 30, following your 65th birthday.
  - Value will continue reduced by 65% until you no longer meet the definition of disability or when you turn age 70, whichever occurs first.
  - No benefits will be paid for any disability that results from willful self-injury, or self-destruction, while sane or insane/war or act of war/voluntary participation in an assault, felony, criminal activity, insurrection or riot.

Employees who continue active employment after age 65 will have benefits reduced to 65% January 1st the year of your attainment of age 65.

Retiree Life Insurance coverage of $4,000 if enrolled for 10 consecutive years immediately preceding retirement.

The basic life insurance policy is not a portable plan. Terminating employees are offered a conversion application.

This is term insurance and thus does not provide for a cash surrender value.

Enrollment:

Eligible employees may either accept or elect no coverage for the Life and Accidental Death and Dismemberment (AD&D) coverage. If you waive coverage, you can only add coverage at a later date through an approved Principal Statement of Health Questionnaire during the annual open change period.

To enroll or elect no coverage in the Life and AD&D insurance, calculate the premium cost using the formula provided on the enrollment form and enter the result in “ISU Monthly Share Box”.

Beneficiary Election:

If electing coverage, primary beneficiaries should be listed on the Principal Beneficiary Designation/Change Form. If you list more than one primary beneficiary, the payable benefits will be divided by percentage between the named beneficiaries as you specify.

Contingent beneficiaries should be listed on the Principal Beneficiary Designation/Change Form. Contingent beneficiaries receive benefits only if all primary beneficiaries are deceased.

If any beneficiaries are minors, under age 18 according to the Uniform Transfers to Minors Act, a custodian for such beneficiary should be named on the Principal Beneficiary Designation/Change Form for the proceeds to be payable to the beneficiary.

You may change the beneficiary designation at any time during the year:

- The beneficiary change forms are available on the Benefits Office website under the section of “Life”.
- Contact University Human Resources, Service Center in 3810 Beardshear Hall or via phone 515-294-4800 / 877-477-7425.
- Beneficiary change form must be returned to 3810 Beardshear for processing. Do not send to Principal Financial Group.
What are Flexible Spending Accounts?

The health care flexible spending account (FSA) & dependent care assistance program (DCAP) help you save money on health and dependent care (typically child care) expenses that you are already incurring. Use these accounts to leverage your household’s savings. By contributing a portion of your paycheck into an FSA or DCAP on a pre-tax basis, you may save from 25% to 40% on the cost of eligible expenses you are already incurring.

These are tax-free accounts. You will not pay Federal or State Income tax or Social Security or Medicare tax on this money. You may refer to IRS Publication 502 [http://www.irs.gov/pub/irs-pdf/p502.pdf].

These accounts allow:

- FSA - expenses you pay for essential health care services that are not covered, or are partially covered, by your medical/prescription drug, dental and vision insurance.
- DCAP - expenses you pay for child/dependent care services including day care, babysitting, in-home care for older dependents and before & after school care.

Date Participation Begins:

Participation begins the first day of the first full month of pay, provided you enroll prior to your assigned deadline.

The initial enrollment covers expenses incurred from the first day of the month in which the first deduction is taken through December 31. For example: Hired August 15th, paid in August but first full pay month is September and the first deduction for flex is on September 30th which will be available for expenses incurred from September 1st.
Enrollment Information:

To newly enroll in the FSA or DCAP, complete the enrollment form and return it to the University Human Resources, Service Center, 3810 Beardshear Hall prior to your assigned deadline.

FSA or DCAP by Election or Default. Accounts are created through two possible methods for Faculty, Professional and Scientific and Supervisory/Confidential Merit.

1. The first method is to create an account by contributing your own funds by payroll deduction.
2. The second method is when ISU contributes funds to one of the accounts.
   • This is due to an ISU credit when a “no coverage” option is chosen. When the contribution for ISU medical, dental, life or disability insurance is greater than what was needed to pay for the applicable premium.
   • The default is to FSA. If DCAP is preferred, the indication must be made on the benefit enrollment form.
   • The ISU contribution is subject to change and should be reviewed during the open change period each year.
   • If you want to change the default, this may only be changed during the open change period for the next year.

Annual re-enrollment is not required. If you enroll in either flexible spending accounts, your own current contribution will automatically become the next plan year January 1 to December 31 election. If some or all of the funds are from Iowa State University, those amounts are subject to change. During the annual open change period you are required to review and take action if you want to start, stop, increase or decrease the employee current election or change the default, if applicable.

Contributions:

When you enroll in the FSA and/or DCAP accounts:

• Anyone whose annual budgeted salary is paid on a 9 or 10 month basis will have 10 equal contributions, otherwise you will have 12 equal contributions.

**PLEASE REMEMBER** that your participation reduces your wages for social security and Medicare tax withholding and may reduce eventual social security benefits.

Claim Submission Options:

• Online – [https://my.asiflex.com](https://my.asiflex.com) Submitting your claim online is easy and convenient! In order to submit your claim via ASIFlex’s secure online portal, you will need your PIN, which was provided to you in your welcome packet and in each account summary statement. If you do not have your PIN, you may call Customer Service at 800-659-3035. Once you are inside the portal, you are allowed to use your University ID to access your account.

• Toll-free fax - 877-879-9038 This option provides easy and fast claims submission. You may submit your claim via ASIFlex’s toll-free fax number 24 hours a day, 7 days a week.

• US Mail P.O. Box 6044, Columbia, MO 65205

• Additional claim forms may be obtained by visiting [http://isu.asiflex.com](http://isu.asiflex.com).
How will I receive reimbursement?

- A check will be mailed to your home address.
- Sign up for direct deposit today! By electing to receive reimbursements via direct deposit, you will **receive your money up to 5 days faster** than waiting for a check to be mailed to your home address. If enrolled in direct deposit, due to Federal banking regulations the effective date of the deposit is typically the banking day following the release of payment of the claim by ASIFlex. Direct deposit enrollment forms can be found at [http://isu.asiflex.com](http://isu.asiflex.com), or by calling customer service.
- **Go Paperless!** Sign up to receive notifications from ASIFlex via email, rather than US Mail. By signing up for email notification, you will receive reimbursement notifications, account summary statements and more within one day of processing. Online Account Detail and the Secure Message Center are available 24 hours, 7 days a week at [https://my.asiflex.com](https://my.asiflex.com). Complete history, including available funds, year-to-date contributions, year-to-date reimbursements and more are available at online account detail. You will need your Flexible Spending Account PIN in order to access [https://my.asiflex.com](https://my.asiflex.com). Your PIN was provided to you in your welcome packet. If you do not have your PIN, you may call Customer Service at 800-659-3035 to obtain this number.
The key to getting the most out of your Health Care FSA is to maximize your contributions based on the expenses you, or any of your tax dependents, anticipate incurring during the plan year. To plan your annual election amount:

1. Review the list of Eligible Expenses.
2. Review your medical expenses from last year.
3. Estimate expenses based on new ISU coverage.
4. Be sure to include at least some money to cover your deductible or out-of-pocket expenditures.
5. Estimate your cost for each of these FSA eligible expenses. (Don't forget that your tax dependents' expenses qualify, too, even if they are on a different insurance program.)

Should I Enroll in a Health Care Flexible Spending Account?

Eligible health and dental expenses may be itemized on your annual tax return. The itemized expenses are only deductible to the extent they exceed 10%, unless either member or spouse born before 01/02/1949, of your adjusted gross income. Participation in the FSA ensures that all eligible expenses you claim will be tax exempt.

You must be able to reasonably estimate your expenses prior to the start of the plan year. For example: you may have an $800 out-of-pocket maximum for your medical plan and elect to contribute $67.00 a month ($804.00) into your Health Care Flexible Spending Account.

If you do not incur the total expense prior to December 31st or claim all $804 in out-of-pocket expenses by April 30, the health care plan allows a maximum of $500 in unused health care contributions to be carried over to the next plan year. The carry over amount will be available to claim after April 30, adding to the available funds.

For detailed information regarding health care flexible spending account go to the ASIFlex website: http://isu.asiflex.com/default.html

- Medical Expense Estimator
- Review Frequently Asked Questions
- Eligible Expense List Includes
  - Medical Expenses
  - Potentially Eligible Expenses
  - Not Eligible Expenses

Contributions:

- ISU requires a minimum contribution of $20 per month with a maximum contribution limit of $2,500.00 per year.
**Participation Changes:**

Once you have made your FSA elections for the plan year, you may not change your elections except within 30 days of a “family status change” and changes must be compatible to the event. The Internal Revenue Service specifically defines a “family status change”, see page 11.

- A family status change, however, will not allow you to enroll in the FSA during the plan year.
- If enrolled at the time of the qualifying family change, allowed to change the contribution election you made during the enrollment period. The change must be consistent with the family status change.

If you qualify to change your elections due to an event, contact the University Human Resources, Service Center at 515-294-4800 or at 877-477-7485 and ask to speak to the Benefit Consultant to obtain the appropriate form. Remember you must do this within the 30-day time frame.

**Making Calculations:**

If you decide to enroll in the FSA, estimate anticipated out-of-pocket medical, prescription drug, dental and/or vision expenses for the year.

- When calculating your expenses, you should include only predictable expenses.
- Use care in estimating expenses! If you do not incur expenses for the full amount during the plan year (effective date through December 31); federal regulations mandate that remaining funds, beyond the $500 carry over amount, may not be refunded to the employee. Iowa State University uses forfeited funds to help defray the administrative costs of the plan.

Using the FSA to pay for expenses will reduce your out-of-pocket costs significantly. Your personal tax rate may vary, and your savings will vary according to your net tax rate. Use the Tax Savings Calculator found at [http://isu.asiflex.com](http://isu.asiflex.com) to estimate your savings.

**Leaving ISU**

The FSA account is an active employee benefit. If you terminate your employment with Iowa State University, your contribution into either of the flexible spending accounts will terminate at the end of the month in which your employment ends.

