

Iowa State University Retiree Group Medical Insurance Information for 2024 Open Enrollment

Opening October 15, 2023 – Closing December 7, 2023

A recorded presentation on the 2024 benefits 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 1-17, 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.

Impact to ISU Retirees:

- Premium changes for 2024. Some tiers will have a premium decrease for 2024. See page 5 for the premium tables.
- Medical plan design changes for 2024. Medicare eligible individuals should be minimally impacted due to Medicare being primary payer.
- Wellmark will be issuing new ID cards for both PPO and HMO members. The HMO ID cards are being updated to list the contract holder name only and will not be individualized for dependents on the coverage.
- Humana stage 3 (catastrophic level) will be moving to \$0 cost share for all tiers of medications.

PLEASE NOTE: If you are not making any changes for 2024, you do not need to complete the Open Enrollment Form. Your existing coverage will continue for 2024.

☐ Steps if you want to make changes to your ISU Plan for January 1, 2024:

- 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, 2024, 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.
- Mail the form to ISU Benefits Office, 3810 Beardshear Hall, 515 Morrill Rd, Ames IA 50011.

☐ Steps to enroll in coverage elsewhere for January 1, 2024:

- Visit with Senior Health Insurance Information Program (SHIIP) consultants or insurance brokers selling individual insurance plans.
- Fill out forms for those companies, as needed.
- So that we have a record of your intentions, please submit the drop form included in this packet by December 7, 2023 to: ISU Benefits Office, 3810 Beardshear Hall, 515 Morrill Rd, Ames IA 50011

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 plan. If you're covering a spouse/partner or dependent children, their coverage will end as well.

Lifelong Coverage?

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 the retiree insurance currently, the ISU Plan is projected to remain stable for the foreseeable future.

Who may 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 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 2024

ISU sends information to those turning age 65, typically three months before your 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 would 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.

Insurance Premium changes for those with Medicare and Low Income or High Income

Medicare Part A is usually at no cost to those eligible. Medicare Part B and Part D premiums for any Part D plan (including ISU's Humana Part D plan) are income-based and annually assessed by Social Security. The premium for our Humana plan is rolled into the premium you pay to Wellmark, but there could be an adjustment due to the income level you had in 2022.

For those Medicare participants with high modified adjusted gross income reported in 2022, an Income-Related Monthly Adjustment Amount (IRMAA) will be assessed in 2024. The Centers for Medicare & Medicaid Services (CMS) notifies the member of this annually applied assessment for Medicare B and D. If assessed the fee and the participant does not agree to have the fee deducted from the SSI, CMS would advise Humana to terminate the Medicare Part D, which would be your ISU Humana group plan. Any appeal regarding this assessment is directed to the Social Security Administration.

Members might qualify for a low-income subsidy (LIS) for the Medicare Part D PDP based on 2022 income. The premiums listed in this document do not reflect the LIS. CMS notifies Humana when a member qualifies as LIS. ISU then receives notice from Humana, then alerts Wellmark to have the member charged a lower premium. The LIS is based on the reduction of the cost for the Humana plan for the applicable member.

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.

Wellmark Customer Service Phone Number: 1-800-494-4478

Medical Plan Design Changes for 2024

While there are no coverage changes, there will be member cost share changes. [Medicare eligible individuals should be minimally impacted due to Medicare being the primary insurance payer.](#) See page 6 and 7 for the plan design comparison.

Plan design changes specific to:

- Deductible
- Coinsurance
- Copay application
- Out-of-pocket maximum

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 retired/disabled members and the family members on the plan who are not yet Medicare eligible.

Member Service Phone Number: 1-800-987-5248

2. **Humana** is the ISU Group Medicare Part D Prescription Drug Plan (PDP) for retired/disabled members and the family members on the plan who **are** Medicare eligible. CMS does not allow more than one PDP.

For the comprehensive Humana formulary, please use the website or call the customer service number on your ID card. The web link is:

<https://www.humana.com/pharmacy/insurance-through-employer/tools/druglist/>

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. An example of this type of prescription may be diabetes test strips or transplant auto-immune suppressive medications. 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 2024 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.

