Iowa State University recognizes that employees have different needs. That is why they offer a benefit programs that allows you to choose between different benefit options to design the benefit plan that’s right for you.

This guide is designed to provide you with information about your options for plan year 2017. It will explain the enrollment process and serve as a resource about your benefits. It is a good idea to take some time and read this guide before beginning the open change process.

This guide is not a complete description of the Iowa State University benefit plans. Nothing in this guide supersedes or changes any of the terms and conditions of any plan documents, insurance policies, contracts or other legal agreements. If the wording in this guide contradicts any plan documents, insurance policies, contracts or other legal agreements, the wording in the official document and agreements will govern.
Welcome to the 2017 Open Change Period

Important Dates

- **November 1, 2016** – At 9:00 a.m. Open Change Period begins
- **November 1, 2016** – After 9:00 a.m. Participation Statement available on AccessPlus
- **November 9, 2016** - Live Web Cast Event is offered – 9:00 a.m. – 10:30 a.m., URL for the web cast: https://connect.extension.iastate.edu/benefits. Event will be recorded and available on Benefits Bulletin Board webpage as soon as possible.
- **November 18, 2016** – At 5:00 p.m. Open Change Period closes
- **December 2, 2016** – After 9:00 a.m. Benefit Confirmation Statement available on AccessPlus
- **January 6, 2017** – After 9:00 a.m. Final Benefit Statement of 2017 election available on AccessPlus

What's New for Benefits in 2017?

- No change to medical or dental insurance premiums
- No change to medical or dental plan design

What Should I Do During Open Change?

- **Review** – check everyone who is insured and verify eligibility.
- **Know Your Options** - Review your current benefit elections early (see page 9 for instructions on Participation Statement).
- **Be Accountable** - Know and understand your benefit enrollment. You may not want to make any changes, but your benefits may change each year due to other factors.
- **Make Changes** - Use AccessPlus or request forms from Benefits Office or Benefit web page (see Pages 8 – 10).
- **Confirm Changes** - Review the Benefit Confirmation Statement for accuracy following the open change period (see page 10).

When Do Changes Made During Open Change Period Become Effective?

- February 1, 2017 – Medical and dental changes.
What Else Should I Be Considering?

- Open change time is an event where family members may also make changes to coverage with another employer. Be aware that another employer may have a different effective date for changes.

- If you are a current PPO medical plan participant, have you looked at the HMO medical plan option? The Wellmark Blue Advantage plan may be able to provide premium and plan cost savings to you.

- If you participate in a double spouse option, is it still the best choice? If children are coming off the plan, discuss options with ISU Benefit Consultant.

- Are you saving enough for your retirement? Although changes are allowed year-round, this is a good time to review your retirement goals and evaluate additional options for saving for retirement by electing a Supplemental Retirement Account (SRA). You have the option to save on a pre-tax basis or after-tax (Roth 403(b)) basis.
Information opportunities:

**On-Demand - Live Web Cast Event**

The Benefits Team will provide a detailed explanation about open change and benefit options during the Connect event scheduled on Wednesday, November 9, 2016 from 9:00 a.m. –10:30 a.m.

At the meeting time, simply enter this URL: [http://connect.extension.iastate.edu/benefits](http://connect.extension.iastate.edu/benefits). Then you will find yourself at a login page. Simply enter your name under the “Enter as a Guest” heading. Then click on “Enter Room”. The audio will be over your computer speakers, so make sure you have your volume on and turned up. Any time before the meeting you can visit the following URL to confirm your ability to connect to the Connect server: [http://www.extension.iastate.edu/testconnect/](http://www.extension.iastate.edu/testconnect/).

If you are not able to attend the live event, the presentation will be recorded and the link will be available on the Benefit web page on the Bulletin Board.

**Appointment with Benefit Consultants**

The Benefits Team is committed to providing opportunities for Faculty, Professional & Scientific and Supervisory/Confidential Merit and Pre/Post Doctoral Associate employees to pick up forms and discuss the plans and changes for 2017.

The Benefits Team always encourages appointments year round. Due to the overlap with the ISU Plan (Faculty, P & S and Supervisory/Confidential Merit, Pre/Post Doctoral Associates and Non-Supervisory Merit (Non-Organized) employees open change period, appointments are especially important between November 1, 2016 and November 18, 2016.

Appointments will help us serve you quickly with little wait time. If you walk-in to see a Benefit Consultant, you may be asked to schedule an appointment.