- You may elect COBRA coverage for the FSA. This option allows you to extend your period of participation on a monthly basis up to the remainder of the plan year, but tax savings is eliminated. If you elect COBRA you pay the monthly contribution and an administration fee.
  - A COBRA application will be mailed to your home address to continue the FSA.
- Without COBRA, you may request reimbursement only for charges for services incurred prior to your plan termination. You must request reimbursement by April 30 of the following year.
Most work-related expenses incurred during the plan year for the care of a qualified person (a qualified person must be either a Qualifying Child or a Qualifying Relative as defined by the IRS) will qualify for non-taxable reimbursement through a DCAP. Any expense that would qualify under Internal Revenue Code section 21 for the Child Care Credit will qualify for reimbursement. Please refer to Internal Revenue Service Publication 503 for more information.

**Please note that future or projected expenses cannot be reimbursed until services have been rendered**

Dependent care expenses are incurred when the services are provided and not when you are billed for or pay for those services.

**GENERAL REQUIREMENTS:**

1. It will be the responsibility of the employee to claim the funds; any unclaimed funds will be forfeited.
2. The Dependent Care Assistance Program (DCAP) is an optional program. Eligible employees may either enroll or decline participation in the program.
3. Your child/dependent care expense must be incurred to allow you and your spouse, if married, to work or look for work.
4. The provider of the child/dependent care must be someone you or your spouse could not claim as a dependent and if the provider was your child then he/she must have been 19 or older by the end of the year.
5. You must supply the provider’s name and address and a receipt or the provider’s signature and date in place of receipt.

**Should I Enroll in a Dependent Care Assistance Program?**

Deciding whether to use the DCAP or the Federal or State Dependent Care Tax Credits can be complicated.

As a general rule, it may be advantageous to take the dependent care tax credit.

- If your family’s adjusted gross income is higher than $39,000, or
- Your tax rate is 28% or higher, or
- You have one dependent and dependent care expenses exceed $2,400

For assistance, consult your tax advisor.

You cannot apply dependent care costs reimbursed through the DCAP to the Federal Income Tax Credit for Child and Dependent Care. Furthermore, every dollar used in the Spending Account reduces the amount you can apply toward the Federal Tax Credit by one dollar.

For example, if you have two or more children and your total care costs are $4,800 per year, if you use the Spending Account for $300 per month or $3,600 for the year, you would still be able to use the remaining $1,200 ($4,800 - $3,600) as a tax credit. If you use the Spending Account for $416.66 per month or the full $5,000 for the year, you would not be able to claim the Tax Credit.
Note: Employees and their spouses with combined net incomes of $40,000 or more cannot claim Iowa tax credits for dependent care expenses on their State income tax returns. The only way to reduce state tax on those expenses is through the use of the DCAP.

Contributions:
ISU allows you to participate up to the IRS maximum contribution limit of $5,000.00 per year; per tax household. Example: $416.66 per month = $4,999.99 for a 12 month pay.

If you do not incur expenses for the full amount during the plan year (effective date through December 31), Federal regulations mandate that remaining funds may not be refunded to the employee. Iowa State University uses forfeited funds to help defray the administrative costs of the plan.

Participation Changes:
Once you have made your DCAP elections for the plan year, you may not change your elections except within 30 days of a “family status change” and changes must be compatible to the event. The Internal Revenue Service specifically defines a “family status change”, see page 11.

A qualifying family status change does allow you to enroll or make a change in the account during the plan year. The change must be consistent with the family status change.

If you qualify to change your elections due to an event, contact the University Human Resources, Service Center at 515-294-4800 or at 877-477-7485 and ask to speak to the Benefit Consultant to obtain the appropriate form. Remember you must do this within the 30-day time frame.

Making Calculations:
If enrolling in the DCAP, estimate anticipated dependent care expenses for the year.

Use care in estimating expenses! If you do not incur expenses for the full amount during the plan year (effective date through December 31), federal regulations mandate that remaining funds may not be refunded to the employee. Iowa State University uses forfeited funds to help defray the administrative costs of the plan.

Go to the ASIFlex website, http://isu.asiflex.com/default.html for detailed information regarding:

- Work-Related Expenses
- Work Requirements – for part-time employment, students etc.
- Keeping Up A Home
- Expenses For Household Services
- Expenses For The Care Of A Qualifying Person
- Qualifying Persons
- Limitations and Reimbursements
- Eligible and Ineligible Dependent Day Care Expense Listing
- Dependent Day Care General Information
Leaving ISU

The DCAP account is for active employee benefits. If you terminate your employment with Iowa State University, your contribution into either of the flexible spending accounts will terminate at the end of the month in which your employment ends.

- **DCAP does not have a COBRA option.**
Principal Financial Group is the insurer for the Voluntary Life Insurance.

- In addition to Basic life insurance/AD&D,
- You may purchase additional 1, 2, 3 or 4 times your budgeted annual salary (rounded to the nearest $1,000)
- The plan requires enrollment in Basic Life/AD&D to be eligible to purchase Voluntary Life coverage.

**Coverage Options/Premium Payment:**

You have four options for Voluntary Life Insurance Coverage:

- 1 times your annual budgeted salary (rounded to the nearest $1,000)
- 2 times your annual budgeted salary (rounded to the nearest $1,000)
- 3 times your annual budgeted salary (rounded to the nearest $1,000)
- 4 times your annual budgeted salary (rounded to the nearest $1,000)

The premium rates for Voluntary Life Insurance are based on your age and your annual budgeted salary.

You pay for Voluntary Life Insurance coverage with post-tax dollars. Your premiums are automatically deducted from each payroll throughout the year.

Minimum: Greater of 1 times your annual budgeted salary or $10,000
Maximum: Lesser of 4 times your annual budgeted salary or $500,000

Guaranteed coverage under age 70: the lesser of 2 times annual budgeted salary or $500,000
Guaranteed coverage over age 70: the lesser of 2 times annual budgeted salary or $10,000

**Date Coverage Begins:**

Coverage for the levels of 1 or 2 times:

- If enrolled prior to your assigned deadline will have guaranteed enrollment.

Coverage for the levels of 3 or 4 times:

- You are required to provide evidence of insurability by completing the Principal Statement of Health Questionnaire.
- The effective date would be upon notification of approval from Principal Financial Group.
**Premiums:**

To calculate rate: round your annual budgeted salary to the nearest $1,000, multiply by the level of coverage you are applying (1, 2, 3 or 4), then divide by $1,000 and multiply the cost of your age group.

- The age group will change on January 1 of the year your age will change you into the new group.
- These rates are subject to change, you should review them during the open change period.

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**Enrollment:**

To enroll in Voluntary Life Insurance, calculate your monthly premium cost by using the formula indicated on the ISU Plan Benefit Enrollment Form; circle the level of coverage and enter the total in the “Monthly Premium” box provided. You must also complete the Principal Financial Group Employee Enrollment & Waiver – IA form.

If you waive coverage, you must also complete the Principal Financial Group Employee Enrollment & Waiver – IA form to indicate you have declined the coverage. You can only add coverage at a later date through an approved Principal Statement of Health Questionnaire during the annual open change period.

**Beneficiary Designation for Voluntary Life Insurance:**

The beneficiaries you designate for your Basic Life/AD&D coverage will also be the beneficiaries for your Voluntary Life Insurance unless you complete additional forms to designate different beneficiaries for your Voluntary Life Insurance. You have the right to make future changes to your beneficiary designation. If you have designated a minor child(ren) as your beneficiary, you must complete the Uniform Transfers to Minors Act section of the beneficiary designation form.

**Portability:**

When insurance coverage terminates as an active employee, you may be eligible to continue insurance under a Group Life Portability Insurance Policy underwritten by Principal. The Group Life Portability Policy will contain provisions that differ from the Group Policy. You will have the option to continue the insurance coverage under this option. If coverage is ported, there are several reasons the coverage would terminate, review the Summary Plan Document (found on Benefits web page) for the details.
Coverage during Disability:

If you become totally disabled, coverage will continue and premium will be waived for you. Coverage continues without premium payment until you no longer meet the definition of disability or turn age 70, whichever occurs first. No benefits will be paid for any disability that results from willful self-injury, or self-destruction, while sane or insane/war or act of war/voluntary participation in an assault, felony, criminal activity, insurrection or riot.

Accidental Death & Dismemberment:

You receive an additional benefit equal to your Voluntary Term Life Insurance amount for loss of life, hands, feet or vision as the result of an accident. Coverage includes payment for injuries arising from or during employment for wage or profit for insured employee. The loss must occur within 365 days of the accident. There are several other benefits included with AD&D, which can be found in the Summary Plan Document/Group Voluntary Term Life Group Booklet-Certificate found on the Benefits web page.
Principal Financial Group is the insurer. Dependent Life Insurance pays a benefit to you when a covered family member dies. Dependent Life Insurance may only be purchased if you are also covered under Basic Life/AD&D and the Voluntary Life Insurance.

**Note:** If both you and your spouse are employed by Iowa State and both are eligible for Basic Life/AD&D; only one of you may purchase Dependent Life Insurance. Only your eligible dependent children will be covered, not your spouse/domestic partner.

**Date Coverage Begins:**

If you elect this benefit within your first 31 days of employment, it will become effective the first of the month following your hire date, providing you enroll prior to your assigned deadline.

**Coverage Options / Premium Payment:**

You have two options for Dependent Life Insurance coverage.

- Plan 1 - $5,000 for your spouse/domestic partner and $2,500 for each dependent child
- Plan 2 - $10,000 for your spouse/domestic partner and $5,000 for each dependent child

**Enrollment:**

To enroll in Dependent Life Insurance coverage on the ISU Plan Benefit Enrollment Form circle the level of coverage and enter the total in the space provided. You must also complete the Principal Financial Group Employee Enrollment & Waiver – IA form.

If you waive coverage, you must also complete the Principal Financial Group Employee Enrollment & Waiver – IA form to indicate you have declined the coverage. You can only add coverage at a later date through an approved Principal Statement of Health Questionnaire during the annual open change period.

