

The image shows a wide-angle view of the Iowa State University campus, featuring a large domed building on the left and a large tree-lined walkway in the foreground. The entire scene is overlaid with a semi-transparent red filter. Two thin horizontal lines are present: one above the text and one below it.

IOWA STATE UNIVERSITY

University Human Resources

2024 Retiree Open Enrollment

ISU Plan Benefits for January 1, 2024

Open Enrollment: October 15 – December 7, 2023



Contact Us

**UHR Service Center &
Benefits Office**
3810 Beardshear Hall

benefits@iastate.edu

(515)-294-4800

Benefits Consultant	Retirees Last Name Begins With:
Jill Pretzer	A – D
Dawn Shedarowich	E – K
Teree Hungerford	L – R
Sarah Ford	S – Z

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



Points of Interest

- Medical plans – Premium changes for 2024. Some tiers will have a premium decrease.
- Dental plans – Premium increase by ~5%
- Wellmark will be issuing new ID cards for both HMO and PPO plans
 - HMO members will receive ID cards in the contract holder's name only. Dependents will no longer have individualized ID cards.
- Medical plan design changes
 - Medicare eligible members will likely be minimally impacted due to Medicare being primary payer.



What should you do for 2024?

- Stay with your current plan(s) - no forms to submit
- Move to the other ISU plan choice or add/remove dependents – submit open enrollment form
- Terminate ISU plan – submit drop form
- Submit forms to indicate plan or terminate coverage by **December 7, 2023**

- **Reminder:** If you move during the year, make sure to call or email the Benefits Office to provide your new address. We will update your address with the insurance vendors.



Dental & Medical Insurance Coverage Tiers

ISU Plan Coverage Tiers Available:

- Single (Retiree or surviving spouse of retiree)
- Retiree & a spouse or domestic partner
- Retiree & eligible child(ren)
- Retiree & eligible family (spouse/partner & children)

* You may add or remove an eligible family member during the year with timely reporting of a qualifying event



Medical Insurance

- Administered by Wellmark Blue Cross/Blue Shield
 - BluePPO (the Preferred Provider Organization, a national network of the Blue Cross Blue Shield Association)
 - BlueHMO (the Wellmark Health Plan of Iowa Network)
- If you previously dropped, you cannot re-enroll.



Wellmark

BluePPO

- Access to nationwide network of participating providers
- Deductible resets every January
- Out-of-pocket maximum resets every January
- Deductible for in-network and out-of-network are not aggregate
- Out-of-pocket maximum for in-network and out-of-network are not aggregate

BlueHMO

- Iowa network of participating providers
- Emergency services only outside the state of Iowa
- Must designate a primary care physician (PCP)
- Female participants 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
- Deductible and Out-of-pocket maximum resets every January
- 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



Medical Plan Comparison

Plan Provisions	BluePPO		BlueHMO
	In-Network	Out-of-Network	*PCP designation required
Deductible		*Does not aggregate	
• Single	\$400	\$800	\$250
• Family	\$800	\$1,600	\$500
Coinsurance	20%	40%	10%
Out-of-Pocket Maximum		*Does not aggregate	
• Single	\$2,000	\$4,000	\$1,500
• Family	\$4,000	\$8,000	\$3,000
Preventive Services	\$0	40%, after deductible	\$0
Office Visit	\$25 copay	40%, after deductible	\$15 copay
Emergency Room	\$125 copay, plus 20% coinsurance *copay waived if admitted	\$125 copay, plus 20% coinsurance *copay waived if admitted	\$125 copay, plus 10% coinsurance *copay waived if admitted
Mental Health Office	\$25 copay	40%, after deductible	\$15 copay
Physical Therapy/Occup Therapy/Speech Therapy	\$25 copay *Non-office setting, coinsurance may apply	40%, after deductible	\$15 copay *Non-office setting, coinsurance may apply

- In-network preventive care will now be no cost to you!
- Copays, deductible & coinsurance apply to yearly out-of-pocket maximum
- Medicare eligible minimally impacted due to Medicare being primary payer