**PHONE:** 515-294-4800 / 877-477-7425  
**FAX:** 515-294-8226  
**E-MAIL:** benefits@iastate.edu
ISU Plan Insurance Eligibility for Dependents

Your eligible dependents to enroll on the ISU Plan 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. Imputed income may apply.*
- Natural child, legally adopted child, your stepchild or foster child up to age 26 (provided they are not already covered under the plan as an employee or by another State of Iowa 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.*
- If a dependent is enrolled in their employer’s plan, that plan must be their primary insurance.

*Notice Regarding Imputed Income:

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

- Continuing medical 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 a domestic partner, who does not meet the definition under the Federal and/or State tax laws.

If you do not enroll dependents during this year’s open change period, you will have to wait for a qualifying event or until next year’s open change period to enroll them on your health or dental plan. Once you enroll them, you will not be able to drop their coverage until the next open change period unless you have a qualifying event.

The assumption will be made that any dependent enrolled by the employee meets all conditions to be a valid participant. Employees are responsible for reporting eligibility changes for any participant on 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 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. Please report changes within 30 days to an ISU Benefits Consultant.

Termination of coverage for adult children examples:

- Child 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 26 or older 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 26 or older and is a full-time student. The child marries in August, coverage ends on September 30.

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

Important Notice! Carefully review all information on the people you insure during this Open Change period. ISU will be reviewing dependent eligibility in 2017. Check social security numbers, dates of birth, and review all the available relationship terminology to be certain you have the correct designation for all dependents you insure. It is the employee’s responsibility to promptly contact the ISU Benefits Office to report events that change eligibility. Failure to provide accurate information may result in termination of coverage.

Social Security Numbers Are Required for Dependent Medical & Dental Coverage

If you enroll a spouse/partner and/or dependent children in the medical 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.

The IRS requires reporting information using the Social Security number or tax identification number of the plan member and each dependent.

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.

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.

Contact the Benefits Team if you have an indicator of “Invalid” under social security number and provide the correct social security number. If your family member is a foreign national, contact the Benefits Office to verify family member does not have a SSN.

Please call University Human Resources Service Center at 515-294-4800 or 877-477-7485 and ask for a Benefits Consultant to discuss any questions.
Notice of Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA):

While you are an employee of the State of Iowa (hawk-i) (which includes Iowa State University), your dependents are not eligible for the Children’s Health Insurance Program, 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 an 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 eligibility 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 an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or hawk-i, your 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:

<table>
<thead>
<tr>
<th>U.S. Department of Labor</th>
<th>U.S. Department of Health and Human Services Centers for Medicare &amp; Medicaid Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefits Security Administration</td>
<td><a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a></td>
</tr>
<tr>
<td><a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a></td>
<td>877-267-2323, Ext 61565</td>
</tr>
<tr>
<td>866-444-EBSA (3272)</td>
<td></td>
</tr>
</tbody>
</table>
This is the time of year when you have the opportunity to think about what changes, if any, you would like to make to your benefits for 2017. You are accountable to know and understand your benefits. **You may make changes to your current benefits in the AccessPlus portal on the ISU webpage.**

Changes made to the following benefits in AccessPlus:

- Medical Insurance Plans
- Dental Insurance Plans

**Reminder: Double Spouse Option** (2 employees share one insurance plan, see page 19)

- **Only** the contract holder’s AccessPlus “Who’s Insured Worksheet” should display who is insured on the plan. If enrolled in the HMO plan the Primary Care Physician changes are completed there.
- The spouse record should **not** display who is insured.
- If the contract holder is switching plans the contributing spouse should make the same change in AccessPlus.
- If ending the double spouse contract, both contracts must be changed.

**GET STARTED - it’s as easy as…A. B. C.**

Most employees may use their AccessPlus portal on the ISU webpage to review your current benefits or to make changes:

**A.** Go to [www.iastate.edu](http://www.iastate.edu), click on “AccessPlus” and enter your University ID or SSN and password

Click on AccessPlus, located on the top left side of the page: CyMail/Outlook/Blackboard/➔ **AccessPlus**

**Note:** **AccessPlus will time-out after 30 minutes of inactivity. You must submit changes and receive confirmation prior to logging out of AccessPlus or your changes will not be recorded.**

If you have any difficulty opening AccessPlus, call the AccessPlus help desk at 515-294-4000 to reset your password. If you have difficulty accessing your data once you are in AccessPlus, contact University Human Resources Service Center at 515-294-4800 or 877-477-7485 or e-mail them at hrshelp@iastate.edu.
B. Click on the “Employee Tab”

C. Click on the menu link, “Benefits Info” in AccessPlus.

✓ **CLICK ON - “Benefit Statement”**

  o **Beginning at 9:00 A.M.** – examine Participation Statement. This statement will provide the employee monthly share amounts by offering a side-by-side comparison of your current 2016 benefit enrollment as recorded on the October payroll and the new 2017 benefit enrollment, **before any of your changes are made during open change period.**
    ▪ Some employees may not have participation statements, if this is the case for you, please contact the ISU Benefits Office.

