

Iowa State University Retiree Group Medical Insurance
Information for 2026 Open Enrollment
Opening October 15, 2025 – Closing December 7, 2025

A recorded open enrollment presentation is available for viewing on the ISU webpage. <https://www.hr.iastate.edu/retiree-open-enrollment>

Please read the ISU medical/prescription insurance information within this guide. The dental plan information will be mailed separately to all those currently enrolled. If you have questions, please contact the ISU Benefits Office by calling 515-294-4800 or by emailing benefits@iastate.edu. We anticipate a high volume of calls in October and November, so please be patient and leave a message. The active employee open enrollment period is November 3-21, so the month of November is very busy for the Benefits Office staff. If you leave a message, we will make every effort to return your call within two business days.

The Benefits Office has relocated to the Warren Madden Building (formerly the Administrative Services Building)! Our new address is: ISU Benefits Office, 1218 Madden Building, 2221 Wanda Daley Dr, Ames, IA 50011

2026 impact to ISU retirees:

- Medical premiums will have a 3-7% increase.
- No medical plan design changes.
- Humana plan out-of-pocket maximum increasing from \$2,000 to \$2,100.

PLEASE NOTE: If you are not making any changes for 2026, you do not need to complete the Open Enrollment Form. Your existing coverage will continue for 2026.

□ Steps if you want to make changes or drop your ISU Plan for January 1, 2026:

- Complete the Open Enrollment Form included in this packet, indicating your new choice.
 - If **adding a Medicare-eligible person** to the plan for January 1, 2026, such as a spouse or partner or other eligible dependent, **please request a Humana application from the ISU Benefits Office**. It is not included in this packet.
- If dropping your plan, complete the drop form included in this packet.
- **Form(s) must be received or post marked by December 7, 2025.**

If you drop the ISU Wellmark plan, you will not be offered another opportunity to enroll in the coverage again. If you drop the ISU Wellmark plan, you must also drop the prescription drug plan. If you're covering a spouse/partner or dependent children, their coverage will end as well.

Who can you insure on the ISU insurance plans?

- Spouse or domestic partner
 - If the spouse/partner is insured on the retiree's plan at the time of the retiree's death, the surviving spouse/partner should contact the ISU Benefits Office to report the death. The surviving spouse/partner would then complete a form to transfer the policy to their name.
- Eligible child(ren) may be insured through the end of the year in which they turn age 26.
 - After age 26, only an unmarried/full-time student, or a permanently disabled child is eligible for coverage on the retiree policy. Contact the ISU Benefits Office to remove your child when their eligibility changes.
 - Disabled children may continue on the retiree's plan if: there has not been any lapse in coverage for the child and prior to reaching age 26; the disability is verified by the child's physician to be total and permanent; and the verification is

provided to ISU Benefits Office.

Midyear Qualifying Events:

Events that occur outside of open enrollment must be reported to the ISU Benefits Office **within 31 days** of the event. Coverage is effective on the first of the month following satisfactory evidence of the event as determined by the ISU Benefits Office. Contact the ISU Benefits Office to discuss your event. Some examples of qualifying events are:

- Marriage or divorce
- Spouse/partner loses or gains other coverage
- Dependent over age 26 and no longer a full-time student
- Move outside of the HMO network – eligible to move to the PPO plan

Becoming Medicare Eligible in 2026

ISU sends information to those turning age 65, typically three months before their birth month. **If eligible for Medicare prior to 65, please alert the ISU Benefits team.**

If continuing the ISU retiree plan, Medicare Part A and B must be the primary insurance for those Medicare-eligible individuals. The ISU retiree Wellmark plan becomes secondary. Medicare will receive the medical service claim first and once the claim is processed by Medicare, the claim is electronically filed to Wellmark in most cases. For providers not participating with Medicare, the patient may be instructed to file their own claim.

If you are Medicare eligible and continuing with the ISU Wellmark medical plan, you must have the ISU Group Medicare Part D Prescription Drug Plan (PDP) with Humana.

