

A photograph of the Iowa State University campus, featuring the Old Capitol building on the left and a large tree-lined walkway in the foreground. The entire image is covered with a semi-transparent red overlay. Two thin horizontal white lines are positioned above and below the text.

IOWA STATE UNIVERSITY

University Human Resources

2026 Benefits Open Enrollment

ISU Plan Benefits for January 1, 2026

Begins: November 3, 2025, 8:00am CT

Ends: November 21, 2025, 5:00pm CT



ISU Employment and Benefits Center

1218 Madden Building, 2221 Wanda Daley Dr, Ames, IA 50011



Contact Benefits:

(Phone) 515-294-4800

(Email) benefits@iastate.edu

Call or email to schedule an appointment

Faculty/Staff Last name begins with	Benefits Consultant
A-D	Jill Pretzer
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S-Z	Sarah Ford

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



- Open Enrollment Overview
- 2026 Benefit Changes
- Review Benefit Plans
- ALEX

Open Enrollment Period

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

Effective Date for Changes:

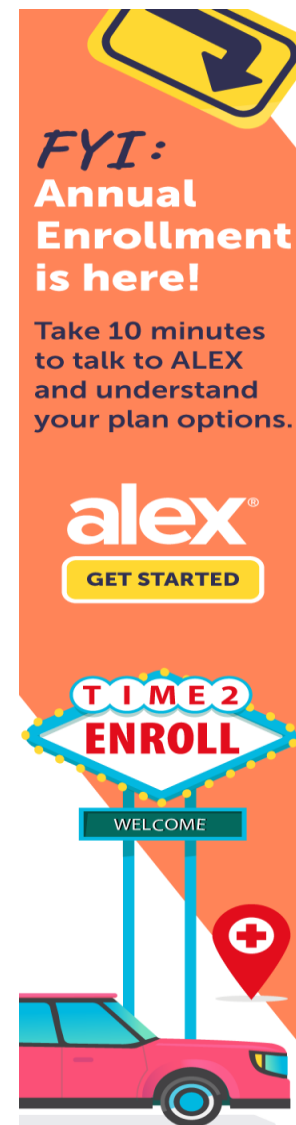
- January 1: medical/Rx, dental insurance, eyewear plan, health care flexible spending account and dependent care assistance program
- January 1: all life insurances when dropping or reducing coverage
- January 1 or upon Principal approval: all life insurance when adding or increasing coverage

2026 Benefit Changes

- 1 Medical premium increase
- 2 Dental premium decrease
- 3 **DCAP maximum increase to \$7,500**
- 4 FSA maximum increase to \$3,400; carryover \$680
- 5 Three New Voluntary Benefits

No Change to the Medical or Dental Plan Design

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



Medical Insurance Premiums

2026 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)

Beginning Jan. 1, 2026	BlueHMO		BluePPO	
	Employee Monthly Premium	University's Monthly Premium	Employee Monthly Premium	University's Monthly Premium
Employee Only	\$50 (up \$5)	\$769 (up \$16)	\$84 (up \$8)	\$754 (up \$13)
Employee + Spouse	\$239 (up \$22)	\$1,640 (up \$25)	\$411 (up \$38)	\$1,505 (up \$10)
Employee + Child(ren)	\$165 (up \$15)	\$1,304 (up \$22)	\$283 (up \$26)	\$1,212 (up \$11)
Employee + Family	\$331 (up \$31)	\$2,060 (up \$29)	\$575 (up \$53)	\$1,882 (up \$9)
Double Spouse	\$215 (up \$20)	\$2,176 (up \$40)	\$367 (up \$34)	\$2,090 (up \$28)

Wellmark

BluePPO

- Access to nationwide network of participating providers
- Deductible for in-network and out-of-network 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 Iowa 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

Plan Provisions	BluePPO		BlueHMO
	In-Network	Out-of-Network	
Deductible			
• Single	\$400	\$800	\$250
• Family	\$800	\$1,600	\$500
Coinsurance	20%	40%	10%
Out-of-Pocket Maximum			
• Single	\$2,000	\$4,000	\$1,500
• Family	\$4,000	\$8,000	\$3,000
Office Visit	\$25 copay	40% coinsurance	\$15 copay
• Mental health services			
• Physical Therapy			
• Occupational Therapy			
• Speech Therapy			
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 levels		
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