✓ **CLICK ON - “Pre/Post Docs”**

  o REVIEW - “Open Change Period Instructions” – you will want to review the instructions in order to save time and confusion regarding the online process.
  o CLICK ON - “Verify Who’s Insured” – go to each person who is insured on your plan and verify their information is correct.
    ▪ Add/remove dependents
  o NEXT click on “Go To Benefit Action Page”
    ▪ At this point you will be able to navigate through the system in order to make your benefit elections/changes.
    ▪ Calculate to view how the changes will affect the premium.
    ▪ “SUBMIT” changes to finalize the changes you made within the system. If you do not calculate and submit, all changes will be lost. Also, navigating between pages changes may be lost.
    ▪ Some employees may be unable to use the online system. Forms are available on the Benefit web page.
CONFIRM BENEFITS - Click on “Benefit Statement”

- In AccessPlus on **December 2, 2016 after 9:00 A.M.**, review the 2017 Benefit Confirmation Statement.
- Confirm that your changes are accurate
- **If correct, you do not need to do anything.**
- **If there is an error**, you have a limited time to take action. Instructions outlining the steps you need to follow will be on the Benefit Confirmation Statement.
- Corrections must be submitted by **December 9, 2016 at 5:00 P.M.**
- If the change was made with paper forms, the change form copy you keep will be needed to support any corrections to the confirmation statement.
- **Beginning at 9:00 A.M. on January 6, 2017 - Final Benefit Statement** of your 2017 elections will be available in AccessPlus for your review.

*If you do not want to make any changes.* It is highly recommended to review the 2016/2017 Participation Statement for changes to Iowa State University’s contribution for your benefits and also review the Benefit Confirmation Statement to verify 2017 elections.

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**International Pre/Post-Doctoral Associate**

All international Pre/Post-Doctoral Associates (F and J Visa) are required to carry health insurance for themselves for any semester in which they are registered at Iowa State University. Accompanying dependents must also be enrolled in the health insurance.

International Pre/Post-Doctoral Associates are defined for this purpose as students who are not U.S. citizens, U.S. permanent residents or refugees.

The Pre/Post-Doctoral Associates ISU Plan is mandatory as a condition of your enrollment to the University.

**Qualifying Life Event:**

If spouse/dependents move back to their home country, you would be allowed to drop them from your health/prescription drug and/or dental insurance plans.
The ISU Plan offers you two medical options. You choose the plan that’s right for your individual situation. You also elect the tier of coverage that’s appropriate for you. Your options include:

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

If you make a change in your medical plan coverage, it will be effective with the new plan year, which is February 1, 2017.

To add a domestic partner, contact the Benefits Office regarding forms needed and possible imputed income.

### $$$$$ MEDICAL/PRESCRIPTION DRUG PREMIUMS $$$$$

The monthly premium amount deducted from pay is on a pre-tax basis.

Pre/Post Doctoral Associates receive an ISU credit contribution towards the medical plan and pay only the portion below for applicable plan choice.

<table>
<thead>
<tr>
<th>Monthly Premiums - 2017</th>
<th>PPO</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Pays Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself Only</td>
<td>$20</td>
<td>$0</td>
</tr>
<tr>
<td>Yourself + Spouse</td>
<td>$263</td>
<td>$78</td>
</tr>
<tr>
<td>Yourself + Children</td>
<td>$173</td>
<td>$46</td>
</tr>
<tr>
<td>Yourself + Family</td>
<td>$339</td>
<td>$112</td>
</tr>
<tr>
<td>Family Double Spouse/Partner</td>
<td>$ 97</td>
<td>$0</td>
</tr>
</tbody>
</table>

Double Spouse Option (also see page 19):

The Double Spouse option may be available for family coverage if both you and your spouse work at Iowa State University. Both must make the same changes.