**Premiums:**

The monthly premium cost for Dependent Life Insurance is on the enrollment form.

- Plan 1 - $2.40
- Plan 2 - $4.80

Premiums are deducted automatically from each paycheck throughout the year. Premiums are paid with post-tax dollars. These rates are subject to change, you should review them during the open change period.
Dependent Children:

Your dependent children include your unmarried natural or legally adopted children as well as stepchildren and foster children. Stepchildren and foster children must live with you (or spend “non-school” periods with you). Stepchildren not living with you may be covered if your spouse’s divorce decree stipulates that he or she provides coverage. Children who are incapable of self-support because of a developmental or physical disability may also be covered up to December 31st of the year of their 26th birthday. No dependent children may be covered beyond December 31st of the year of their 26th birthday.

It is the employee’s responsibility to drop if all dependents become ineligible.

Beneficiary Designation for Dependent Life Insurance:

You will be the beneficiary for Dependent Life Insurance. If you are deceased benefits will be paid to your estate. No alternate beneficiary designations are allowed.

Coverage during Disability:

If you become totally disabled, coverage will continue and premium will be waived for your covered dependents. Coverage continues without premium payment until you no longer meet the definition of disability or June 30th following the year you turn age 70, whichever occurs first. No benefits will be paid for any disability that results from willful self-injury, or self-destruction, while same or insane/war or act of war/voluntary participation in an assault, felony, criminal activity, insurrection or riot.
Life can present unexpected issues like work related stresses, the illness of a family member or a change in finances that can require an objective perspective from professional counselors. Iowa State University recognizes the importance of providing a confidential resource to help you deal with the challenges life sends your way.

The Employee Assistance Program (EAP) is administered by Employee & Family Resources (EFR). It is a benefit designed for you and your eligible family members. ISU provides this benefit at no cost to you or your family members. If you are referred for additional assistance beyond what is provided by your EAP, the financial responsibility will be yours.

Guided by professional counselors, EAP helps you address the challenges that can impact your job performance, stifle your well-being or take a toll on your health. It’s there for you – 24 hours a day – 7 days a week.

What kind of issues does my EAP address?

You can call EAP counselors for any life issue that causes you concern or when you are ready to grow personally and professionally. Some common issues that EAP counselors are ready to help you with include:

- Work stress
- Family and personal relationships
- Emotional or mental health
- Work and life balance
- Substance abuse
- Financial or legal concerns
- Personal growth and development

What services does my EAP provide?

Services through EAP should be used when you are facing a personal problem. The EAP counselors will provide you timely and free access to short-term, confidential, and professional services.

Number of visits allowed at no cost:

- Up to three sessions per year
  - Per separate issue

- Telephone counseling 24/7
  - Unlimited number of calls
How can I find out more about all the services available?

EFR Workplace Services
Employee and Family Resources
505 Fifth Avenue, Suite 600
Des Moines, IA  50309

By phone call:
    Des Moines, IA - 515-244-6090
    Nationwide - 800-327-4692
    TTY - 877-542-6488

By web:  www.efr.org/wps/eap
Iowa State University offers all eligible actively-at-work employees and eligible family members a voluntary group eyewear insurance plan.

- The eyewear plan vendor is called Avesis Vision.
- The Avesis plan does not cover eye exams.
- Exams are covered under your medical plan.
- The Avesis plan will allow access to one of the most competitive vision networks in the nation. Avesis contracts with independent optometrists, ophthalmologists and most retail chain centers making it convenient for employees to purchase glasses or contacts at locations close to where they live or work.

The same eligibility rules apply to dependents as the medical and dental plans.

**Date Coverage Begins:**

Coverage is effective on the first day of the month coinciding with or following the date of employment, providing you enroll prior to your assigned deadline.

**Enrollment:**

Complete the Avesis Enrollment form enclosed in your benefit packet and turn in prior to your assigned deadline.

**Cost of the Plan:**

Monthly premium deducted on a post-tax basis.

<table>
<thead>
<tr>
<th>2014 Premiums</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$7.26</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$13.76</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14.98</td>
</tr>
<tr>
<td>Family</td>
<td>$19.28</td>
</tr>
</tbody>
</table>
A complete listing of providers in Iowa and the United States can be found:

✓ www.avesis.com

✓ 800-828-9341 to contact Avesis Customer Service Representatives

✓ To identify our plan
  
  o Use group #60790-1227
  o Plan #9133

**Want More Information?**

Detail information regarding the Avesis vision plan design can be found at: https://www.Avesis.com/isu/:

1. Click on “What is Covered”

2. Find this picture link to view the complete summary of benefits
Eligibility Requirements:

Iowa State University employees are employees of the State of Iowa. State employees are required by law to participate in a retirement program while they work for the state.

University employees who are classified as employees are required to participate in IPERS unless they are eligible for and elect participation in TIAA-CREF or VALIC. Appointment of two calendar quarters or longer triggers the required participation in IPERS. Shorter, non-recurring appointments are not subject to this requirement.

You are eligible for TIAA-CREF or VALIC when your budgeted salary is $7,800 or more per year and you have an appointment of 1/2 time or more for 9 months or longer.

Exceptions to this requirement are foreign nationals in this country on F-1, F-2, J-1 and J-2 visas. Employees in these visa statuses may elect participation in TIAA-CREF but are not required to be in any retirement program. If you are now eligible to enroll in TIAA-CREF, but chose not to because you are not required to do so in your current visa status (F-1, F-2, J-1, J-2), that decision is irrevocable. A later change in your visa status, which would require participation in a retirement program, would place you into the IPERS program even though you were otherwise eligible to be in TIAA-CREF. A waiver of enrollment must be signed, request from Benefits Office.

Without an appropriate election, by default you will be irrevocably placed in IPERS during your employment with Iowa State University.

Election Period:

The election to participate in one of the University sponsored retirement programs is available until your assigned deadline date. If no election is made prior to your assigned deadline, you will remain in IPERS during your employment at Iowa State University and this default is irrevocable.

Effective Date:

Your date of appointment is your effective date, if you meet the eligibility requirements at that time. You must enroll by your assigned deadline of your eligibility otherwise you will be irrevocably excluded from participation in TIAA-CREF and be defaulted to IPERS.
**Retirement Plans offered:**

- **Defined Benefit Pension Plan – IPERS**  *Iowa Public Employees Retirement System*
  This is a defined benefit plan that makes the investment decision as a group; annuity is based on a formula.

- **Defined Contribution Retirement Plan (403b) - TIAA-CREF**
  *The Teachers Insurance and Annuity Association (TIAA)*
  *College Retirement Equities Fund (CREF)*

- **Defined Contribution Retirement Plan (403b) - VALIC**
  *The Variable Annuity Life Insurance Company*

  The two defined contribution retirement plans base benefits on the retirement income option you select, your age at the time benefits begin, the size of your retirement plan accumulations and the accounts rate of return before and after retirement. The plan’s primary purpose is to pay you a lifelong income after you retire.

**Enrollment:**

To enroll in a University retirement plan, you will need to complete:

- **Iowa State University Retirement Plan Election Form**
  Print your name and Social Security number in the space provided in the first paragraph. Check the box indicating your wish to enroll in IPERS, TIAA-CREF, or VALIC. Your election date will be your first day of work. Please sign, date the form, and complete application of choice.

  **AND**

- **IPERS Membership Information and Beneficiary Designation**
  Your employer is Iowa State University. Unless you were enrolled in IPERS at a previous job and did not “cash out”, you will be considered a new member. Complete your Social Security number, date of birth, gender, name, address, and telephone. Indicate your beneficiary election. Examples are on the back of the form. Please sign and date the form in front of a witness, whose signature is also required.

  **OR**

- **TIAA-CREF Application Form**
  Complete application on-line following your benefit session. Please refer to the flyer included in your packet for step-by-step instructions.

  **OR**

- **VALIC**
  To enroll in VALIC you will need to contact VALIC at 913-402-5000.

**Contact Information:**

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

- **TIAA-CREF Office -** Representatives of TIAA-CREF are available by appointment only for free financial services. Their office is located at 2713 Stange Road, Ames, IA 50011. Appointments can be set up through their website at [www.tiaa-cref.org](http://www.tiaa-cref.org) or by calling 800-732-8353.

