If possible, plan to attend one of the sessions offered by the ISU Benefit Team on Monday, November 7, 2016 there is a morning session and an afternoon session (see box above).

This year, the sessions will be in the Alumni Center on 420 Beach Ave. There is free parking on the east side, LotA3 accessible from Center Dr or South 4th St. There is an elevator just inside the ground floor entrance, just north of the staircase.

To keep the same medical/dental plans, you do not need to do anything and there are no forms to return. Coverage will continue at the 2017 premium rates listed inside.

Review the ISU insurance choices and information. There are no changes to the plans for 2017 coverage. There are two medical plan options, the PPO plan and the HMO plan with the required prescription coverage which is included in the premium paid to Wellmark. There are two dental plan options, basic or comprehensive.

To make a change from your current ISU plan to the other ISU plan, complete the attached change form and mail to ISU Benefits office before the deadline of December 7, 2016.

To drop ISU coverage, complete the drop form and mail prior to deadline of December 7, 2016. Once the medical or dental plan is dropped, you may not come back to the ISU group plan.

Make your decisions on insurance for 2017 by December 7, 2016.

Follow up with ISU Benefits Office with any questions if you can’t attend the presentation. Appointments are strongly encouraged. Getting to central campus is difficult and drop-ins may be disappointed if there isn’t staff available to discuss options.

You should thoroughly read this entire packet. There are details you need to be aware of. This is especially important for those retirees or their dependents that will become eligible for Medicare in 2017 either due to turning age 65 or if on Social Security disability more than a year. Please pay particular attention to the sections regarding Medicare and Medicare Part D.
Retirement Incentive Option (RIO) or Long Term Disabled (LTD) Retirees

If you retired under the RIO (or other incentive plan) or are approved as long term disabled from ISU; ISU is currently paying a contribution towards your health insurance. The premiums listed in this publication are for regular retirees paying the full premiums. Near the end of the incentive or if the ISU disability designation is ending, the Iowa State University Benefits Office will communicate directly with you regarding the changes to your ISU insurance and assist with handling the transition. If you or a family member on the plan become Medicare eligible while on RIO or ISU LTD, do not assume you will get correct communication from insurance sales people or financial advisors. It is in your best interest to contact the ISU Benefits Team directly if you have questions or concerns about your coverage.

The Affordable Care Act (ACA)
The Patient Protection and Affordable Care Act (ACA) requests employers provide a notice to current employees and retirees regarding coverage options available through a Marketplace. The Department of Labor’s notice is available at the ISU benefits website for your review:
This Marketplace Notice does not alter the ISU employee’s or retiree’s eligibility for health insurance and the actual plans themselves. The Health Insurance Marketplace was not designed for individuals who are enrolled in Medicare, and no subsidies or tax credits are available for people on Medicare. The Marketplace does not affect your Medicare Part A or B coverage.

If you have Medicare, you do not need to worry about the Marketplace unless you have a spouse or dependent, not yet eligible for Medicare or if you or eligible dependents are on Medicare due to ALS, End Stage Renal Disease or Disability and lose eligibility for Medicare and need health insurance. Anyone not on Medicare could look into purchasing something from the Marketplace. If you have a non-Medicare eligible dependent on your health insurance currently, you could remove them from coverage for January 1, 2017 and they may purchase a Marketplace plan.

This group health plan believes the ISU Plan coverage is a “grandfathered plan” under the ACA. As permitted by the ACA, a grandfathered plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered plan means that our plan may not include certain consumer protections of the ACA that apply to other plans, such as, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered plan and what might cause a plan to change from grandfathered plan status can be directed to the Plan Administrator at 3810 Beardshear Hall, Iowa State University. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

The Gap stage or “Donut Hole” Discount Program
There is a part of the ACA that has bearing on the Medicare eligible retiree or dependent. This part is called the “Medicare Coverage Gap Discount Program”.