2024 Medical Premiums – Faculty, P&S, Supervisory Confidential Merit

Plan Tier (price includes appropriate prescription coverage)	BluePPO & RX	BlueHMO & RX
Retiree Only		
Not Medicare eligible	\$697.00	\$674.00
Medicare eligible	\$348.00	\$332.00
Retiree & Spouse/Partner		
Two not Medicare eligible	\$1,585.00	\$1,541.00
One with Medicare/one without Medicare	\$1,039.00	\$1,000.00
Two Medicare eligible	\$690.00	\$658.00
Retiree & Child(ren) only		
Retiree is not Medicare eligible	\$1,238.00	\$1,206.00
Retiree is Medicare eligible	\$889.00	\$864.00
Family – Retiree, Spouse/Partner and child(ren)		
None are Medicare eligible	\$2,030.00	\$1,959.00
One with Medicare & others without Medicare	\$1,484.00	\$1,418.00
Two Medicare eligible & others without Medicare	\$1,135.00	\$1,076.00



2024 Medical Premiums – Merit

Plan Tier (price includes appropriate prescription coverage)	BluePPO & RX	BlueHMO & RX
Retiree Only		
Not Medicare eligible	\$851.00	\$825.00
Medicare eligible	\$348.00	\$332.00
Retiree & Spouse/Partner		
Two not Medicare eligible	\$1,938.00	\$1,886.00
One with Medicare/one without Medicare	\$1,193.00	\$1,151.00
Two Medicare eligible	\$690.00	\$658.00
Retiree & Child(ren) only		
Retiree is not Medicare eligible	\$1,514.00	\$1,476.00
Retiree is Medicare eligible	\$1,011.00	\$983.00
Family – Retiree, Spouse/Partner and child(ren)		
None are Medicare eligible	\$2,483.00	\$2,397.00
One with Medicare & others without Medicare	\$1,738.00	\$1,662.00
Two Medicare eligible & others without Medicare	\$1,235.00	\$1,169.00



Wellmark Information

- <http://www.wellmark.com/>
- 800-494-4478
- Register to receive electronic explanation of benefits & claims information
- Locate participating providers
- Setting up automatic withdrawal with Wellmark is encouraged



Wellmark Member Services

- For those enrolled in the ISU Wellmark PPO or HMO plans
 - Identity Protection Services
 - Credit monitoring, cyber monitoring, fraud detection, complete identity recovery, reimbursement insurance
 - <https://www.hr.iastate.edu/vendor-discounts>
 - Blue365 Member Discounts & Services
 - Discounts & services related to diet, family care, financial, fitness, hearing, vision and travel
 - <https://www.blue365deals.com/WellmarkBCBS/>



ISU Plan as Medicare Secondary Plan

- Keep original Medicare (A & B). Medicare is required and must be the primary insurance for those eligible for Medicare when retired.
- The ISU Wellmark plans is secondary insurance
- Patient liability is a rare occurrence but can happen. If you have an amount to pay at a clinic or hospital, you may want to follow up on why.

- ISU Benefits Office will mail information to upcoming newly Medicare eligible members 3 months before Medicare eligibility.
- **If you become Medicare eligible early due to disability, End-Stage Renal Disease (ESRD), or ALS, you must notify the Benefits Office in order to update your benefits and enroll in our Medicare Part D prescription plan (Humana).**



Medicare Part B Premiums

- Each year, Part B premiums are based on income from 2 years earlier. 2022 income will determine your 2024 Medicare Part B premium
- Pay attention each year to gross income and possible capital gains.
- Required minimum distributions from retirement plans can trigger higher Medicare premiums a couple of years later.
- 2024 Medicare Part B Premiums
 - <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/what-does-medicare-cost>



Prescription Coverage

- The ISU Wellmark Plan premiums includes the Express Scripts / Humana Part D Prescription Drug Plan (PDP)
- There is not a choice of prescription plans.
- Express Scripts is covered for pre-Medicare members
- The ISU Humana PDP is required for retirees/any family members that are Medicare eligible on the ISU Wellmark medical plan.
- The ISU Humana plan is a unique group Medicare Part D PDP