If both you and your spouse are ISU Plan eligible and insure a family, you will each pay the double spouse share. Review options with assistance from ISU Benefits Team.
Contact the University Human Resources Service Center 515-294-4800 / 877-477-7845 to ask for a Benefit

**ISU PLAN MEDICAL PLANS -BEGINNING FEBRUARY 1, 2017**

This is a limited comparison of benefits. The Summary of Benefit and Coverage for each plan is available on-line, see page 41 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.

<table>
<thead>
<tr>
<th>PLAN PROVISIONS</th>
<th>PPO (Alliance Select)</th>
<th>PPO Out-of-Network</th>
<th>HMO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL PLAN PROVISIONS</td>
<td>Refer to out of network column</td>
<td>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.</td>
<td>None, unless prescribed and referred by participating physician and Wellmark or in an emergency medical situation.</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$300 - single $600 - spouse/child/family</td>
<td>$0</td>
</tr>
<tr>
<td>Maximum (OOP) Co-Pays DO NOT apply to OOP</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>Coinsurance (member pays)</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>
<tr>
<td>Lifetime maximum benefit – none</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROFESSIONAL OFFICE SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO In Network</th>
<th>PPO Out-of-Network</th>
<th>HMO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$10/visit copay then $500 annual maximum benefit/member, self-referral to provider for up to 5 visits/condition</td>
</tr>
<tr>
<td>Office exam co-pays</td>
<td>$20 copay</td>
<td>None</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Allergy treatment</td>
<td>90% coverage, prior approval for some treatment</td>
<td>80% coverage after deductible, prior approval for some treatment</td>
<td>100% coverage - directed by PCP</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>$20/visit co-pay, then 90% coverage</td>
<td>80% coverage after deductible</td>
<td>$10 per visit copay, then 100% coverage, self-referral to network provider</td>
</tr>
<tr>
<td>Routine eye exam</td>
<td>100% coverage, after $20 copay, including refraction, one per calendar year</td>
<td>Not covered</td>
<td>100% coverage after $10 copay, one per calendar year, may self-refer to a network provider</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>100% coverage, after $20 copay, one per calendar year</td>
<td>Not covered</td>
<td>100% coverage after $10 copay, one per calendar year, self-refer to network provider</td>
</tr>
<tr>
<td>Maternity</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - directed by PCP</td>
</tr>
<tr>
<td>Contraceptive other than prescription</td>
<td>90% coverage – outpatient $20 copay - office</td>
<td>80% coverage after deductible</td>
<td>100% coverage - outpatient directed by PCP $10 copay - office</td>
</tr>
<tr>
<td>Routine physicals</td>
<td>100% coverage after $20 copay</td>
<td>Not covered</td>
<td>100% coverage after $10 copay - PCP</td>
</tr>
<tr>
<td>Well child care</td>
<td>100% coverage after $20 copay</td>
<td>80% coverage to MAF (maximum allowable fee) after deductible</td>
<td>100% coverage after $10 copay –</td>
</tr>
</tbody>
</table>

Contact the University Human Resources Service Center 515-294-4800 / 877-477-7845 to ask for a Benefit...
<table>
<thead>
<tr>
<th>PLAN PROVISIONS</th>
<th>PPO (Alliance Select)</th>
<th>PPO (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Office) Surgery, Radiology &amp; Pathology</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
</tr>
</tbody>
</table>

**HOSPITAL SERVICES**

**INPATIENT HOSPITAL SERVICES**

<table>
<thead>
<tr>
<th>Preapproval of inpatient admissions</th>
<th>Required</th>
<th>Required</th>
<th>Directed by PCP - preauthorization required</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**OUTPATIENT HOSPITAL SERVICES**

<table>
<thead>
<tr>
<th>Ambulatory Surgical Center – Outpatient Surgery</th>
<th>90% coverage; prior approval required for certain procedures</th>
<th>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</th>
<th>100% coverage - PCP or referred by PCP and prior approval required for certain procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Diagnostic Lab, Radiology</td>
<td>90% coverage; prior approval required for certain procedures</td>
<td>80% coverage after deductible; preadmission approval and prior approval required for certain procedures</td>
<td>100% coverage - PCP or referred by PCP</td>
</tr>
</tbody>
</table>

