2015 Benefits Information

FACULTY, PROFESSIONAL & SCIENTIFIC, MERIT SUPERVISORY EXEMPT, AND MERIT CONFIDENTIAL STAFF

REVISED: June 2015

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ORIENTATION CHECKLIST

- Turn in your Retirement Plan Election form (within 60 days of your hire date).
- Enroll in Benefits on Self Service site or submit your Personal Enrollment Form to the University Benefits Office at 120 USB. You can deliver in person or send them through campus mail. This is very important because you will not be covered if you do not communicate your benefit elections.
- Review Voluntary Insurance programs here on the Benefits website.
- Sign up for Direct Deposit if you haven’t already. You can do this online at the Employee Self Service website.

University of Iowa Nondiscrimination Statement

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Director, Office of Equal Opportunity and Diversity, the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705 (voice), 319-335-0697 (TDD), diversity@uiowa.edu.
UNIVERSITY BENEFITS
You are eligible to receive a variety of University credits based upon your election decisions. The following University credit options are available if you are under this program:

- General Credit: $90.00 per month per employee.
- Shared Savings Credits: Individuals who have health and/or dental insurance, but are not enrolled in a University of State of Iowa (state agencies, Board of Regents, UI Merit), health and/or dental insurance plan will receive an additional Shared Savings Credit as an incentive to remain with their current insurance provider. Individuals who elect not to enroll in the University’s or a State of Iowa (state agencies, Board of Regents, UI Merit) health insurance plan will receive an additional $200 per month in Shared Savings Credits. Individuals who elect not to enroll in the University’s or a State of Iowa (state agencies, Board of Regents, UI Merit) dental insurance plan will be provided an additional $25 per month in Shared Savings Credits.
  - Health Insurance is waived: $200 per month
  - Dental Insurance is waived: $25 per month
  - Life Insurance if $50,000 option is selected: $40 per month (Note: base salary must be greater than $25,000)

LIST OF FAMILY STATUS CODES
- Most Common Categories
  - F04 - Employee and Spouse or Employee and Domestic Partner (only if partner is a Federal tax dependent) (Requires Domestic Partner Affidavit)
  - Employee and Children
  - Employee and Spouse and Children or Employee and Domestic Partner and Children (only if partner is a Federal tax dependent) (Requires Domestic Partner Affidavit)

- Medical Support Categories
  - F05 – Medical Support Order, Employee and Children
  - F06 – Medical Support Order, Family

- Domestic Partner Categories (Requires Domestic Partner Affidavit)
  - F07 – Domestic Partner and Employee (partner is not a Federal tax dependent)
  - F30 – Domestic Partner and Family (partner is not a Federal tax dependent)

- Double Spouse Credit Categories (both employed at the University of Iowa as Faculty, Professional & Scientific, Merit Exempt Supervisory or Merit Confidential employee)
  - F10 – Employee and Spouse or Family, this person has health and dental option
  - F12 – Employee and Spouse or Family, this person does not have health and dental options
HEALTH INSURANCE

COVERAGE
Coverage is provided through Wellmark Blue Cross Blue Shield of Iowa.

UIChoice
Health care under the UICHOICE PLAN may be obtained from any provider you wish. This plan includes three benefit levels; the provider you choose automatically determines the plan benefit level within UICHOICE.

Plan Benefit Level 1 = Providers from the University of Iowa Hospitals and Clinics, the Carver College of Medicine (CCOM), and UI Community Medical Services Clinics (CMSC), and UI Health Alliance Facilities and Primary Care Clinics. Locations are listed on the Benefits website.

Plan Benefit Level 2 = Providers from the Wellmark Blue Choice Network. Locally, Level 2 includes Mercy Hospital and most Iowa City community providers.

Plan Benefit Level 3 = Any provider that does not belong to Level 1 or 2.

YOU DO NOT HAVE TO PICK A PLAN LEVEL. THE PROVIDER YOU CHOOSE AUTOMATICALLY DETERMINES AT WHICH LEVEL THAT PARTICULAR CLAIM IS PROCESSED AND HOW MUCH YOU PAY.

You can use any provider. Plan Level 1 will result in the lowest out-of-pocket costs for you. While you can use any provider you want, there are advantages to using providers who have contracts with Blue Cross and Blue Shield.

Co-payments, Co-insurance, and Deductibles
Office visits with Level 1 providers have a $5 co-payment. Level 2 providers have a $20 co-payment. Level 3 providers have 40% co-insurance.