Express Scripts

Annual Out-of-Pocket Maximum	Single \$2,000 Family \$4,000
<p>30-day supply – retail pharmacy</p> <p>*If you're on a maintenance medication, you may qualify for Smart90 where you will be required to move to a 90-day supply at retail or mail order.</p>	<ul style="list-style-type: none"> • \$15 copay for generic • 30% coinsurance for preferred brand name (\$125 maximum copay/prescription) • 50% coinsurance for non-preferred brand name (\$250 maximum copay/prescription)
<p>90-day supply – retail pharmacy</p>	<ul style="list-style-type: none"> • \$45 copay for generic • 30% coinsurance for preferred brand name (\$375 maximum copay/prescription) • 50% coinsurance for non-preferred brand name (\$750 maximum copay/prescription)
<p>90-day supply – Express Scripts Home Delivery Pharmacy</p>	<ul style="list-style-type: none"> • \$0 copay for generic • 25% coinsurance for preferred brand name (\$300 maximum copay/prescription) • 33% coinsurance for non-preferred brand name (\$600 maximum copay/prescription)



Humana Part D Prescription Drug Plan (PDP)

- Effective when eligible for Medicare Part B
- The ISU Humana Plan, collectively, is better than the Standard Part D PDP offered to individuals
- Drugs purchased that are not covered by Medicare Part D do not count towards the total amount to reach the gap.
 - Such as drugs categorized as Medicare Part B or drugs exempt from Medicare B & D



Medicare Part D Standard “Framework” for 2024

\$545 Deductible – Eliminated for a “buy up” to better coverage plans, like the ISU plan.

Stage 1 or Initial Coverage Limit:

This is where you begin each January. The stage begins at first purchase. \$0 until total drug cost reaches \$5,030.

Stage 2 or the Coverage Gap (donut hole):

Begins at \$5,030 and lasts until your total drug costs reaches \$8,000. In the Coverage Gap, ACA regulations reduce the cost of medication for those in the gap. No one pays more than 30% of adjusted cost.

Stage 3 or Catastrophic:

\$8,000 to end of the year. When the cost of true drug purchases reached \$8,000. For 2024, the cost toward the member in stage 3 has moved to \$0. For ISU plan participants, once your out-of-pocket reached \$2,500, Humana is paying 100% of your total drug costs.




Tiers According to Humana Formulary

- Tier 1: Generic or brand available at the lowest cost for this plan.
- Tier 2: Generic or brand that Humana offers at a lower cost than Tier 3.
- Tier 3: Generic or brand that Humana offers at a higher cost than Tier 2.
- Tier 4: Specialty medication, some injectable or other high-cost prescriptions.



Humana Stage 1: Initial Coverage Limit (\$0 - \$5,030)

Tier	Retail Pharmacy: 30-day supply (90-day supply)	Mail Order: 90-day supply (CenterWell Pharmacy)
Tier 1:	\$10.00 (\$30.00)	\$0
Tier 2:	30% up to \$50.00 maximum out-of-pocket per prescription  (30% up for \$150.00)	20% up to a \$100.00 maximum out-of-pocket per prescription
Tier 3:	50% up to \$50.00 maximum out-of-pocket per prescription (50% up for \$150.00)	33% up to a \$100.00 maximum out-of-pocket per prescription
Tier 4:	50% up to \$50.00 maximum out-of-pocket per prescription (N/A)	N/A – limited to a 30-day supply

Humana Stage 2: Coverage Gap (\$5,030 - \$8,000)

Tier	Retail Pharmacy: 30-day supply (90-day supply)	Mail Order: 90-day supply (CenterWell Pharmacy)
Tier 1:	\$10.00 (\$30.00)	\$0
Tier 2:	30% up to \$50.00 maximum out-of-pocket per prescription (30% up for \$150.00)	20% up to a \$100.00 maximum out-of-pocket per prescription
Tier 3:	30% (30%)	30%
Tier 4:	30% (N/A)	N/A



Humana Stage 3: Catastrophic (Over \$8,000)

Tier	Retail Pharmacy: 30-day supply (90-day supply)	Mail Order: 90-day supply (CenterWell Pharmacy)
All Tiers:	\$0.00	\$0.00

- The out-of-pocket maximum is **\$2,500** per member.
- If you hit your out-of-pocket maximum, Humana pays 100% of the total drug costs for the remainder of the year.