**EMERGENCY CARE**

<table>
<thead>
<tr>
<th>Ambulance</th>
<th>90% coverage</th>
<th>80% coverage after deductible</th>
<th>100% coverage - medically necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Center</td>
<td>90% coverage</td>
<td>80% coverage after deductible</td>
<td>100% coverage - medically necessary</td>
</tr>
<tr>
<td>Emergency room care</td>
<td>$100 copay then 90% coverage; coinsurance follows copay; copay does not apply to out-of-pocket limit; copay waived if admitted</td>
<td>$100 copay then 80% coverage; copay does not apply to the plan out-of-pocket limit; copay waived if admitted but then deductible applies</td>
<td>$100 copay then 100% coverage-waived if admitted</td>
</tr>
</tbody>
</table>

**BEHAVIORAL HEALTH SERVICES**

<table>
<thead>
<tr>
<th>Inpatient mental health and chemical dependency treatment</th>
<th>90% coverage</th>
<th>80% coverage after deductible; preadmission approval required</th>
<th>100% coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient mental health and chemical dependency treatment</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>100% coverage</td>
</tr>
</tbody>
</table>

**OUTPATIENT THERAPY SERVICES**

| Speech, occupational and respiratory therapy           | 90% coverage, prior approval for some treatment | 80% coverage after deductible, prior approval for some treatment. | 100% coverage - directed by PCP |

**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. The member will receive a separate ID card to be used for your prescription purchases. There is not a separate premium that you pay for prescription coverage. The cost of the medical and prescription plans is combined into the single 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.

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

The Express Scripts plan has clinical programs which targets conditions that are considered chronic and complex, many of which are treated with Specialty Medications.

- Step therapy and/or prior authorization requirements to:
  - Enhance health and safety through greater medication compliance.
  - Adherence to prescribed therapies.
  - Avoidance of negative outcomes as a result of incorrect dosing, drug interactions, or treatments prescribed for non-approved indications or treatment guidelines.
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/](https://www.express-scripts.com/).
The ISU Plan offers you two dental options. You choose the plan that’s right for your individual situation. Your options include:

♦ The Basic Dental Plan
♦ The Comprehensive Dental Plan

If you make a change in your dental plan coverage, it will be effective with the new plan year, which is February 1, 2017.

Enrollment:

♦ Enrollment into the Comprehensive Dental Plan requires that you stay in the plan for a minimum of three years while employed at ISU.
  o You may switch from the Comprehensive to the Basic Dental or No Coverage option during this Open Change Period, but only if you have been in the Comprehensive Plan for three (3) years.
  o Employees enrolling in the Comprehensive Plan must wait until they have completed three years of participation and make the change during the next Open Change Period.

Contact the University Human Resources Service Center 515-294-4800 / 877-477-7845 to ask for a Benefit Consultant to obtain additional information.

Pre/Post Doctoral Associates receive an ISU credit contribution towards the dental plan and pay only the portion below for applicable plan choice.

<table>
<thead>
<tr>
<th>Monthly Premiums - 2017</th>
<th>Basic</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Pays Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself Only</td>
<td>$0</td>
<td>$16</td>
</tr>
<tr>
<td>Yourself + Spouse</td>
<td>$30</td>
<td>$77</td>
</tr>
<tr>
<td>Yourself + Children</td>
<td>$37</td>
<td>$82</td>
</tr>
<tr>
<td>Yourself + Family</td>
<td>$45</td>
<td>$96</td>
</tr>
<tr>
<td>Family Double Spouse/Partner</td>
<td>$9.50</td>
<td>$35</td>
</tr>
</tbody>
</table>

Double Spouse Option (also see page 19):

The Double Spouse option may be available for family coverage if both you and your spouse or domestic partner work at Iowa State University. Both must make the same changes.

If both you and your spouse are ISU Plan eligible and insure a family, you will each pay the double spouse share. Review options with assistance from ISU Benefits Team.
# DENTAL PLANS COMPARISON

**THIS COMPARISON IS ONLY A SUMMARY OF BENEFITS.**

**BENEFITS WILL BE ADMINISTERED AS DESCRIBED IN EACH PLAN'S CERTIFICATE (ALSO KNOWN AS SUBSCRIBER AGREEMENT OR PLAN DOCUMENT).**