- **VALIC -** Contact VALIC Retirement agent, Daniel Allen 913-402-5000 (District) or 515-770-1725 (Cellular) or [www.valic.com](http://www.valic.com).
<table>
<thead>
<tr>
<th>Plan Comparisons</th>
<th>IPERS</th>
<th>TIAA-CREF or VALIC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Definition</strong></td>
<td>The IPERS plan is a defined benefit plan. The benefits at retirement are determined by a formula of years of service and an average based on salary. Defined benefit plans are sometimes called traditional pension plans.</td>
<td>TIAA-CREF and VALIC are types of defined contribution plans (403b). The amount contributed to the plan is defined, but your benefit at retirement is not.</td>
</tr>
<tr>
<td><strong>Plan Design</strong></td>
<td>The rules governing the operation of IPERS are controlled by the Iowa legislature. Changes are communicated by IPERS directly to members.</td>
<td>Established by Iowa State University (ISU) and approved by the State Board of Regents. The design is subject to change. Any change is communicated to members by ISU.</td>
</tr>
<tr>
<td><strong>Who Takes on Investment Risk</strong></td>
<td>IPERS takes on all the investment risk. The amount of your benefit is not affected by fluctuations in the investment marketplace</td>
<td>You, the employee, take on the risk. You are responsible for deciding how to invest your money and monitoring ongoing investment performance.</td>
</tr>
<tr>
<td><strong>Guaranteed Benefit</strong></td>
<td>Yes. You receive a guaranteed lifetime benefit. You can’t outlive your benefit.</td>
<td>Benefit is dependent on plan choice. The amount of your benefit can fluctuate up and down based on the performance of the investments you select. One choice option has a guaranteed benefit – The Traditional Annuity. The plan’s primary purpose is to provide lifelong income after you retire.</td>
</tr>
<tr>
<td><strong>Benefit Amount</strong></td>
<td>You receive a predictable benefit, calculated using a set formula. <strong>Current Retiree:</strong> Multiplier is 2% a year for first 30 years and 1% a year for next 5 years. Maximum multiplier is 65%. Wages used to calculate benefit amounts will be the average over the 5 years the employee earned the most. IPERS uses a control year outside the “high 5” to test for wage spiking. For details regarding income options which may change your benefits, contact IPERS (see contact information on page 74).</td>
<td>Benefit amounts are based on: • the retirement income option you select • your age at the time benefits begin • the size of your retirement plan accumulations • the account’s rate of return before and after retirement</td>
</tr>
<tr>
<td>Plan Comparisons</td>
<td>IPERS</td>
<td>TIAA-CREF or VALIC</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
<tr>
<td><strong>Retirement Age</strong></td>
<td>Normal Retirement Age</td>
<td>You can withdraw funds without penalties:</td>
</tr>
<tr>
<td></td>
<td>- Age 65</td>
<td>- after you have retired from the University or</td>
</tr>
<tr>
<td></td>
<td>- Age 62 if you have 20 or more years of covered employment (62/20)</td>
<td>- upon reaching age 59 ½ if you separated from service before retirement.</td>
</tr>
<tr>
<td></td>
<td>- When your years of service plus your age equals or exceeds 88 (Rule of 88)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early retirement, same as above plus reduction: The amount lifetime monthly benefits are reduced for early retirement increases to 6 percent times the number of years the member receives benefits before age 65. The 6 percent reduction for early retirement will affect only people who retire before reaching normal retirement age.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 70 or older, you may receive IPERS income and continue active ISU employment.</td>
<td></td>
</tr>
<tr>
<td><strong>Employee Contribution</strong></td>
<td>July 1, 2014: 5.95% of budgeted salary</td>
<td><strong>5 Year Split Rate</strong></td>
</tr>
<tr>
<td></td>
<td>Each July: IPERS may adjust rate up or down by no more than 1.0 percentage point.</td>
<td>Year 1-5:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 3.33% of first $4,800 of budgeted salary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 5.00% of budgeted salary over $4,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 6:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 5.00% of budgeted salary</td>
</tr>
<tr>
<td><strong>Maximum/Limit</strong></td>
<td>The calendar year wage ceiling is $260,000</td>
<td>Annual Compensation limit is $260,000 (2014).</td>
</tr>
<tr>
<td></td>
<td>The IRS sets a maximum wage amount that can be covered by IPERS. Wages above this ceiling are not subject to IPERS withholding, and employers do not include them on IPERS reports. IPERS monitors covered wages for members with multiple employers. IPERS accepts all covered wages until a member has reached the IRS limit and will notify employers who report wages over the limit. IPERS will then return any excess contributions.</td>
<td>Annual Contribution limit that can be made to a participant’s account is $52,000, or 100% of your includible compensation for your most recent year of service. Generally, includible compensation for your most recent year of service is the amount of taxable wages and benefits you received from the employer that maintained a 403(b) account for your benefit during your most recent year of service.</td>
</tr>
<tr>
<td><strong>Employer Contribution</strong></td>
<td>July 1, 2014 8.95% of budgeted salary</td>
<td><strong>5 Year Split Rate</strong></td>
</tr>
<tr>
<td></td>
<td>Each July: IPERS may adjust rate up or down by no more than 1.0 percentage point.</td>
<td>Year 1-5:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 6.66% of first $4,800 of budgeted salary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 10.00% of budgeted salary over $4,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year 6:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 10.00% of budgeted salary</td>
</tr>
<tr>
<td>Plan Comparisons</td>
<td>IPERS</td>
<td>TIAA-CREF or VALIC</td>
</tr>
<tr>
<td>------------------</td>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Contribution Example</strong></td>
<td>$3,000.00 monthly budgeted salary</td>
<td>$3,000.00 monthly budgeted salary</td>
</tr>
<tr>
<td><strong>Employee contribution</strong></td>
<td>5.95% of $3,000 = $178.50</td>
<td>Year 1-5 (except B base faculty or 9month pay employees)</td>
</tr>
<tr>
<td><strong>ISU contribution</strong></td>
<td>8.95% of $3,000 = $268.50</td>
<td>Employee contribution</td>
</tr>
<tr>
<td><strong>Monthly Total</strong></td>
<td>$447.00</td>
<td>3.33% of first $400 ($4,800/12=$400) = $13.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.00% of the remaining salary ($2,600) = $130.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ISU contribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.66% of first $400 = $26.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.00% of the remaining salary = $260.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly Total</td>
</tr>
<tr>
<td><strong>Year 6 +</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee contribution</strong></td>
<td>5.00% = $150.00</td>
<td></td>
</tr>
<tr>
<td><strong>ISU contribution</strong></td>
<td>10.00% = $300.00</td>
<td></td>
</tr>
<tr>
<td><strong>Monthly Total</strong></td>
<td>$450.00</td>
<td></td>
</tr>
<tr>
<td><strong>Vesting</strong></td>
<td>Your Contributions</td>
<td>Your Contributions</td>
</tr>
<tr>
<td>(Ownership in the retirement funds deposited in your account by ISU)</td>
<td>You are always 100 percent vested in your contributions.</td>
<td>You are always 100 percent vested in your contributions.</td>
</tr>
<tr>
<td></td>
<td>ISU Contributions</td>
<td>ISU Contributions</td>
</tr>
<tr>
<td></td>
<td>You are 100% vested after seven years of participation or attainment of age 55 while contributing.</td>
<td>If you were hired or your Letter of Intent was signed prior to July 1, 2009 you were immediately vested.</td>
</tr>
<tr>
<td></td>
<td>A member not vested by July 1, 2012 will be vested after 7 years of participation or upon reaching 65 while in IPERS, whichever comes first to be 100% vested.</td>
<td>A member not vested by July 1, 2009 will become vested after 3 years of service. You will also become 100% vested when you reach age 65, if you become a disabled employee, if you die while employed or if ISU discontinues the retirement plan.</td>
</tr>
<tr>
<td><strong>Resign from ISU Employment</strong></td>
<td>If you continue working in an IPERS - covered position (Iowa Public Employment), your participation under IPERS continues.</td>
<td>Only your funds and vested ISU Contribution account balances are portable.</td>
</tr>
<tr>
<td></td>
<td>If you leave public employment, you may:</td>
<td>You may receive a lump sum payment once employment ends.</td>
</tr>
<tr>
<td></td>
<td>• roll the value of your account over to another qualified plan</td>
<td>You may roll it over to another qualified plan or leave your money in TIAA-CREF/VALIC.</td>
</tr>
<tr>
<td></td>
<td>• take a refund</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• leave your funds on deposit with IPERS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• non-vested: money will be in a non-interest bearing account.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• vested: the funds will continue to accumulate interest.</td>
<td></td>
</tr>
<tr>
<td>Plan Comparisons</td>
<td>IPERS</td>
<td>TIAA-CREF and VALIC</td>
</tr>
<tr>
<td>------------------</td>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Re-employment</strong></td>
<td>Re-employment under the IPERS system entitles you to a retirement income based on the old account, if you left your contributions in your IPERS account. Interest on employee and ISU contributions resume with your rehire.</td>
<td>You will receive on year of credit for each full year of service you earned before your previous employment ended, if you were not vested at the time of termination and if your absence is no longer than five consecutive years. If you were vested when your employment ended you will be vested when you are rehired. A break in service of more than 30 days will result in contribution of: Year 1 – 5: 3.33% of first $4,800 of budgeted salary 5% of budgeted salary over $4,800 Year 6: 5% of budgeted salary.</td>
</tr>
<tr>
<td><strong>Withdrawals and Loans</strong></td>
<td>IPERS does not allow you to borrow against your account, and only terminated members may withdraw money. Keep in mind that taking a withdrawal upon termination may not be in your best interest because you are forfeiting your membership rights. ISU does not allow you to borrow against your retirement funds. Only terminated members may withdraw money, however, tax penalties may be accessed.</td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>The Iowa Legislature oversees IPERS’ expenses to ensure they are reasonable. Since a formula is used to calculate your benefit, what IPERS pays out in expenses does not affect the amount of your benefit. Counseling is free through IPERS.</td>
<td>Investment management fees vary by type of investments. The ISU University Benefits Committee monitors investment options and performance. Counseling is offered as a free service.</td>
</tr>
</tbody>
</table>

**NOTE:** The initial election (or default) of IPERS, TIAA-CREF or VALIC is IRREVOCABLE. Even if you accept a different position at Iowa State University, where you would otherwise be eligible to choose any of the three programs, or if you terminate and become re-employed in another eligible position. The exceptions are for previous IPERS participation with another employer or while a student, post-doctoral, or casual hourly employee at ISU.
Tax Sheltered Annuities –
Group Supplemental Retirement Plans /
ROTH 403(b) Plans

Participation in a Tax Sheltered Annuity, (Group SRA or “403(b) Tax Shelters” or Roth 403(b)) at Iowa State University is optional. These are considered elective deferrals and are not matched by any amounts from the University. Supplemental retirement plans provide an additional means to save for your retirement.

Vendors Allowed For Optional Investments:

- TIAA-CREF
- VALIC
- Ameriprise Financial
- MetLife

Contract information is located on the Benefits web page: [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits).

Effective Date:

If election is made prior to the 15th of the month, it will be effective the month of election or you may elect a future date. The Elective Payroll Reduction Agreement Form is located on the Benefits web page.

Contributions:

Under Section 403(b) of the Federal Internal Revenue Code, employees of an eligible employer may elect to make monthly (or semi-monthly) contributions through a payroll deduction process to a tax-sheltered annuity.