Dental Insurance Premiums



2026 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, 2026	Basic Plan		Comprehensive Plan	
	Employee Monthly Premium	University's Monthly Premium	Employee Monthly Premium	University's Monthly Premium
Employee only	\$0 (no change)	\$25	\$9 (down \$10)	\$35
Employee and spouse/partner	\$25 (down \$10)	\$35	\$78 (down \$10)	\$35
Employee and child(ren)	\$32 (down \$10)	\$35	\$84 (down \$10)	\$35
Employee and family	\$42 (down \$10)	\$35	\$100 (down \$10)	\$35
Double Spouse/partner family	\$7 (down \$20)	\$70	\$65 (down \$20)	\$70

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
 - 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>
 - 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:
 - Faculty
 - Professional & Scientific
 - 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
Preferred 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



Insurance ID cards

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

Wellmark BCBS: 800-494-4478

Delta Dental: 800-544-0718

Express Scripts: 800-987-5248

Avesis: 800-828-9341



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

- Contributions are deducted equally over the pay periods

Minimum Contribution

\$240 per year

Maximum Contribution

\$3,400 per year (2026 plan 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

- \$660 in unused 2025 funds can be rolled over to the 2026 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)	\$7,500 per year (2026 plan year)
Maximum Contribution (married and filing separate returns)	\$3,750 a year (2026 plan year)

- Use it or lose it
- Grace period ends March 15th 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 31st contribution reported to ASI Flex in early February
- **April 30, 2026** - Deadline to submit reimbursement requests for 2025 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 – 2025 incurred expenses

Have a FLEX Spending Account?



Don't forget to use your FSA Dollars by December 31st!

- If you are participating in 2025:
 - **April 30, 2026 is the deadline** to submit reimbursement requests for expenses incurred in 2025
- **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 \$660 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 \$1,140.00 of the 2025 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 (\$250,000 max) OR
 - \$50,000 policy

Voluntary Term Life

- Employee pays premium
- Apply for up to 4 times salary (medical underwriting required; \$500,000 max)
- 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
- To update your life insurance beneficiaries, go to <https://www.hr.iastate.edu/beneficiary-designationchange-instructions-and-form> for the form and instructions
- Send completed and signed form to the ISU Employment and Benefits Center
- 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

Note: you cannot make changes to LTD during open enrollment

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 2026

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



VOLUNTARY BENEFITS



Voluntary Benefits & Programs

Voluntary Benefit Plan Options

- Pet Insurance
- Auto and Home/Renters Insurance
- Purchasing Power
- Employee Discounts



These benefits are available now and you can enroll anytime throughout the year. For more information on the plans visit the ISU benefits webpage:

<https://hr.iastate.edu/voluntary-benefits>

Everyday Call Center: 877-290-3938 (Monday - Friday 8 a.m. to 5 p.m. Eastern)

New Voluntary Benefit Plan Options



Effective January 1, 2026, the following voluntary benefit plans are available:

- Hospital Indemnity Insurance
- Critical Illness Insurance
- Accident Insurance



These benefits are available to enroll during the Annual Open Enrollment period each year or with a qualifying life event. For more information on the plans visit the ISU benefits webpage:

<https://hr.iastate.edu/voya>

Voya Employee Benefits Customer Service: 877-236-7564

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:
 - Add “Retirement@Work” to your Apps dashboard
 - Enroll via Retirement@Work where you will be directed to establish an account
 - Supplemental account administered through TIAA

<https://hr.iastate.edu/voluntary-retirement-savings>



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>



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

Paid Parental Leave

Effective July 1, 2025 a new paid time-off for arrival of child events was signed into law.

Employees may be eligible for the following to be used within 12 months from the date of birth or placement of the child for adoption:

- Four weeks (160 hours maximum) for the parent who gave birth
- One week (40 hours maximum) for the non-birthing parent
- Four weeks (160 hours maximum) for the adoptive parent after placement of a child for adoption

To qualify for paid parental leave employees must meet FMLA eligibility requirements, which include:

- Been employed by ISU for 12 months, and
- Worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave

Part-time employees eligible for FMLA will be eligible for paid parental leave on a pro-rated basis per their fractional appointment.