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>Basic Option</th>
<th>Comprehensive Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong></td>
<td>None</td>
<td>$25 annual deductible/contract combined for basic &amp; major restorative</td>
</tr>
<tr>
<td><strong>Annual maximum benefit</strong></td>
<td>$750/person/year</td>
<td>$1500/person/year excludes orthodontics</td>
</tr>
<tr>
<td><strong>Diagnostic/preventative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check-ups</td>
<td>100%--2 per year - CheckUp Plus</td>
<td>100%--2 per year</td>
</tr>
<tr>
<td>Cleanings</td>
<td>100%--2 per year - CheckUp Plus</td>
<td>100%--2 per year</td>
</tr>
<tr>
<td>X-rays</td>
<td>100% - CheckUp Plus</td>
<td>100%</td>
</tr>
<tr>
<td>Topical fluoride—under age 19</td>
<td>1 every 12 months</td>
<td>1 every 12 months</td>
</tr>
<tr>
<td>Topical fluoride—adults</td>
<td>1 every 12 months</td>
<td>1 every 12 months</td>
</tr>
<tr>
<td>Sealants—under age 14</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Space maintainers—under 14</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Restorative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-gold fillings</td>
<td>50%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Root canal</td>
<td>50%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Treatment for gum disease</td>
<td>50%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Extractions</td>
<td>50%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>50%</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Major Restorative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold and porcelain inlays/onlays</td>
<td>50%</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Crowns and jackets</td>
<td>50%</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Bridgework</td>
<td>Not covered</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Dentures</td>
<td>Not covered</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Implants</td>
<td>Not covered</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Not covered</td>
<td>50% coverage, lifetime maximum benefit of $2000 after $50 deductible</td>
</tr>
</tbody>
</table>

## Basic Plan – CheckUp Plus

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

<table>
<thead>
<tr>
<th>Delta Dental Pays</th>
<th>Member Pays</th>
<th>Annual Maximum Remaining after 2 checkups</th>
</tr>
</thead>
<tbody>
<tr>
<td>$350</td>
<td>$0.00</td>
<td>$750</td>
</tr>
</tbody>
</table>

Basic Plan Benefits with CheckUp Plus

On the Delta Dental website - Member tab, you may elect to have electronic explanation of benefits. See page 27 for Delta Dental contact information.
Making Future Changes

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows employees to enroll themselves and their spouse/partner in an employer-sponsored medical plan without underwriting (approved Statement of Health).

Making Mid-Year Changes

The benefit elections you make stay in effect from year to year unless you elect to make a change during the open change period or with a qualifying event. Payroll deductions, which cover these benefits, are taken from your paychecks January through December.

The IRS allows changes during the year for qualifying family status changes only, which include:

- Marriage (employee or dependent)
- Divorce, annulment, legal separation (employee or dependent)
- Your change of employment status
- Birth of a biological child, adoption of a child, placement for adoption, or addition of a step or foster child
- Dependent becomes eligible again due to an event
- Employee or spouse/partner reaches age 65
- Employee or dependent becomes eligible for Medicare
- Dependents becomes ineligible for Medicaid, CHIPRA or hawk-i (see paragraph following)
- Dependent no longer eligible (over age 26), student status (no longer a full-time student) or marital status (married). Exception given to adding adult children because of dependent law, see pages 5-6
- Served with a judgment or order or decree
- Spouse’s/partner’s Retirement
- Spouse/partner terminates employment or change in employment
- Spouse/partner or dependent commences employment
- You, your spouse/partner or your dependent becomes entitled to Medicare or Medicaid
- Death of a spouse/partner or dependent
- Health only – change in employee, spouse/partner or dependent residence

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

If you have a change in family status, which affects eligibility, you must make your change within 30 days of the event, except you have 60 days to add a newborn or 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.
Double Spouse Option / Not Double Covered

If you and your spouse both work for ISU, it’s important that you understand the following as it relates to your ISU Plan Benefits.

Double Coverage:

- An employee cannot be enrolled on two contracts as both an employee and a dependent of another employee.

- Child(ren) cannot be covered as dependents by both parents. One spouse must be designated as the “contract holder”. The other spouse will be designated as the spouse and is a dependent with the children on the contract holder’s policy.

Double Spouse:

- If both you and your spouse are ISU Plan eligible, you will each pay the double spouse share as shown on page 11 for medical and page 16 for dental.

- Initial enrollment in the double-spouse option requires completion of a double spouse form, including the name and University ID of the other spouse. Please contact the Benefits Office if you are electing this coverage for the first time.

Review options with assistance from a Benefits Consultant.

Domestic Partner

- If you elect domestic partner coverage.

- The Federal tax code does not recognize a domestic partner for tax purposes. The benefit premiums for health and dental may be treated as taxable and ISU will withhold taxes on its value.