Taxation:

Contributions can be either:

- Pre-tax (standard) - taxation on these accounts occurs whenever the money is withdrawn.
- Post-tax (Roth)

Beginning a Roth 403(b):

Enrollment in the Roth 403(b) feature requires you to be enrolled in a Group Supplemental Retirement Account (GRA or GSRA) with one of the approved vendors listed above.
Comparison of Traditional GSRA and the Roth 403(b):

<table>
<thead>
<tr>
<th></th>
<th>Traditional GSRA ISU 403(b)</th>
<th>Roth 403(b) feature to ISU 403(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tax Status of Contributions</strong></td>
<td>Pretax contributions reduce current taxable income.</td>
<td>After-tax contributions do not affect current taxable income.</td>
</tr>
<tr>
<td><strong>Tax Status of Distributions</strong></td>
<td>Taxed as current income.</td>
<td>Tax free and penalty free for investors who have had the account for at least five years.</td>
</tr>
<tr>
<td><strong>After Age 59 ½</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rollovers to Roth IRAs</strong></td>
<td>Not permitted.</td>
<td>May be rolled over directly to a Roth IRA with no tax payment.</td>
</tr>
</tbody>
</table>
As an optional election, eligible employees, retirees and their qualifying family members are invited to enroll in group long term care insurance with Genworth Life Insurance Company.

Newly hired employees will have until their designated deadline to apply for coverage without answering health questions.

During employment at ISU, enrollment is allowed at any time. However, after the initial enrollment period, underwriting is required.

Enrollment and questions about long-term care insurance:

- Call Genworth at 800-416-3624
- To view plan details, including videos

Genworth Financial online (the group ID is ISU; and the access code is groupltc)
Vendor Value Added Benefits

There may be other additional discounts in the community that are not included in the following information.

Below is a listing of the known value added services with our current vendors:

**Additional Benefits with Dental Enrollment:**

From the subscriber line on the Delta Dental website:  [http://www.deltadentalia.com/subscriber](http://www.deltadentalia.com/subscriber)

- Elect to have explanation of benefits delivered electronically instead of through the mail.
- All Delta Dental subscribers have access to a vision discount program through EyeMed Vision Care.
  - For more information on vision discount services go to above link and click on “Vision Discount”

**Additional Benefits with Medical Enrollment:**

- Elect to have explanation of benefits delivered electronically instead of through the mail. Sign up for this great benefit through Wellmark at:  [http://www.wellmark.com/Member/UsingBenefits/EOBs.aspx](http://www.wellmark.com/Member/UsingBenefits/EOBs.aspx).

**Member Discounts and Services:**

As a member of the Blues, you have access to discounts and services through Blue365, a program designed by the Blue Cross Blue Shield Association.

- Diet
- Family Care
- Financial
- Fitness
- Hearing
- Travel
- Vision

Available discounts and contact information are found on the Wellmark website:  [http://www.wellmark.com/Member/UsingBenefits/Blue365.aspx](http://www.wellmark.com/Member/UsingBenefits/Blue365.aspx)

**Additional Discount Program for State Employees:**

- This is an employee discount program that allows you to save money by offering substantial savings on popular goods and services. See web address on page 76.
The following are available when enrolled in ISU basic life

✓ Travel Assistance

As an employee covered by a group term life insurance policy from Principal Life Insurance Company, you are eligible for travel assistance services provided by AXA Assistance.

You, your spouse and dependent children (whether traveling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits when traveling domestically or internationally 100 or more miles away from home for up to 120 consecutive days.

These services are available 24 hours a day, 365 days a year.

For more information call:
  o Within the U.S. 888-647-2611
  o Outside the U.S. call collect 630-766-7696

✓ Identity Theft Kit & Will Preparation Services & more

This is a big expense saver for families and a great value-added benefit!

Services are available through ARAG/Principal Financial Group. At any time you may begin using these free documents by visiting: www.ARAGwills.com/Principal.

- Will
- Living Will
- Healthcare Power of Attorney
- Financial Power of Attorney preparation

ARAG provides you with the information on how to protect and restore your identify if it is stolen.

To begin this service from the ARAG web site, click on:

- “Register Here” on the right-hand column of the screen.
- The system will you require to enter the Iowa State University group policy number is N1460 with Principal Financial Group.
The following are available when enrolled in ISU life and/or long-term disability

✓ **Hearing Aid Program** – Free annual screenings through American Hearing Benefits, Inc. Eligible for up to 60% off digital hearing aids with two-ear warranty at no additional charge. For information go to: [www.americanhearingbenefits.com](http://www.americanhearingbenefits.com) or 866-925-128.

✓ **Weight Loss** - $10 off a three-month subscription to Weight Watchers Online. For information go to: [www.principal.com/weightwatchers](http://www.principal.com/weightwatchers).

✓ **Oral Health Care** – Discounts available on Epic brand (contains Xylitol) toothpaste, oral rinse, mints and gum. 50% off the first order and 25% off reorders. For information go to: [www.epicdental.com](http://www.epicdental.com).

✓ **Magazine Program** – One year subscription to Diabetic Living for $6. Savings of 70% off regular retail price. For information to go: [www.principal.com/diabeticliving](http://www.principal.com/diabeticliving).
Employee rights and responsibilities under the Family and Medical Leave Act (FMLA):

Basic leave entitlement:
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

• For incapacity due to pregnancy, prenatal medical care or child birth
• To care for the employee’s child after birth, or placement for adoption or foster care
• To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition
• For a serious health condition that makes the employee unable to perform the employee’s job

Military family leave entitlement:
Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and protections:
During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility requirements:
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of serious health condition:
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of leave:
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.
Substitution of paid leave for unpaid leave:
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.

Employee responsibilities:
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer responsibilities:
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful acts by employers:
FMLA makes it unlawful for any employer to:
• Interfere with, restrain, or deny the exercise of any right provided under FMLA;
• Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement:
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

State Workers Compensation:
ISU employees are automatically covered for this benefit. This benefit provides coverage for accidents while the employee is on official duty. Coverage under the Iowa Workers’ Compensation Act includes hospital care, surgical services, braces, appliances, etc. It also pays compensation for loss of work time after a three day waiting period, complete disability compensation and compensation for dependents in the case of the death of an employee.

Vacation:
Vacation is accumulated on a monthly basis. Part-time employees accumulate amounts equivalent to their fractional appointments. Vacation may accumulate to twice the annual entitlement.
“A” base Faculty/Administrative and
“P” base, Professional/Scientific (P & S) employees: 22 working days per year.
“B” base Faculty: do not accrue vacation time. They are required to be on duty during the academic year except during semester breaks and spring break.
Supervisory/Confidential Merit:

- 1st through 4th year of employment: 10 days per year
- 5th through 11th year of employment: 15 days per year
- 12th through 19th year of employment: 20 days per year
- 20th through 24th year of employment: 22 days per year
- 25th and subsequent years of employment: 25 days per year

Sick Leave:

Full-time employees accrue sick leave at the rate of 12 hours per month with unlimited accumulation. Part-time employees accrue amounts equivalent to their fractional appointments.

After the accrual of 240 hours of sick leave, an employee may be eligible to elect to substitute 4 hours of vacation accrual for every 12 hours of sick leave. Conversion can occur only if no sick leave was used for that month and as long as the total accumulation remains above 240 hours. Contact your department for conversion form. Since the “B” base Faculty does not accrue vacation, they are not eligible to convert sick leave.

Holidays:

The following are University holidays with pay:

- New Years Day
- Martin Luther King’s Birthday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday following Thanksgiving Day
- Christmas Day
- One additional holiday per year as officially announced by the administration
- Two personal holidays (added to vacation accrual)

Other Payroll Deductions:

Credit Union: University employees and their families are eligible to join the Greater Iowa Credit Union. The Greater Iowa Credit Union is a member-owned and operated nonprofit corporation that promotes systematic savings and intelligent use of credit through payroll deductions. Further information is available from the Credit Union at 515-232-6310.

The following deductions may be required by Federal and State governments:

- Federal Social Security and Medicare Tax: 
  Compulsory for most employees, deducted from your salary per pay period and subject to maximum deduction as set by Federal law.

- Federal Income Tax: 
  Compulsory for most employees, deducted from your salary per pay period.

- State of Iowa Income Tax: 
  Compulsory for most employees, deducted from your salary per pay period.
Payroll and Benefit Information on AccessPlus:

You will be able to see your payroll information on the AccessPlus Web page (http://accessplus.iastate.edu)

- Click on the “Payroll Info” link.
- To obtain your information you will be required to enter either your Social Security or University ID number, along with a password.
  - If you have forgotten your password, take your University ID card to the ISU Card Office, 0530 Beardshear Hall or call Information Technology Services at 515-294-4000 to have it reset for you.

During the open change period, AccessPlus will allow you to project the effects of various benefit scenarios and how they would change your monthly deductions. Your changes may be submitted electronically during this time.
Important Information About Your COBRA Continuation Coverage Rights

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) requires that Iowa State University allow qualified persons (as defined below) to continue group health coverage after it would otherwise end. COBRA applies to group health plans maintained by an employer for medical, dental, vision, prescription, medical reimbursement and certain Employee Assistance Programs. COBRA does not apply to life insurance or disability benefits.

Please review this Notice carefully and keep with your records. If you are married, please have your Spouse review these materials also. If any individual who is covered under the Plan(s) for which you are being offered continuation coverage does not live with you, you must advise the Iowa State University Benefits Office immediately so a Notice and an Election Form can be forwarded to him or her. COBRA notices will always be sent to the last known address of the covered employee or Qualified Beneficiary.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan. Each Qualified Beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open change and special enrollment rights, if applicable.

I. Qualifying Events/Qualified Beneficiaries.

Those individuals eligible for COBRA continuation coverage as Qualified Beneficiaries are as follows:

A. An employee, Spouse and any Dependent Child(ren) whose coverage ends due to termination of employee’s employment for a reason other than gross misconduct (18 months).

B. An employee, Spouse and any Dependent Child(ren) whose coverage ends due to a reduction in employee’s work hours/layoff (18 months).

