The State of Iowa and Iowa State University recognize that employees have different needs. That is why the State of Iowa offers a benefit program that allows you to choose among a number of benefit options. Each year you may select from 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 2013. 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 State of Iowa and 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 2013 Open Change Period

Important Dates

♠ October 1, 2012 – Open Change Period begins at 8:00 a.m.
♠ October 17, 2012 – Connect Web Cast Event – 9:00 a.m. – 10:00 a.m., URL for the webinar: https://connect.extension.iastate.edu/benefits, broadcast will be live and recorded (available on Benefits web page).
♠ November 16, 2012 – Open Change Period closes at 5:00 p.m.

What’s New for Benefits in 2013?

♠ Health Care Flexible Spending Accounts – beginning January 1, 2013 the annual maximum allowed will change to $2,500 (previously $5,000).
♠ Vendor Value Added Services – see pages 41 – 43 for all services available.
♠ NO open enrollment for dental – you are NOT allowed to add coverage for yourself and/or eligible dependents.
♠ Long Term Care Insurance – COMING EARLY IN 2013 - You will have the option to enroll in Genworth Long Term Care Insurance Program. See page 40.
♠ Voluntary Premium Contribution Health Plans. See page 15.

What Should I Do During Open Change?

♠ Review – check all your enrolled dependents to ensure eligibility.
♠ Know Your Options - Review your current benefit elections early (see pages 9 - 12 for instructions).
♠ Be Accountable - Know and understand your benefit enrollment. *You may not want to make any changes, but your current benefits may change each year due to other factors.*
♠ Make Changes - Use AccessPlus or request forms from Benefits Office (see pages 9 - 12).
♠ Confirm Changes - Review the Benefit Confirmation Statement for accuracy following the open change period.

When Do Changes Made During Open Change Period Become Effective?

♠ January 1, 2013 - Medical plan changes
♠ January 1, 2013 or the first of the month following approval, whichever is later for Basic or Voluntary Life Insurance elections.
♠ January 1, 2013 - Health Care Flexible Spending and Dependent Care Assistance Program elections.
**What Else Should I Be Considering?**

♦ Medicare A or B – it is important to notify the Benefits Office, if you or a dependent becomes Medicare eligible.

♦ If you are a current Program 3 Plus or Iowa Select medical plan participant, have you looked at the Managed Care Medical Plan options? Enrollment in either the Wellmark Blue Advantage or Blue Access plan may be able to provide premium and plan costs savings to you.

♦ Voluntary Premium Contribution Health Plans are available for 2013, see page 15.

♦ Open change time is an event where family members may also make changes to coverage with another employer.

♦ Do you participate in a Flexible Spending Account? We encourage you to evaluate medical and/or dependent care expenses you may expect to pay in 2013 and use a Flexible Spending Account to save tax dollars. **Reminder** there is a new annual maximum of $2,500 for health care flexible spending in 2013.

♦ If you participate in a double spouse option, is it still the best choice? If children are off the plan, two single plans may be more economical.

♦ If family double spouse with an ISU Plan (Faculty, Professional & Scientific, Supervisory Merit) employee, you should also look at those options for 2013. Contact Benefits Office for information.

♦ If your spouse is a State of Iowa employee, you should also look at those options for 2013. Remember, employees/dependents may not have double coverage with two State/ISU plans.

♦ Open Change is a good time to review and update your life insurance beneficiary information. Updates are allowed any time throughout the year.

♦ 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.
Access to benefit education is available:

On-Demand - Connect Web Cast Event

To learn more about open change and benefit options, there will be a Connect event scheduled on Tuesday, October 17, 2012 from 9:00 a.m.–10:00 a.m. At the meeting time, simply enter this URL: 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/.

Appointment

The Benefits Office is committed to providing opportunities for Non-Supervisory Merit (Non-Organized) employees to pick up forms and discuss the plans and changes for 2013.

The Benefits Office Staff encourage appointments year round. Appointments are especially important between October 1, 2012 and November 16, 2012.

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

PHONE: 515-294-4800 / 877-477-7425
FAX: 515-294-8226
E-MAIL: benefits@iastate.edu

On-line


REMINDER: Changes for the 2013 plan year are allowed to be made in AccessPlus from October 1, 2012 at 8:00 a.m. until November 16, 2012 at 5:00 p.m.
Insurance Eligibility for Dependents

Your eligible dependents to enroll on insurance include:

- Legal spouse (same or opposite sex) or domestic partner (same or opposite sex), if you complete and sign a “Declaration of Domestic Relationship” form (the insurance premium for same sex spouse or domestic partner, is on a post-tax basis).
- Natural child(ren) or legally adopted child(ren) and your stepchild(ren) or foster child(ren) up to age 26 regardless of child’s marital status and provided they are not already covered under the plan as an employee or by another employee.
- Coverage can also continue beyond age 26 if a child is incapable of self-support because of a developmental or physical disability and was covered at the time of disability. Contact the insurance company for verification of disability requirements prior to the child’s 26th birthday.
- Unmarried children, age 26 or over, who are full-time students. Imputed income may apply and will be reported on W-2.

If you do not enroll them during this year’s open change period, you will have to wait for a qualifying event or until the next open change period to enroll them in available plans. Once you enroll them, you will not be able to drop their coverage until the next enrollment and 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 member. Employees are responsible for reporting eligibility changes for any participant of their insurance policies within 30 days of an event. As long as unmarried adult children are full-time students at an accredited post-secondary institution, there is no age limit or Iowa residence requirement and those dependents may remain on their parent’s insurance policies.

Under the law, the coverage for dependents will terminate at the end of the calendar year of the date the dependent reaches the age 26.

Coverage for Full-Time Students

- An eligible child is an unmarried dependent full-time student regardless of age.

An unmarried, 26 and full-time student, coverage will terminate the end of the month the dependent is no longer a full-time student.

Examples:

- Child is 25 during open change time frame and added to insurance. On March 26, 2012 the child is 26 and is not a full-time student. If not a full time student in December, coverage would have to end on December 31, 2012 but could end earlier if there is an event that allows a change.

- Child is 26 on March 26, 2012 but is a full time student. Child graduates on December 15th and is not a full-time student in January, 2012 coverage must terminate on December 31, 2012.
Social Security Numbers Are Required for Dependent Health & Dental Coverage

If you are enrolled for Family Coverage in the State of Iowa health and/or dental plans, we need your dependents Social Security Numbers. Social Security numbers provide unique identifiers for your dependents that aid in processing enrollment information between the vendors and Iowa State University.

Disclosure of your social security number (SSN) is requested from you in order for Iowa State University (ISU) to administer benefits. The Center for Medicare and Medicaid Services (CMS) requires Wellmark to report SSN for dependents. No statute or other authority requires that you disclose your SSN. Failure to provide your SSN may result in delays in enrollment and claim processing. 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 Office 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 Human Resources Service Center at 515-294-4800 or 1-877-477-7485 and ask for a Benefits Specialist 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, your dependents are not eligible for the Children’s Health Insurance Program, known in Iowa as “healthy and well kids-iowa” or “hawk-i”. But 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 1-877-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>
President Obama signed into law in March of 2010 the Patient Protection and Affordable Care Act (commonly known as the Affordable Care Act or Health Care Reform). Various provisions of the act are implemented over a period of years.

**What ACA provisions have already been implemented?**

- Coverage for adult dependents up to age 26
- Elimination of over-the-counter medications from eligibility for health care spending accounts

**What’s yet to come?**

- 2013 - Reduction in the Health Care Spending Account annual maximum salary deferrals to $2,500
- W-2 reporting – Your form W-2 for 2012 (employee receives in January 31, 2013) will include required reporting on the cost of employer-sponsored health insurance
- Comparative Effectiveness Research Fee - ISU is required to pay an annual $1 fee per covered person (for 2012 payable in July of 2013)
- Uniform Summary of Benefits and Coverage (SBC) (available during open change for benefits effective 2013)
- Regional health care exchanges (2014)
It is again time to think about what changes, if any, you would like to make to your benefits for 2013. You are accountable to know and understand your benefits. You may make changes to your current benefits in the AccessPlus portal in the ISU webpage.

Changes made to the following benefits in AccessPlus:

- Dental Insurance Plan – only allowed to drop coverage or dependents.
- Health Insurance Plans – allowed to add or drop dependents on-line, not allowed to enroll on-line in the Voluntary Premium Contribution Plan (paper form and appointment with a Benefit Specialist is required).
- Flexible Spending Accounts.
- Avesis Eyewear Insurance.
- Life Insurance – drops only. To add or increase life insurance, forms are required.

**Reminder**: if on a double spouse contract, only the contract holder’s AccessPlus should display the dependents on the plan and the PCP changes are completed there. The spouse’s record should not have dependents displayed. If the contract holder is switching plans the contributing spouse should make the same plan change in AccessPlus.

