2024 Benefits Open Enrollment

ISU Plan Benefits for January 1, 2024

Begins: November 1, 2023 8:00am CT
Ends: November 17, 2023 5:00pm CT
UHR Service Center and Benefits Office

Contact Benefits:
(Phone) 515-294-4800 or
877-477-7485
(Email) benefits@iastate.edu

Schedule an appointment online through Bookings

<table>
<thead>
<tr>
<th>Faculty/Staff Last name begins with</th>
<th>Benefits Consultant</th>
<th>Schedule Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-D</td>
<td>Jill Pretzer</td>
<td><a href="#">Schedule Appointment</a></td>
</tr>
<tr>
<td>E-K</td>
<td>Dawn Shedarowich</td>
<td><a href="#">Schedule Appointment</a></td>
</tr>
<tr>
<td>L-R</td>
<td>Teree Hungerford</td>
<td><a href="#">Schedule Appointment</a></td>
</tr>
<tr>
<td>S-Z</td>
<td>Sarah Ford</td>
<td><a href="#">Schedule Appointment</a></td>
</tr>
</tbody>
</table>

Benefit Website: [https://www.hr.iastate.edu/employee-benefits](https://www.hr.iastate.edu/employee-benefits)
Agenda

• Open Enrollment Overview
• 2024 Benefit Changes
• Review Benefit Plans
• ALEX
Open Enrollment Period

The annual opportunity to elect or change health insurance, dental insurance, life insurance, flexible spending accounts and the vision discount plan for the upcoming year.

Effective Date for Changes:

- January 1: medical/Rx, dental insurance, eyewear plan, health care flexible spending account and dependent care assistance program
- January 1: all life insurances when dropping or reducing coverage
- January 1 or upon Principal approval: all life insurance when adding or increasing coverage
2024 Benefit Changes

1. Medical monthly premiums are increasing.
2. The share of the cost you pay when you receive care is likely increasing.
3. Most Dental monthly premiums are increasing.

Medical Plan Feature Changes specific to:
- Deductible
- Coinsurance
- Copay application
- Out of Pocket Maximum

Health Care Flexible Spending (FSA)
- Annual maximum expected to increase from $3,050 (2024 TBD)
- Rollover limit expected to remain $610
2024 Benefits Changes: Why the Changes?

- The university will continue to pay a significant amount of the costs. However, after a rigorous review, it was concluded that these changes are necessary so that costs are more sustainable and the university can continue to offer a competitive benefits package.
- While ISU continues to work to hold down costs, there may need to be additional adjustments each year to keep up with rising health care costs.

**Bottom line:** health care costs keep going up and Iowa State needs to share more of the cost with faculty and staff.
<table>
<thead>
<tr>
<th><strong>Wellmark</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BluePPO</strong></td>
</tr>
<tr>
<td>• Access to nationwide network of participating providers</td>
</tr>
<tr>
<td>• Deductible for in-network and out-of-network are separate</td>
</tr>
<tr>
<td>• Out-of-pocket maximum for in-network and out-of-network are separate</td>
</tr>
<tr>
<td>• Out-of-pocket maximum resets every January</td>
</tr>
<tr>
<td>• Deductible resets every January</td>
</tr>
<tr>
<td><strong>BlueHMO</strong></td>
</tr>
<tr>
<td>• Iowa network of participating providers</td>
</tr>
<tr>
<td>• Emergency services only outside the Iowa network</td>
</tr>
<tr>
<td>• Must designate a primary care physician (PCP)</td>
</tr>
<tr>
<td>• Females may also designate a primary OB/GYN physician for annual exams</td>
</tr>
<tr>
<td>• Referrals are not required for in-network providers</td>
</tr>
<tr>
<td>• Out-of-Network Specialist: Wellmark must approve out of network referrals before you receive services or the services will not be covered</td>
</tr>
<tr>
<td>• Guest membership: provides access to BCBS participating hospitals, physicians and other healthcare providers while away from home for 90 days or longer.</td>
</tr>
<tr>
<td>• College students</td>
</tr>
<tr>
<td>• Custodial parents</td>
</tr>
<tr>
<td>• Out-of-pocket maximum/deductible reset every January</td>
</tr>
</tbody>
</table>
### Medical Insurance Premiums

**2024 Monthly Medical Plan Premiums:** The monthly amount you pay for your medical prescription drug coverage out of your paycheck.