Paid Parental Leave must be used concurrently with FMLA

Questions? Contact fmla@iastate.edu [Paid Parental Leave Policy](#)



alex®

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](https://www.hr.iastate.edu/employee-benefits) is accessible via the University Human Resources Benefits website: <https://www.hr.iastate.edu/employee-benefits>
- Will be available with 2026 information on October 1
- Two options will be available
 - Standard version
 - AlexGo
- Free and confidential



**10
minutes
to
better
benefits**



Get
**personalized,
confidential
help** picking
your plans

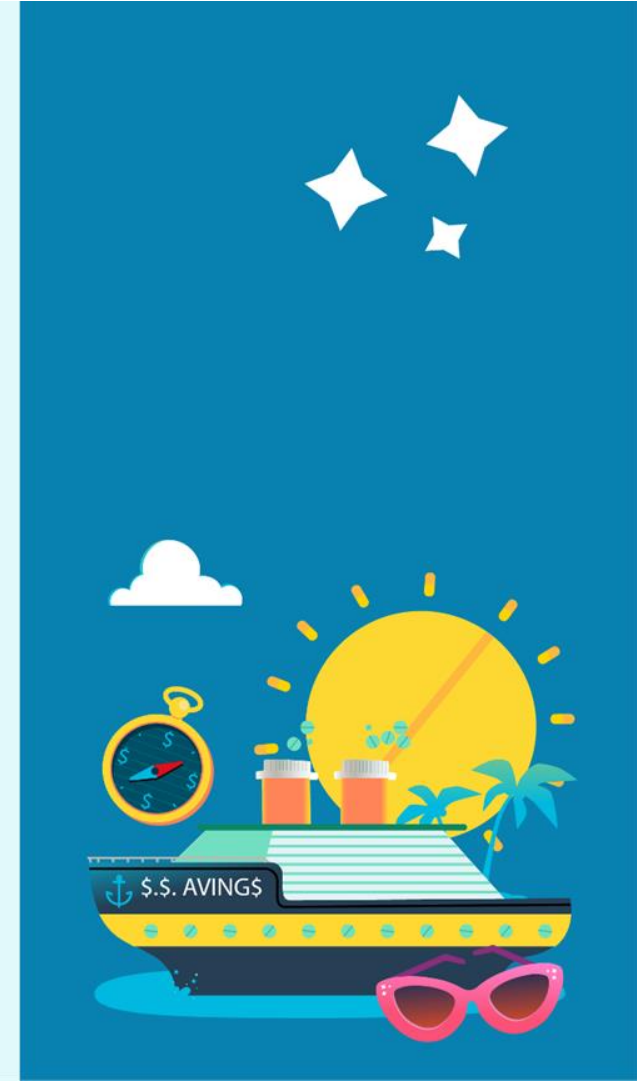
Talk to ALEX

alex®

How does ALEX work?

ALEX will ask a few simple questions about your health needs and preferences, then crunch the numbers to help you find personalized coverage options at prices that fit your budget.

Don't worry: Everything you tell ALEX is completely anonymous.



How to get started

Scan the QR code to talk to ALEX whenever you're ready to learn about your benefits.



Or, visit
<https://start.myalex.com/iowastateuniversity>

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Take Action!

1. Get Informed

- ✓ Scan the [2026 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 Team member by
 - calling 515-294-4800 or
 - emailing benefits@iastate.edu
 - In-person or virtual appointments available

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 21, 2025



Enroll, make changes, and verify
benefits in Workday

Open Enrollment Knowledge Base
Article



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 21 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.
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. And make sure you read notices you receive from 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 <https://www.wellmark.com/finder>.
7. **Consider all the medical plan options** that are available to your dependents.
8. **Estimate your 2026 out-of-pocket medical costs** to inform the plan option you select for 2026 and plan for your estimated expenses. Utilizing myWellmark at [Wellmark.com](https://www.wellmark.com) is an easy way to determine what you spent on medical costs in the past year.
9. **Estimate your 2026 out-of-pocket pharmacy costs** to inform the plan option you select for 2026 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.

ISU Employment and Benefits Center



Benefits Team: benefits@iastate.edu

Phone: (515)-294-4800

Office: 1218 Madden Building
2221 Wanda Daily Dr
Ames, IA 50011

Benefits Website:

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



Open Enrollment Website:

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