There is no physician charge or co-payment for a routine annual physical examination in levels 1 & 2. Labs, tests, and x-rays do not have a charge on all levels.

There is no co-payment or co-insurance for well-child care and/or immunizations on any of the levels.

Insureds will pay 20% for durable medical equipment.

When an individual is admitted to a hospital, the individual will pay a $400 deductible for Level 1, $600 for Level 2, and $800 for Level 3. After the deductible is paid, the individual will pay applicable co-insurance, subject to the out-of-pocket maximum limits.
Out-of-Pocket Maximum (OPM) Expenses for Individuals and Families

The UIChoice Plan provides an annual maximum limit for certain out-of-pocket expense for both individuals and families. When the amount paid in co-insurance and deductibles equals the applicable OPM, the plan pays 100% of the covered charges for most additional medically necessary expenses incurred during the remainder of the calendar year.

The OPM for the individual’s expenses for Levels 1 and 2 combined is $1,700. The OPM for all other contracts (family, employee and children, employee and spouse, etc.) is $3,400 for Levels 1 and 2 combined.

The OPM for Level 3 services is separate from the Level 1 and 2 OPM. The OPM for Level 3 services is $2,000 for individuals and $4,000 for all other contracts. If out of state, contact Wellmark Blue Cross & Blue Shield’s 800# on the back of your ID card to determine if the provider will be considered in Network or not.

The OPM for prescription drugs is $1,100 for individuals (a single contract) and $2,200 for all other contracts.

The amount paid by an individual for co-payments, for the treatment of care of infertility, or due to contract limitations are not included in the annual out-of-pocket amount.

When a plan member in a contract other than “individual” meets their OPM, the additional plan member(s) continue to pay co-insurance and deductibles until the overall OPM for their contract is met.

Coverage for Prescription Drugs

This plan has a tiered prescription benefit. This means for each prescription you will pay co-insurance, which will vary depending on the tier (or category) of the drug.

The co-insurance amounts are:

- Tier 1: 0% - Generic drugs are provided at no cost to the insured
- Tier 2: 30% - Wellmark name brand formulary drugs
- Tier 3: 50% - Wellmark non-formulary drugs

The OPM expense provision for prescription drugs is separate from the medical OPM. The insured is responsible for paying co-insurance on prescriptions (as described above) up to $1,100 for individuals or $2,200 for family in prescription drug cost. Once the OPM has been met, the plan pays 100% of covered expenses incurred during the rest of the calendar year for drugs.
# HEALTH INSURANCE

**EFFECTIVE JANUARY 1, 2015**

**MONTHLY PREMIUM RATES AFTER UNIVERSITY CONTRIBUTION**

<table>
<thead>
<tr>
<th>COVERAGE OPTIONS</th>
<th>UIChoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$0</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$221</td>
</tr>
<tr>
<td>Employee/Children</td>
<td>$182</td>
</tr>
<tr>
<td>Family</td>
<td>$232</td>
</tr>
<tr>
<td>Double Spouse/Family</td>
<td>$0</td>
</tr>
</tbody>
</table>