2024 ISU PLAN MONTHLY PREMIUMS for former Faculty, Professional and Scientific, Supervisory or Confidential Merit staff of ISU and Affiliated Board of Regents Institutions		
Prices include either Express Scripts or Humana pharmacy - based on Medicare eligibility	BluePPO and Rx	BlueHMO and Rx
Retiree Only		
Not Medicare eligible	\$697.00	\$674.00
Medicare eligible	\$348.00	\$332.00
Retiree and Spouse or Partner – Two people		
Two not Medicare eligible	\$1,585.00	\$1,541.00
Two people - one with Medicare/one without Medicare	\$1,039.00	\$1,000.00
Two Medicare eligible	\$690.00	\$658.00
Retiree and Child(ren) only – Two or more		
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) – Three or more		
Three or more - none are Medicare eligible	\$2,030.00	\$1,959.00
One with Medicare and others without Medicare	\$1,484.00	\$1,418.00
Two Medicare eligible and others without Medicare	\$1,135.00	\$1,076.00

2024 ISU PLAN MONTHLY PREMIUMS for former Merit staff of ISU and Affiliated Board of Regents Institutions		
Prices include either Express Scripts or Humana pharmacy - based on Medicare eligibility	BluePPO and Rx	BlueHMO and Rx
Retiree Only		
Not Medicare eligible	\$851.00	\$825.00
Medicare eligible	\$348.00	\$332.00
Retiree and Spouse or Partner – Two people		
Two not Medicare eligible	\$1,938.00	\$1,886.00
Two people - one with Medicare/one without Medicare	\$1,193.00	\$1,151.00
Two Medicare eligible	\$690.00	\$658.00
Retiree and Child(ren) only – Two or more		
Retiree is not Medicare eligible	\$1,514.00	\$1,476.00
Retiree is Medicare eligible	\$1,011.00	\$983.00
Family - Retiree, Spouse/Partner & child(ren) – Three or more		
Three or more - none are Medicare eligible	\$2,483.00	\$2,397.00
One with Medicare and others without Medicare	\$1,738.00	\$1,662.00
Two Medicare eligible and others without Medicare	\$1,235.00	\$1,169.00

NOTE: RIO & SRIP Participants – your premiums will be reflected on your change form in this packet.

Former Faculty, Professional and Scientific, and Supervisory/Confidential Merit have a different premium than former Merit retirees. This is due to the limited history of the Merit retirees' claims experience. As the plan experience and trends are evaluated over a longer period of time, the expectation is the two groups will be blended to eventually have the same premiums.

ISU PLAN MEDICAL PLANS - Effective January 1, 2024

This is a limited comparison of benefits. The Summary of Benefit and Coverage for each plan is available on the ISU web page. Benefits will be administered as described in each plan coverage manual. Refer to those documents or call Wellmark Blue Cross/Blue Shield. If there are discrepancies between this comparison and Wellmark's Coverage Manual, the Manual will govern in all cases.

NOTE: For retiree plan participants eligible for Medicare, Medicare is your primary insurance. The ISU Plan, following Medicare, usually leaves no patient liability, such as the copay or coinsurance shown below. Some exceptions may occur.

PLAN PROVISIONS	BluePPO		BlueHMO
	In - Network	Out-of-Network	*Primary Care Physician designation required
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 (Member pays)	\$400 single / \$800 other levels	\$800 single / \$1,600 other levels *Does not aggregate with in-network deductible	\$250 single / \$500 other levels
Copayment (Member pays)	\$25	N/A – deductible/coinsurance	\$15
Coinsurance (Member pays)	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>Copays, deductible & coinsurance apply to yearly OOP maximum.</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 maximum <i>*Separate OOP for prescription</i>	\$1,500 single / \$3,000 other levels <i>*Separate OOP for prescription</i>
Lifetime maximum	Unlimited	Unlimited	Unlimited
PREVENTATIVE SERVICES			
Member pays:			
Routine annual physicals	\$0 (100% coverage)	40% coinsurance, after deductible	\$0 (100% coverage)
Labs, colonoscopies, sigmoidoscopies	\$0 (100% coverage)	40% coinsurance, after deductible	\$0 (100% coverage)
Routine pap smears, routine mammography	\$0 (100% coverage)	40% coinsurance, after deductible	\$0 (100% coverage)