The Medicare Part D standard framework or rules apply to all Medicare Part D Prescription Drug Plan (PDP) plans. The PDP we have, for Medicare eligible people on our plan, is with Humana. We have the standard framework but we can have coverage that is “as good or better”. The stages of the framework are referred to in each individual’s “SmartSummaryRx” sent by Humana to members purchasing prescription medications.
Originally, the Medicare Part D PDP “gap” meant a gap in coverage during that stage. Members without a “better” plan had to pay all medications costs. When the “Medicare Coverage Gap Discount Program” was implemented by the ACA, the result was first a discounted price for the medication for those members that reached the gap stage or “donut hole” as it has also been named. Continuing in 2017, in addition to the discounted prices, there is a plan maximum that a member may be charged. That limit is 40% of the discounted brand non-preferred drug price. There is more about the ISU Medicare D on later pages.

All Retirees and dependents on the ISU plan - Prepare for Medicare

Medicare eligibility- Age 65, ALS, End Stage Renal Disease or after 24 months of Social Security Disability

Medicare must become the primary insurance for retired or disabled participants or the Medicare eligible family members on the health plan of the retiree or disabled employee. This is at age 65 for most but eligibility may be earlier. You may keep the ISU Plan as your secondary plan that follows Medicare when you are eligible for Medicare.

If an eligible participant (either the retiree or family member) postpones enrollment in Medicare, there may be a reduction in benefits from the ISU medical coverage until Medicare participation begins. In addition, late enrollment in Medicare may result in a lifelong penalty from Social Security which is added to the Medicare Part B premium.

Those that elect to begin Social Security Income (SSI) benefits typically receive the Medicare card three months before the 65th birthday month. If not currently receiving the SSI benefits, contact Social Security in the three months before the 65th birth month to discuss the process and benefits of signing up for Medicare. When the Medicare card arrives, it is good to be pro-active in contacting the ISU Benefits office to relate your Medicare information and to further your understanding of how it affects your retiree medical coverage.

The ISU retiree plan for Medicare participants is secondary coverage to Medicare. It is not a supplement “Medigap” plan. Because of this difference, the deductibles, co-pays and coinsurance in the medical comparison in this mailing are not typically billed to the Medicare participants. See the notice to Medicare participants on the comparison. If any Medicare participant on the ISU Plan is billed by a provider or facility, it should be questioned. It is rare for the ISU Plan participant to have something to pay but any billing from a provider after Medicare and ISU Plan coverage should be checked.

Each year Medicare eligible participants have an opportunity to enroll in any Medicare supplement plan, but some may require medical screening. Remember, the ISU Plan, is a plan secondary to Medicare. It is not a standardized, individual or group “Medigap” plan such as Plan F or N. It is not a Medicare Advantage Plan (Medicare C) and it is not a Private-Fee-For-Service Plan. ISU investigated those options in the past and believe the existing Wellmark PPO or HMO health plans with the addition of the Group Medicare Part D plan are the best options to offer our retirees.

If you decide to apply to an individual Medigap or Medicare Advantage plan and leave the ISU Plan, make certain to enroll in an individual Medicare Part D for prescriptions as well as a medical plan. Remember, retirees leaving the ISU Wellmark medical plan cannot stay in the ISU Medicare Part D Group plan with Humana. Also, retirees cannot stay in the Wellmark medical plan if they enroll in an individual Medicare Part D plan that is not our group plan. Exercise caution when dealing with sales people offering Medicare supplemental and prescription plans. Once you elect to drop your coverage through Iowa State University, you are not allowed to re-enroll at a later date.
**Prescription Drug Plan (PDP) Coverage by Express Scripts & Humana**

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

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

- Humana is required by Center for Medical Services (CMS) to provide an annual Prescription Formulary and a replacement ID card. Please use the new ID card beginning on 1-1-2017. The formulary that will be mailed to you is abbreviated. For the comprehensive formulary please use the website or call the customer service number on your ID card. The web link is: [http://www.humana.com/group_health_insurance/drugs/prescription_tools/drug_list.aspx](http://www.humana.com/group_health_insurance/drugs/prescription_tools/drug_list.aspx)

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

**ISU Plans Medicare Part D**

- Humana is the ISU Group Part D prescription drug plan when insured as a regular retiree participant (retiree or eligible family members) and requires Medicare Part B eligibility.

