# IOWA STATE UNIVERSITY

**University Human Resources** 

# 2025 Benefits Open Enrollment

ISU Plan Benefits for January 1, 2025

Begins: November 1, 2024 8:00am CT Ends: November 22, 2024 5:00pm CT

### **UHR Service Center and Benefits Office**

### **Contact Benefits:**

(Phone) 515-294-4800 or 877-477-7485 (Email) <u>benefits@iastate.edu</u>

Schedule an appointment online through Bookings

Faculty/Staff Last name begins with	Benefits Consultant	Schedule Appointment
A-D	Jill Pretzer	Schedule Appointment
E-K	Dawn Shedarowich	Schedule Appointment
L-R	Teree Hungerford	Schedule Appointment
S-Z	Sarah Ford	Schedule Appointment

Benefit Website: <u>https://www.hr.iastate.edu/employee-benefits</u>

- Open Enrollment Overview
- 2025 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

## **2025 Benefit Changes**



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- Medical premium increase
- 2 Dental premium increase
  - Avesis premium increase plus added benefits to plan design
  - Health Care Flexible Spending (FSA)
    - 2025 annual maximum \$3,300
    - 2025 Rollover limit \$660

No Change to the Medical or Dental Plan Design

- Deductible
- Coinsurance
- Copay application
- Out of Pocket Maximum

## **Medical Insurance Premiums**

**2025 Monthly Medical Plan Premiums:** deducted pre-tax out of your paycheck.

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

	BlueHMO		BluePPO	
Beginning Jan. 1, 2025	Employee Monthly Premium	University's Monthly Premium	Employee Monthly Premium	University's Monthly Premium
Employee Only	<mark>\$45</mark>	<b>\$753</b>	<b>\$76</b>	<b>\$741</b>
	(up \$12)	(up \$118)	(up \$21)	(up \$105)
Employee + Spouse	<mark>\$217</mark>	<b>\$1,615</b>	<b>\$373</b>	<b>\$1,495</b>
	(up \$33)	(up \$264)	(up \$41)	(up \$248)
Employee + Child(ren)	<b>\$150</b>	<b>\$1,282</b>	<b>\$257</b>	<b>\$1,201</b>
	(up \$30)	(up \$202)	(up \$11)	(up \$215)
Employee +	<mark>\$300</mark>	<b>\$2,031</b>	<b>\$522</b>	<b>\$1,873</b>
Family	(up \$66)	(up \$312)	(up \$97)	(up \$274)
Double Spouse	<b>\$195</b>	<b>\$2,136</b>	<b>\$333</b>	<b>\$2,062</b>
	(up \$41)	(up \$337)	(up \$31)	(up \$340)

### Wellmark

#### **BluePPO**

- Access to nationwide network of participating providers
- Deductible for in-network and out-ofnetwork are separate
- Out-of-pocket maximum for in-network and out-of-network are separate
- Out-of-pocket maximum resets every January
- Deductible resets every January

#### **BlueHMO**

- Iowa network of participating providers
- Emergency services only outside the lowa network
- Must designate a primary care physician (PCP)
- Females may also designate a primary OB/GYN physician for annual exams
- Referrals are not required for in-network providers
- Out-of-Network Specialist: Wellmark must approve out of network referrals before you receive services, or the services will not be covered
- Guest membership: provides access to BCBS participating hospitals, physicians and other health care providers while away from home for 90 days or longer.
  - College students
  - Custodial parents
- Out-of-pocket maximum/deductible reset every January

## **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 provider per date of service**.

**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—Wellmark BlueHMO or Wellmark BluePPO

	Blu		
Plan Provisions	In-Network	Out-of-Network	BlueHMO
Deductible <ul><li>Single</li><li>Family</li></ul>	\$400 \$800	\$800 \$1,600	\$250 \$500
Coinsurance	20%	40%	10%
Out-of-Pocket Maximum <ul><li>Single</li><li>Family</li></ul>	\$2,000 \$4,000	\$4,000 \$8,000	\$1,500 \$3,000
Office Visit <ul> <li>Mental health services</li> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Therapy</li> </ul>	\$25 copay	40% coinsurance	\$15 copay
Preventive Care	\$0 (covered 100%)	40% coinsurance	\$0 (covered 100%)
Emergency Room	\$125 copay, plus 20% coinsurance	\$125 copay, plus 20% coinsurance	\$125 copay, plus 10% coinsurance