- To add a domestic partner, contact the Benefits Office regarding forms needed and possible imputed income.
The Employee Assistance Program (EAP) is administered by Employee & Family Resources (EFR). ISU provides an EAP at no cost to you or your eligible family members. If you are referred for additional assistance beyond what is provided by your EAP, contact your insurance company, otherwise the financial responsibility will be yours.

**What kind of help and resources does my EAP provide?**

You and any eligible family members 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
- Eldercare resources
- Work and life balance
- Substance abuse
- Financial or legal concerns
- Personal growth and development

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 six 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?**

Employee and Family Resources (EFR):

- Webinars
- On campus workshops – AccessPlus/HR Training
- Newsletters

**By phone call:** Des Moines, IA - 515-244-6090 / Nationwide - 800-327-4692 / TTY - 877-542-6488
**By web:** [www.efr.org/wps/eap](http://www.efr.org/wps/eap)
There may be other additional discounts in the community that are not included in the following information.

Below is a listing of some services from our current vendors:

**Additional Services 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 Services 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: [www.wellmark.com](http://www.wellmark.com)
- 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)
✓ Identity Protection Services: credit monitoring, cyber monitoring, fraud detection, reimbursement insurance

Enroll through myWellmark online account or call 866-486-4812; Enrollment code: 4170999624

✓ BeWell 24/7: assistance locating health care providers and facilities at home or while traveling; estimate your costs for common medical procedures/services; coordinate health care appointments. Call Wellmark at 844-842-3935

Discount Program for State Employees

PerksConnect

Get discounts at over 300,000 local merchants, 350 national retailers and 200 gift card brands, PLUS thousands of daily deals and cash back online savings mall.

To register for Perks:
2. Click “Register Now” in the upper middle area of the site.
4. Complete the Profile information
Starting or increasing a supplemental plan can help your retirement nest egg grow!

At retirement, it is estimated, an individual will need income to last 30 years or more. While the employer sponsored retirement plan and Social Security benefits may help cover essential living expenses, this may not be enough to finance the lifestyle you have in mind. This is why people should consider taking advantage of a supplemental retirement plan.

ISU offers two ways to save additional money for retirement. The right choice depends on current and anticipated tax situation in retirement:

- **Pre-tax deductions**
  - Contribution comes out of your paycheck before your income is taxed, which lowers your taxable income
- **After-tax deductions (Roth 403b)**
  - Contribution comes out of your paycheck after your income is taxed, which does not lower your current taxable income. Distributions taken during retirement are tax free.

### Amount Allowed to Defer:

**Per 2016 IRS Guidelines / 2017 Unavailable At This Time**

- Under age 50 - $18,000 (limit for 2016) per year in a voluntary (elective salary deferral)
- Age 50 or older – in calendar year, catch-up contribution - $6,000 (limit for 2016)
- Additional – Worked for an eligible employer for 15 or more years, may be eligible to make additional elective salary deferral contributions of up to $3,000 per year
- **KEEP IN MIND** – changes to amounts of contributions may be changed later if desired

### Approved Vendor List:

- TIAA-CREF
- VALIC
- Metlife
- Ameriprise Financial

### How to Start:

- Provide proof of application with vendor before your payroll deduction will be set up. (for TIAA-CREF, participants may enroll on-line)
- Complete Elective Payroll Reduction Agreement Form – found on Benefits web page under section “Forms”
- Deadline to submit requests to Benefits Office each month is the 15th for changes to the end of the month payroll
WEB ACCESS INFORMATION

The following is a list of web sites and telephone numbers associated with your benefits:

| University Human Resources Service Center | 515-294-4800 / 877-477-7485 | To access the Benefits page, go to the ISU homepage at [www.iastate.edu](http://www.iastate.edu) and:

- On the index line, click on the letter “B” then look for Benefits Employee and click
- Which will bring you to the Benefits homepage: [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits)
- On this page, click on employment classification – Faculty, Professional & Scientific or Supervisory/Confidential Merit for each benefit category

| CERTIFICATES OF COVERAGE | [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits) | Under each employment classification click on the “Medical” or “Dental” line to find the certificates.

Summary Plan Documents are also available for the life and long-term disability.

| MEDICAL PLANS | Register on-line as member for access to claims information.

Web/phone to find/call for participating Physician Information.

Wellmark BC/BS of Iowa – Iowa or National site for Nationwide search for providers.