- ISU Retirees on the plan do not pay a premium directly to either of the prescription managers, Express Scripts or Humana. Wellmark collects the full retiree premium for ISU Plan participants. The payments fund the retiree pool; which is used to pay the medical claims and the applicable pharmacy coverage and claims.

- Members in our retiree group must transfer from Express Scripts to Humana when eligible for Medicare. See Transitioning from Express Scripts to Humana on page 5.

- If you are adding a Medicare eligible family member during this open change time, please ask the ISU Benefits Team to send out the ISU Humana enrollment form immediately.

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

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

Medicare Part A is usually at no cost to those eligible. Medicare Part B premiums are income-based and assessed by Social Security. Social Security will base the 2017 premiums on the 2015 income.

The Medicare Part D premium for any Part D plan and our Humana Part D plan is also based on income.

In 2017, those qualifying for the low income subsidies (LIS) for the Medicare Prescription Drug Plan (PDP) will have the premium from Wellmark reduced for the months that the LIS applies. The premiums listed in this document do not reflect the LIS that applies. We get a notice from Humana and then we advise Wellmark of those on LIS and those members will see a lower premium from Wellmark once the LIS is reported to them. The LIS is based on the reduction of the cost for the Humana for those members.

The Medicare participants with high income are assessed an Income-Related Monthly Adjustment Amount (IRMAA). This amount, based on income, is deducted from the Social Security income. CMS notifies anyone that has this assessment. If assessed the fee and the participant does not agree to have the fee deducted, CMS will advise Humana and Humana would be required to terminate the Medicare Part D, the ISU Humana plan. If this coverage is terminated, your medical plan could be subject to termination as well. You may contact the ISU Benefits Office if you have questions.

Transitioning from Express Scripts to Humana

Medicare eligible members on the ISU HMO or PPO plan should transition from Express Scripts to Humana when on the ISU retiree plan and becoming Medicare eligible. The exceptions are those on RIO or ISU Long Term Disability (LTD), who transition when the RIO or ISU LTD ends with regular retirement. Family members on the plan that are not yet Medicare eligible remain in the Express Scripts plan but their member ID may change.

If you, or a family member on the plan, become Medicare eligible prior to age 65 please contact the ISU Benefits team as soon as you know you will be eligible for Medicare. ISU provides the Humana application to the retiree or family member. You may receive many Medicare D applications and supplemental plan offers. It is important to watch for the Iowa State University envelope to be enrolled in the correct plan. The Humana forms are returned to the ISU Benefits office, and ISU processes to Humana for enrollment in the ISU group. The Humana card replaces the Express Scripts card. Family members who are not eligible for Part B will remain on Express Scripts and get cards as well.

Your prescription history as processed by Express Scripts cannot be shared with Humana. Regardless of where you purchase your prescriptions, new members may need to have medications go through a new authorization to have certain medications dispensed through the Humana plan. If the Express Scripts by mail was used previously, you may want to use the Humana mail order service as well. The Humana customer service can provide assistance to new members in getting prescriptions to Humana mail order.

If the Humana ID does not arrive by the date eligible for Part B, you may contact ISU Benefits to assist you.