## PLAN PROVISIONS

<table>
<thead>
<tr>
<th>Providers</th>
<th>UIChoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Provider: The provider or facility category you use determines the</td>
<td></td>
</tr>
<tr>
<td>plan benefit level. This is one plan with three different benefit levels:</td>
<td></td>
</tr>
<tr>
<td>• <strong>Benefit Level 1:</strong></td>
<td></td>
</tr>
<tr>
<td>o Providers: University of Iowa Hospitals and Clinics, Carver College of</td>
<td></td>
</tr>
<tr>
<td>Medicine (CCOM) and UI Community Medical Services Clinics (CMSC), and</td>
<td></td>
</tr>
<tr>
<td>UI Health Alliance Facilities and Primary Care Clinics. Locations are</td>
<td></td>
</tr>
<tr>
<td>listed on the Benefits website.</td>
<td></td>
</tr>
<tr>
<td>• <strong>Benefit Level 2:</strong></td>
<td></td>
</tr>
<tr>
<td>o Blue Choice Network Providers not included in Level 1.</td>
<td></td>
</tr>
<tr>
<td>• <strong>Benefit Level 3:</strong></td>
<td></td>
</tr>
<tr>
<td>o Any provider outside of Level 1 or 2.</td>
<td></td>
</tr>
<tr>
<td>Blue Cross/Blue Shield (BC/BS) providers can result in lower out-of-pocket costs. For non-BC/BS providers, insured pays charges over the maximum allowable fee.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Insurance</td>
<td></td>
</tr>
<tr>
<td>Level 1 – 10%</td>
<td></td>
</tr>
<tr>
<td>Level 2 – 10%</td>
<td></td>
</tr>
<tr>
<td>Level 3 – 40%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum (OPM)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined OPM for Level 1 &amp; Level 2 Services &amp; Level 3 Blue Card</td>
<td></td>
</tr>
<tr>
<td>participating providers: $1,700 / $3,400; OPM for Level 3 Services:</td>
<td></td>
</tr>
<tr>
<td>$2,000 / $4,000; OPM for prescription drugs: $1,100 / $2,200</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• There is no pre-existing condition waiting period.</td>
<td></td>
</tr>
<tr>
<td>• Pre-approval of inpatient admissions is required.</td>
<td></td>
</tr>
<tr>
<td>• Domestic partner coverage is available for same and opposite sex</td>
<td></td>
</tr>
<tr>
<td>partners</td>
<td></td>
</tr>
<tr>
<td>• Getting a second surgical opinion is voluntary.</td>
<td></td>
</tr>
<tr>
<td>• Maternity claims are handled the same as all other medical claims.</td>
<td></td>
</tr>
<tr>
<td>• Wig coverage as a result of cancer treatments is now covered under</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment.</td>
<td></td>
</tr>
<tr>
<td>• An emergency can be considered to be a medical condition that a</td>
<td></td>
</tr>
<tr>
<td>prudent layperson (with an average knowledge of health and medicine)</td>
<td></td>
</tr>
<tr>
<td>could reasonably expect to result in serious jeopardy to</td>
<td></td>
</tr>
<tr>
<td>a person’s health in the absence of immediate medical attention.</td>
<td></td>
</tr>
<tr>
<td>OFFICE CARE</td>
<td>UIChoice</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Office Visits**                               | - Level 1: $5 co-pay  
- Level 2: $20 co-pay  
- Level 3: 40% co-insurance |
| Routine Physicals                               | - Level 1 & 2 and Level 3 Blue Card participating providers: $0 co-pay  
- Level 3: 40% co-insurance |
| Imaging and Lab                                 | - Level 1 & 2: 10% co-insurance  
- Level 3: 40% co-insurance |
| Well-Child Care                                 | - $0                                                                      |
| Immunizations                                   | - $0 co-pay                                                               |
| Routine Eye Exam                                | - Level 1: $5 co-pay  
- Level 2: $20 co-pay  
- Level 3: 40% co-insurance |
| Routine Hearing Exam                            | - Level 1: $5 co-pay  
- Level 2: $20 co-pay  
- Level 3: 40% co-insurance |

<table>
<thead>
<tr>
<th>HOSPITAL SERVICES</th>
<th>UIChoice</th>
</tr>
</thead>
</table>
| Emergency Room Care                             | - Level 1 & Level 2: $50 co-payment (waived if admitted) followed by  
10% co-insurance  
- Level 3: Same as Level 1 or 2 if coded as an emergency; if not coded  
as an emergency, $50 co-payment followed by 40% co-insurance |
| Room and Board                                  | - Level 1: $400 deductible  
- Level 2: $600 deductible  
- Level 3: $800 deductible  
Semi-private room; followed by co-insurance |
| Inpatient and Outpatient Surgery, Physician Care, Supplies, Labs & Imaging | - Level 1: 10% co-insurance  
- Level 2: 20% co-insurance  
- Level 3: 40% co-insurance |

<table>
<thead>
<tr>
<th>MISCELLANEOUS</th>
<th>UIChoice</th>
</tr>
</thead>
</table>
| Prescription Drugs                              | 3 tiered co-insurance plan;  
- 1: Generic Drugs have 0% co-insurance; provided at no cost to plan  
member  
- 2: Name brand Wellmark Formulary drugs have 30% co-insurance;  
- 3: Name-brand non-formulary drugs have 50% co-insurance |
| Chiropractor                                    | - Level 1: No provider  
- Level 2: $20 co-pay  
- Level 3: 40% co-insurance |
| Hearing Aid                                     | 20% co-insurance; maximum benefit of $2,000 every 5 years                |
| Outpatient Physical Therapy/Speech/Occupational and Respiratory Therapy | - Level 1 & 2: 10% co-insurance  
- Level 3: 40% co-insurance |
| Home Health Care/Ambulance/Hospice Care          | - Level 1 & 2: 10% co-insurance  
- Level 3: 40% co-insurance |
| Durable Medical Equipment                       | 20% co-insurance                                                           |
| Infertility Treatment Lifetime Maximum of $25,000 (does not apply towards OPM) | - Level 1: 10% co-insurance  
- Level 2: 30% co-insurance  
- Level 3: 40% co-insurance |
| Imaging & Lab to Third Party Providers          | - Level 1 & 2: 10% co-insurance  
- Level 3: 40% co-insurance |
# DENTAL INSURANCE