**GET STARTED:**

Most employees may use their AccessPlus portal in 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

**Sign-Ons**

(For Non-Supervisory Merit Staff - Merit AFSCME)

CyMail/Outlook/Blackboard/→ [AccessPlus](http://www.iastate.edu/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 Human Resource 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.

✓ REVIEW - Open Change Period Instructions

✓ “Non-Supr Merit”,
  o View Participation Statement. This statement will list the employee monthly share in a side-by-side comparison of your current 2012 benefit enrollment as recorded on the September payroll and the new 2013 benefit enrollment, before changes are made during open time.
  o Verify family members
  o Verify current coverage
  o Add/remove dependents or make changes to your benefits. See the changes to pay. Some employees may be unable to use the on-line system. NO ADDITIONS WILL BE ALLOWED TO DENTAL INSURANCE.
  o CONFIRM BENEFITS:
    ▪ Confirm that your changes are displayed correctly.
    ▪ If correct, you do not need to do anything. If there is an error, you have a limited time to take action. Instructions will be on the second page of the benefit confirmation statement.
    ▪ This action must be completed by December 7, 2012.
    ▪ If the change was made with paper forms, the change form copy you kept will be needed to support any corrections to the confirmation statement.
    ▪ A Final Benefit Statement of 2013 election will be available on AccessPlus on December 13, 2012 for your review.

If you do not use AccessPlus, changes may also be made using paper forms. The forms to be completed are available on the Benefits web page under the “Non-Supervisory Merit (Non Organized)” line and click on “Open Change Period Information”; and then “Forms”. They may also be requested from the Human Resources Service Center at 515-294-4800 / 877-477-7485.

If you do not want to make any changes. It is highly recommended to review the 2012 / 2013 Participation Statement for changes to Iowa State University’s contribution for your benefits and
to review the Open Change Informational Guide found on the Benefit web page because this is the time of year when your benefits could change.

We encourage you to use the AccessPlus portal to make your changes, however, if this is not available, you should complete the forms listed in the table below for the appropriate benefit plans.

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Forms Available</th>
<th>Request a form if…</th>
</tr>
</thead>
</table>
| Medical Plan                                | Medical Enrollment Form (choice of 4 plans, please specify which plan you are interested in)  
Domestic spouse/partner                      | You wish to change plans or this is the first enrollment and change period since your date of hire and you wish to obtain coverage or add spouse/partner. |
| Voluntary Premium Contribution Medical Plan | Enrollment requires form – not allowed to enroll online in AccessPlus           | You wish to change plans and enroll in this plan contact Benefits Office to review. |
| Dental Plan                                 | Delta Dental Form                                                               | Only allowed to drop dependents or coverage.                                     |
| Basic Life Insurance                        | Basic life form and required Principal Statement of Health Questionnaire         | You wish to enroll in life insurance.                                            |
| Voluntary Life Insurance                    | Voluntary life insurance form and required Principal Statement of Health Questionnaire | You wish to drop life insurance.                                                |
| Life Beneficiary Change Form                | Principal Beneficiary Designation/Change Form (also available on-line on Benefit web page) | If you have basic life and you wish to enroll or increase current coverage in a voluntary life insurance plan for 1, 2, 3 or 4 times of annual budgeted salary (minimum and maximums apply). Portable coverage. Annualized premium paid is a post-tax deduction. Updating life insurance beneficiaries may be changed year round. |
| Pre-Tax Premium Conversion Plan             | Premium Conversion Election (Required when participating in the Health Care or Dependent Care Spending Accounts) | You wish to end the pre-tax savings option. Employees are automatically enrolled during open change. Changes can only be made during the open change period. |
| Health Care Flexible Spending Account and Dependent Care Assistance Program (FSA) | Health Care Spending Account Election Form  
Dependent Care Assistance Program Election Form | • Tax savings device  
• You wish to begin, end or change account for 2013 election  
• Employee may contribute $20.00 minimum/month up to $2,500/year in Health Care Flexible Spending Account  
• Up to $5,000/year in Dependent Care Assistance Program per household |
| Avesis Vision - Voluntary Eyewear Plan      | To enroll, change or end your existing election an Avesis enrollment form is available from the Benefits web page. | You wish to enroll, change or end the vision plan for purchasing glasses, or contacts for yourself or dependents. |
Updates made in AccessPlus portal or forms available:

October 1, 2012 at 8:00 a.m. TO November 16, 2012 at 5:00 p.m.

**START EARLY!**

Benefits Web Page under click on:

“Non-Supervisory Merit (Non-Organized)” line;
then click on “Open Change Period Information”;
then click on “Forms”.

Stop at Human Resources Service Center 3810 Beardshear Hall

Phone: (515)294-4800 / 877-477-7485
Fax: (515)294-8226
E-mail: benefits@iastate.edu

**REMINDER:**
If you use the forms:

- Photocopy forms for your record for proof of change.
- Required for any corrections to the confirmation statement.
<table>
<thead>
<tr>
<th>Plan Election</th>
<th>Your Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>• Wellmark Classic Blue – Program 3 Plus</td>
</tr>
<tr>
<td></td>
<td>• Wellmark Alliance Select – Iowa Select</td>
</tr>
<tr>
<td></td>
<td>• Managed Care Plans – Wellmark Blue Advantage or Blue Access</td>
</tr>
<tr>
<td></td>
<td>• Voluntary Premium Contribution Plans</td>
</tr>
<tr>
<td>Dental</td>
<td>• Delta Dental Plan – NO OPEN ENROLLMENT</td>
</tr>
<tr>
<td>Basic Life Insurance/Accidental Death and Dismemberment (AD&amp;D)</td>
<td>• 2 times annual salary in Basic Life Insurance, plus additional 4 times annual salary in accidental death</td>
</tr>
<tr>
<td>Voluntary Life Insurance</td>
<td>To be eligible required to be enrolled in basic life (allowed to drop coverage any time throughout the year)</td>
</tr>
<tr>
<td></td>
<td>• 1 times annual salary</td>
</tr>
<tr>
<td></td>
<td>• 2 times annual salary</td>
</tr>
<tr>
<td></td>
<td>• 3 times annual salary</td>
</tr>
<tr>
<td></td>
<td>• 4 times annual salary</td>
</tr>
<tr>
<td></td>
<td>• No participation</td>
</tr>
<tr>
<td>Long Term Disability (LTD)</td>
<td>• ISU pay 100% of premium after one full year of service</td>
</tr>
<tr>
<td></td>
<td>• 75% of first $1,000 of monthly salary, then 60% of additional monthly salary (up to $16,417)</td>
</tr>
<tr>
<td>Flexible Care Spending Accounts</td>
<td>• Administrator is ASIFlex</td>
</tr>
<tr>
<td></td>
<td>• Employee may contribute $20.00 minimum/month up to $2,500/year in Health Care Spending Account</td>
</tr>
<tr>
<td></td>
<td>• Up to $5,000/year in Dependent Care Assistance Program per household</td>
</tr>
<tr>
<td>OPEN CHANGE Additional Optional Benefit</td>
<td>• Avesis Vision - Eyewear Insurance Plan</td>
</tr>
<tr>
<td>Vendor Value Added Benefits</td>
<td>• Will Preparation on-line (required to be enrolled in ISU Basic Life Insurance</td>
</tr>
<tr>
<td></td>
<td>• Perkspot – discount programs for State employees</td>
</tr>
<tr>
<td></td>
<td>• Wellmark - Blue 365 – discount program for Wellmark participants</td>
</tr>
<tr>
<td>Available all the time</td>
<td>• Delta Dental of Iowa vision discount through Eyemed</td>
</tr>
<tr>
<td></td>
<td>• Employee Assistance Program (EAP) through EFR</td>
</tr>
</tbody>
</table>
From the Wellmark website you may elect to have electronic explanation of benefits. See page 47 for Wellmark contact information.

If you make a change in your medical plan coverage, it will be effective with the new plan year, which is January 1, 2013 to December 31, 2013. The State of Iowa / Iowa State University:

♦ Pays the full share of your coverage if you are an employee with single coverage.
♦ If you choose family coverage, the State pays the majority of the cost share and you pay the remainder as listed below.

**Double Spouse Option**

If both spouses are actively employed by Iowa State University or the State of Iowa in positions that make them eligible for benefits, they may elect to enroll in a family plan designating one spouse as the contract holder. This family double spouse option allows sharing the family premium. The double spouse participant amounts will be determined by coverage eligibility, check with Benefits Office if spouse is Faculty, P & S or Supervisory Merit. Two Non-Supervisory Merit employees sharing will pay $0.00 each per month. If your State of Iowa spouse changes insurance plans, please communicate with the ISU Benefits Office.

Are you currently enrolled in the double spouse option and would like to make a plan election change?

♦ The new plan election must be changed on both employee records.
♦ If you believe you are eligible and need to discuss eligibility or are making a plan election change, please contact the Benefits Office for appropriate forms.