- Plans are administered by Wellmark
- Two Different Plan Designs
  - Health Maintenance Organization (BlueHMO)
  - Preferred Provider Organization (BluePPO)

<table>
<thead>
<tr>
<th>Beginning Jan. 1, 2024</th>
<th>BlueHMO</th>
<th>BluePPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Monthly Premium</td>
<td>University’s Monthly Premium</td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td>$33 (up $4)</td>
<td>$635 (up $64)</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$184 (up $32)</td>
<td>$1,351 (up $125)</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$120 (up $20)</td>
<td>$1,080 (up $103)</td>
</tr>
<tr>
<td><strong>Employee + Family</strong></td>
<td>$234 (up $41)</td>
<td>$1,719 (up $159)</td>
</tr>
<tr>
<td><strong>Double Spouse</strong></td>
<td>$154 (up $25)</td>
<td>$1,799 (up $175)</td>
</tr>
</tbody>
</table>
Medical Plan Terminology

**Deductible:** Expenses you pay before the plan starts paying. What is paid toward the deductible also applies to the Out-of-Pocket Maximum.

**Copay:** Flat dollar for provider visits. *When a copay is listed, the employee will pay one copay per visit which will be inclusive of that visit.*

**Note:** All services with copays are not subject to the deductible.

**Coinsurance:** Percentage of cost for all other medical services including in patient and out-patient expenses

**Medical Out-of-Pocket Maximum (OPM):** The most you pay in a calendar year.
- This maximum is designed to protect you from catastrophic medical costs.

**Preventive Care:** Preventive services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), or the federal Centers for Disease Control (CDC). Examples of preventive services: annual physical, mammogram, pap smear, colonoscopy.

Watch a short video explaining these medical insurance terms: https://www.hr.iastate.edu/files/video/2023-09/Understanding_Your_Medical_Coverage_Costs.mp4
# Medical Plan Comparison

You’ll continue to have the same medical plan options—BlueHMO or BluePPO—and they will work in the same way as they do now. However, you will share in more of the costs through these moderate changes. The share of costs borne by Iowa State are still considerably above market norms.

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>BluePPO</th>
<th>BlueHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$400 (was $0)</td>
<td>$800 (was $400)</td>
</tr>
<tr>
<td>• Single</td>
<td>$800 (was $0)</td>
<td>$1,600 (was $800)</td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td>$250 (was $0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$500 (was $0)</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20% (was 10%)</td>
<td>40% (was 20%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% (was None)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>• Single</td>
<td>$4,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>• Family</td>
<td></td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>$25 copay – Copay is inclusive of the visit</td>
<td>40% coinsurance (was 20%)</td>
</tr>
<tr>
<td>• Mental health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical Therapy</td>
<td></td>
<td>$15 copay – Copay is inclusive of the visit</td>
</tr>
<tr>
<td>• Occupational Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Speech Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>$0 (was $25 copay)</td>
<td>40% coinsurance (was 20%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0 (was $15 copay)</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$125 copay, plus 20% coinsurance (was 10%)</td>
<td>$125 copay, plus 20% coinsurance (was 10%)</td>
</tr>
<tr>
<td></td>
<td>$125 copay, plus 20% coinsurance (was 10%)</td>
<td>$125 copay, plus 10% coinsurance (was None)</td>
</tr>
</tbody>
</table>