**EFFECTIVE JANUARY 1, 2015**

**MONTHLY PREMIUM RATES AFTER UNIVERSITY CONTRIBUTION**

## COVERAGE OPTIONS

<table>
<thead>
<tr>
<th>Coverage Options</th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$0</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$16</td>
</tr>
<tr>
<td>Employee/Children</td>
<td>$20</td>
</tr>
<tr>
<td>Family</td>
<td>$25</td>
</tr>
<tr>
<td>Double Spouse/Family</td>
<td>$0</td>
</tr>
</tbody>
</table>

## DIAGNOSTIC & PREVENTIVE MAINTENANCE CARE

<table>
<thead>
<tr>
<th>Description</th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Member)</td>
<td>None</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>0%</td>
</tr>
<tr>
<td>Maximum Annual Benefit (Per Member)</td>
<td>None</td>
</tr>
<tr>
<td>Dental benefits include</td>
<td>Routine examination and teeth cleaning</td>
</tr>
</tbody>
</table>

## RESTORATIVE CARE

<table>
<thead>
<tr>
<th>Description</th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Member)</td>
<td>None</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>PPO: 0%; PREMIER: 20%; NON-PAR: 20%</td>
</tr>
<tr>
<td>Maximum Annual Benefit (Per Member)*</td>
<td>$2,000; up to $4,000 with annual carryover</td>
</tr>
</tbody>
</table>
| Dental benefits include               | • Regular cavity fillings  
• Emergency treatment for relief of pain  
• Routine Oral surgery |

## DENTAL PROSTHESIS, ENDODONTICS & PERIODONTAL SERVICES

<table>
<thead>
<tr>
<th>Description</th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Member)</td>
<td>None</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>PPO: 10%; PREMIER: 20%; NON-PAR: 20%</td>
</tr>
<tr>
<td>Maximum Annual Benefit (Per Member)*</td>
<td>$2,000; up to $4,000 with annual carryover</td>
</tr>
</tbody>
</table>
| Dental benefits include               | • Bridges, partial & complete dentures  
• Oral surgery  
• Crowns  
• Root canal |

## ORTHODONTICS

<table>
<thead>
<tr>
<th>Description</th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Member)</td>
<td>$50</td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>50%</td>
</tr>
<tr>
<td>Maximum Annual Benefit (Per Member)*</td>
<td>$2,000; up to $4,000 with annual carryover</td>
</tr>
<tr>
<td>Dental Benefits include</td>
<td>Treatment necessary for the proper alignment of teeth; Orthodontic benefits paid quarterly</td>
</tr>
</tbody>
</table>

## Providers

3 Tier Provider Network within Delta Dental:
- Tier 1 is a PPO network
- Tier 2 is the regular Delta Dental network
- Tier 3 is all dentists who do not participate with Delta Dental

Using Tier 1 will result in lower out-of-pocket costs for care. Visit Delta Dental website for participating providers.

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*Must have been covered under the plan for the full benefit year & submitted one claim.*
TAXABLE HEALTH AND DENTAL INSURANCE

Coverage for children who are full-time students or disabled can continue as long as they continue in that status.

The Internal Revenue Service (IRS) has determined that if an employer allows employees to insure dependent children past the age of 26 who do not qualify as the employee’s tax dependents, there is a value that must be added to the employee’s taxable salary when reporting income earned on the annual W-2. This income, which will be added to the tax base, is calculated using the following table:

**AGE 26 AND ABOVE TAXABLE MONTHLY INCOME**

<table>
<thead>
<tr>
<th></th>
<th>Employee/Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UICHOICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>covered</td>
<td>$455.00</td>
<td>$303.33</td>
</tr>
<tr>
<td></td>
<td>$387.67</td>
<td>$290.75</td>
</tr>
<tr>
<td><strong>DENTAL II</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>covered</td>
<td>$50.00</td>
<td>$33.33</td>
</tr>
<tr>
<td></td>
<td>$42.00</td>
<td>$31.50</td>
</tr>
</tbody>
</table>

If the child is over 26 and disabled, or a tax dependent, there is no additional income that is applied to the employee’s taxable salary. Also, please note that if you participate in the Health Care Spending Account program, you will not be able to submit any claims for a dependent over the age of 26 unless they are your tax dependent.
GROUP LIFE INSURANCE

MANDATORY PARTICIPATION
Participation in the University’s group term life insurance program is a condition of employment for regular University faculty and staff members who hold a 50% time or greater appointment. Coverage is required. This program does not require a statement of health or physical exam.