### MEDICAL PREMIUMS

<table>
<thead>
<tr>
<th>Employee Share - Single - NO premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Share - Family - Monthly Premium</td>
</tr>
</tbody>
</table>

Information regarding premiums for participants who are disabled, retired, or covered by COBRA are mailed to those participants.

<table>
<thead>
<tr>
<th>Family Share for Active Employees</th>
<th>January 1, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 3 Plus (Classic Blue)</td>
<td>$253.24</td>
</tr>
<tr>
<td>Iowa Select (Alliance Select)</td>
<td>$247.98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Managed Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Plan</td>
</tr>
<tr>
<td>Blue Advantage</td>
</tr>
<tr>
<td>Open Access Plan</td>
</tr>
<tr>
<td>Blue Access</td>
</tr>
</tbody>
</table>
Voluntary Premium Contribution Health Insurance Plans

The Voluntary Premium Contribution Program health insurance plans are very similar to the current health plans except that they contain the additional provision of preventative health services and some other services. These additional provisions are included due to the new plans losing “grandfathered health plan” status under the Patient Protection and Affordable Care Act (The Affordable Care Act). The total premium for these plans will be slightly higher because of these additional services.

If you are interested in enrolling into one of these plans, please schedule an appointment to visit with a Benefit Specialist.

<table>
<thead>
<tr>
<th>Voluntary 20% Plan Premiums</th>
<th>Single</th>
<th>Family</th>
<th>Double Spouse (each to pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 3 Plus-V</td>
<td>$143.98</td>
<td>$336.66</td>
<td>$168.32</td>
</tr>
<tr>
<td>(Classic Blue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa Select - V</td>
<td>$143.54</td>
<td>$335.62</td>
<td>$167.82</td>
</tr>
<tr>
<td>(Alliance Select)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed Care Plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Advantage - V</td>
<td>$86.28</td>
<td>$201.66</td>
<td>$100.82</td>
</tr>
<tr>
<td>Open Access Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Access - V</td>
<td>$89.68</td>
<td>$209.60</td>
<td>$104.80</td>
</tr>
</tbody>
</table>
This is only a summary of benefits and has been shortened from the Summary Benefit Comparisons. 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 summary and Wellmark’s benefit certificates, the certificates will govern in all cases.

