You should thoroughly read this entire packet as there are details you need to be aware of. This is especially important for those currently with Medicare and those becoming eligible for Medicare in 2016 either due to becoming age 65 or if you are on Social Security disability currently. Please pay particular attention to the sections regarding Medicare and Medicare Part D.

Both medical and dental plans offered in 2015 are still offered in 2016. However, there will be a change to the Medicare D, our group Prescription Drug Plan (PDP) with Humana for those eligible for that plan.

You may have an eligible adult child on your insurance through the end of the year in which they turn 26. A full-time student over 26 must be unmarried in order to be eligible for coverage on your policy.

On Site Presentation followed by Questions & Answers

Wednesday, November 4, 2015 at 1:00 P.M.
Memorial Union, Sun Room

To Do List

☐ If possible, plan to attend the ISU Benefit Team presentation on November 4, 2015 from 1:00 p.m. to 3:00 p.m. in the Memorial Union Sun Room. Parking was an issue last year; you can ride the #23 bus for free from the ISU Park and Ride, situated between the Stadium and C.Y. Stephens. The bus can drop you off right at the MU and pick you up to return.

☐ To keep the same medical/dental plans as you had in 2015, you do not need to do anything and there are no forms to return. Coverage will continue at the new 2016 premium rates listed inside.

☐ Review ISU insurance choices and information, understand plan differences.

☐ 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, 2015.

☐ To drop ISU coverage because you have decided on something different, complete the attached drop form and mail prior to deadline of December 7, 2015.

☐ Make your decisions on insurance for 2016 by December 7, 2015.

☐ Follow up with ISU Benefits Office with any questions or clarifications or if you can’t attend the presentation. Appointments are strongly encouraged, getting to campus is difficult and drop-ins may be disappointed if there isn’t staff available to discuss options.
Retirement Incentive Option (RIO) or Long Term Disabled (LTD) Retirees

If you retired under the RIO (or other incentive plan) or are approved for 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. When your incentive is over or if your disability coverage will be ending, Iowa State University Benefits Office will communicate directly with you regarding the changes to your ISU insurance. If you become Medicare eligible while on RIO or 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, 2016 and they may purchase a Marketplace plan.

This group health plan believes this 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 your 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 or “Donut Hole” Discount
There is a part of the ACA that will have a bearing on the 2016 Medicare eligible retiree and family members on the Humana plan. This is regarding the PDP gap or “donut hole” in Medicare Part D. As a result of health care reform, each year, the gap has been gradually decreasing. Previously this change has been a part of our plan but it has been behind the scenes of the Humana Part D PDP. Our members did not experience the gap unless they carefully studied the SmartSummary sent by Humana. The gap decrease was reported in a column labeled “amount paid by you or others on your behalf”. There will be more about the Medicare D on later pages.
All Retirees - Prepare for Medicare

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

Medicare must become the primary insurance when a retiree or disabled participant first becomes eligible; at age 65 for most but eligibility may be earlier if disabled. You may keep the ISU Plan as your secondary plan when you are eligible for Medicare. If an eligible participant (either the retiree or family member) postpones enrollment in Medicare, there is a reduction in benefits from the ISU medical coverage until Medicare participation begins. In addition, late enrollment in Medicare may result in lifelong penalties added to the regular Medicare premiums.

If you are currently receiving Social Security Income benefits, you will typically receive your Medicare card three months before your 65th birthday. If you are not currently receiving SSI benefits, contact Social Security three months before your 65th birth month to sign up. Once you receive your card, you may be proactive in contacting the ISU Benefits office to relate your Medicare information and learn how it affects your coverage.

The ISU retiree plan for Medicare participants is a secondary to Medicare, not a supplement or “Medigap” plan. Because of this difference, deductibles, co-pays and coinsurances indicated in the medical comparison in this mailing are not typically billed to the Medicare participants. If any Medicare participant is billed by a provider or facility, it should be questioned. In rare cases, a participant may 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 “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 our existing health plans are the best options to offer our retirees. In addition, those on the ISU Plan continue to have the support of the ISU Benefits Team in resolving issues with coverage.