**Note**: In-network preventive care will now be no cost to you!
# Prescription Plan – Express Scripts

<table>
<thead>
<tr>
<th>Annual Out-of-Pocket Maximum</th>
<th>Single $2,000</th>
<th>Family $4,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day supply – retail pharmacy</td>
<td>• $15 copay for generic</td>
<td></td>
</tr>
<tr>
<td>May qualify for Smart90 program</td>
<td>• 30% coinsurance for preferred brand name</td>
<td>($125 maximum copay/prescription)</td>
</tr>
<tr>
<td></td>
<td>• 50% coinsurance for non-preferred brand name</td>
<td>($250 maximum copay/prescription)</td>
</tr>
<tr>
<td>90-day supply – retail pharmacy</td>
<td>• $45 copay for generic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 30% coinsurance for preferred brand name</td>
<td>($375 maximum copay/prescription)</td>
</tr>
<tr>
<td></td>
<td>• 50% coinsurance for non-preferred brand name</td>
<td>($750 maximum copay/prescription)</td>
</tr>
<tr>
<td>90-day supply – Express Scripts Home Delivery Pharmacy</td>
<td>• $0 copay for generic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 25% coinsurance for preferred brand name</td>
<td>($300 maximum copay/prescription)</td>
</tr>
<tr>
<td></td>
<td>• 33% coinsurance for non-preferred brand name</td>
<td>($600 maximum copay/prescription)</td>
</tr>
</tbody>
</table>
Introduce Rx Clinical Programs

1. **Price Assure Program** – is a new solution to include available prescription discount card pricing intelligence, powered by GoodRx, into member pricing logic. This means that claims will be tracked within the benefit, even when the plan is leveraging a GoodRx price point.

2. **Out of Pocket Protection Program** - An automated solution that removes copay assistance dollars from a member’s out-of-pocket maximum.

3. **SaveOnSP Program** - The SaveOnSP program implemented by Express Scripts in conjunction with a third-party vendor, SaveOnSP to leverage manufacturer copay assistance to drive savings for clients and members.

4. **Smart90 Program** – Requires a 90-day supply at the retail pharmacy or through Express Scripts home delivery once you have been on a medication for 3 consecutive months.
2024 Monthly Dental Plan Premiums: The monthly amount you pay for your dental coverage out of your paycheck

- Administered by Delta Dental of Iowa
- Two Plan Designs
  - Basic Plan
  - Comprehensive Plan – requires 3-year lock-in

<table>
<thead>
<tr>
<th>Beginning January 1, 2024</th>
<th>2023 Basic Plan</th>
<th>2024 Basic Plan</th>
<th>2023 Comprehensive Plan</th>
<th>2024 Comprehensive Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$0</td>
<td>$0</td>
<td>$17</td>
<td>$18</td>
</tr>
<tr>
<td>Employee and spouse/partner</td>
<td>$32</td>
<td>$34</td>
<td>$81</td>
<td>$85</td>
</tr>
<tr>
<td>Employee and child(ren)</td>
<td>$39</td>
<td>$41</td>
<td>$87</td>
<td>$91</td>
</tr>
<tr>
<td>Employee and family</td>
<td>$48</td>
<td>$50</td>
<td>$101</td>
<td>$106</td>
</tr>
<tr>
<td>Double Spouse/partner family</td>
<td>$25</td>
<td>$26</td>
<td>$78</td>
<td>$82</td>
</tr>
</tbody>
</table>
# Dental Plan Comparison

<table>
<thead>
<tr>
<th>Delta Dental Premier Plus PPO</th>
<th>Basic</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Per Person/Year</td>
<td>$750 (applied to restorative services only)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Annual Deductible – applied to first restorative visit</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Check Ups &amp; Cleaning</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**BASIC RESTORATIVE**

- Cavity Repair & Extractions: 50% (Basic), 80% (Comprehensive)
- Root Canals: 50% (Basic), 80% (Comprehensive)
- Gum & Bone Disease: 50% (Basic), 80% (Comprehensive)

**MAJOR RESTORATIVE**

- High-Cost Restorations: 50% (Basic), 50% (Comprehensive)
- Bridges, Dentures, Implants: Not Covered (Basic), 50% (Comprehensive)
- Orthodontics: Not Covered (Basic), 50% after deductible up to lifetime maximum of $2,000 (no age limit) (Comprehensive)
Eligible Dependents

- Legally Married Spouse
- Domestic Partner
  - Potential tax implications/imputed income
- Dependent Child(ren)
  - Who have a relationship to the employee or enrolled spouse/domestic partner
  - Biological, foster, legally adopted/placed for adoption, legal guardianship, court-ordered
  - Through December 31 of year in which turn age 26
  - Unmarried, full-time students over age 26
  - Totally & permanently disabled child

- Dependent status verification required. Report changes promptly.
Required Documentation

Documentation of eligible dependents is required. Be prepared to attach electronic copies of the following in Workday.