<table>
<thead>
<tr>
<th>PLAN PROVISIONS</th>
<th>Wellmark BC/BS PROGRAM 3 PLUS (Classic Blue)</th>
<th>Wellmark BC/BS IOWA SELECT (Alliance Select)</th>
<th>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL CONDITIONS OF COVERAGE</strong></td>
<td>In-Network (Select Provider)</td>
<td>Out-of-Network (Non-Select Provider)</td>
<td></td>
</tr>
<tr>
<td>Benefits Available From Non-Participating Providers</td>
<td>Normal plan benefits. 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>Normal plan benefits for select providers. 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, referred and approved by a participating physician or in an emergency medical condition, or with prior authorization from the Plan (when required).</td>
</tr>
<tr>
<td><strong>Coinsurance Percentage</strong></td>
<td>20%, all services.</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Deductible Single/Family</td>
<td>$300 - single $400 - family Inpatient services only. Family deductible is reached from amounts accumulated on behalf of any family member or combination of family members. The entire family deductible must be met before benefits payments are made.</td>
<td>$250 - single $500 - family Applies to both inpatient and outpatient services. Waived for services provided in office/clinic setting of select provider. Family deductible is reached from amounts accumulated on behalf of any family member or combination of family members.</td>
<td>$250 - single $500 - family Applies to both inpatient and outpatient services. Family deductible is reached from amounts accumulated on behalf of any family member or combination of family members.</td>
</tr>
<tr>
<td>Dependent Child Age Limit</td>
<td>Children through the end of the year in which they turn age 26 regardless of marital status or residency. Unmarried children over the age of 26 who are full-time students in an accredited institution of post secondary education. Unmarried children who are totally and permanently disabled, physically or mentally, regardless of age. The disability must have existed before the child turned age 27 or while a full-time student on the employees plan.</td>
<td></td>
<td>None.</td>
</tr>
<tr>
<td>PLAN PROVISIONS</td>
<td>Wellmark BC/BS PROGRAM 3 PLUS (Classic Blue)</td>
<td>Wellmark BC/BS IOWA SELECT (Alliance Select)</td>
<td>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Out-of-Pocket Limit (OOP)** Single/Family | Single: $600  
Family: $800  
All deductibles, coinsurance, and copayments, except $15 office visit copayment, go toward out-of-pocket limit.  
Family out-of-pocket is reached from amounts accumulated on behalf of any family member or combination of family members. The entire family out-of-pocket must be met before benefits payments are made.  
Family: $800  
Applies to services provided both in-and-out-of-network. All deductibles, coinsurance, and copayments except, $15 office visit copayment, go toward out-of-pocket limit. Emergency Room copayment continues to apply after out-of-pocket limit is met.  
Family out-of-pocket is reached from amounts accumulated on behalf of any family member or combination of family members.  
Family: $1,500  
All copayments go toward out-of-pocket limit with the exception of prescription drug copayments.  
Family out-of-pocket is reached from amounts accumulated on behalf of any family member or combination of family members. |
| **Lifetime Benefit Maximum** | None. | None. | None. |
| **New Employee Preexisting Condition Waiting Period** | 11 months.  
No pre-existing conditions for dependents under age 19. | 11 months.  
No pre-existing conditions for dependents under age 19. | No pre-existing conditions. |
| **YOUR PAYMENT RESPONSIBILITIES** **MEDICAL** | **Accidents**  
$15 copay office exam.  
0% coinsurance, no deductible for all treatment within 72 hours of accident. | **Accidents**  
$15 copay office exam.  
10% coinsurance, deductible waived in office setting. | **Accidents**  
$15 copay office exam, 20% coinsurance, after deductible. Emergency care covered at in-network level.  
$10 copayment office visit. $50 copayment ER, waived if admitted. |
| **Allergy Treatment** | 20%, no deductible.  
10%, deductible waived in office setting. | 20%, after deductible. | 20%, after deductible.  
$10 copayment per visit.  
0%, if medically necessary/emergency medical services. |
| **Ambulance** | 20%, no deductible.  
20%, after deductible. | 20%, after deductible. | 20%, after deductible.  
$10 copayment per visit.  
0%, if medically necessary/emergency medical services. |
<table>
<thead>
<tr>
<th>PLAN PROVISIONS</th>
<th>Wellmark BC/BS PROGRAM 3 PLUS (Classic Blue)</th>
<th>Wellmark BC/BS IOWA SELECT (Alliance Select)</th>
<th>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood, Blood Plasma, Blood Serum</td>
<td>20%, no deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0%, if authorized.</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>20%, no deductible.</td>
<td>10%, deductible waived in office setting.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$10 copayment if approved provider.</td>
</tr>
<tr>
<td>Dental Accident Care</td>
<td>0%, no deductible for services provided within 72 hours of an accident. 20% thereafter for a maximum of 6 months from injury.</td>
<td>10%, deductible waived in office setting. Limited to services provided within 72 hours of accident.</td>
<td>20%, if authorized by Wellmark for injury to sound natural teeth. Services must be within 6 months of injury and injury must have occurred while member enrolled in plan.</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>20%, no deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20%, if prescribed by a participating provider and obtained from a supplier authorized by Wellmark.</td>
</tr>
<tr>
<td>Emergency Room (ER Care)</td>
<td>0%, no deductible.</td>
<td>$50 copayment waived if admitted. Copayment and coinsurance apply. Copayment applies after out-of-pocket limit is met.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$50 copayment waived if admitted.</td>
</tr>
<tr>
<td>Eye Exam (routine)</td>
<td>Not covered.</td>
<td>$15 copay exam only, 10% coinsurance, deductible waived. Limited to one exam per member per year.</td>
<td>$15 copay exam only, 20% coinsurance, deductible waived. Limited to one exam per member per year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$10 copayment per visit. Limit of one exam per member per year.</td>
</tr>
<tr>
<td>Hearing Exam (routine)</td>
<td>Not covered.</td>
<td>$15 copay exam only. 10% coinsurance, deductible waived. Limited to one exam per member per year.</td>
<td>$15 copay exam only. 20% coinsurance, deductible waived. Limited to one exam per member per year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$10 copayment per visit. Limit of one exam per member per year.</td>
</tr>
<tr>
<td>Hemodialysis</td>
<td>20%, no deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0%, if obtained in a center authorized by Wellmark.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>20%, no deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductable. Precertification required. Precertification required.</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>20%, no deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductable. Precertification required. Precertification required.</td>
</tr>
<tr>
<td>Immunizations</td>
<td>20%, no deductible.</td>
<td>$0.</td>
<td>10%, deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0.</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>$25,000 per couple for covered services and supplies related to infertility treatment per lifetime.</td>
<td>$25,000 per couple for covered services and supplies related to infertility treatment per lifetime.</td>
<td>Not covered.</td>
</tr>
<tr>
<td>PLAN PROVISIONS</td>
<td>Wellmark BC/BS PROGRAM 3 PLUS (Classic Blue)</td>
<td>Wellmark BC/BS IOWA SELECT (Alliance Select)</td>
<td>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Inpatient Physician Services</td>
<td>20%, after deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0%, if authorized.</td>
</tr>
<tr>
<td>Inpatient Room &amp; Board</td>
<td>20%, after inpatient service deductible. No limit on medical surgical days. Precertification of admission required by member.</td>
<td>10%, after deductible. No limit on medical surgical days. Precertification of admission required by select provider.</td>
<td>20%, after deductible. No limit on medical surgical days. Precertification of admission required by member.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0% if authorized. Semi-private basis, unless medically necessary to use private room. May require prior approval.</td>
</tr>
<tr>
<td>Inpatient Supplies, Drugs, Medicines, etc.</td>
<td>20%, after deductible</td>
<td>10%, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0% if authorized.</td>
</tr>
<tr>
<td>Inpatient Surgery</td>
<td>20%, after deductible. Must be approved as inpatient procedure.</td>
<td>10%, after deductible. Must be approved as inpatient procedure.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0% if authorized.</td>
</tr>
<tr>
<td>Inpatient Tests, ICU, Operating Room, Specialized Care, etc.</td>
<td>20%, after deductible</td>
<td>10%, after deductible</td>
<td>20%, after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0% if authorized.</td>
</tr>
<tr>
<td>Large Case Management</td>
<td>Alternative care set up on a case by case basis by plan.</td>
<td>Alternative care set up on a case by case basis by plan.</td>
<td>Alternative care set up on a case by case basis by plan.</td>
</tr>
<tr>
<td>Maternity</td>
<td>20%, no deductible for pre- and post-natal office visits.</td>
<td>10%, deductible waived in office setting for pre- and post-natal visits.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0% for delivery. $10 copayment for initial visit; remaining pre- and post-natal visits paid in full.</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse - Inpatient Hospital Room &amp; Board</td>
<td>20%, after deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse - Inpatient Physician Care</td>
<td>20%, after deductible.</td>
<td>10%, after deductible.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse - Outpatient</td>
<td>$0 copayment</td>
<td>$0 copayment</td>
<td>$0 copayment.</td>
</tr>
<tr>
<td></td>
<td>0%, coinsurance, deductible waived in office setting for other office services.</td>
<td>0%, coinsurance, deductible waived in office setting for other office services or independent lab.</td>
<td>0%, coinsurance, deductible waived in office setting for other office services or independent lab.</td>
</tr>
<tr>
<td>PLAN PROVISIONS</td>
<td>Wellmark BC/BS PROGRAM 3 PLUS (Classic Blue)</td>
<td>Wellmark BC/BS IOWA SELECT (Alliance Select)</td>
<td>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Nursing Facility Providing Skilled Care</strong></td>
<td>20%, after deductible. Unlimited days. Precertification required.</td>
<td>10%, after deductible. Unlimited days. Precertification required.</td>
<td>20%, after deductible. Unlimited days. Precertification required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0%. Maximum of 120 days per member per calendar year.</td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Therapy</strong></td>
<td>20%. Payable, inpatient or outpatient. Prior approval required. Must be hospital-based billed or as a part of approved home health services.</td>
<td>10%, after deductible. Prior approval required. Must be a hospital-based billed or as a part of approved home health services.</td>
<td>$10 copayment per visit. Maximum 60 visits per member per year.</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>$15 copayment once per date of service for exam only; no coinsurance, no deductible. Copayment does not apply to out-of-pocket limit. Other services performed in an office setting are 20% coinsurance, no deductible for other office services.</td>
<td>$15 copayment once per date of service for exam only; no coinsurance, no deductible. Copayment does not apply to out-of-pocket limit. Other services performed in an office setting 10% are coinsurance, deductible waived in office setting for other office services.</td>
<td>$10 copayment per visit.</td>
</tr>
<tr>
<td><strong>Organ Transplants</strong></td>
<td>Heart, heart and lung, lung, pancreas, kidney, simultaneous pancreas/kidney, liver and cornea transplants covered. Prior approval required.</td>
<td>Heart, heart and lung, lung, pancreas, kidney, simultaneous pancreas/kidney, liver and cornea transplants covered. Prior approval required.</td>
<td>Heart, heart/lung, lung (single &amp; double), liver, pancreas, kidney/pancreas, kidney, cornea, small intestine, autologous bone marrow and allogeneic bone marrow transplants 100% covered if authorized by Wellmark. No coverage if experimental or in nonauthorized facility</td>
</tr>
<tr>
<td><strong>Outpatient Chemotherapy</strong></td>
<td>20%, no deductible.</td>
<td>10%, deductible waived in office setting.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0% if authorized.</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>0%, no deductible. Required for certain procedures.</td>
<td>10%, after deductible. Required for certain procedures. Approval obtained by select provider.</td>
<td>20%, after deductible. Required for certain procedures.</td>
</tr>
<tr>
<td>PLAN PROVISIONS</td>
<td>Wellmark BC/BS PROGRAM 3 PLUS (Classic Blue)</td>
<td>Wellmark BC/BS IOWA SELECT (Alliance Select)</td>
<td>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Outpatient Surgery Setting</strong></td>
<td>Required for certain procedures. Paid according to normal plan benefits when procedure done on outpatient basis. 50% benefit reduction on all associated hospital and surgical services for noncompliance.</td>
<td>Required for certain procedures. Select provider obtains approval.</td>
<td>Participating physician will determine appropriate surgical setting.</td>
</tr>
<tr>
<td><strong>Physicals (routine)</strong></td>
<td><strong>$15 copay exam only. 20%, deductible waived in office setting, for other services. Excludes physicals for travel, employment or athletic related/required. Limited to one physical per member per year.</strong></td>
<td>$15 copay exam only. 10%, deductible waived in office setting for other services. Excludes physicals for travel, employment or athletic related/required. Limited to one physical per member per year.</td>
<td>$10 copayment per visit. Excludes physicals for travel, employment, or athletic related/required.</td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>20%, no deductible.</td>
<td>10%, deductible waived in office setting.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td><strong>Preapproval of Inpatient Admissions</strong></td>
<td>Required.</td>
<td>Required.</td>
<td>Required.</td>
</tr>
<tr>
<td><strong>Prosthetic Appliances and Other Devices</strong></td>
<td>20%, deductible waived for participating BCBS providers.</td>
<td>10%, deductible waived.</td>
<td>20%, after deductible.</td>
</tr>
<tr>
<td><strong>Respiratory Therapy</strong></td>
<td>20%. Payable inpatient or outpatient. Must be hospital-based billed or as a part of approved home health services.</td>
<td>10% after deductible. Must be hospital-based billed or as a part of approved home health services.</td>
<td>$10 copayment per visit. Maximum 60 visits per member per year.</td>
</tr>
<tr>
<td><strong>Second Surgical Opinion</strong></td>
<td>Voluntary. Paid according to normal plan benefits.</td>
<td>Voluntary. Paid according to normal plan benefits.</td>
<td>Voluntary. Paid according to normal plan benefits when received from plan provider.</td>
</tr>
<tr>
<td><strong>Speech Therapy</strong></td>
<td>20%. Payable, inpatient or outpatient. Prior approval required. Must be hospital-based billed or as a part of approved home health services.</td>
<td>10%, after deductible. Prior approval required. Must be hospital-based billed or as a part of approved home health services.</td>
<td>$10 copayment per visit. Maximum 60 visits per member per year.</td>
</tr>
<tr>
<td><strong>Temporomandibular Joint Treatment (TMJ)</strong></td>
<td>20%, no deductible.</td>
<td>10%, deductible waived in office setting.</td>
<td>20%, after deductible.</td>
</tr>
</tbody>
</table>

Note: 20% benefit reduction on all associated hospital and surgical services for noncompliance.
<table>
<thead>
<tr>
<th>PLAN PROVISIONS</th>
<th>Wellmark BC/BS PROGRAM 3 PLUS (Classic Blue)</th>
<th>Wellmark BC/BS IOWA SELECT (Alliance Select)</th>
<th>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Child Care</td>
<td>20%, to 7 years. No deductible.</td>
<td>$15 copay exam only. 10%, to 7 years. Deductible waived in office setting.</td>
<td>20%, to 7 years. No deductible</td>
</tr>
<tr>
<td>X Ray &amp; Lab</td>
<td>20%, no deductible. 10%, deductible waived in office setting.</td>
<td>20%, after deductible.</td>
<td>0%</td>
</tr>
</tbody>
</table>

**PRESCRIPTION DRUGS**

<table>
<thead>
<tr>
<th>Network</th>
<th>Wellmark/Catalyst</th>
<th>Wellmark/Catalyst</th>
<th>Wellmark/Catalyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>None.</td>
<td>None.</td>
<td>None.</td>
</tr>
</tbody>
</table>

**Pharmacy Out of pocket maximum**

- **Wellmark/BCBS Program 3 Plus (Classic Blue)**
  - Single $250
  - Family $500
  - Family out-of-pocket is reached from amounts accumulated on behalf of any family member or combination of family members.
  - (This out-of-pocket limit is separate from the medical out-of-pocket).