- Click on “Find a Doctor or Hospital” link
- Click on “Doctors (Iowa, South Dakota & bordering counties)”
- For information on care outside of Iowa, click on “National Providers”
- For information on care outside of the U.S., click on “International Providers”

| Alliance Select (PPO) | 800-494-4478 | [www.wellmark.com](http://www.wellmark.com) |
| Blue Advantage (HMO) | 800-494-4478 | [www.wellmark.com](http://www.wellmark.com) |

| PHARMACY BENEFIT MANAGER | Register as a member for access to retail claims information and begin mail order.

| Express Scripts | 800-987-5248 | [http://www.expressscripts.com](http://www.expressscripts.com) |

| Summary of Benefits & Coverage | Printed copies are available by request

[http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits) – Under each employment classification click on “Medical” line to find the Summary of Benefits & Coverage.

| DENTAL PLAN | Register as a subscriber to access your dental insurance information and request electronic explanation of benefits.

| Delta Dental of Iowa | 877-983-3582 | [www deltadentalia.com](http://www.deltadentalia.com) Call or access Delta website for

- Participating dentist directory – Search under the Delta Dental Premier Plan.
- Access your dental insurance information,
- Request electronic explanation of benefit

Delta Dental also includes a vision discount program through EyeMed click on:

- Member Tab; then
- Vision Discount
<table>
<thead>
<tr>
<th>RETIREMENT PLANS</th>
<th>IPERS - <a href="http://www.ipers.org">www.ipers.org</a> or call 800-622-3849</th>
</tr>
</thead>
<tbody>
<tr>
<td>VOLUNTARY GROUP</td>
<td>TIAA - <a href="http://www.tiaa.org/iastate">www.tiaa.org/iastate</a> or call 800-842-2776 or the Ames Office at 866-904-7803 / 515-268-8600</td>
</tr>
<tr>
<td>SUPPLEMENTAL</td>
<td>VALIC – contact agent at 800-448-2542</td>
</tr>
<tr>
<td>RETIREMENT PLANS</td>
<td>METLIFE – contact Adam Wolff – <a href="mailto:awolff@metlife.com">awolff@metlife.com</a> or call 800-492-3553</td>
</tr>
<tr>
<td></td>
<td>AMERIPRISE FINANCIAL – contact Richard Keeling – <a href="mailto:Richard.j.keeling@ampf.com">Richard.j.keeling@ampf.com</a> or call 515-233-5402</td>
</tr>
<tr>
<td>EMPLOYEE ASSISTANCE PROGRAM (EAP)</td>
<td>800-327-4692 OR Des Moines 515-844-6090</td>
</tr>
<tr>
<td></td>
<td>Employee &amp; Family Resources <a href="http://www.efr.org/wps/eap">www.efr.org/wps/eap</a></td>
</tr>
<tr>
<td>VENDOR VALUE-ADDED SERVICES</td>
<td></td>
</tr>
<tr>
<td>PERKSCONNECT</td>
<td>Use Anytime - discount programs for State employees: <a href="https://member.perksconnect.com">https://member.perksconnect.com</a></td>
</tr>
</tbody>
</table>
This is a summary of your benefits under the ISU Plan (Pre / Post-Doctoral Associates). If there is any discrepancy between this guide and the actual plan documents, the plan documents will control in all cases.

Your enrollment via computer in AccessPlus or your signature on the “2017 Open Change Period Benefit Enrollment” authorizes:

♦ The accuracy of the benefit elections you have made, as well as the accuracy of the information about you and your dependents.
♦ From your 2017 payroll, ISU to make the appropriate payroll deductions (if any) to pay your premium of the benefits.
♦ Release of pertinent medical records to the insurance company when reasonably related to the health care condition for which you (spouse/partner and/or a dependent) are being treated.

A Final Note
Open Change Period Dates
November 1, 2016 at 9:00 a.m.
through
November 18, 2016 at 5:00 p.m.

To complete the enrollment process
- Any corrections must be returned to the Benefits Office by December 9, 2016.
- The medical and dental plan changes will be effective February 1, 2017.
- While deduction changes will begin with your January pay.

If you have any questions, and would like to speak with a Benefits Consultant please contact the University Human Resources Service Center at 515-294-4800 or 877-477-7485, send your questions via email to benefits@iastate.edu, or review the ISU Plan Web Page: http://www.hrs.iastate.edu/benefits/homepage.shtml