## **Prescription Plan – Express Scripts**

Plan Provisions	Tier 1	Tier2	Tier 3
	Generic Drugs	Preferred Brand Name Drugs (Includes Specialty Drugs)	Non-Preferred Brand Name Drugs (Includes Specialty Drugs)
Deductible	\$0		
Prescription Maximum Out-of-Pocket (includes copays and coinsurance	\$2,000 single \$4,000 total for all other leve	ls	
30-day supply Participating Retail Pharmacy	\$15 copay per script	30% coinsurance up to \$125 maximum per script	50% coinsurance up to \$250 maximum copay per script
90-day supply Participating Retail Pharmacy	No cost to member	25% coinsurance up to \$300 maximum per script	33% coinsurance up to \$600 maximum copay per script
90-day supply Express Scripts Home Delivery	No cost to member	25% coinsurance up to \$300 maximum per script	33% coinsurance up to \$600 maximum copay per script

## **Rx Clinical Programs**

- <u>Smart90 Program</u> 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.
- 2. <u>SaveOnSP Program</u> 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
- 3. <u>Price Assure Program</u> provides members with access to GoodRx prescription drug discounts built right into the pharmacy benefit. This means that claims will be tracked within the benefit, even when the plan is leveraging a GoodRx price point.
- 4. <u>Out of Pocket Protection Program</u> An automated solution that removes copay assistance dollars from a member's out-of-pocket maximum.

## **Dental Insurance Premiums**

#### 2025 Monthly Dental Plan Premiums: deducted pre-tax out of your paycheck

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

Beginning January 1, 2025	Basic Plan		Comprehensive Plan	
	Employee Monthly Premium	University's Monthly Premium	Employee Monthly Premium	University's Monthly Premium
Employee only	\$0 (no change)	\$25	<mark>\$19</mark> (up \$1)	\$25
Employee and spouse/partner	\$35 (up \$1)	\$25	<mark>\$88</mark> (up \$3)	\$25
Employee and child(ren)	<mark>\$42</mark> (up \$1)	\$25	<mark>\$94</mark> (up \$3)	\$25
Employee and family	<mark>\$52</mark> (up \$2)	\$25	<b>\$110</b> (up \$4)	\$25
Double Spouse/partner family	<mark>\$27</mark> (up \$1)	\$25	<mark>\$85</mark> (up \$3)	\$25

## **Dental Plan Comparison**

Delta Dental Premier Plus PPO	Basic	Comprehensive (3-year lock-in)
Maximum Per Person/Year	\$750 (applied to restorative services only)	\$1,500
Annual Deductible – applied to first restorative visit	\$25	\$50
Check Ups & Cleaning	100%	100%
BASIC RESTORATIVE		
Cavity Repair & Extractions	50%	80%
Root Canals	50%	80%
Gum & Bone Disease	50%	80%
MAJOR RESTORATIVE		
High-Cost Restorations	50%	50%
Bridges, Dentures, Implants	Not Covered	50%
Orthodontics	Not Covered	50% after deductible up to lifetime maximum of \$2,000 (no age limit)

## **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

- $\circ$  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.

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: <u>https://www.hr.iastate.edu/benefits-forms</u>
 Document verifying you share a place of residence

## Dependent Child(ren)

 $\circ$  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:
  - Faculty
  - Professional & Scientific
  - o Merit
  - 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	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction	)	Up to \$35
MATERIALS*	\$25 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$25 copay	Up to \$25
Bifocal	Covered in full after \$25 copay	Up to \$40
Trifocal	Covered in full after \$25 copay	Up to \$50
Lenticular	Covered in full after \$25 copay	Up to \$80
Prefered Pricing Options		
Level 7 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	Covered in Full	Up to \$40
Level 2 Progressives	Covered in Full	Up to \$48
All Other Progressives	\$140 allowance + up to 20% discount	Up to \$48
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance



Tier of Coverage	Monthly Premium
Employee Only	\$7.14
Employee + Spouse/Partner	\$13.29
Employee + Children	\$15.04
Employee + Family	\$19.44



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

- ID cards issued in contract holder's name only
- Replacement or additional ID cards may be requested online or contacting the vendor's customer service number

## **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 the pay periods

Minimum Contribution	\$240 per year	
Maximum Contribution	\$3,300 per year	

- 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**

- \$640 in unused 2024 funds can be rolled over to the 2025 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

Minimum Contribution	\$240 per year
Maximum Contribution (single or married and filing joint return)	\$5,000 per year
Maximum Contribution (married and filing separate returns)	\$2,500 a year