SCHEDULE OF LIFE INSURANCE
Your annual benefits salary determines the amount of life insurance. If this salary is not an even thousand, it is rounded to the next highest thousand and then multiplied by the coverage desired. The benefit program allows you to select from the following amounts: $50,000, 2 times, 2-1/2 times, and 3 times salary. The University funds 2 times salary up to the maximum coverage.

MAXIMUM COVERAGE LIMITS
The maximum amount of obtainable life insurance is $400,000.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

OPTIONAL PARTICIPATION
Supplemental life insurance can be purchased in conjunction with any group life option. This program is age rated. The rates change as a person reaches 40, 50, and 60. Until a person reaches the age of 60, the rate for this program is less than the group life product. Carefully evaluate the Group Life and Supplemental Life plans to ensure you are getting the most coverage for your money. This program does not require a statement of health or physical exam.

SCHEDULE OF LIFE INSURANCE
The optional Supplemental Life Insurance plan allows you to acquire additional life insurance from ½ to 3 ½ times your salary. The amount of coverage is based upon your annual benefits salary. If this salary is not an even thousand, it will be rounded to the next highest thousand and then multiplied by the coverage chosen. Coverage is available in the following amounts: ½ times salary, 1 times salary, 1½ times salary, 2 times salary, 2½ times salary, 3 times salary, or 3½ times salary.

MAXIMUM COVERAGE LIMITS
The maximum amount of obtainable life insurance is $1,000,000.
SPOUSE/DOMESTIC PARTNER/DEPENDENT LIFE INSURANCE

COVERAGE
Term life insurance coverage is available for your spouse/domestic partner and dependents (children must be at least 14 days old to 26 years old, unless the dependent is disabled; if dependent is disabled and classified as a dependent for tax purposes, there is no maximum age for coverage). You may choose one of the following plans:

1. Spouse/partner only in the amount of $10,000
2. Spouse/partner only in the amount of $20,000
3. Dependent only in the amount of $5,000 per child
4. Dependent only in the amount of $10,000 per child
5. Spouse/partner and Dependent in the amount of $10,000 for the spouse and $5,000 per child
6. Spouse/partner and Dependent in the amount of $20,000 for the spouse and $10,000 per child

Please note that this premium may only be paid after-tax as a deduction from your net pay. University credits may not be used for this benefit.

ACCIDENTAL DEATH AND DISMEMBERMENT
Accidental Death and Dismemberment insurance provides coverage at all times for most accidents that occur on or off the job, at home or away, or anywhere in the world (when traveling by train, airplane or other conveyances). However, there are some exclusion’s listed in the master policy. Coverage includes loss of life and limbs. Benefits include worldwide travel assistance and a waiver of premium provision. In case of your death, benefits also include dependent children education assistance and a day care allowance.

COVERAGE
Coverage is available in $100,000 increments up to a maximum of $1,000,000 for:

- **Plan I:** Employee only
- **Plan II:** Employee and spouse or domestic partner:
  - Your spouse or domestic partner is covered at 75% of your benefit.
- **Plan III:** Employee and children:
  - Each eligible child’s coverage is 20% of your benefit up to a maximum of $100,000.
- **Plan IV:** Employee and family:
  - Your spouse or domestic partner’s coverage is 75% of your benefit and each eligible child’s coverage is 20% of your benefit up to a maximum of $100,000.

Children must be no older than age 26 unless a full-time student or disabled. If your child is totally and permanently disabled, there is no maximum age for coverage. (The disability must have existed while he or she was a covered dependent.)