C. An employee’s former Spouse and any Dependent Child(ren) whose coverage ends due to divorce or legal separation (36 months). (Also, if an employee eliminates coverage for his/her Spouse in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, the later divorce or legal separation would be considered a Qualifying Event even though the ex-Spouse lost coverage earlier. If the ex-Spouse notifies Iowa State University within 60 days of the later divorce or legal separation and can establish that the coverage was eliminated earlier, in anticipation of the divorce or legal separation, COBRA coverage may be available for the period after the divorce or legal separation.

D. An employee’s Spouse and/or Dependent Child(ren) whose coverage ends due to the employee’s election to drop out of the plan upon entitlement to Medicare (36 months). If an employee enrolls under Medicare Part A or B before experiencing a Qualifying Event based on terminating employment or a reduction in hours, the maximum coverage for the employee’s Spouse and/or Dependent Child(ren) will be the longer of 36 months beginning with the employee’s enrollment under Medicare and 18 months (29 months with a disability extension) beginning with the date the employee would have had a Qualifying Event based on terminating employment or a reduction in hours/layoff.

E. An employee’s surviving Spouse and/or Dependent Child(ren) whose coverage ends due to the employee’s death (36 months).

F. An employee’s child whose coverage ends because the child ceases to be a Dependent Child under the terms of the Plan (36 months).

G. An Employee’s newborn child or child placed for adoption during a period of continuation coverage. You (or a guardian) have the right to elect continuation coverage for the child, provided the child satisfies the otherwise applicable Plan eligibility requirements (18 or 36 months from the date of Qualifying Event).

H. Dependent Child(ren) of the covered Employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan Administrator during the covered Employee’s period of employment with the Plan Administrator is entitled to the same rights to elect COBRA as an eligible Dependent Child(ren) of the covered Employee upon occurrence of a Qualifying Event.

I. The original 18-month period of coverage available to a Qualified Beneficiary may be extended for an additional 18 months if a secondary event occurs during the initial 18-month continuation period. A secondary event is a termination or reduction of hours/layoff followed by 1) Death of the (former) employee; 2) Medicare enrollment of the (former) employee; 3) Divorce or legal separation of the (former) employee; 4) Dependent Child of the (former) employee ceasing to be a dependent. In secondary events, the 36 months of coverage extends from the date of the original Qualifying Event.
II. Notification of Qualifying Events. Under the law, the employer is responsible for knowing when any of the following Qualifying Events occurs: 1) Voluntary termination; 2) Involuntary termination; 3) Reduction of hours/layoFF; 4) Death of employee; 5) Medicare enrollment of employee; and 6) Employer’s bankruptcy under Title 11 of the U. S. Code. The employee or a family member has the responsibility to inform Iowa State University Benefits Office of a divorce, legal separation, or a Dependent Child losing dependent status under the Plan within 60 days of the date of the event or the date on which coverage would end under the Plan because of the event, whichever is later. In addition you must notify the insurance carrier if a disabled employee or family member is determined to be no longer disabled. The notice must be given in writing. Notice will be deemed given when delivered to the appropriate address by hand or by nationally recognized overnight courier service (costs prepaid), sent by facsimile with confirmation of transmission by the transmitting equipment, or received, or rejected, by the addressee if sent by certified mail, return receipt requested.

To enroll a newborn child onto COBRA during a period of continuation coverage, or to enroll a child placed for adoption, you or a family member must notify the insurance carrier of the birth or placement within the same time limits that pertain to enrollment of like dependents acquired by active employees.

III. Election of Coverage. Each Qualified Beneficiary has the right to independently elect coverage for himself/herself. Any or all Qualified Beneficiaries may elect to continue coverage without regard to the elections made by the other Qualified Beneficiaries. Parents may elect to continue coverage on behalf of their Dependent Child(ren) only. If your employer maintains three separate employer plans (such as medical, dental and vision plan) you have the right to pick only those Plan, you want. However, if the employer maintains only one consolidated group health plan (which may include medical, dental and vision) you must, in this case, elect or decline to elect COBRA coverage for the consolidated group health plan as a whole.

To continue coverage, complete the enclosed Election Form and return it to the address or fax number indicated on the Form. The Election Form must be completed and returned within 60 days after the Date of Notification reflected on the Election Form or within 60 days after the coverage would otherwise end, whichever is later. If this Election Form is not returned within the 60-day period, the continuation option expires. A Qualified Beneficiary may change a prior rejection of the continuation coverage any time until the end of the applicable 60-day period.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you will lose the right to avoid having pre-existing condition exclusion periods applied to you (this does not apply to dependents under age 19) by other group health plans if you have more than a 63-day gap in health coverage; election of continuation coverage may help you avoid or reduce such a gap in coverage. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusion periods if you do not elect and exhaust the continuation coverage available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your Spouse’s employer) within 30 days after your group health coverage ends because of the qualifying event listed in Section I. You will also have the same special enrollment right at the end of the continuation coverage if you elect and exhaust the continuation coverage available to you.

IV. COBRA Premiums. You must pay the entire premium amount as shown on the enclosed election form for your COBRA coverage. Your COBRA premium is calculated by adding 2% to the applicable premium to cover administrative expenses. If your COBRA coverage is extended to 29 months due to the disability provisions explained in Section VI Item C, COBRA regulations allow premiums to be increased to 150% of the otherwise applicable premium for the 19th through 29th months of COBRA coverage.

If you choose, you may submit your initial payment with the COBRA Election Form. If you do not submit your initial payment with the Election Form, or the payment is insufficient, your first invoiced contribution(s) will be due on or before the 45th day after electing COBRA coverage. If you do not make your first payment for continuation coverage within 45 days, you will lose all continuation coverage rights under the Plan(s).

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan(s) would have otherwise terminated through the end of the current month being billed. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. It is important to note that, if you have chosen the automatic account withdrawal as your payment option, the initial withdrawal from your designated checking or savings account may be more than one month in order to pay your account through Wellmark’s current billing period. If you have questions regarding continuation coverage or payments, please feel free to call the Customer Service number listed on your Wellmark ID card. If you do not have your ID card, please call 1-800-524-9242 to speak with a Customer Service Representative. Payment(s) made at the time of election should be submitted and mailed with the Election Form.
After the initial premium, your monthly premium payment is due on the first day of each month for that month’s COBRA coverage (for automatic account withdrawal, Wellmark allows a premium payment due date of the 1\textsuperscript{st} or the 5\textsuperscript{th} of the month). There is a grace period which expires on the 30\textsuperscript{th} day after the first of the month. If a monthly premium payment is not remitted or cannot be withdrawn from the designated account (for automatic account withdrawal), for any reason, it is your responsibility to ensure that the premium payment is remitted by the end of the grace period for the month for which the premium payment is being paid, in order for coverage to continue. If you do not make the premium payment within the 30 day grace period, COBRA coverage will be cancelled retroactively to the first of the month.

If you have chosen automatic account withdrawal, premium payments will be withdrawn from your designated checking or savings account on the designated day (1\textsuperscript{st} or 5\textsuperscript{th}) of each month. If remitting premium payments after submission of the Election Form, the premium payments should be mailed with your ID number included, to the following address:

Wellmark Blue Cross and Blue Shield  
PO Box 1313  
Des Moines, IA 50306-1313

Delta Dental – COBRA Administration  
P. O. Box 1715  
Des Moines, IA 50305-1715

There are specific times within the determination period when a Plan(s) may increase a Qualified Beneficiary’s COBRA premium:

1) The Plan has charged less than the maximum amount allowed.
2) The permitted increase for the disability extension period begins in the 19\textsuperscript{th} month
3) A Qualified Beneficiary chooses to become covered under a more expensive Plan, when offered, or adds a new benefit, when offered.
4) A Qualified Beneficiary adds a family member, as allowed by the Plan, that would cause the applicable premium to be higher for that family unit size.

V. COBRA Provisions.

A. Any Qualified Beneficiary may elect coverage for an eligible dependent (spouse, newborn child, adopted child, etc.) acquired during a period of continuation. Qualified Beneficiaries must apply to the Wellmark for coverage of acquired eligible dependents within the same limits that pertain to enrollment of like eligible dependents acquired by active employees. Please refer to your Benefit Booklet for provisions regarding dependent eligibility and effective dates. Elections that are not made on a timely basis will be declined.

B. Your continued coverage(s) will be subject to the same benefit and rate changes, when applicable, as the Plan. You will be notified of any changes in benefits or premium rates.

C. During open change you will have the same options under COBRA coverage as active employees covered under the Plan. In addition, HIPAA’s (Health Insurance Portability and Accountability Act of 1996) special enrollment rights will apply to those who have elected COBRA.

D. If a Qualified Beneficiary moves outside the service area of a region-specified benefit package, the coverage will be changed to the same coverage available to an active employee moving to the same area.

E. A complete description of plan provisions and benefits is outlined in your Benefit Booklet.

VI. Duration of COBRA coverage.

A. If the Qualifying Event is termination of the covered employee’s employment or a reduction in hours/layoff, COBRA coverage continues for up to 18 months from the date on which coverage would otherwise end.

B. If the Qualifying Event is a divorce or legal separation, the death of the covered employee, the covered employee’s enrollment to Medicare, or the loss of Dependent Child status under the terms of the Plan, coverage continues for up to 36 months from the date on which coverage would otherwise terminate.

C. If a Qualified Beneficiary or family member is disabled, an 18-month continuation coverage period may be extended to a maximum of 29 months for all Qualified Beneficiaries enrolled under the covered employee’s contract, if the following conditions are met: 1) the Social Security Administration determines that the Qualified Beneficiary or family member is disabled at any time during or prior to the first 60 days of continuation coverage; and 2) the Qualified Beneficiary provides the insurance carrier with a copy of the determination within the 18-month coverage period and not later than 60 days after a) the date the determination is made by the Social Security Administration, b) the date of the qualifying event, or c) the date on which the Qualified Beneficiary loses coverage under the Plan due to the qualifying event, using the delivery procedures specified in Section II. COBRA regulations allow the premium for COBRA coverage to be increased to 150% of the otherwise applicable premium, after the 18 months of coverage, when COBRA coverage is extended due to disability. The non-disabled family members may also be charged up to 150% of the applicable premium if the disabled individual is part of the coverage.