PLAN PROVISIONS	BluePPO		BlueHMO
	In-Network	Out-of-Network	*Primary Care Physician designation required
PHYSICIAN SERVICES			
Member pays:			
Office exams, includes mental health services	\$25 copay	40% coinsurance, after deductible	\$15 copay
Telehealth (visual & audio required)	\$25 copay	40% coinsurance, after deductible	\$15 copay
X-ray, lab, and outpatient surgery	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible
Routine eye exam (eyeglasses not covered)	\$25 copay	40% coinsurance, after deductible	\$15 copay
Routine hearing exam (hearing aids not covered)	\$25 copay	40% coinsurance, after deductible	\$15 copay
INPATIENT SERVICES			
Member pays:			
Inpatient surgery	20% coinsurance, after deductible; prior approval required for certain procedures	40% coinsurance, after deductible; prior approval required for certain procedures	10% coinsurance, after deductible; prior approval required for certain procedures
Physician services, room and board, other inpatient care	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible
MISCELLANEOUS SERVICES			
Member pays:			
Acupuncture	Not covered	Not covered	\$15 copay \$500 benefit maximum per benefit year/member
Allergy treatment	\$25 copay	40% coinsurance, after deductible	\$15 copay
Emergency room care	\$125 copay, plus 20% coinsurance *Copay is waived if admitted	\$125 copay, plus 20% coinsurance *Copay is waived if admitted	\$125 copay, plus 10% coinsurance *Copay is waived if admitted
Chiropractic care	\$25 copay	40% coinsurance, after deductible	\$15 copay
Outpatient chemotherapy	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible
Speech, physical, occupational, and respiratory therapy	\$25 copay *Non-office setting, coinsurance may apply.	40% coinsurance, after deductible	\$15 copay *Non-office setting, coinsurance may apply.

**2024 (1-1-2024 to 12-31-2024) Iowa State University
Humana Medicare Part D Prescription Drug Plan**

Note: This is not a complete description of 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> 30-Day Supply (90-day cost)	<u>Mail Order – CenterWell Pharmacy</u> 90-Day Supply
Stage 1 = \$0 to Initial Coverage Limit (ICL): When total drug cost reaches \$5,030		
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
Stage 2 = Coverage Gap – Begins when the yearly drug cost total (What you and the plan have paid) reaches \$5,030		
Tier 1 <i>Generic or Preferred Generic</i>	\$10 (\$30)	\$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>	30% (30%)	30%
Tier 4 <i>Specialty</i>	30% (N/A)	N/A
All Tiers	Stage 3 = Catastrophic to Unlimited - Begins when your true out-of-pocket cost reaches \$8,000	
	\$0	
Annual Maximum Out-of-Pocket (MOOP)	\$2,500 - After your out-of-pocket drug costs reach this total, Humana pays 100% of your total drug costs.	
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.	

2024 ISU Plan Express Scripts Prescription Drug Plan

Pharmacy Benefit Manager	EXPRESS SCRIPTS
Express Scripts determines the tier of each medication.	Drug Tiers: Tier 1 is Generic drugs Tier 2 is a Preferred Brand Name drugs Tier 3 is Non-Preferred Brand Name drugs Specialty drugs may be Tier 2 or 3.
Deductibles	\$0
Prescription Coinsurance/Pay Maximum Out-of-Pocket (MOOP)	\$2,000 single/benefit year \$4,000 total/benefit year for other levels
30-day Supply Participating Retail Pharmacy *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	Tier 1 - \$15 copay / script Tier 2 - 30% coinsurance up to \$125.00 maximum copay / script Tier 3 - 50% coinsurance up to \$250.00 maximum copay / script Above applies until MOOP is reached.
90-day Supply Participating Retail Pharmacy	Tier 1 - \$45 copay / script Tier 2 - 30% coinsurance up to \$375.00 maximum copay / script Tier 3 - 50% coinsurance up to \$750.00 maximum copay /script Above applies until MOOP is reached.
90-day Supply Express Scripts by Mail (Home Delivery)	Using Express Scripts by Mail Tier 1 - Generics - no cost to member Tier 2 - 25% coinsurance up to \$300.00 maximum copay / script Tier 3 - 33% coinsurance up to \$600.00 maximum copay / script Above applies until MOOP is reached.

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-notices-and-resources>

<i>Prescription Drug Coverage Required Notice</i>
Iowa State University has determined that both the Express Scripts <u>and</u> Humana prescription drug coverage with the ISU Plan are as good as or better coverage than the standard Medicare prescription drug coverage (Part D). This means that your ISU Plan coverage is considered "creditable coverage" and that you will not pay extra if you later decide to leave our plans and timely enroll in an individual Medicare prescription drug plan. (Please see enclosed Notice of Creditable Coverage.)