Please note, if your spouse or partner is also employed by The University, the insurance company does not allow duplicate coverage for dependents. Also, you cannot be covered both as an Employee and as a covered spouse.
LIFE INSURANCE INFORMATION

TAXABLE LIFE INSURANCE

The Internal Revenue Service (IRS) has determined that if an employer allows employees access to life insurance in excess of $50,000, the amount in excess of $50,000 has a value to the employee. This value must be added to the individual's taxable salary when reporting income earned on the annual W-2. This income is based upon the following IRS table:

<table>
<thead>
<tr>
<th>Age</th>
<th>Life Insurance Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.60</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.72</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.96</td>
</tr>
<tr>
<td>35-39</td>
<td>$1.08</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.20</td>
</tr>
<tr>
<td>45-49</td>
<td>$1.80</td>
</tr>
<tr>
<td>50-54</td>
<td>$2.76</td>
</tr>
<tr>
<td>55-59</td>
<td>$5.16</td>
</tr>
<tr>
<td>60-64</td>
<td>$7.92</td>
</tr>
<tr>
<td>65-69</td>
<td>$15.24</td>
</tr>
<tr>
<td>70 and older</td>
<td>$24.72</td>
</tr>
</tbody>
</table>

Example:
Salary: $50,000
3 times life insurance selected: $150,000
Age: 46
Calculation:
150,000 - 50,000 = 100,000
100,000 ÷ 1,000 = 100
100 x 1.80 = $180.00
($180.00 is added to W-2 as taxable income)

In determining the amount of life insurance in excess of $50,000, the employer must total all life insurance programs in which the employee participates. For the University of Iowa, this would include the basic group program and the supplemental life insurance program. If you have any questions concerning this calculation and the possible effect on your taxable income, please contact the University Benefits Office.

BENEFICIARY

Staff members may name their beneficiary/beneficiaries and may change these at any time. The proper form is available at the University Benefits Office (120 USB), on the University Benefits website here under Forms, or on the Employee Self Service site. Any change of beneficiary will not become effective until acknowledged and recorded by the University.

For estate planning purposes the designation of beneficiaries can be assigned to another party. Contact the University Benefits Office if you are interested in this process.

The primary beneficiary for the Spouse/Dependent Life Insurance will always be the employee. The contingent beneficiary will always be the insured’s estate.

COVERAGE

Your disability insurance benefits are based on salary. Coverage is mandatory and is paid for by the University. Maximum benefit is $300,000 per year. The plan provides 60% of your base salary.
HEALTH CARE SPENDING ACCOUNT

PARTICIPATION
A Health/Dental Care Spending Account allows you to arrange for a portion of your earnings, not to exceed $2,500.00, to be deposited into a special account that is then used to reimburse you for health/dental care expenses incurred during the calendar year. IRS regulations provide that earnings allocated to a spending account are not subject to Federal income taxes, State income taxes, or FICA taxes. If you elect to participate in this plan, you are reimbursed for these expenses with income that is not subject to these taxes.

Services must be incurred during the current year of participation. Funds that are not claimed for eligible health/dental expenses by the following April revert to the University and may not be claimed by the individual. When an individual terminates, all services and expenses must be incurred prior to the termination date and be claimed by April of the next year. Any funds not spent by this date will be forfeited. This program is not available for use of expenses for a Domestic Partner who is not a qualified tax dependent.

EXPENSES THAT CAN BE PAID BY A HEALTH/DENTAL CARE SPENDING ACCOUNT
This account may be used to pay for any expenses connected with health/dental care for you, your spouse, or any eligible dependent as defined by the IRS. The eligible expenses reimbursed must be for services or items that you will not be reimbursed for from any health/dental insurance program, whether with the University of Iowa and/or any other employer or individual policy.

Eligible expenses are:
1. Deductibles and co-payments
2. Over-the-counter drugs used to treat a medical condition but only with a physician prescription (e.g. aspirin, antacids, cold medicines)
3. Dental expenses, including preventive, diagnostic restorative, orthodontic, and therapeutic care
4. Vision expenses, including examinations, eyeglasses, contact lenses, and seeing0ey dogs
5. Hearing expenses, including examinations and hearing aids
6. Artificial limbs
7. Physical examinations
8. Psychoanalysis and psychologist fees
9. Psychiatric fees and psychiatric care, including the cost of supporting a mentally ill dependent at a specially equipped medical center
10. Chiropractic expenses
11. Acupuncture
12. Smoking cessation program as prescribed by a physician
13. Alcoholism or Drug Treatment, including meals and lodging if needed
14. Prescription medicine and prescription drugs including birth control pills
15. Massage Therapy

Your account cannot be used for certain expenses, such as:
1. Fitness club memberships, unless your physician classifies you as obese by having a BMI of 30+
2. Cosmetic surgery
3. Insurance Premiums
4. Dietary supplements or multivitamins
5. Contact lens insurance
6. Long-term care expenses
7. Prescription drugs purchased outside the U.S.