If you are joining a private plan and leaving the ISU Plan, make certain to enroll in an individual Medicare Part D for prescriptions as well as a medical plan. The Notice of Creditable Coverage included in this material should be provided to a new plan when enrolling.

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 a 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 2016

<table>
<thead>
<tr>
<th>Prescription Drug Coverage Required Notice</th>
</tr>
</thead>
</table>
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).

- 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 1-1-2016. 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

- 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 prescription plans, you should not agree. It is necessary to keep our prescription plan to be in our group medical plan. Humana can assist you in finding another retail/long term care pharmacy to work with the long term care provider or using the Humana Pharmacy mail delivery is an option.

ISU Plans Medicare Part D
- Humana is the Part D for the ISU Group 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 premiums 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. The ISU Benefits Team mails a Humana form to members that will be newly eligible for Medicare. The forms are returned to ISU for processing with Humana. The Humana card replaces the Express Scripts card. Family members who are not eligible for Part B will remain on Express Scripts.
- If you are adding a Medicare eligible family member during this open change time, please request a 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 and will not be able to rejoin the group plan. Please communicate with the ISU Benefits Office if you intend to enroll elsewhere. The drop coverage form is attached to complete and return.

Medicare Part A is usually at no cost to those eligible. Medicare Part B premiums are income-based and assessed by Social Security. The Medicare Part D cost is also based on income. Those qualifying for low income subsidies are refunded a portion of the premium from ISU. Those with high income may be assessed an Income-Related Monthly Adjustment Amount (IRMAA). This amount is based on income and those affected do receive a notice from Center for Medicare Services (CMS) regarding this amount for Medicare Part D; which is deducted from the Social Security income. If you do not agree to pay the fee, CMS will advise Humana and Humana will terminate your Medicare Part D, the ISU Humana plan. If this coverage is terminated, your medical plan would be subject to termination as well.
For 2016, there will be changes to the Humana PDP.

First, the story behind the changes:
The first option ISU was offered by Humana was to continue our plan with no changes from the 2015 structure. In staying with the same plan design, the overall premiums would have had a significant increase. ISU Benefits Administration asked Humana to examine plan design options to help manage the monthly rate and for long term plan sustainability. The new plan remains comprehensive and continues to provide benefits with out-of-pocket protection. Humana proposed the following:

- **IMPROVED benefit in the Initial Coverage Limit (or Stage 1) for Tiers 2, 3 and 4, with maximum of $50 per prescription.**
- **Maximum-Out-of-Pocket (MOOP) protection of $2,500 (up from $1,500).** This is the maximum amount out of pocket costs that you will incur for covered drug costs in 2016. Once you meet this amount in the calendar year, the Humana plan pays 100% for your covered drugs for the remainder of the year.
- **See enclosed plan summary for a comparison and highlight of the plan changes.**

The ISU Benefits Administration polled groups of retirees about the proposed plan design change. A clear majority favored moving the MOOP. The increase in the MOOP ($1500 to $2500) does mean some of our members will experience the Part D gap (or donut hole) for the first time. This exposure is better for our retiree plan and limits initial out-of-pocket expenses.

How might a member experience the gap?
The gap or donut hole begins when the cost of eligible drugs purchased total equals $3,310. This does not mean the member has paid $3,310 out of their pocket. It is the allowed amount the drug would cost prior to insurance. From the first purchase a member makes until the total reaches $3,310, a member is in the “Initial Coverage Limit” (ICL) also known as Stage 1. While in the ICL, the member may pay up to $50.00 for a 30 day script of the Tier 2, 3 or 4 drugs. Once the ICL is reached, the gap begins. At that time, the member in the gap, taking Tier 3 drugs would not pay the $50.00. Instead, they would pay a percentage of a discounted price. And their percentage of the discounted price is either 33% or 45% of the allowed amount. Previously on our plan, a participant paid 33% or 50% of the Tier 2, 3 or 4 drugs until they paid $1,500.00. This change in the maximum will distribute the extra $1,000 out-of-pocket over a longer period of time.