- Use it or lose it
- Grace period ends March 15<sup>th</sup> the following year

## **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

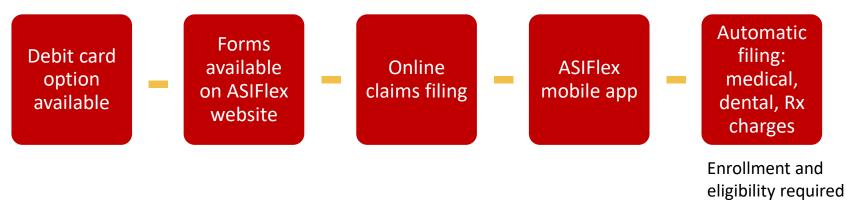


## **FLEX Reimbursement**

- Reimbursements begin only after the first contribution is made
  - January 31<sup>st</sup> contribution reported to ASI Flex in early February
- April 30, 2025 Deadline to submit reimbursement requests for 2024 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 – 2024 incurred expenses**

- If you are participating in 2024:
   April 30, 2025 is the deadline to submit reimbursement requests for expenses incurred in 2024
- DCAP plans, USE IT or LOSE IT!
  - If you don't incur the expenses or claim those expenses by the deadline for filing, all unclaimed funds are lost

### • Health Care plans

- If you don't incur the expenses or claim those expenses by the deadline for filing, funds in excess of the \$640 carryover will be forfeited
- Example, if you have \$1,800.00 in funds to claim but don't make the claim by the deadline, you will lose \$1,160.00 of the 2024 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)
  - $\circ$  Benefit amount of 2 times annual salary OR
  - $\circ$  \$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

• View Profile; Overview; Documents

If you need to add or update life insurance beneficiaries:

 Print and complete Principal Beneficiary Designation Form
 <u>https://www.hr.iastate.edu/beneficiary-designationchange-instructions-and-form</u>

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:**

- <u>Automatic enrollment</u> after 12 months of employment
- <u>Optional enrollment</u> for 1<sup>st</sup> 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 2025

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
   Provious contributions into a valuatary plan are
  - Previous contributions into a voluntary plan are considered
  - $\odot$  IRS limits for elective deferrals apply
- To Enroll:
  - $\circ$  Add "Retirement@Work" to your Apps dashboard
  - Enroll via Retirement@Work where you will be directed to establish an account with vendor
  - $\circ$  Vendors allowed with payroll deduction:



## **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: <u>https://www.hr.iastate.edu/vendor-discounts</u>



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/voluntaryindividual-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.

- <u>ALEX</u> is accessible via the University Human Resources Benefits website: <u>https://www.hr.iastate.edu/employee-benefits</u>
- Will be available with 2025 information on October 1
- Two options will be available
  - Standard version
  - AlexGo
- Free and confidential



## Take Action!

### 1. Get Informed

- ✓ Scan the <u>2025 updates</u> on the open enrollment webpage and <u>benefits</u> <u>education resources</u> on the HR website
- ✓ Read the Inside Iowa State enrollment article

#### 2. Get Support

- ✓ Use our popular interactive guidance tool, <u>ALEX</u>
- ✓ Schedule a 1:1 appointment with a Benefits Office staff member by
  - o calling 515-294-4800 or
  - emailing <u>benefits@iastate.edu</u> or
  - 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 22, 2024



Enroll, make changes, and verify benefits in Workday

Knowledge Base Article (KBA): https://www.hr.iastate.edu/annu al-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

#### **Important Notes:**

- You can submit elections as many times as you want up until the 5 p.m. November 22 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.

## **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, 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.
- Reach out for help. Benefits can be confusing, and you don't have to figure them out on your own. Try out <u>ALEX</u> 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. And make sure you read notices you receive form Express Scripts.
- 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 <u>https://www.wellmark.com/finder</u>.
- 7. Consider all the medical plan options that are available to your dependents.
- 8. Estimate your 2025 out-of-pocket medical costs to inform the plan option you select for 2025 and plan for your estimated expenses. Utilizing myWellmark at <u>Wellmark.com</u> is an easy way to determine what you spent on medical costs in the past year.
- 9. Estimate your 2025 out-of-pocket pharmacy costs to inform the plan option you select for 2025 and plan for your estimated expenses. Utilizing the <u>Express Scripts website</u> 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: <u>https://www.hr.iastate.edu/employee-</u>

<u>benefits</u>

**Open Enrollment Website:** 

https://www.hr.iastate.edu/annual-benefits-open-enrollment