The Iowa State University Medical Insurance Choices

Wellmark Blue Cross and Blue Shield of Iowa administer both plan options.

1. **Wellmark BluePPO** (a Blue Cross/Shield Association Preferred Provider Organization)
 - Nationwide network
 - In-network and out-of-network coverage
 - Coverage abroad
2. **Wellmark BlueHMO** (a Wellmark Health Plan of Iowa network)
 - Iowa-based network - includes some bordering states.
 - Required to designate Primary Care Physician (PCP) - contact Wellmark to update PCP in the future.
 - For services outside of the network, only emergencies or prior-authorized care will be covered.
 - Guest membership for long-term absence from Iowa. Contact Wellmark directly for more details.

Visit our website for the detailed plan certificates.

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

The member is responsible for the timely payment of all premiums. Consider setting up automatic payments with Wellmark. Wellmark can provide an automatic payment form upon request. If you have changes to your automatic payment on file, you will need to call Wellmark Customer Service. ISU does not have access to your payment information.

Member Customer Service: 1-800-494-4478

Blue365® Member Discounts and Services:

<https://www.blue365deals.com/WellmarkBCBS/>

The Iowa State University Prescription Drug Coverage

The ISU Plan members have prescription drug coverage with either Express Scripts or Humana. Medicare eligibility determines which plan you are required to be in.

1. **Express Scripts** is the plan for those who are not yet Medicare eligible.
Member Customer Service: 1-800-987-5248
2. **Humana** is the ISU Group Medicare Part D Prescription Drug Plan (PDP) for those who **are** Medicare eligible. CMS does not allow more than one PDP.
Member Customer Service: 1-866-396-8810

Humana Discounts and Services

Humana will send information at the beginning of the plan year.

You might have a prescription that your pharmacy may indicate is not covered by Humana due to coverage by Medicare Part B. For prescriptions considered to be under Part B, Wellmark will follow Medicare. However, if neither Part B nor Part D covers your prescription, Wellmark will not cover the expense. There would be no coverage for the prescription.

During the 2026 plan year or any year, if you receive notice that you have been or are being dropped from your ISU Express Scripts or Humana plan and you did not take this action to terminate the coverage yourself, please contact the ISU Benefits Office. Further, if an assisted living facility, nursing home or other facility wants to enroll you or your dependent in a different prescription plan because the facility is not participating with the ISU Humana Part D plan, remember that it is necessary to keep our prescription plan to be in our group medical plan. Humana can assist you in working with the long-term care provider.

2026 Monthly Medical Premiums for Retirees of the Iowa State University Plan		
Prices include either Express Scripts or Humana pharmacy - based on Medicare eligibility	BluePPO and Rx	BlueHMO and Rx
Retiree Only		
Not Medicare eligible	\$845.00	\$826.00
Medicare eligible	\$419.00	\$399.00
Retiree and Spouse or Partner		
Two not Medicare eligible	\$1,923.00	\$1,886.00
Two people - one with Medicare/one without Medicare	\$1,257.00	\$1,218.00
Two Medicare eligible	\$830.00	\$792.00
Retiree and Child(ren) only		
Retiree is not Medicare eligible	\$1,502.00	\$1,476.00
Retiree is Medicare eligible	\$1,076.00	\$1,049.00
Family - Retiree, Spouse/Partner and Child(ren)		
Three or more - none are Medicare eligible	\$2,464.00	\$2,398.00
One with Medicare and others without Medicare	\$1,798.00	\$1,730.00
Two Medicare eligible and others without Medicare	\$1,371.00	\$1,304.00

ISU Medical Plan Comparison

Effective January 1, 2026 – December 31, 2026

Benefits will be administered as described in Wellmark's Coverage Manual, available on the ISU website. If there are discrepancies between this comparison and the manual, the manual will govern in all cases. A full list of preventive services is available on Wellmark's website. A glossary of common medical insurance terms is also available on the ISU website.