D. Coverage for a Qualified Beneficiary who is a Spouse or Dependent Child of the covered (former) employee can increase to a maximum of 36 months if any of the following events occur during the initial 18-month continuation period: 1) the covered (former) employee dies; 2) the covered (former) employee and Spouse are divorced or legally separated; 3) (for the Dependent Child only) the Dependent Child loses status as a Dependent Child under the Plan; 4)
the covered (former) employee enrolls in Medicare. Request for such extended continuation must be sent to the
insurance carrier within 60 days after occurrence of any qualifying event. The request must be in writing using the
delivery procedures specified in Section II.

E. COBRA coverage will terminate (before the end of the maximum coverage periods as described in paragraphs A through
D above) on the earliest of the following dates:

1. Retroactive to the first day of the month for which Qualified Beneficiary’s monthly premium is not paid timely;
2. On the date the employer ceases to maintain any Plan for its employees;
3. On the date a Qualified Beneficiary enrolls in Medicare (applies only to the person enrolling in Medicare);
4. Retroactive to the first of the month or on the date a Qualified Beneficiary becomes covered, after electing
continuation coverage under another group health plan that does not impose any pre-existing condition exclusion
period for a pre-existing condition of the Qualified Beneficiary (note: there are limitations on plans imposing a
pre-existing condition exclusion period and such exclusions will become prohibited beginning in 2014 under the
Affordable Care Act);
5. For a Qualified Beneficiary entitled to 29 months of COBRA coverage due to his/her disability or the disability
of a Qualified Beneficiary or family member under the same qualifying event, coverage will terminate during
the 11-month extension if the Social Security Administration later determines that the formerly-disabled
Qualified Beneficiary or family member is no longer disabled. The individuals affected must notify the
insurance carrier within 30 days of any final determination that the Qualified Beneficiary or family member is
no longer disabled. Coverage will terminate the first of the month following 30 days after the date of the final
determination that the Qualified Beneficiary or family member is no longer disabled. If a Qualified Beneficiary
or family member is deemed no longer disabled, COBRA coverage for all Qualified Beneficiaries who were
entitled to the disability extension will also terminate.

VII. Individual Purchase (Conversion). Does not apply to residents outside of Iowa or South Dakota. When continued
coverage ends, conversion coverage may be available from insurance carrier for you and/or your Spouse and Dependent Child(ren).
An application for conversion coverage and payment of the required premium must be made within 31 days after the COBRA
continuation coverage ends. Prescription drug, dental and vision coverage are not available as conversion coverages.

Please note the benefits provided by Wellmark individual plans and the Wellmark conversion policies will not be identical to the
coverage provided under the Plan and will be subject to different premium rates. If you wish to receive information about the benefits
available under the individual plans or conversion policies and the associated premium rates, contact Wellmark’s Direct Marketing
Department at 1-800-722-1795 for additional information.

VIII. For More Information. This Notice does not fully describe continuation coverage or other rights under the Plan. More
information about continuation coverage and your rights under the Plan may be available in your summary plan description or from
Iowa State University. You may request a copy of your summary plan description from the University Human Resources, Benefits
Office, 3810 Beardshear Hall, Ames, Iowa 50011 or by going to the Benefits web page: http://www.hrs.iastate.edu/hrs/benefits.

For more information about your rights under ERISA (Employee Retirement Income Security Act), including COBRA, HIPAA and
other laws affecting group health plans, contact the U. S. Department of Labor’s Employee Benefits Security Administration (EBSA)
in your area or visit the EBSA website at www.dol.gov/ebsa or call their toll-free number at 1-888-444-3272. For more
information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

IX. Keep Your Plan Informed of Address Changes. In order to protect your family’s rights, you should keep Iowa State
University and the COBRA Administrator (if you have COBRA coverage) informed of any changes in the address of family members.
You should also keep a copy, for your records, of any notices you send to Iowa State University or the COBRA Administrator.

X. Questions. If you have any questions regarding continuation coverage or payments, please feel free to call the Customer Service
number listed on your Wellmark ID card. If you do not have your ID card, please call 1-800-524-9242 to speak with a Customer
Service Representative, or mail your questions to the following address:

Wellmark Blue Cross and Blue Shield
COBRA Administrator, Station 3W395
PO Box 9232
Des Moines, IA 50306-9232

Revised 01/2014
NOTICE OF PRIVACY PRACTICES
FOR
IOWA STATE UNIVERSITY BENEFITS OFFICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective Date: April 14, 2003

800. Purpose of This Privacy Notice
This Notice of Privacy Practices describes how the Iowa State University Benefits Office may use and disclose your protected health information to conduct health care operations, assist with your treatment, initiate payment, and for other purposes that are permitted or required by law. Iowa State University reserves the right to make changes in this Notice of Privacy Practices. The Notice describes your rights to access and control of your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. For purposes of this notice, we will refer to “Protected Health Information” as “PHI”.

800. Who Will Follow This Notice
This notice describes the privacy policy of the Benefits Office at Iowa State University that provides group health plans and other health-related services to you as an employee of ISU. The health plans and other services covered by this notice include:

- Our Self-Insured ISU Plan including the Indemnity, PPO and HMO plans.
- Our Basic and Comprehensive Dental plans.
- Our Medical Reimbursement Flexible Spending Account Program.
- Our Vision Insurance Program.

These privacy policies will be followed by:

- All employees of the ISU Benefits Office.
- ISU Departments and their employees that provide support to the ISU Benefits Office and may have access to your PHI while providing that support such as Administrative Data Processing, Accounts Receivable, Internal Audit, University Counsel, and Risk Management.

800. Our Pledge Regarding Your Medical Information
We understand that medical information about you and your health is personal, and we are committed to protecting it whenever it is in the possession of the ISU Benefits Office.

Your personal health information is required to be kept confidential and private under a number of federal and state laws. For example, Iowa Code Chapter 22.7(2) addresses the confidentiality of public hospital, medical and professional counselor records; Iowa Code Chapter 228 addresses the disclosure of mental health and psychological information; the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232(g) and 34 CFR Part 99, addresses the confidentiality of student educational records; and the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320(d) and 45 CFR Parts 160 and 164, addresses the confidentiality of patient health information and records.
We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Provide you this notice of our legal duties and privacy practices regarding your medical information.
- Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by contacting the ISU Benefits Office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next visit to the ISU Benefits Office. The current notice and any revised notice are available on the internet on the ISU Benefits Office Website at: http://www hrs.iastate.edu/benefits/homepage.shtml.

800. How We May Use and Disclose Medical Information about You

The following categories describe ways that we use and disclose medical information. Examples of each category are included. Not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information falls into one of these categories:

- **For Health Care Operations:** We may use and disclose your medical information to rate our risk and determine our premiums for your health plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, to manage our business, and the like.
- **For Payment:** We may use and disclose your medical information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, to reimburse you under your medical reimbursement flexible spending account and the like.
- **For Treatment:** We may disclose your medical information to a doctor or a hospital which asks us for it to assist in your treatment. We may your PHI with third party “business associates” that perform various activities (e.g., billing and collection) for Iowa State University. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

800. General Rule: Uses and Disclosures of PHI Are Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke this authorization at any time, in writing, except to the extent that the ISU Benefits Office has taken action in reliance on the use or disclosure indicated in the authorization. Without your written authorization, we may not use or disclose your medical information for any reason except those described in this notice.

800. Exception to General Rule for Uses and Disclosures to Family or Friends Involved in Your Health care

Before we disclose your medical information to a member of your family, a relative, a close friend or any other person you identify that is involved in your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency treatment situation exists, we will only disclose your PHI to others involved in your health care based on our professional judgment of whether the disclosure would be in your best interest. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death. We will also use our professional judgment and experience with common practice to allow a person involved in your health care to pick up filled prescriptions, medical supplies, x-rays, or other forms of medical information. In these situations, only the minimum necessary PHI that is relevant to your health care will be disclosed.
Exceptions to General Rule for Uses and Disclosures of Your PHI That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

7.1 To Iowa State University: We may disclose your PHI and the PHI of others enrolled in your group health plan or medical reimbursement flexible spending account program to ISU or other organization that sponsors your group health plan, administers the medical reimbursement flexible spending account program, or to permit the plan sponsor to perform plan administration functions. Please see your group health plan document for a full explanation of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration. We may also disclose summary information about the enrollees in your group health plan to the plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan. The summary information will be stripped of demographic information about the enrollees in the group health plan, but the plan sponsor may still be able to identify you or other enrollees in your group health plan from the summary information.

7.2 For Underwriting: We may receive your medical information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this medical information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your medical information will only be as described in this notice.

7.3 For Marketing: We may use your medical information to contact you with information about health-related products and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

7.4 Research: Although in most cases health-related research is conducted only after you have provided authorization to disclose your protected health information to the researcher, in certain circumstances when the research proposal has been approved by an institutional review board or is preparatory to research, your PHI may be used or disclosed for health-related research without your authorization.

7.5 Required By Law: We may use or disclose your PHI to the extent that Federal, State or Local law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, when required by law, of any such uses or disclosures.

7.6 Disaster Relief: We may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.

7.7 Death and Organ Donation: We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

7.8 Serious Threat to Health or Safety: We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public. We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

7.9 Specialized Government Functions: We may disclose your PHI when it relates to specialized government functions such as military and veteran’s activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

7.10 Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
7.11 Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) suspicion that death or serious injury has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of ISU, and (5) on the occurrence of a medical emergency when it is likely that a crime has occurred.

7.12 Compliance: Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Privacy Regulations and other Federal or State laws.

8. Your Rights Regarding Your Protected Health Information
Following is a statement of your individual rights with respect to your PHI and a brief description of how you may exercise these rights.

8.1 You have the right to access, inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in our records for as long as we maintain the PHI. We will respond to your written request to inspect and/or copy within 30 days. We may charge you a fee for the cost of copying the documents involved. There are a few limited exceptions to your right of access. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have a right to have a decision to deny access reviewed. Please contact the ISU Benefits Office if you have questions about access to or decisions concerning your PHI.