- **Wellmark IOWA SELECT (Alliance Select)**
  - Single $250
  - Family $500
  - Family out-of-pocket is reached from amounts accumulated on behalf of any family member or combination of family members.
  - (This out-of-pocket limit is separate from the medical out-of-pocket).

- **Managed Care Open Access (Blue Access) & Primary Care (Blue Advantage)**
  - No separate out-of-pocket maximum.
  - Copayments do **NOT** apply to medical out-of-pocket maximum.

**Retail**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Wellmark BC/BS IOWA SELECT (Alliance Select)</th>
<th>Wellmark BC/BS IOWA SELECT (Alliance Select)</th>
<th>Managed Care Open Access (Blue Access) &amp; Primary Care (Blue Advantage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day or 90-day supply for maintenance and non-maintenance drugs.</td>
<td>30-day or 90-day supply for maintenance and non-maintenance drugs.</td>
<td>30-day or 90-day supply for maintenance and non-maintenance drugs.</td>
<td></td>
</tr>
</tbody>
</table>

- **Preferred Generic Drugs**
  - $5.00 copay for 30-day supply or $15.00 copay for 90-day supply per prescription or refill.
  - $5.00 copay for 30-day supply or $15.00 copay for 90-day supply per prescription or refill.
  - $5.00 copay for 30-day supply or $15.00 copay for 90-day supply per prescription or refill.

- **Preferred Brand Name Drugs**
  - $15.00 copay for 30-day supply or $45.00 for 90-day supply per prescription or refill.
  - $15.00 copay for 30-day supply or $45.00 for 90-day supply per prescription or refill.
  - $15.00 copay for 30-day supply or $45.00 for 90-day supply per prescription or refill.

- **Non-preferred Generic and Non-preferred Brand Name Drugs**
  - $30.00 copay for each prescription or refill. $90.00 copay for a 90-day supply per prescription or refill.
  - $30.00 copay for a 30-day supply per prescription or refill. $90.00 copay for a 90-day supply per prescription or refill.
  - $30.00 copay or 25% whichever is greater for a 30-day supply per prescription or refill. $90.00 copay or 15%, whichever is greater, for a 90-day supply per prescription or refill.
<table>
<thead>
<tr>
<th>Mail Order (Maintenance Medications Only) through Walgreens Mail Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quantity</strong></td>
</tr>
<tr>
<td>Quantity</td>
</tr>
<tr>
<td>Preferred Generic Drugs</td>
</tr>
<tr>
<td>Preferred Brand Name Drugs</td>
</tr>
<tr>
<td>Non-preferred Generic and Non-preferred Brand Name Drugs</td>
</tr>
<tr>
<td>Selected Brand Name Drugs</td>
</tr>
<tr>
<td>Specialty Drugs</td>
</tr>
<tr>
<td>Quantity</td>
</tr>
<tr>
<td><strong>Retail</strong></td>
</tr>
<tr>
<td>Mail Order</td>
</tr>
<tr>
<td><strong>Vaccines at the Pharmacy</strong></td>
</tr>
</tbody>
</table>
**Notice for members of Plans underwritten by Wellmark Blue Cross and Blue Shield of Iowa (BC/BS). Your plan's coverage percentage for hospital and other facility services does not reflect the actual payment to the provider. The actual payment to the provider is based on BC/BS's contract with the provider. The percentage is used in this document for comparison purposes only. On any given claim, the amount represented by the coverage percentage times the Covered Charge may be satisfied by the BC/BS's payment to the provider plus any amounts the Provider agrees to waive under its contract with BC/BS. Please see your Benefit Certificate for more information.**
There WILL NOT be an open enrollment for benefit year of 2013. Will only be allowed to drop coverage or dependents.

From the subscriber line on the Delta Dental website you may elect to have electronic explanation of benefits. See page 47 for Delta Dental contact information.

**Monthly Premium for 2013**

These rates are for active employees only.
- Iowa State University pays the full cost share for single coverage, with no premium cost to the employee.
- For the family coverage, employee share will pay $39.14 per month.
- The double spouse participant amounts will be determined by coverage eligibility. Two Non-Supervisory Merit employees sharing will pay $10.02 each per month. If currently enrolled in a double spouse contract, it may be more cost effective to enroll in two single plans.

**Plan Provisions**

The dental plan benefits are divided into four categories - Diagnostic and Preventive Services, Routine and Restorative Services, Major Restorative Services and Orthodontic Treatment.

The maximum benefit for each procedure will be the actual cost charged to the extent that the charge does not exceed Usual, Customary and Reasonable (UCR).

**There is a maximum benefit of $1,500.00, except orthodontia, which has a separate lifetime maximum.**

- Per covered individual
- Per calendar year
- New hire - effective date to end of the calendar year for all services

Once maximum is used in a benefit year any additional services will be patient liability.

Limitations may apply for any service, see certificate of coverage or contact Delta Dental Customer Service before approving service.
Diagnostic and Preventive Services - Payable at 100% of UCR

- Dental cleanings allowed twice in a benefit period
- Oral evaluation allowed twice in a benefit period
- Limitations may apply for any service, see certificate of coverage before approving service
- X-rays
- Once every 12 months – topical fluoride applications, only for unmarried dependent children under age 19

Routine and Restorative Services - Payable at 80% of UCR

- Emergency treatment for relief of pain
- Fillings
- Extractions
- Anesthesia
- Other basic repair work
- Space maintainers for children under age 14
- Topical application of sealants for children under age 15

Major Restorative Services - Payable at 50% of UCR

- Endodontics
- Non-surgical Periodontal
- Cast Restorations
- Crowns
- Surgical Periodontal
- Bridges
- Dentures

Orthodontic Treatment – Payable at 50% of UCR

- Available only to dependent children up to age 19
- No deductible
- Lifetime maximum of $1,500.00 per person

Exclusions:

- Treatments for cosmetic purposes that are unnecessary for dental health
- There may be limitations to procedures listed, refer to certificate located on the Benefits webpage

Things to Consider

- Enrollment is only allowed during the first 30 days of your employment or with a qualifying life event.
- The dependents can only be added during your initial enrollment or as a result of a qualifying event such as marriage, birth, adoption or through the involuntary loss of dental coverage (refer to the list of events on pages 28 - 29). Only those dependents directly affected by the event may be added.
- Eligible dependents include your spouse or partner and unmarried or married dependent children under age 26
- Unmarried dependent children who are full-time students over age 26.

NOTICE: Employees should keep in mind that there may be tax consequences involved with continuing health or dental coverage for and full time students over age 26 that does not meet the definition of a dependent under federal and state tax laws. Employees should consult with a tax advisor with related tax questions.
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:

**Qualifying Events for adding or dropping dependents outside of the open change period**

- Death of a spouse or dependent;
- 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 reaches age 65;
- Employee or dependent becomes eligible for Medicare;
- You, your spouse or your dependent become entitled to Medicare or Medicaid;
- Dependents become ineligible for Medicaid, CHIPRA or hawk-i;
- Marriage;
- Divorce, annulment, legal separation;
- Your change of employment status;
- Spouse or dependent commences employment;
- Spouse’s Retirement;
- Spouse terminates employment or change in employment;
- Served with a judgment or order or decree;
- Dental only – spouse loses coverage through another employer due to involuntary loss of employment (lay off, discharge, business closing). Proof of loss shall be the Involuntary Loss of Coverage Statement: signed and dated by the previous employer;
- Health only – change in spouse or dependent or your residence
- Dependent no longer eligible (age 26 or over), student status (no longer a full-time student) or marital status (married). Exception given to adding adult children because of dependent law, see below

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.** Contact Human Resources Service Center at 515-294-4800 or 877-477-7485 and ask for a Benefits Specialist to discuss the event qualifications/changes allowed and to obtain appropriate forms.
Double Spouse Option

If you and your spouse/partner both work for ISU, it’s important that you understand the following as it relates to your benefits:

- 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.

- If both you and your spouse are Non-Supervisory Merit you will each pay the double spouse share as shown on page 14 for medical and page 25 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.

If your spouse/partner is employed at a non-Regents State agency, i.e. the Department of Transportation, you may elect the double spouse option through your spouse’s employer and their insurance options. The agency should provide copies of the double spouse forms and you must manually sign up (not allowed on AccessPlus) in the Benefits Office to participate in this option. Contact ISU Benefits Specialists for details.