NOTE: For retiree plan participants that are *eligible for Medicare*, Medicare is your primary insurance. Following Medicare, the ISU plan typically leaves no patient liability. Some exceptions may occur.

PLAN PROVISIONS	BluePPO		BlueHMO
	In-Network	Out-of-Network	<i>*Primary Care Physician designation required</i>
Benefits from non-participating providers	Limited: <i>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.</i>	60% coverage to MAF (Maximum Allowable Fee) after deductible. <i>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.</i>	None, unless: • Prescribed and referred by a participating physician <u>and</u> approved by Wellmark • OR in an emergency medical situation
Yearly Deductible <i>(Member pays)</i>	\$400 single / \$800 other levels	\$800 single / \$1,600 other levels *Does not aggregate with in-network deductible	\$250 single / \$500 other levels
Copayment <i>(Member pays)</i>	\$25 per provider per date of service	N/A – deductible/coinsurance	\$15 per provider per date of service
Coinsurance <i>(Member pays)</i>	20% of Maximum Allowable Fee, after deductible	40% of Maximum Allowable Fee, after deductible	10% of Maximum allowable Fee, after deductible
Yearly Out-of-Pocket (OOP) Maximum <u><i>Copays, deductibles & coinsurance apply to yearly OOP maximum.</i></u>	\$2,000 single / \$4,000 other levels <i>*Separate OOP for prescription</i>	\$4,000 single / \$8,000 other levels *Does not aggregate with in-network OOP max. <i>*Separate OOP for prescription</i>	\$1,500 single / \$3,000 other levels <i>*Separate OOP for prescription</i>
Lifetime maximum	Unlimited	Unlimited	Unlimited

COMMON SERVICES	BluePPO		BlueHMO
	In-Network	Out-of-Network	<i>*Primary Care Physician designation required</i>
Preventive care • Routine annual physical • Immunizations • Mammogram • Pap smear • Colonoscopy • Lab work	\$0 <i>(100% coverage)</i>	40% coinsurance, after deductible	\$0 <i>(100% coverage)</i>
Office visit • Mental health services • Speech therapy • Physical therapy • Occupational therapy • Telehealth (visual & audio required) • Routine eye or hearing exam <i>*Materials not included</i> • Chiropractic care	\$25 copay <i>*If claim is not coded as an office setting, deductible/ coinsurance may apply.</i>	40% coinsurance, after deductible	\$15 copay <i>*If claim is not coded as an office setting, deductible/ coinsurance may apply.</i>
X-ray & lab work	20% coinsurance, after deductible <i>*If claim is coded as office setting, copay may apply.</i>	40% coinsurance, after deductible	10% coinsurance, after deductible <i>*If claim is coded as office setting, copay may apply.</i>
Emergency room care	\$125 copay, plus 20% coinsurance <i>*Copay is waived if admitted</i>	\$125 copay, plus 20% coinsurance <i>*Copay is waived if admitted</i>	\$125 copay, plus 10% coinsurance <i>*Copay is waived if admitted</i>
Inpatient & outpatient services/surgery	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible
Durable medical equipment	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible
Acupuncture	Not covered	Not covered	\$15 copay <i>\$500 benefit maximum per benefit year/member</i>
Allergy treatment	\$25 copay <i>*If claim is not coded as an office setting, deductible/ coinsurance may apply.</i>	40% coinsurance, after deductible	\$15 copay <i>*If claim is not coded as an office setting, deductible/ coinsurance may apply.</i>
Outpatient chemotherapy	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible

ISU Humana Medicare Part D Prescription Drug Plan

Effective January 1, 2026 – December 31, 2026

Note: This is not a complete description of the benefits. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Prescription Tiers See description below in Tier Details	<u>Retail Pharmacy</u> <i>30-Day Supply (90-day cost)</i>	<u>Mail Order – CenterWell Pharmacy</u> <i>90-Day Supply</i>
Deductible	\$0	
Tier 1 <i>Generic or Preferred Generic</i>	\$10 (\$30) Maximum	\$0
Tier 2 <i>Preferred Brand</i>	30% up to \$50 maximum out-of-pocket per prescription (30% up to \$150)	20% up to \$100 maximum out-of-pocket per prescription
Tier 3 <i>Non-Preferred Drug</i>	50% up to \$50 maximum out-of-pocket per prescription (50% up to \$150)	33% up to \$100 maximum out-of-pocket per prescription
Tier 4 <i>Specialty</i>	50% up to \$50 maximum out-of-pocket per prescription	N/A - Limited to a 30-day supply
Annual Maximum Out-of-Pocket (MOOP)	\$2,100 - After your out-of-pocket drug costs reach this total, Humana pays 100% of your total drug costs for the remainder of the plan year.	
Tier Details	Tier 1: Generic or brand drugs that are available at the lowest cost share for this plan. Tier 2: Generic or brand drugs that Humana offers at a lower cost than Tier 3 drugs. Tier 3: Generic or brand drugs that Humana offers at a higher cost than Tier 2 drugs. Tier 4: Some injectable medications and other higher-cost drugs	
Out of Network	If a drug is purchased at an out-of-network pharmacy in an emergency situation: a) member pays the same coinsurance as would have applied at a network pharmacy but at the out-of-network pharmacy price and/or b) member will pay copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price, not to include maximums.	

ISU Express Scripts Drug Plan Summary

Effective January 1, 2026 – December 31, 2026

Iowa State University's prescription drug plan is administered by Express Scripts. The prescription drug plan is included with participation in either medical plan offered by ISU.

Benefits will be administered as described in Express Script's Summary Plan Description (SPD), available on the ISU website. If there are discrepancies between this comparison and the SPD, the SPD will govern in all cases.

	Tier 1	Tier 2	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 (MOOP) <i>*Includes co-pays and co-insurance</i>	\$2,000 single \$4,000 total for all other levels <i>*Once MOOP is met, Express Scripts will cover prescriptions at 100% for the remainder of the plan year.</i>		
30-day supply Participating Retail Pharmacy	\$15 co-pay / script	30% co-insurance up to \$125.00 maximum co-pay / script	50% co-insurance up to \$250.00 maximum co-pay / script
90-day Supply Participating Retail Pharmacy	No cost to member	25% co-insurance up to \$300.00 maximum co-pay / script	33% co-insurance up to \$600.00 maximum co-pay / script
90-day Supply Express Scripts by Mail (Home Delivery)	No cost to member	25% co-insurance up to \$300.00 maximum co-pay / script	33% co-insurance up to \$600.00 maximum co-pay / script
Prescription Clinical Programs: • SMART90 – If you're on a maintenance medication, you may qualify for the Smart90 program. This will require you to move to a 90-day supply through home delivery from the Express Scripts® Pharmacy or through your local pharmacy. Choosing a 30-day supply for maintenance medications when a 90-day option is available can result in much higher out-of-pocket costs starting with your third fill of a continuous medication. • SaveOn – Certain specialty medications are eligible for the SaveOn program. Enrollment will reduce your out-of-pocket cost to as little as \$0 for certain medications. Access the list of eligible medications is available at https://saveonsp.com/iastate/. Opting out of the program can result in much higher out-of-pocket costs for you.			

The Patient Protection and Affordable Care Act (ACA) requests employers provide a notice to retirees regarding coverage options available through a Marketplace. The Department of Labor's notice is available by request or at the ISU benefits website for your review: <https://www.hr.iastate.edu/required-notice-and-resources>

ISU Retiree insurance is not guaranteed, although ISU hopes to continue to provide group medical benefits to retirees and their family members for years to come. With more than 3,000 retirees/spouses on retiree insurance currently, the ISU Plan is projected to remain stable for the foreseeable future.