Since its inception, the Affordable Care Act (ACA) has been closing the gap. Prior to ACA, a member in a Part D gap would have paid all drug costs until they reached the catastrophic stage. The ACA has been a decreasing the price of drugs when people with Part D reach the gap. In 2016, in the gap, the maximum coinsurance for any member is 45% for Tier 3 drugs. Our plan is also 45% at retail or 33% with the mail order. But the 45% is on the reduced manufacturer discounted price as set by the ACA so the overall price in reduced. Previously, approximately 25% of our members would meet their MOOP of $1,500.00 and reach the gap afterward so the discounted prices in the gap were not making a difference to our plan.

The majority of our members will not experience a noticeable change in the cost of their drugs. Those with significant prescription purchases, while having an increased MOOP, may pay less for drugs at the beginning of the year.

This information highlights the plan changes for 2016 and provides reasons for the plan changes. Your plan continues to provide you with out-of-pocket protection and improved benefits in the Initial Coverage Limit stage. ISU will continue to monitor the Humana program to ensure it provides an affordable benefit while helping us to manage costs and administration.
Humana will be sending you the details of your new plan, so be on the lookout for this to arrive in the mail. As in prior years, there is nothing you need to do for your enrollment to continue. For the 2016 plan year you will receive a renewal kit, Annual Notice of Change, Evidence of Coverage, the Abbreviated Drug List and a new ID card.

Please look at the Humana prescription plan chart in this mailing for more coverage details.

**MEDICAL/PRESCRIPTION MONTHLY PREMIUMS FOR 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 Humana for those eligible for Medicare and 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 service to our retiree participants.

The family plan tier for those with Medicare and children on the policy was re-evaluated during the rate setting process. Those particular family premium levels experience a reduction for 2016.

<table>
<thead>
<tr>
<th>Plan Tier (price includes prescription coverage of Express Scripts and/or Humana)</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>
<td>$503.00</td>
<td>$487.00</td>
</tr>
<tr>
<td>Medicare eligible</td>
<td>$293.00</td>
<td>$279.00</td>
</tr>
<tr>
<td><strong>Retiree and Spouse or Partner</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two not Medicare eligible</td>
<td>$1,148.00</td>
<td>$1,117.00</td>
</tr>
<tr>
<td>One with Medicare, one without Medicare</td>
<td>$796.00</td>
<td>$766.00</td>
</tr>
<tr>
<td>Two Medicare eligible</td>
<td>$585.00</td>
<td>$557.00</td>
</tr>
<tr>
<td><strong>Retiree and Child(ren) only</strong></td>
<td></td>
<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>
<td>$688.00</td>
<td>$667.00</td>
</tr>
<tr>
<td><strong>Family- Retiree, Spouse or Partner &amp; child(ren)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two not Medicare eligible</td>
<td>$1,471.00</td>
<td>$1,420.00</td>
</tr>
<tr>
<td>One with Medicare, one without Medicare</td>
<td>$1,120.00</td>
<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, network rules apply but member liability (deductible, co-pays and co-insurance) is usually reduced. This reduction is dependent on Medicare and Wellmark coordination of benefits. 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.

-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.
PPO plan continued - 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 is free. 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. A benefit the Blue Advantage plan offers, that the PPO and Medicare do not, is acupuncture treatments.

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.

See the separate plan summaries in this mailing or read the certificates of coverage on the ISU web pages for greater details about the coverage. [http://www.hrs.iastate.edu/hrs/node/166](http://www.hrs.iastate.edu/hrs/node/166)

**Additional details worth knowing:**

- An ISU retiree continuing to pay the premiums to Wellmark and Delta in a timely manner may have **life-long medical and/or dental insurance coverage.** Members may want to consider setting up an automatic payment with Wellmark and Delta.

- 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 medical or dental coverage, they will not be able to rejoin the ISU Plan at a later date. Any family member on the plan is also dropping the coverage.