If your spouse is Faculty, Professional & Scientific or Supervisory Merit, review options with assistance from ISU Benefits Specialist.
Life Insurance Options

Iowa State University offers you the opportunity to elect additional life insurance coverage for yourself. These options give you greater flexibility to designate a benefit program to meet your needs. Principal Financial Group is the underwriter for the basic and voluntary life insurance.

Are you currently not enrolled in basic life?

- This would be your opportunity to apply for additional coverage.
- You are required to provide evidence of insurability by completing a Principal Statement of Health Questionnaire, which must be approved by Principal Financial Group.
- Effective date for basic or voluntary life would be upon approval.
- If you would like to visit with a Benefits Specialist to discuss options or to obtain forms, contact Human Resources Service Center, 3810 Beardshear Hall, or by calling 515-294-4800 or 877-477-7485.

<table>
<thead>
<tr>
<th>Basic Life Insurance/Accidental Death and Dismemberment (AD&amp;D)</th>
<th>Value of life insurance coverage –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage while actively employed.</td>
<td>Natural death - 2 times budgeted salary</td>
</tr>
<tr>
<td>This is a term policy and if requirements are met, policy will become a $4,000 paid-up term life policy at retirement.</td>
<td>Accidental death - additional 4 times budgeted salary in accidental death until age 65.</td>
</tr>
</tbody>
</table>

**NOTE:** Basic Life and AD & D are reduced by 35% at age 65 on January 1 of the year you attain the age 65.

For example someone making $19,700 would pay $2.00. Someone making $26,600 would pay $2.70.

<table>
<thead>
<tr>
<th>Voluntary Life/AD&amp;D Insurance</th>
<th>Four options:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires participation in Basic Life Insurance/AD &amp; D</td>
<td>✓ 1 times budgeted salary &amp; AD &amp; D</td>
</tr>
<tr>
<td>Premiums are paid entirely by employee as a post-tax deduction.</td>
<td>✓ 2 times budgeted salary &amp; AD &amp; D</td>
</tr>
<tr>
<td>This is a portable plan and will terminate at age 75.</td>
<td>✓ 3 times budgeted salary &amp; AD &amp; D</td>
</tr>
<tr>
<td>There are additional benefits included with AD &amp; D.</td>
<td>✓ 4 times budgeted salary &amp; AD &amp; D</td>
</tr>
<tr>
<td>Refer to certificate located on Benefits web page: <a href="http://www.hrs.iastate.edu/hrs/benefits">http://www.hrs.iastate.edu/hrs/benefits</a>, under subject line - Non-Supervisory Merit (Non-Organized); then Life Insurance; then click on: Basic Life Insurance or Voluntary Life Insurance to find the summary plan document for complete details.</td>
<td>Minimum: Greater of 100% of budgeted salary or $10,000.</td>
</tr>
<tr>
<td>No age reduction on Voluntary Life Insurance.</td>
<td>Maximum: Lesser of 400% of budgeted salary or $500,000.</td>
</tr>
</tbody>
</table>

**If you wish to reduce or drop coverage,** you may go into AccessPlus or contact Human Resources Service Center to obtain the appropriate form.

You are allowed to drop this coverage any time throughout the year by submitting a written request to the Benefits Office.
### 2013 Rates
Voluntary Life & AD&D
Costs per $1,000

<table>
<thead>
<tr>
<th>Age</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 29</td>
<td>$0.08</td>
</tr>
<tr>
<td>30-34</td>
<td>0.09</td>
</tr>
<tr>
<td>35-39</td>
<td>0.11</td>
</tr>
<tr>
<td>40-44</td>
<td>0.15</td>
</tr>
<tr>
<td>45-49</td>
<td>0.23</td>
</tr>
<tr>
<td>50-54</td>
<td>0.35</td>
</tr>
<tr>
<td>55-59</td>
<td>0.55</td>
</tr>
<tr>
<td>60-64</td>
<td>0.84</td>
</tr>
<tr>
<td>65-69</td>
<td>1.43</td>
</tr>
<tr>
<td>70 &amp; over</td>
<td>3.75</td>
</tr>
</tbody>
</table>

**Additional Information:**

Basic Life Insurance rates are not changing for 2013, the cost for employee continues at 5 cents per thousand dollars of coverage.

**Premiums:** To calculate rate: round your annual budgeted salary to the nearest $1,000, multiply by the level of coverage you are applying (1, 2, 3 or 4 times your salary), then divide by $1,000 and multiply the cost of your age group. Premiums are paid with post-tax dollars. The age group will change on January 1 of the year your age will change you into the new group. Premiums are paid with post-tax dollars. These rates are subject to change, you should review them during the open change period.

**Beneficiary Designation/Change:** Updating life insurance beneficiaries are allowed year round. If newly electing basic or voluntary life insurance beneficiary designation/change form must be completed. The form is available on-line on Benefit web page at: [http://www.hrs.iastate.edu/hrs/benefits](http://www.hrs.iastate.edu/hrs/benefits). Completed form should be returned to the Benefits office.
HEALTH CARE FLEXIBLE SPENDING AND DEPENDENT CARE ASISTANCE PROGRAM

Put more money in your wallet by enrolling! ASIFlex is the administrator of the Flexible Spending program.

Be aware: If you, or a family member, have a Health Savings Account (HSA) plan independently or from an employer, check with the HSA Plan Administrator about the use of a health care flexible spending account (FSA).

Enrollment Information:

NEW IN 2013 - New annual maximum of $2,500 for health care flexible spending per the Affordable Care Act (Healthcare Reform).

Annual re-enrollment is not required. If you are currently enrolled in either flexible spending account, your 2012 contribution will automatically become the 2013 election. If your 2012 election is over $2,500, it will be reduced to the new maximum. You are required to take action only if you want to start, stop, increase or decrease the employee current election.

Eligible expenses are expenses incurred during the calendar year (January 1 through December 31 or prior to your termination of employment). The determining factor is the actual date of services, not the date of billing or the date the bill is paid.

If you terminate your employment with Iowa State University, your contributions into your Flexible Spending Account plan will terminate at the end of the month in which your employment ends. If you have contributed funds remaining after your termination date, you can claim:

- Dependent care expenses for the remainder of the calendar year until your contributions are all claimed.
- Health care expenses you must request reimbursement within 90 days of termination.

Health Care Flexible Spending Account

- If you decide to enroll, estimate anticipated out-of-pocket medical, dental and/or vision expenses for the year.
- If you do not incur expenses for the full amount during the plan year (January 1 through December 31), federal regulations mandate that remaining funds may not be refunded to the employee. Iowa State University uses forfeited funds to help defray the administrative costs of the plan.

You may call 515-294-4800 / 877-477-7485 or email us at: benefits@iastate.edu to discuss your options. Sign up for the Flexible Spending Account today and pay lower taxes!! Use this tax-free money to pay for expenses you are already incurring for you, your spouse and/or any tax dependents!
What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-free account that allows you to pay for essential health care expenses that are not covered, or are partially covered, by your medical, dental and vision insurance plans; or pay for child/dependent care expenses. By contributing a portion of your pay into an FSA on a pre-tax basis, you can save from 25% to 40% on the cost of eligible expenses you are already incurring. You save money to pay for your out-of-pocket health care expenses, including prescription drug costs, medical, dental, vision and hearing expenses, and/or your child or dependent care expenses, including day care, babysitting, in-home care for older dependents and before & after school care expenses.

When you enroll in an FSA, you decide how much to contribute to the account for the entire plan year. The money is deducted from your pay pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts over the course of the plan year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to ASIFlex to request tax-free withdrawals from your FSA to reimburse yourself for these expenses.

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

What is a Health Care FSA?

The Health Care FSA is an account that allows you to set aside pre-tax dollars to pay for out-of-pocket medical expenses for you, your spouse and any tax dependents. Your full annual election is available to you on your first day of coverage, which means that when you incur eligible expenses, you can submit reimbursement requests immediately.

Some Eligible Expenses:

Deductible, copayments and coinsurance
Chiropractor’s fees
Dental expenses
Prescription drugs and insulin
Counseling or therapy sessions (does not include marriage counseling)
Some Expenses That Are Not Eligible:

Insurance premiums
Cosmetic procedures (face lifts, teeth whitening, veneers, etc.)
Toiletries
Long-term care expenses
Vitamins, herbs and/or nutritional supplements

Please Note: Effective January 1, 2011, Federal regulations require that you submit a prescription in order for over-the-counter (OTC) medicines and drugs to be eligible for reimbursement through the FSA program. This regulatory change will impact items such as pain relievers, cold and allergy medications, etc. OTC supply items such as diabetes test strips, contact lens solution, Band-Aids, etc. will not be affected, and will not require a prescription in order to be reimbursed.

Please visit http://isu.asiflex.com for a detailed list of eligible expenses.