- Spouse
  - Marriage Certificate or Common Law Affidavit AND Any one of the following:
    - Driver’s licenses or other state issued identification of employee and spouse with matching addresses
    - Driver’s license of spouse only if the address matches that on file
    - Current mortgage statement or other proof of joint ownership of home
    - Current rent/lease agreement
    - Page 1 of federal or state tax return (1040, 4506, 4506-T, 8879 or M8453) from one of the prior two years, listing spouse
    - Auto/homeowner insurance currently in effect
    - Utility bills, with same address currently in effect
    - Immigration papers (if marital status is listed)
Required Documentation

Documentation of eligible dependents is required. Please be prepared to attach electronic copies of the following in Workday.

- **Domestic Partner**
  - Declaration of Domestic Relationship form located at: [https://www.hr.iastate.edu/benefits-forms](https://www.hr.iastate.edu/benefits-forms)
  - Document verifying you share a place of residence

- **Dependent Child(ren)**
  - Birth Certificate
Insuring Domestic Partners / Child Over 26

Potential Tax Consequences/Implications

- Individuals may not be “tax dependent” per the IRS
- ISU will impute the income and you are taxed on added value of coverage
Double Spouse Options – Medical & Dental

Share A Family Contract on ISU Plan

• Who can share:
  o Faculty
  o Professional & Scientific
  o Merit
  o Pre/Post Doctoral Associates

• Two ISU employees with children to insure can share a family contract.

• One employee will be the contract holder.

• Only applies to a family plan. If children come off the plan, the double spouse option must end.
## Eyewear Discount Plan

### Vision Care Services

<table>
<thead>
<tr>
<th>Matériaux*</th>
<th>In-Network Member Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25.00 copay</td>
<td>(Applicable to frame or spectacle lenses, if applicable.)</td>
</tr>
</tbody>
</table>

### Frame Allowance

<table>
<thead>
<tr>
<th>Tier</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$6.67</td>
</tr>
<tr>
<td>Employee + Spouse/Partner</td>
<td>$12.58</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$13.77</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$17.71</td>
</tr>
</tbody>
</table>

**Tier of Coverage**

<table>
<thead>
<tr>
<th>Frame Allowance (Up to 20% discount above frame allowance.)</th>
<th>Members receive a $50 wholesale allowance up to $150 retail value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Spectacle Lenses</strong></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full after $25 copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered in full after $25 copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full after $25 copay</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in full after $25 copay</td>
</tr>
<tr>
<td><strong>Preferred Pricing Options</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Level 6 Lens Option Package</strong></td>
<td></td>
</tr>
<tr>
<td>Polycarbonate (Single Vision/Multi-Focal)</td>
<td>$40/$44</td>
</tr>
<tr>
<td>Standard Scratch-Resistant Coating</td>
<td>$17</td>
</tr>
<tr>
<td>Ultra-Violet Screening</td>
<td>$15</td>
</tr>
<tr>
<td>Solid or Gradient Tint</td>
<td>$17</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
</tr>
<tr>
<td>Level 1 Progressives</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Level 2 Progressives</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>All Other Progressives</td>
<td>$140 allowance + up to 20% discount</td>
</tr>
<tr>
<td>Transitions® (Single Vision/Multi-Focal)</td>
<td>$70/$80</td>
</tr>
<tr>
<td>Polarized</td>
<td>$75</td>
</tr>
<tr>
<td>PGX/PBX</td>
<td>$40</td>
</tr>
<tr>
<td>Other Lens Options</td>
<td>Up to 20% Discount</td>
</tr>
</tbody>
</table>