Humana Part D Smart Summary

- Center for Medicare (CMS) rules require reporting to participants at least quarterly. There is an option to view these online if you set up a Humana online account.
- The summary includes the drug purchases, the stage you are in, the OOP cost and the TROOP, updates contact, patient rights.
- What is does not include are any non-Part D purchases.



Humana Discounts

- **Dental Discount:** HumanaDental and Florida GoldPlus
- **Dental Health:** Truthbrush discounts
- **Hearing Discount:** Hearing aid discount through TruHearing Hearing Center
- **Vision Discount:** EyeMed
- **Complementary and Alternative medicine and Weight Management:** Specialists, Nutrisystem, The Vitamin Shoppe, Fitbit
- **Personal Emergency Response System:** Lifeline Medical Alert System
- **Meal Delivery Discount:** Mom's Meals

* All offers are subject to change



Medicare Part D & High Income

- Income-Related Monthly Adjustment Amount (IRMAA) is determined by Center for Medicare and Medicaid Services (CMS) and will be reported to you, if you must pay.
- The amount will be deducted from the Social Security Income (SSI) each month in addition to the premium you pay to Wellmark.
- If you decline the deduction for IRMAA, CMS will disenroll you from the ISU Humana Group PDP. This may create issues for regaining the coverage.
- 2024 Medicare Part D Premiums
 - <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/what-does-medicare-cost>



Medicare Part D & Low Income Subsidy

- Participants with low income may qualify for extra help from Medicare and the Part D cost may be reduced.
- Humana is informed by CMS and alerts ISU to adjust the Part D premium.
- ISU alerts Wellmark to reduce your premium for the subsidy amount reported to us by Humana.



Dental Insurance

- Administered by Delta Dental of Iowa
- Two plan choices:
 - Basic Plan
 - Comprehensive Plan – 3-year lock in
- PPO plus Premier Network

- If you previously dropped, you cannot enroll.



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)



2024 Dental Insurance Premiums

Tier of Coverage	2024 Basic Plan	2024 Comprehensive Plan
Retiree or Surviving Spouse	\$24	\$42
Retiree & Spouse/Partner	\$58	\$109
Retiree & Child(ren)	\$65	\$115
Retiree & Family	\$74	\$130



Delta Dental Information

- www.deltadentalia.com
- 800-544-0718
- Register as a subscriber to access coverage details
- Register to receive electronic explanations of benefits
- Setting up automatic withdrawal with Delta Dental is encouraged
- Locate participating providers
- Order replacement ID cards
- **Vision discount service through DeltaVision**
 - <https://www.deltadentalia.com/webres/File/Member/vision-discount.pdf>
- Mobile app for Smart phones



Retiree Life Insurance

- If you had ISU life insurance for 10 consecutive years at the time you retired (by June 30, 2021)
 - \$4,000 to designated beneficiary
- Update Principal Beneficiary Designation
 - <https://www.hr.iastate.edu/retiree-life-insurance>



ISU Retiree Association

Benefits of Membership:

- Representation with University
- Wellness & Health Education
- Memorial Day Ceremony
- Own Personal ISU Alumni Gmail Account
- Programs
- Newsletter
- Volunteering
- Social Activities
- No dues

Contact:

- alumni@iastate.edu
- 515-294-6525



Questions:

Contact ISU Benefits Office

- benefits@iastate.edu
- 515-294-4800

Questions specific to medical & dental services/prescriptions – call customer service phone number on your ID card(s)

Open enrollment closes December 7, 2023!