Note: This list is not all-inclusive. If you have a specific question about whether or not an expense is eligible for reimbursement, please check the “Covered Expenses” area under Spending Accounts on the University Benefits Office website.
PARTICIPATION
A Dependent Care Spending Account allows you to arrange for a portion of your earnings, not to exceed $5,000.00 per family, to be deposited into a special account that is then used to reimburse you for dependent care expenses incurred during the year for the custodial care of children or other eligible dependents. IRS regulations provide that earnings allocated to a Spending Account are not subject to Federal income taxes, State income taxes, or FICA taxes. If you elect to participate in this plan, you are reimbursed for these expenses with income that is not subject to these taxes. Your deposit is limited by your tax filing status. If you file your Federal taxes as married filing separately, you may deposit up to a maximum of $208.33 monthly or $2,500 annually. All other tax filing statuses may deposit up to maximum of $416.66 monthly or $5,000.00 annually. The combined maximum that a couple may contribute to this account is also $5,000.00 annually.

Services must be incurred during the current year of participation. Funds that are not claimed for eligible dependent care expenses by the following April revert to the University and may not be claimed by the individual. When an individual terminates, all services and expenses must be incurred by the end of the calendar year in which termination occurs and must be claimed by the following April. Any funds that are not spent by this date will be forfeited.

EXPENSES THAT CAN BE PAID BY A DEPENDENT CARE SPENDING ACCOUNT
This account may be used to pay for certain expenses connected with the custodial care of children under the age of 13 years who are claimed as an exemption on the employee’s Federal income tax return. It may also be used for reimbursing costs for the care of other eligible dependents such as a disabled spouse or dependent parents.

In order to participate, both the eligible employee and spouse must work or be a full-time student. The expenses must be for the following types of dependent care provided during work hours:

- Nursery schools
- Licensed day care centers and before and/or after school programs
- Private baby-sitters
- Institutions that provide custodial care for dependent adults

The account cannot be used to make payments to an eligible employee’s spouse, to an eligible employee’s child who is under the age of 19 years, or to any person the eligible employee claims as a dependent on an income tax return. Any expenses associated with kindergarten, lessons, or overnight camps may not be used.
SPENDING ACCOUNTS

ANNUAL ELECTION
You may decide each year during the annual enrollment period whether or not you wish to participate in these plans. If you do not sign up during the annual enrollment, you will not be able to participate during the following year, unless you have a qualifying event (see page 24).

IRREVOCABLE ELECTION
Once you elect to participate and designate the amount to be deposited into your spending accounts, you may not stop deposits or change the amount deposited into your account unless you have a qualifying event. A change in your account must be made within 30 days of the event, otherwise you must wait until the next annual enrollment period.

ADVANTAGES

HEALTH CARE
• You do not pay FICA, Federal, and State income taxes on flexible spending account contributions.
• Medical expenses are tax deductible only if they are over 7.5% of your adjusted gross income. A medical spending account allows you to use tax-free money for medical expenses below 7.5% of your Adjusted Gross Income (AGI).
• If you have annual medical expenses of just $600.00, you save whatever the Federal and State taxes are for your income level, and you may also save approximately $46.00 on FICA taxes.

DEPENDENT CARE
• You do not pay FICA, Federal, and State income taxes on flexible spending account contributions.
• The tax deductibility of dependent care expenses goes down as income goes up. By participating in the flexible spending account, you have the advantage of avoiding the taxes regardless of income.
• While dependent care expenses are tax deductible up to certain levels, participating in the spending account may also let you avoid the 7.65% FICA tax.
• If you are contributing the maximum monthly amount to the spending account, you may save approximately $382.00 on FICA taxes.

DISADVANTAGES
There may be some disadvantages to using these accounts:

1. Deposits to such an account may reduce your Social Security wage base, and consequently your Social Security tax contributions may be slightly reduced.

2. Once you decide to participate in this plan for any given year and designate the amount to be deposited in such an account, you cannot change this decision. The University must continue to deposit the specified amount into your account. Furthermore, any amount which is not expended for eligible expenses incurred during the calendar year by December 31st of that year and claimed by the last business day in April of the next year revert to the University.
DISBURSEMENTS
You may request reimbursements daily, weekly, monthly, semi-annually, or annually, whichever is the most convenient for you. Instructions for submitting claims can be found under “Spending Accounts” on the University Benefits Office website. Expenses submitted must be incurred after your first payroll deduction under this program. The actual day when the payment is made could vary depending on holidays. Your spending account reimbursements will be direct deposited to the same institution and account where your monthly paycheck is deposited. If you would like payment made to a different checking or savings account, you must fill out an Authorization for Payroll, Benefits, and Travel Direct Deposit form which can be found on the Employee Self Service website. Reimbursement forms are available on the University Benefits Office website. You may file for reimbursement at any time during the year, but no later than the last business day of the following April.