**Contact Lenses** *(in lieu of frame and spectacle lenses)*

<table>
<thead>
<tr>
<th>Tier</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective (10% discount on amount exceeding allowance)</td>
<td>$130 allowance</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Refractive Laser Surgery</td>
<td>One time/lifetime $150 allowance Provider discount up to 25%</td>
</tr>
</tbody>
</table>
Insurance ID cards

Member ID cards for medical, prescription, dental and vision plans

• Wellmark – PPO or HMO plan
  o ID cards in contract holder’s name only
  o All members will receive new cards for 2024

• Delta Dental, Express Scripts and Avesis
  o Contract holder’s name only
  o Continue to use same member ID cards
Flexible Spending Accounts

- Administered by ASIFlex
- Not a Health Savings Account (HSA)
- Pre-tax contributions from your pay
- Optional participation
- Separate accounts:
  - Health Care Flexible Spending (FSA)
  - Dependent Care Assistance Program (DCAP)

- What is flexed may not be reported on a tax return
- Incur expenses in calendar year (January 1-December 31)
- Must Re-elect FSA and DCAP elections each year to continue
Health Care Flexible Spending Account

• Deductions taken equally over pay periods

Minimum Contribution | $240 per year
Maximum Contribution | $3,050 per year (2024 limit TBD)

• Reimbursed for expenses for yourself and eligible dependents as determined by the Internal Revenue Service
  • Qualified medical, dental or vision expenses that are not eligible for reimbursement from any other source
  • Examples: coinsurance, deductibles, copays, eyeglasses, contact lenses, hearing aids, orthodontics and some O-T-C medications with doctor’s prescription
  • Limited purpose use if participating in Health Savings Account elsewhere

Carry Over Provision
• $610 in unused 2023 funds can be rolled over to the 2024 plan year
• Can claim the carry over amount during the following plan year as long as you continue to be a benefits eligible employee
Dependent Care Assistance Program

- Deductions taken equally over remaining pay periods

- Use it or lose it
- Grace period ends March 15th the following year

<table>
<thead>
<tr>
<th>Minimum Contribution</th>
<th>$240 per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Contribution</td>
<td>$5,000 per year</td>
</tr>
<tr>
<td>(single or married and filing joint return)</td>
<td></td>
</tr>
<tr>
<td>Maximum Contribution</td>
<td>$2,500 a year</td>
</tr>
<tr>
<td>(married and filing separate returns)</td>
<td></td>
</tr>
</tbody>
</table>
Dependent Care Assistance Program

Expenses to provide care for your eligible dependents may qualify while you work.

Eligible dependents include:

• Children under age 13
• Disabled child
• Disabled spouse
• Disabled parent living in your home

Covered Charges:

• Licensed day care center
• Nursery School
• In-home day care
  • Provider must claim as income
• Adult day care or nursing care
FLEX Reimbursement

- Reimbursements begin only after the first contribution is made
  - January 31\textsuperscript{st} contribution reported to ASI Flex in early February

- **April 30, 2024** - Deadline to submit reimbursement requests for 2023 expenses

- What is flexed, may not be claimed on tax return

- Direct deposit available
FLEX Reimbursement

Debit card option:

• Receipts may still be required for certain services
• Choose either debit card or auto claims filing – cannot do both
• Must request debit card from ASI Flex – not automatic
Reminder – 2023 incurred expenses

• If you are participating in 2023:
  o **April 30, 2024 is the deadline** to submit reimbursement requests for expenses incurred in 2023

• **DCAP plans, USE IT or LOSE IT!**
  o If you don’t incur the expenses or claim those expenses by the deadline for filing, all unclaimed funds are lost

• **Health Care plans**
  o If you don’t incur the expenses or claim those expenses by the deadline for filing, funds in excess of the $610 carryover will be forfeited
  o Example, if you have $1,800.00 in funds to claim but don’t make the claim by the deadline, you will lose $1,190.00 of the 2023 money.
Life Insurance Plans
For Faculty, P&S and Merit staff