- Participants **may change between the two ISU health plans each year** during the open change period, the changes made during the open change are effective on February 1, 2016. That is the date to begin using the new medical or dental plan card. New Humana cards should be used as of January 1.

- 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 in our group plan. The ISU PPO plan offers coverage for out-of-Iowa residents, to remain in the ISU Plan. Contact the Benefits Team.

- **Do not assume all services are eligible for coverage from Medicare or the ISU Plan. Know your coverage and ask questions prior to approving medical procedures.**
DENTAL COVERAGE

- The dental coverage does not have a rate increase for 2016.
- Both plans continue to have limitations on services, it is best to review with Delta prior to approving services. This is especially if switching plans. **When changing plans, the new plan goes into effect on February 1, 2016, 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 plan summaries in this mailing or read the certificates of coverage on the ISU web pages for greater details about the coverage. [http://www.hrs.iastate.edu/hrs/node/166](http://www.hrs.iastate.edu/hrs/node/166)

DENTAL RATES FOR 2016

<table>
<thead>
<tr>
<th>Plan Tier</th>
<th>Basic Plan</th>
<th>Comprehensive Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree</td>
<td>$26.00</td>
<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 insurance

- **Blue365® 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. Check out the website below or call Wellmark regarding discounts or services including Diet, Family Care, Financial, Fitness, Hearing (aids), Travel and Vision (eyewear).
  [http://www.wellmark.com/Member/UsingBenefits/Blue365.aspx](http://www.wellmark.com/Member/UsingBenefits/Blue365.aspx)

- **Delta Dental of Iowa** If you continued the coverage for dental, you have access to a vision (eyewear) discount program. [http://www.deltadentalia.com/subscriber/visiondiscount](http://www.deltadentalia.com/subscriber/visiondiscount)

Long Term Care Insurance

If you have already purchased Long Term Care insurance, you probably will want to keep it but if you have been putting it off, Iowa State University joined with the Board of Regents institutions in a group plan option, with Genworth. Retirees and family may apply. 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)

Individual long term care plan options may be a preferred route to coverage if you did not enroll previously. 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](http://www.shiip.state.ia.us/Resources/LTC%20Guide%2009.pdf) is available on-line or through the mail. You may call 1-800-351-4664 or go to this link: [http://www.shiip.state.ia.us/Resources/LTC%20Guide%2009.pdf](http://www.shiip.state.ia.us/Resources/LTC%20Guide%2009.pdf)
For more information on Medicare, you may visit your local Social Security Office. For help in reviewing other health/prescription options, you may make an appointment with Senior Health Insurance Information Program (SHIIP) or check with your local hospital to see if they have SHIIP volunteers available. or visit these websites: Medicare: [www.medicare.gov](http://www.medicare.gov) (SHIIP): [www.shiip.state.ia.us](http://www.shiip.state.ia.us)

<table>
<thead>
<tr>
<th>Important Phone Numbers and Internet Sites</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Call the insurance carriers for specific coverage questions.</td>
<td></td>
</tr>
<tr>
<td><strong>Iowa State University Human Resources Service Center</strong></td>
<td><strong>Prescription Customer Service</strong></td>
</tr>
<tr>
<td>515-294-4800 or toll free 1-877-477-7485</td>
<td>Express Scripts</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>1-800-987-5248</td>
</tr>
<tr>
<td>OR</td>
<td>Humana</td>
</tr>
<tr>
<td>1-866-396-8810</td>
<td>Humana TTY/TDD users call 1-800-833-3301</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Wellmark</td>
<td></td>
</tr>
<tr>
<td>1-800-494-4478</td>
<td>Dental</td>
</tr>
<tr>
<td>1-800-544-0718</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>John Hancock</td>
<td>Humana</td>
</tr>
<tr>
<td>1-888-999-4563</td>
<td>TTY/TDD users call 1-800-833-3301</td>
</tr>
<tr>
<td>Genworth</td>
<td></td>
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<tr>
<td>1-800-416-3624</td>
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</tbody>
</table>

**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)