In addition to the medication history, your prior maximum out-of-pocket incurred through Express Scripts cannot be shared with Humana. For their records and those provided by CMS, you are beginning at zero. There is a higher maximum out-of-pocket with Humana. Express Scripts is $1,500.00 for an individual while Humana is $2,500.00. ISU reviews those that transition to Humana mid-year and if a first year member experiences an amount over $2,500.00 by December, ISU will evaluate all the previous total year out-of-pocket and eventually refund the overage.
Humana will also send details of the 2017 plan. The changes are to the total drug cost to reach the Initial Coverage Limit, the gap, the non-preferred maximums while in the gap, and the amount to reach the catastrophic coverage stage. By CMS regulations, Humana is required each year to send a renewal kit, which has the Annual Notice of Change, Evidence of Coverage, the Abbreviated Drug List and a new ID card.

**MEDICAL/PRESCRIPTION MONTHLY PREMIUMS FOR 2017 – NO CHANGE FROM 2016**

Your ISU Medical/Prescription Plan is a two-part plan for one price. ISU has Wellmark collect the premium from retirees. The premium is for **both** medical and **prescription** (Express Scripts for those not yet eligible for Medicare or on RIO/LTD or the Humana Part D for those eligible for Medicare as regular retirees) drug coverage. The premiums also include a small administration fee for the ISU Benefits Office. This fee, implemented in 2010, is for the cost involved with providing ISU Benefits Office service to our retiree participants.

<table>
<thead>
<tr>
<th></th>
<th>PPO and Rx</th>
<th>HMO and Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retiree Only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Medicare eligible</td>
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<td>$487.00</td>
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<tr>
<td>Medicare eligible</td>
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<td><strong>Retiree and Spouse or Partner</strong></td>
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<tr>
<td>Two not Medicare eligible</td>
<td>$1,148.00</td>
<td>$1,117.00</td>
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<tr>
<td>One with Medicare, one without Medicare</td>
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<td>$766.00</td>
</tr>
<tr>
<td>Two Medicare eligible</td>
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<td>$557.00</td>
</tr>
<tr>
<td><strong>Retiree and Child(ren) only</strong></td>
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<td></td>
</tr>
<tr>
<td>Retiree is not Medicare eligible</td>
<td>$897.00</td>
<td>$874.00</td>
</tr>
<tr>
<td>Retiree is Medicare eligible</td>
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<td>$667.00</td>
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<tr>
<td><strong>Family- Retiree, Spouse or Partner &amp; child(ren)</strong></td>
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<tr>
<td>Two not Medicare eligible</td>
<td>$1,471.00</td>
<td>$1,420.00</td>
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<tr>
<td>One with Medicare, one without Medicare</td>
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<td>$1,070.00</td>
</tr>
<tr>
<td>Two Medicare eligible</td>
<td>$909.00</td>
<td>$861.00</td>
</tr>
</tbody>
</table>

**Know the coverage:** For those enrolled in Medicare Part A & B, the Wellmark network rules still apply for the secondary coverage but member liability (deductible, co-pays and co-insurance) is usually reduced or eliminated. The reduction is dependent on Medicare and Wellmark. Medicare must process all claims first, to pay or deny. Then the claim will be processed by Wellmark. Wellmark will process as if the claim is being paid by Wellmark first. Then, after that, the Medicare payment is applied to the remaining liability and reduces the member liability. If you receive any co-insurance or co-pay bill from a provider after Medicare and Wellmark have processed the claims, this should be questioned. If a provider tells the member that Medicare will not pay on the claim, ask the provider to file it to Medicare anyway. Wellmark must have Medicare’s determination to finish processing a claim.

- The **PPO plan** is Alliance Select. **This plan network has participating providers all over the U.S.A.** This plan is the only ISU plan available for retirees residing outside of Iowa. It is also the preferred plan for those who travel extensively or those wanting a wider network of providers. The PPO requires in-network providers only for routine services. If all eligible services are received from providers in the PPO network, PPO participants will have less to pay. If routine services are from providers outside of the network, the services will not be covered by the ISU Plan.