**Group Basic Term Life**
- Premium paid 100% by ISU
- Two Plan Options (may only elect one)
  - Benefit amount of 2 times annual salary OR
  - $50,000 policy

**Voluntary Term Life**
- Employee pays premium
- Apply for up to 4 times salary (medical underwriting required)
- May drop coverage at any time
- Portable upon separation or retirement

**Dependent Term Life**
- Coverage for spouse/partner and children (up to age 26)
- Two plan options to choose from
Group Basic Term, Voluntary Term & AD&D Life Beneficiary Designation

• Verify in Workday if you have a current beneficiary designation form on file
  o View Profile; Overview; Documents

• If you need to add or update life insurance beneficiaries:
  o Print and complete Principal Beneficiary Designation Form
  o [https://www.hr.iastate.edu/beneficiary-designationchange-instructions-and-form](https://www.hr.iastate.edu/beneficiary-designationchange-instructions-and-form)
  o Send completed form to the Benefits Office

• Beneficiaries may be updated at any time
Long Term Disability Insurance
For Faculty, P&S and Merit staff

Effective date of coverage:
• **Automatic enrollment** after 12 months of employment
• **Optional enrollment** for 1st year of employment

**Benefit:** If enrolled in the plan at the time the disability incurred and following approval by Principal
• 90 work-day waiting period
• Pays a replacement income (63% of pre-disability income)
• Pays all ISU life insurance policies (group term basic, voluntary and dependent)
• Option to continue to participate in group medical & dental if enrolled at time of disability
What if I don’t want to make changes?

Healthcare Flexible Spending and Dependent Care Assistance
  • Must be re-elected each year
  • If you do not make a new election, your participation in the flexible spending accounts will be waived for 2024

All other benefit elections will remain in place if you don’t make any changes during the Open Enrollment period
  • Medical plan
  • Dental plan
  • Life Insurance
  • Avesis Vision Discount
  • Supplemental Retirement Plans
Additional Benefits & Programs
Voluntary Group Supplemental Retirement Annuity (GSRA)

- Supplemental retirement account in addition to the mandatory plan
- No employer matching contributions
- May start, stop or change contributions any month
- Pre-tax or Post-tax (Roth) options available
  - Previous contributions into a voluntary plan are considered
  - IRS limits for elective deferrals apply
- To Enroll:
  - Go to your OKTA homepage to add “Retirement@Work” app
  - Enroll via Retirement@Work where you will be directed to establish an account with vendor
  - Vendors allowed with payroll deduction:
    - corebridge financial
    - Ameriprise Financial
    - TIAA
Employee Assistance Program
• Administered by Employee & Family Resources
• 24/7 telephone counseling at no cost to employee
• Up to 6 in-person sessions with an EFR counselor at no cost
• Contact Employee & Family Resources: 877-883-1387

Vendor Discount Programs
• Visit the ISU Benefits website for details: https://www.hr.iastate.edu/vendor-discounts
Principal offers ISU employees the option of purchasing individual Disability Income (DI) insurance in addition to the group LTD.

DI works in tandem with your group long-term disability (LTD) insurance coverage to help you replace more of your income if you can't work due to a disabling illness or injury.

Plus, you can take the individual policy with you wherever your career takes you.

https://www.hr.iastate.edu/benefits/addlbenefits/voluntary-individual-disability-income-insurance
Donated Leave for Catastrophic Illness or Injury

Employee on extended medical leave of absence due to:

- Employee’s own medical illness or injury
- Immediate Family Member’s medical illness or injury

Program allows Donations; must meet specific criteria

- On a continuous medical leave for at least 30 work-days
- Certified medical condition by health care provider
- Must exhaust all vacation and sick leave accruals, if applicable
- Employee cannot be receiving Worker’s Compensation benefits
- Employee cannot be receiving Long Term Disability Income

Allowed to receive for up to 90 work-days; policy/guidelines on Benefit website

ISU donors can ONLY donate:

- Vacation time
- Vacation credit

**Employee Leave** - must exhaust sick leave, vacation & vacation credit

**Immediate Family Leave** - must exhaust emergency leave, vacation & vacation credit
ALEX is an easy-to-use, fun, and interactive guide that asks questions about your benefits and makes personalized recommendations that fit your needs.