Save more money....

What is a Dependent Care Assistance Program?

The Dependent Care Assistance Program allows you to use pre-tax dollars to pay for out-of-pocket childcare and/or elder dependent care expenses. You can set aside up to $5,000 ($2,500 if married and filing separately on your federal income taxes) per year (please note that the $5,000 is a household maximum) in the account. The funds are deducted before federal and state income taxes and FICA are assessed, and reimbursements are completely tax free.

Eligible expenses include day care, babysitting, general purpose day camps and pre-k expenses. Please note that you will be required to include your provider’s tax identification number or Social Security Number with your reimbursement request.

Ineligible expenses include overnight camps, care provided by your tax dependent, your spouse or your child who is under the age of 19 and care provided while you are not at work.
When Can I Start Requesting Reimbursement?

You can start submitting reimbursement requests as soon as services are provided in 2013, but eligible expenses can only be incurred on, or after, the first day of your plan year. For submitted claims funds contributed are released after February 1, 2013 on a DAILY basis.

**You may begin to file claims the second Tuesday in February 2013 - submit 2013 claims after that date.**

For the Health Care FSA, your full annual election amount is available upon your initial contribution to the spending account begins.

For the Dependent Care Assistance Program, you are allowed to be reimbursed only up to what you have had contributed from your pay at that point, but requests in excess of this amount will be reimbursed as additional contributions are taken from your pay.

You may submit reimbursement requests for either account as frequently or infrequently as you prefer. If all your insurance is through Iowa State University, automatic claim filing may be an option. You can find this form online at [http://isu.asiflex.com](http://isu.asiflex.com).

Reimbursement request for eligible claims incurred during the 2012 calendar year must be submitted and received by ASIFlex on or prior to April 30, 2013. After that date unused, prior year contributions are forfeited.

How Do I Submit Claims and Receive Reimbursement?

**Claim Submission:**

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

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

- **US Mail**
  P.O. Box 6044, Columbia, MO 65205

- Additional claim forms may be obtained by visiting [http://isu.asiflex.com](http://isu.asiflex.com).
Reimbursement:

- **Go Paperless!** Sign up to receive notifications from *ASIFlex* via email, rather than US Mail. By signing up for email notification, you will receive reimbursement notifications, account summary statements and more within one day of processing. Online Account Detail and the Secure Message Center are available 24 hours, 7 days a week at [https://my.asiflex.com](https://my.asiflex.com). Complete history, including available funds, year-to-date contributions, year-to-date reimbursements and more are available at online account detail. You will need your Flexible Spending Account PIN in order to access [https://my.asiflex.com](https://my.asiflex.com). Your PIN was provided to you in your welcome packet. If you do not have your PIN, you may call Customer Service at 800-659-3035 to obtain this number.

- Sign up for **direct deposit** today! By electing to receive reimbursements via direct deposit, you will **receive your money up to 5 days faster** than waiting for a check to be mailed to your home address. If enrolled in direct deposit, due to Federal banking regulations the effective date of the deposit is typically the banking day following the release of payment of the claim by *ASIFlex*. Direct deposit enrollment forms can be found at [http://isu.asiflex.com](http://isu.asiflex.com), or by calling customer service.

**REMINDER FOR 2012 PARTICIPANTS:**

**USE OR LOSE IT!!**

REIMBURSEMENT FOR 2012 claims, you will have until April 30, 2013 to submit a reimbursement request for incurred eligible expenses for 2012. After that date unused 2012 contributions are forfeited.

What If I Have Questions?

Contact *ASIFlex* Customer Service by:

**Phone:** 1-800-659-3035  **TTY Phone:** 866-908-6043

Monday through Friday – 7:00 a.m. – 7:00 p.m. Central Time

Saturday – 9:00 a.m. – 1:00 p.m. Central Time

**E-mail:** asi@asiflex.com

**Web:** [http://isu.asiflex.com](http://isu.asiflex.com)
The Premium Conversion Plan (Pre-tax) allows you to pay your share of:

- health insurance
- dental insurance
- life insurance
- health care flexible spending account
- dependent care flexible spending account
- parking

While saving money on Federal/State income taxes and Social Security (FICA and Medicare) taxes. This means that your premiums are deducted from your gross wages before taxes are calculated.

For example: if your monthly premium for medical, dental, and life insurance is $150 and your Federal tax rate is 28%, you would be saving $42 a month, or $504 a year in Federal taxes.

**Employees will be automatically enrolled in the premium conversion plan. You may decline during this open change period.**

If you want to change, you must complete a Pre-tax Premium Conversion Form and submit it to the Benefits Office. Changes can only be made during the enrollment and change period or at the time of a qualifying change in family or employment status.

✓ Note that participating in this program excludes you from the ability to claim your insurance premiums as medical expenses on your annual income tax forms.

✓ You will also need to be aware enrollment in the Premium Conversion Plan reduces the Social Security Tax that is withheld, so your Social Security benefits at retirement may be slightly reduced. Enrollment in this plan will not affect contributions to your basic retirement plan.
Iowa State University offers all eligible actively-at-work employees and eligible family members a voluntary group eyewear insurance plan. The eyewear plan vendor is called Avesis Vision. The Avesis plan does not cover eye exams. Exams may be covered under your medical plan. The Avesis plan will allow access to one of the most competitive vision networks in the nation. Avesis contracts with independent optometrists, ophthalmologists and most retail chain centers making it convenient for employees to purchase glasses or contacts at locations close to where they live or work.

The same eligibility rules apply to dependents as the medical and dental plans (see pages 5 - 6).

**ENROLL/CHANGE/END**

Changes for the 2013 plan year may be made on-line from October 1, 2012 through November 16, 2012. This is allowed only during the open change period. Follow the instructions on pages 10 – 13 of this informational guide.

To obtain a form contact the Human Resources Service Center at 515-294-4800 / 877-477-7485 or hrshelp@iastate.edu. The form is also available from the Benefits web page at: http://www.hrs.iastate.edu/hrs/benefits under: “Non-Supervisory Merit-Organized” line; then click “Open Change Period Information and then click on “Forms” to find the “Avesis Vision Voluntary Eyewear Insurance Plan Form”. Once completed, return to the Human Resources Service Center at 3810 Beardshear Hall by November 16, 2012 at 5:00 p.m.

Enrollment into the plan will be effective February 1, 2013.

**2013 RATES – Monthly premium deducted on a post-tax basis**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$6.98</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$13.23</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14.42</td>
</tr>
<tr>
<td>Family</td>
<td>$18.55</td>
</tr>
</tbody>
</table>

A complete listing of providers in Iowa and the United States can be found:
- www.avesis.com
- 1-800-828-9341 to contact Avesis Customer Service Representatives – Use group #60790-1227 and Plan #9133 to identify our plan.

**Want more information?**

Detail information regarding the Avesis vision plan design can be found at: https://www.Avesis.com/isu/, then click on “What is Covered” to find the picture link to view the complete summary of benefits.
ISU provides an employee assistance program (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 issues does my EAP address?**

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
- Emotional or mental health
- 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 three sessions per year
  - Per separate issue
- Telephone counseling 24/7 – unlimited number of calls

**How can I find out more about all the services available?**

Employee and Family Resources (EFR)

**By phone call:** Des Moines, IA - 515-244-6090 / Nationwide - 1-800-327-4692 / TTY - (877)542-6488
**By web:** [www.efr.org/wps/eap](http://www.efr.org/wps/eap)
As a result of the decision by John Hancock to no longer to allow new applicants in the group long term care market, the Regents Universities conducted a search for a new provider for group long term care insurance. The new provider, Genworth Financial, will be offering enrollment into their long term care product. The long term care will be an optional election.

**Dates to watch:**

- Beginning in January communications will be sent to your home address and campus e-mail
- January 22, 2013 through February 15, 2013 - initial enrollment
- February (dates to be determined) there will be onsite meetings/webinars
- April 1, 2013 – effective date.

**John Hancock Long Term Care Insurance:**

Existing contracts with John Hancock are not be impacted and will remain in place under the terms of the existing John Hancock policy and at premiums rates determined by John Hancock. For questions regarding your John Hancock contract, call John Hancock at 1-888-999-4563 or [http://iowasu.jhancock.com](http://iowasu.jhancock.com).
Vendor Value-Added Services

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

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

**Additional 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 at Wellmark**

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

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

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

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

This is an employee discount program that allows you to save money by offering substantial savings on popular goods and services. Web address: http://iowa.perkspot.com/Login.aspx?ReturnUrl=%2f

Additional Services through Principal Financial Group

✓ Travel Assistance

Available when enrolled in ISU basic life

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

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

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

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

✓ Identity Theft Kit & Will Preparation Services

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

As an option, if you are a covered employee under the group term life policy provided by Iowa State University. Will, Living Will, Healthcare Power of Attorney, Financial Power of Attorney preparation services are available through ARAG/Principal Financial Group. At any time you may begin using these free documents by visiting: www.ARAGwills.com/Principal.