If non-routine services are received from providers outside of the network, but still participating with Blue Cross Blue Shield contractually, the coverage has a deductible and higher co-insurance and an out-of-pocket maximum. If the providers are not participating with the Blue Cross/Blue Shield contract at all, those providers may balance bill.
The HMO plan is The Wellmark Health Plan of Iowa (WHPI), Blue Advantage plan. This plan has a network of participating physicians in Iowa and some counties in some bordering states. Contact Wellmark or use their website to check for network providers.

The HMO offers (but does not require) a guest membership for long term travelers. The guest membership does not have a cost the member. For those who have a permanent residence in Iowa but travel to another area for more than 90 days at a time, the HMO is still an option. Call Wellmark for additional details regarding the Blue Advantage ISU HMO plan and for help in following the HMO requirements. For travelers that do not implement a guest membership, emergency room services are included in the plan, even when out of the Iowa network.

Each member in the HMO contract is required to designate a Primary Care Physician (PCP), which may be different for other family members. Physician Assistants and Nurse Practitioners may be PCPs. Female participants may elect to also designate a primary OB-GYN Physician for their yearly OB-GYN exams. Check with local providers (Clinics, Hospitals, Specialists, Chiropractors, etc.) regarding their possible participation. A Wellmark recognized Network, Primary Care Physician (PCP) must be designated on the change form when electing the HMO plan. A benefit of the ISU Blue Advantage plan offers is acupuncture treatments. Acupuncture is not a benefit of the ISU PPO or Medicare.

See the separate plan summaries in this mailing or contact Wellmark customer service for details or read the certificates of coverage on the ISU web pages for greater details about the coverage at this link: http://www.hrs.iastate.edu/hrs/node/166

Mid-Year Changes

An ISU retiree may make changes to the insurance outside of the open change time. There must be a qualifying life event to allow a mid-year change. Here are a couple of examples: Outside of open time, if a member in the ISU HMO (Blue Advantage) later decides to move out of Iowa, the member has the option to switch to the ISU PPO plan at the time of the move to maintain coverage that does not require the use of the WHPI network. Or a retiree’s family member has a loss of coverage and is eligible to be insured at ISU. Contact the ISU Benefits team to discuss if the event qualifies for making a change. Be proactive in your contact there is a 30 day window to make changes per a qualifying event.

Life-Long Coverage

If the member continues to pay the premiums to Wellmark and Delta in a timely manner, the member and eligible dependents on the plan may have life-long medical and/or dental insurance coverage. Members may want to consider setting up an automatic payment with Wellmark and Delta.

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

--Disabled children may continue on the retiree’s plan if Wellmark determines the disability is total and permanent and the child has been on the plan continuously from under age 26 eligibility and continuously after disability determination.

--A spouse of a retiree may also have life-long coverage, if the spouse is insured on the retiree’s plan at the time of the retiree’s death. If a spouse does survive the retiree, they should contact the ISU Benefits Office. The surviving spouse will complete a form to transfer the policy to their name.
If a retiree decides to drop the ISU Plan either the medical or dental coverage, they will not be able to rejoin those specific coverages at a later date.

If a retiree decides to drop the ISU Plan either the medical or dental coverage, any family member on the plan is also dropping the coverage. However, if the family member leaves the ISU plan but the retiree does not; if the family member is eligible the next open change time, the retiree may add that family member back on to the retiree’s ISU plan policy. Likewise, if a family member is losing coverage mid-year the retiree may contact ISU to add the eligible family member within 30 days of a qualifying event.

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

Retirees or the surviving spouse that continued the ISU plan may change between the offered medical insurance plans each year during the open change period, the changes made during the open change are effective on February 1. That is the date to begin using the new medical card. New Humana cards should be used as of January 1 or at the effective date which may be later in the year.