- **ALEX** is accessible via the University Human Resources Benefits website: [https://www.hr.iastate.edu/employee-benefits](https://www.hr.iastate.edu/employee-benefits)
- Will be available with 2024 information on October 2
- Two options will be available
  - Standard version
  - AlexGo
- Free and confidential
Take Action!

1. Get Informed
   ✓ Scan the **2024 updates** on the open enrollment webpage and **benefits education resources** on the HR website
   ✓ Read the Inside Iowa State enrollment article

2. Get Support
   ✓ Use our popular interactive guidance tool, **ALEX**
   ✓ Schedule a 1:1 appointment with a Benefits Office staff member by
     o calling 515-294-4800 or
     o emailing **benefits@iastate.edu** or
     o though the online scheduling tool "Bookings"

3. Confirm Your Plans or Get Enrolled
   ✓ Follow the Open Enrollment KBA instructions
   ✓ Enroll during the enrollment period through Workday
Prior to 5 p.m. CT on November 17, 2023

**Important Notes:**
- You can submit elections as many times as you want up until the 5 p.m. November 17 deadline.
- The last changes **submitted** by the deadline will be final.
- **Health Care Spending Account & Dependent Care Assistance Program** elections will **NOT** carry over from one year to the next. You must elect these each year within Open Enrollment.

**Enroll, make changes, and verify benefits in Workday**

Knowledge Base Article (KBA): [https://www.hr.iastate.edu/annual-benefits-open-enrollment](https://www.hr.iastate.edu/annual-benefits-open-enrollment)

**Forms Required if adding coverage for:**
- Domestic Partner: Declaration of Relationship + one additional
- Spouse: Marriage License + one additional
- Dependent Children: Birth Certificate
10 Ways to Get the Best Value

**Your day-to-day decisions make a big difference in how much you pay for health care.** Here are several things you can do to make sure you’re getting the best value from your medical coverage.

1. **Do what you can to stay healthy** by getting regular preventive care (which will be free starting in 2024), eating healthy, exercising regularly, and getting enough sleep.
2. **Choose the right level of health care** that you need at the moment. For example, only go to the ER when you have a true emergency or if it’s the only option in your area.
3. **Reach out for help.** Benefits can be confusing, and you don’t have to figure them out on your own. Try out ALEX or the Wellmark, Delta Dental, and Express Scripts member portals and customer service.
4. **Get your prescriptions through the mail.** It’s the most convenient and cost-effective way to get your medications.
5. **Put money in the Health Care (FSA) and/or DCAP** to pay for certain expenses with pre-tax dollars.
6. **Use providers in the Wellmark network**—called in-network providers. Use IZU for the BluePPO and XQW for the BlueHMO as the prefix when looking at https://www.wellmark.com/finder.
7. **Consider all the medical plan options** that are available to your dependents.
8. **Estimate your 2024 out-of-pocket medical costs** to inform the plan option you select for 2024 and plan for your estimated expenses. Utilizing myWellmark at Wellmark.com is an easy way to determine what you spent on medical costs in the past year.
9. **Estimate your 2024 out-of-pocket pharmacy costs** to inform the plan option you select for 2024 and plan for your estimated expenses. Utilizing the Express Scripts website is an easy way to determine what you spent on pharmacy costs in the past year.
10. **Find out approximately how much care will cost** and keep tabs on spending utilization on your Wellmark, Delta Dental, and Express Scripts member portals.
Contact Us

**UHR Service Center**

Email: hrshelp@iastate.edu
Phone: (515)-294-4800 or (877)-477-7485
Office: 3810 Beardshear Hall, 515 Morrill Road

**UHR Benefits Office**

Email: benefits@iastate.edu
Phone: (515)-294-4800
Benefits Website:
https://www.hr.iastate.edu/employee-benefits

**Open Enrollment Website:**
https://www.hr.iastate.edu/annual-benefits-open-enrollment