8.2 You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to any restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

8.3 You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You may make a request that we send you confidential communications by alternative means or to you at an alternative location. This request must be in writing and must contain a statement that disclosure of all or part of the information could endanger you if it is not communicated to you in confidence. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. An explanation of benefits issued to the subscriber for health care that you received for which you did not request confidential communications or about the subscriber or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence. Please make this request in writing to the ISU Benefits Office.

8.4 You may have the right to amend your PHI. This means you may request an amendment of PHI about you in our records set for as long as we maintain this information. Your request must be in writing and explain why the information should be amended. We will respond to your written request to amend within 60 days of receiving the request. We may deny your request for an amendment in circumstances where we have not created the information or when we believe that the information is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the ISU Benefits Office if you have questions about amending your record.
8.5 You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to others based upon your express authorization, to family members or friends involved in your care, for a facility directory, for notification purposes, or as part of a limited data set that does not directly identify you. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The request for an accounting must be in writing, and we will respond to your written request within 60 days. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

8.6 You will receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

9. Questions and Complaints
If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information, or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to the ISU Benefits Office using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

THIS NOTICE IS EFFECTIVE ON APRIL 14, 2003.

Iowa State University does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, gender identity, sex, marital status, disability, or status as a U.S. veteran. Inquiries can be directed to the Director of Equal Opportunity and Compliance, 3210 Beardshear Hall, (515) 294-7612.

CONTACT INFORMATION

The Iowa State University Benefits Office

To contact the Benefits Office:
University Human Resources, Service Center
3810 Beardshear Hall

Telephone: 515-294-4800 / 877-477-7485
Fax: 515 294-8226 and E-mail: benefits@iastate.edu
Here are some terms and definitions that are used in various sections of this guide and will help you understand your coverage. Additional definitions can be found in the Certificate of Coverage found in the Medical section of the Benefits web page: [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits).

**COBRA**: The Consolidated Omnibus Budget Reconciliation Act allows you and/or covered dependents to extend health, dental and/or vision coverage beyond the date on which eligibility would normally end. You pay the full premiums plus a 2% administrative fee for this extended coverage.

**Co-insurance**: The cost of a health or dental expense that is shared between you and the plan after you pay any applicable deductible. For example, the ISU PPO plan’s in-network coverage is 90% and your share (co-insurance amount) is 10%.

**Co-payment**: A set dollar amount you pay toward an expense, such as an in-network office visit or prescription drug. The remaining cost is covered by the plan.

**Deductible**: If applicable, the amount of money you must pay toward health, dental or vision expenses for each family member each year before health, dental or vision benefits are reimbursable in most cases. After you have paid the deductible, future expenses are covered at the coinsurance amount. Co-payments do not count toward the deductible on the ISU plans.

**Non-participating Provider**: A facility or practitioner that does not participate with a Blue Cross or Blue Shield Plan or Delta Dental.

**Participating Provider**: A facility or practitioner that participates with Blue Cross or Blue Shield Plans, but not with a preferred provider program.

**Preferred Provider**: Providers that participate directly with Alliance Select and providers that participate with other Blue Cross and/or Blue Shield preferred provider organizations (PPO’s).

**In-Network Provider**: Providers that participate directly with Wellmark Health Plan of Iowa (HMO) or Delta Dental.

**Medically Urgent Situation**: A situation where a longer, non-urgent response time to a pre-service notification could seriously jeopardize the life or health of the benefits plan member seeking services or, is the option of a physician with knowledge of the member’s medical condition, would subject the member to severe pain that cannot be managed without the services in question.

**Brand Name Medication**: are drugs that are patented, manufactured and distributed by only one pharmaceutical manufacturer.

**Non-Preferred or Non-Formulary Drugs**: A formulary is a list of preferred medications that a committee of pharmacists and doctors deems to be the safest, most effective and most economical. Non-formulary are not on the list of preferred medications and have the highest copayments, if the medication is covered.

**Generic Medication**: are drugs that are manufactured, distributed and available under a chemical name without patent protection. A generic drug must have the same active ingredients as its brand name counterpart. Generic drugs typically cost less than brand name drugs.
The following is a list of websites and telephone numbers associated with your benefits:

<table>
<thead>
<tr>
<th>University Human Resources Service Center</th>
<th>515-294-4800 / 877-477-7485</th>
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<tbody>
<tr>
<td>To access the Benefits page, go to the ISU homepage at <a href="http://www.iastate.edu">www.iastate.edu</a></td>
<td></td>
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<tr>
<td>- On the index line, click on the letter “B” then look for Benefits Employee and click</td>
<td></td>
</tr>
<tr>
<td>- Which will bring you to the Benefits homepage: [<a href="http://www.hrs.iastate.edu">http://www.hrs.iastate.edu</a> hrs/benefits](<a href="http://www.hrs.iastate.edu">http://www.hrs.iastate.edu</a> hrs/benefits)</td>
<td></td>
</tr>
<tr>
<td>- On this page, click on your employment classification – Faculty, Professional &amp; Scientific or Supervisory/Confidential Merit for each benefit category</td>
<td></td>
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</tbody>
</table>

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<tr>
<th>CERTIFICATES OF COVERAGE</th>
<th>[<a href="http://www.hrs.iastate.edu">http://www.hrs.iastate.edu</a> hrs/benefits](<a href="http://www.hrs.iastate.edu">http://www.hrs.iastate.edu</a> hrs/benefits)</th>
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</thead>
<tbody>
<tr>
<td>Under each employment classification click on the “Medical” or “Dental” line to find the certificates.</td>
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<tr>
<td>Summary Plan Documents are also available for the life and long-term disability.</td>
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<tr>
<th>MEDICAL PLANS</th>
<th>Register on-line as member for access to claims information.</th>
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<tbody>
<tr>
<td>Web/phone to find/call for participating Physician Information.</td>
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<tr>
<td>Wellmark BC/BS of Iowa – Iowa or National site for Nationwide search for providers.</td>
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<tr>
<td>- Click on “Find a Doctor or Hospital” link</td>
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<tr>
<td>- Click on “Doctors (Iowa, South Dakota &amp; bordering counties)”</td>
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<tr>
<td>- For information on care outside of Iowa, click on “National Providers”</td>
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<tr>
<td>- For information on care outside of the U.S., click on “International Providers”</td>
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<tr>
<td>Alliance Select (PPO)</td>
<td>800-494-4478</td>
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<tr>
<td>Blue Advantage (HMO)</td>
<td>800-494-4478</td>
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</tbody>
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<tr>
<th>PHARMACY BENEFIT MANAGER</th>
<th>Register as a member for access to retail claims information and begin mail order.</th>
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<tbody>
<tr>
<td>Express Scripts</td>
<td>800-987-5248</td>
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<table>
<thead>
<tr>
<th>Summary of Benefits &amp; Coverage</th>
<th>Printed copies are available by request</th>
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<tbody>
<tr>
<td>[<a href="http://www.hrs.iastate.edu">http://www.hrs.iastate.edu</a> hrs/benefits](<a href="http://www.hrs.iastate.edu">http://www.hrs.iastate.edu</a> hrs/benefits) – Under each employment classification click on “Medical” line to find the Summary of Benefits &amp; Coverage.</td>
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</tbody>
</table>

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<tr>
<th>DENTAL PLAN</th>
<th>Register as a subscriber to access your dental insurance information and request electronic explanation of benefits.</th>
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<tbody>
<tr>
<td>Delta Dental of Iowa</td>
<td>800-544-0718</td>
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<tr>
<td>Call or access Delta website for</td>
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<tr>
<td>- Participating dentist directory – Search under the Delta Dental Premier Plan.</td>
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<tr>
<td>- Access your dental insurance information,</td>
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<tr>
<td>- Request electronic explanation of benefit</td>
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<tr>
<td>Delta Dental also includes a vision discount program through EyeMed click on:</td>
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<tr>
<td>- Member Tab</td>
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<tr>
<td>- Then Vision Discount</td>
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<tr>
<td><strong>HEALTH CARE FLEXIBLE SPENDING ACCOUNT and DEPENDENT CARE ASSISTANCE PROGRAM</strong></td>
<td>800-659-3035</td>
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<tr>
<td><strong>REirement Plans</strong></td>
<td><strong>IPERS</strong> - <a href="http://www.ipers.org">www.ipers.org</a> or call 800-622-3849</td>
</tr>
<tr>
<td><strong>GROUP SUPPLEMENTAL RETIRIMENT Plans</strong></td>
<td><strong>VALIC</strong> – contact agent at 800-448-2542</td>
</tr>
<tr>
<td><strong>EYEWear Plan</strong></td>
<td><strong>METLIFE</strong> – contact Adam Wolff – <a href="mailto:awolff@metlife.com">awolff@metlife.com</a> or call 800-492-3553</td>
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<tr>
<td><strong>LONG TERM CARE INSURANCE</strong></td>
<td><strong>BABLE Financial</strong></td>
</tr>
<tr>
<td><strong>EMPLOYEE ASSISTANCE PROGRAM (EAP)</strong></td>
<td><strong>EFR Workplace Services</strong></td>
</tr>
<tr>
<td><strong>Principal Financial Group</strong></td>
<td><strong>Available When Enrolled in Basic Life</strong></td>
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<tr>
<td><strong>WILL PREPARATION</strong></td>
<td><strong>ARAG/Principal</strong></td>
</tr>
<tr>
<td><strong>AXA Assistance</strong></td>
<td><strong>ISU Group number - N1460</strong></td>
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<tr>
<td><strong>Principal Financial Group</strong></td>
<td><strong>Available When Enrolled in Basic Life and/or Long Term Disability</strong></td>
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<tr>
<td><strong>Hearing Aid Program</strong></td>
<td><strong>866-925-1287</strong></td>
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<tr>
<td><strong>Weight Loss</strong></td>
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<td><strong>Oral Health Care</strong></td>
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<td><strong>Diabetic Magazine Program</strong></td>
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