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

To begin this service from the ARAG web site, click on “Register Here” on the right-hand column of the screen. The system will you require to enter the Iowa State University group policy number is N1460 with Principal Financial Group.

If you have questions or would like to learn more about this service contact Customer Care at 800-546-3718 or www.ARAGwills.com/Principal.
Available when enrolled in ISU life and/or long-term disability

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

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

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

- **Magazine Program** – One year subscription to Diabetic Living for $6. Savings of 70% off regular retail price. For information to go: [www.principal.com/ibeticliving](http://www.principal.com/ibeticliving).
You are not allowed to make plan election changes during the open change period. Your initial election is irrevocable. The election made during your initial enrollment period or enrolled by default will continue as your retirement plan option while employed at ISU.

www.ipers.org or call 1-800-622-3849

Current Contributions and Future Changes:

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>ISU Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2012</td>
<td>5.78%</td>
<td>8.67%</td>
</tr>
<tr>
<td>on July 1, 2013</td>
<td>Future contributions will be based on actuarial valuation and subject to change by State Legislative Act. IPERS may adjust rate up or down by no more than 1.0 percentage point</td>
<td></td>
</tr>
</tbody>
</table>

Effective July 1, 2012:

- Vested after 7 years of service or if contributing at age 65. If you are not vested on July 1, 2012, you will need 7 years total to be vested.
- Wages used to calculate benefit amounts will be the average over the 5 years the employee earned the most.
  - IPERS uses a control year outside the “high 5” to test for wage spiking
  - Multiplier is 2% a year for first 30 years and 1% a year for next 5 years. Maximum multiplier is 65%
- The amount lifetime monthly benefits are reduced for early retirement increases 5% times the number of years the member receives benefits before age 65. This reduction is only for people who retire before reaching normal retirement age.
  - Normal retirement age is age 65 or rule of 88 (age + years of service = 88) OR rule of 62/20 (age and years of service)
**TIAA-CREF** - [www.tiaa-cref.org](http://www.tiaa-cref.org) or call 800-842-2776 or the Ames Office at 866-904-7803 / 515-268-8600

**OR**

**VALIC** – [daniel.allen@valic.com](mailto:daniel.allen@valic.com) or call 913-402-5000 (District) or 515-770-1725 (Cellular)

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>EMPLOYEE Contribution</th>
<th>ISU Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>3 1/3% of 1st $4,800</td>
<td>6 2/3%</td>
</tr>
<tr>
<td></td>
<td>5% of remainder</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>(of budgeted annual salary)</td>
<td></td>
</tr>
<tr>
<td>5 years or more</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Future contributions are always subject to change.

- Vested after three years of service if hired after July 1, 2009

Vested in a retirement plan means ownership, this means that each employee will vest, or own, a minimum percentage stated in the plan document of their retirement plan.
Adding 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. The employer sponsored retirement plan and Social Security benefits may help cover essential living expenses, this may not be enough to finance the lifestyle in mind. This is why people should consider taking advantage of the 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

**Amount Allowed to Shelter?**

*(Per 2012 IRS Guidelines / 2013 unavailable at this time)*

- Under age 50 - $17,000 (2012) per year in a voluntary (elective salary deferral)
- Age 50 or older - $22,500 per year, which includes the optional election of a catch-up contribution of $5,500
- 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
- Met Life
- Ameriprise Financial (formerly American Express and IDS)

**How to Start:**

- Provide proof of application with vendor before your payroll deduction will be set up. (TIAA-CREF 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**

<table>
<thead>
<tr>
<th>For More Information Call:</th>
<th>The following is a list of helpful web sites associated with your benefit plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Resources Service Center</strong> 515-294-4800 / 877-477-7485</td>
<td>Benefit web page: <a href="http://www.hrs.iastate.edu/hrs/benefits">http://www.hrs.iastate.edu/hrs/benefits</a>  View certificates of coverage for medical and dental. Summary Plan Documents also available for life and long-term disability. To access information about the Iowa State University Benefits Options, please click on the “Non-Supervisory Merit”; then “Open Change Period Information” line.</td>
</tr>
</tbody>
</table>

**MEDICAL PLANS**

Web/phone to find/call for participating physician Information. Register online as member for access to claims information and online explanation of benefits.

Classic and Alliance Select Plans from Wellmark BC/BS of Iowa - National site for nationwide search for providers. Click on “BlueCard Dr and Hospital Finder” link. For information on care outside of the U.S., click on “HealthCare Anywhere”.

<table>
<thead>
<tr>
<th>Classic Blue Plan</th>
<th>Program 3 Plus</th>
<th>800-622-0043</th>
<th><a href="http://www.wellmark.com">www.wellmark.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Select (PPO)</td>
<td>Iowa Select</td>
<td>800-622-0043</td>
<td><a href="http://www.wellmark.com">www.wellmark.com</a></td>
</tr>
</tbody>
</table>

Managed Care Organization Plans from Wellmark BC/BS of Iowa - Iowa site for local, in-state providers

<table>
<thead>
<tr>
<th>Primary Care Plan</th>
<th>Blue Advantage</th>
<th>800-553-7801</th>
<th><a href="http://www.wellmark.com">www.wellmark.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Access Plan</td>
<td>Blue Access</td>
<td>800-553-7801</td>
<td><a href="http://www.wellmark.com">www.wellmark.com</a></td>
</tr>
</tbody>
</table>

**DENTAL PLAN**

Call or access Delta website for a participating dentist directory (Premier Plan). Register as a subscriber to access your dental insurance information and request electronic explanation of benefits. Delta Dental also includes a vision discount program through Eyemed.

| Delta Dental of Iowa | 800-544-0718 | [www.deltadentalia.com](http://www.deltadentalia.com) |

**HEALTH CARE FLEXIBLE SPENDING ACCOUNT and DEPENDENT CARE ASSISTANCE PROGRAM**

**ASIFlex**

<table>
<thead>
<tr>
<th>ASIFlex</th>
<th>800-659-3035</th>
<th><a href="http://www.myASIFlexonline.com">www.myASIFlexonline.com</a> – for individual account information</th>
</tr>
</thead>
</table>

**EYEWEAR PLAN**

|--------------------|--------------|-------------------------------------------------------------|

**RETIREDMENT PLANS**

| IPERS – [www.ipers.org](http://www.ipers.org) or call 800-622-3849 |
|------------------------|------------------------------------------------|
| TIAA-CREF - [www.tiaa-cref.org](http://www.tiaa-cref.org) or call 800-842-2776 or the Ames Office at 866-904-7803 / 268-8600 |
| VALIC – [daniel.allen@valic.com](mailto:daniel.allen@valic.com) or call 913-402-5000 (District) or 515-770-1725 (Cellular) |
| [www.ARAGwills.com/Principal](http://www.ARAGwills.com/Principal) |
| ISU Group number - N1460 |

**WELLMARK – BLUE 365**

|-------------------------------------------------------------|

**PERKSPOT**

|-------------------------------------------------------------|

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

<table>
<thead>
<tr>
<th>515-244-6090 / 800-327-4692</th>
<th>Employee and Family Resources (EFR) - <a href="http://www.efr.org/wps/eap">www.efr.org/wps/eap</a></th>
</tr>
</thead>
</table>
This is a summary of your benefits as a Non-Supervisory Merit employee. 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** portal or your signature on the enrollment forms authorizes:

- The accuracy of the benefit elections you have made, as well as the accuracy of the information about you and your dependents.
- ISU to make the appropriate payroll deductions (if any) from your 2013 payroll to pay your share 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**
Monday, October 1, 2012 at 8:00 a.m.
through
Thursday, November 16, 2012 at 5:00 p.m.

### To complete the enrollment process

- All corrections must be returned to the Benefits Office by December 7, 2012.
- A Final Benefit Statement of 2013 elections will be available on AccessPlus December 13, 2012.
- Your new medical and dental deductions will begin with your December pay.
- Your new flex, Avesis and life deductions will begin with your January pay.
- The medical plan changes effective January 1, 2013.
- Avesis Vision plan changes will be effective February 1, 2013.

### The Basic and Voluntary Life Insurance

- Will be effective January 1, 2013
  OR
- The 1st of the month following the Principal Statement of Health approval, whichever is the later.

### The 2013 Spending Account contributions

REMINDER: New annual contribution of $2,500 for health care spending account.

- Available for expenses incurred on or after January 1, 2013.
- Daily reimbursement beginning the second Tuesday in February, 2013.

If you have any questions, and would like to speak with a Benefits Specialist please contact the Human Resources Service Center at 515-294-4800 or 877-477-7485, send your questions via email to benefits@iastate.edu, or check out the ISU Plan Web Page:

http://www.hrs.iastate.edu/benefits/homepage.shtml