Dental Coverage

- The dental coverage does not have a rate increase for 2017.
- Both plans continue to have limitations on services, it is best to review with Delta prior to approving services. This is especially true if switching plans. When changing plans, the new plan goes into effect on February 1, not on January 1.
- Dental coverage is not provided by Medicare.
- If you have previously dropped the ISU dental coverage, you are not able to enroll.
- See the separate dental plan summaries in this mailing or read the certificates of coverage on the ISU web pages for greater details about the dental plan coverage. http://www.hrs.iastate.edu hrs/node/166

<table>
<thead>
<tr>
<th>Plan Tier</th>
<th>Basic Plan</th>
<th>Comprehensive Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
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<td>$42.00</td>
</tr>
<tr>
<td>Retiree &amp; Spouse or Partner</td>
<td>$56.00</td>
<td>$103.00</td>
</tr>
<tr>
<td>Retiree &amp; Child(ren)</td>
<td>$63.00</td>
<td>$108.00</td>
</tr>
<tr>
<td>Family</td>
<td>$71.00</td>
<td>$122.00</td>
</tr>
</tbody>
</table>

Discounts from your health or dental companies

Blue365® Member Discounts and Services –

- As a member of the ISU Medical plan, there is access to discounts and services through a program designed by the Blue Cross Blue Shield Association. Check out the website below or call Wellmark regarding discounts or services related to: Diet, Family Care, Financial, Fitness, Hearing (aids), Travel and Vision (eyewear). http://www.wellmark.com/Member/UsingBenefits/Blue365.aspx

- Delta Dental of Iowa If you continued an Iowa Delta Dental plan, you have access to a vision (eyewear) discount program. http://www.deltadentalia.com/subscriber/visiondiscount
Long Term Care Insurance

Iowa State University retirees and eligible family may apply for LTC coverage through Genworth. To understand this coverage, visit our site for the link to Genworth: [http://www.hrs.iastate.edu/hrs/node/554](http://www.hrs.iastate.edu/hrs/node/554)

The Iowa Senior Health Insurance Information Program (SHIIP) has a great reference for understanding and evaluating the need for long term care insurance. Their publication, *Iowa Guide to Long Term Care Insurance* is available on-line or through the mail. You may call 1-800-351-4664 or see the SHIIP link below.

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### Important Phone Numbers and Internet Sites

Call the insurance carriers for specific coverage questions.

<table>
<thead>
<tr>
<th>Iowa State University Human Resources Service Center</th>
<th>Prescription Customer Service</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>515-294-4800 or toll free 1-877-477-7485</td>
<td>Express Scripts 1-800-987-5248</td>
<td>Wellmark 1-800-494-4478</td>
</tr>
<tr>
<td>For questions the insurance carrier doesn’t provide or to schedule an appointment to meet with an ISU Benefits Consultant.</td>
<td>OR</td>
<td>Dental 1-800-544-0718</td>
</tr>
<tr>
<td></td>
<td>Humana 1-866-396-8810</td>
<td>Long Term Care John Hancock 1-888-999-4563</td>
</tr>
<tr>
<td></td>
<td>Humana TTY/TDD users call 1-800-833-3301</td>
<td>Genworth 1-800-416-3624</td>
</tr>
</tbody>
</table>

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**VISIT ISU ON THE INTERNET AT:** [www.iastate.edu](http://www.iastate.edu)

Visit the ISU Benefits webpage at: [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits)

- **Medical:** [www.wellmark.com](http://www.wellmark.com)
- **Dental:** [www.deltadentalia.com](http://www.deltadentalia.com)
- **Express Scripts:** [www.express-scripts.com](http://www.express-scripts.com)
- **Humana:** [https://www.humanapharmacy.com/](https://www.humanapharmacy.com/)
- **Genworth Long Term Care** –ISU’s most recent group option: [http://www.hrs.iastate.edu/hrs/node/554](http://www.hrs.iastate.edu/hrs/node/554)
- **SHIIP’s Guide to Long Term Care:** [http://www.shiip.state.ia.us/LongTermCare.aspx](http://www.shiip.state.ia.us/LongTermCare.aspx)