In order to comply with IRS regulations, dependent care expenses cannot be reimbursed until after the service has been provided.

TERMINATION OF EMPLOYMENT

HEALTH CARE
1. When terminating employment, services must be incurred by the last day of the month of your termination to be reimbursable. You have until April of the following year to submit any claims for services incurred prior to your termination date. All funds remaining after April of the following year are forfeited to the University.

DEPENDENT CARE
2. When terminating employment, services must be incurred prior to the end of the calendar year to be reimbursable. You have until April of the following year to submit any claims for services incurred in the prior year. All funds remaining after April of the following year are forfeited to the University.

Your salary reduction for your spending account(s) will continue on the last check that includes salary.
DOMESTIC PARTNER BENEFITS

Domestic Partners Eligible Benefits
Medical, dental, dependent life and voluntary AD&D insurance are available for domestic partners of eligible employees.

Tax Consequences of Domestic Partner Coverage
Under federal tax law, if your domestic partner does not qualify as your tax dependent, as defined below, then the portion of the premiums the University of Iowa pays for the coverage of your domestic partner will be included in your gross income, subject to federal income tax withholding and employment taxes, and will be reported on your Form W-2. You will also be unable to claim expense for the domestic partner under the Health Spending Account plan.

Tax Consequences Where Domestic Partner is Tax Dependent
If your domestic partner qualifies as your tax dependent, then no portion of the premiums paid by the University of Iowa will be included in your income or be subject to federal withholding or employment taxes.

1. Who is a tax Dependent? Your same-sex or opposite-sex domestic partner (other than a spouse) can qualify as your tax dependent under Internal Revenue Code Section 152(a), only if:
   a. For the entire calendar year in question, he or she lives with you as a member of the household you maintain and occupy, and
   b. During the calendar year in question you provide more than half of his or her total support.
Note that it is not necessary for you to be able to claim an exemption for your domestic partner on your Form 1040. If your tax year is other than the calendar year, use that year instead. We will also consider your domestic partner to be a tax dependent if he or she meets the above two requirements for the first portion of the year, then you marry, and he or she remains your legal spouse the remainder of the year.

2. Determining Support. To determine whether you provide more than half of your domestic partner’s total support, you must compare the amount of support you provide with the amount of support your domestic partner receives from all sources, including social security, welfare payments, the support you provide and the support your domestic partner supplies for himself or herself. Support includes food, shelter, clothing, medical and dental care, education, and the like. If you believe you might provide more than half of your partner’s support worksheet in IRS Publication 501 (Exemptions, Standard Deduction, and Filing Information).

3. Filing a Declaration of Dependent Domestic Partner (other than a spouse). Please contact your tax advisor before filing an affidavit that your domestic partner is a dependent, as defined by the Internal Revenue Code.

If your domestic partner qualifies as your tax dependent, you can avoid having the premiums paid by the University of Iowa treated as taxable income. To avoid taxation, you must complete and return the attached Declaration of Domestic Partnership form. Because the determination of whether a person is a dependent for tax purposes turns on facts solely within your knowledge, the University of Iowa cannot make this determination for you. If the University of Iowa does not receive a properly completed declaration form from you, we will assume that your domestic partner does not qualify as your tax dependent. Please visit here to fill out the Declaration of Domestic Partnership.
INSTRUCTIONS FOR COMPLETING YOUR PERSONAL ENROLLMENT
These instructions will assist you in completing your Personal Enrollment for the University of Iowa Flexible Benefits Program. These instructions are written for employees who are filling out a paper form. If you are using the on-line enrollment option, instructions are provided on the site. If, during the process of completing the enrollment form, you have questions or need assistance, please contact the University Benefits Office at 120 University Services Building by e-mail at benefits@uiowa.edu, or by phone at (319) 335-2676, or toll-free at (877) 830-4001.

HEALTH AND DENTAL COVERAGE (FOR MORE INFORMATION, VISIT PAGES 1-7)

Health Coverage (Description on pages 3-6): Enrollment is optional. If you do not want coverage, select option number “90”. If you want medical coverage, you must select from the medical program shown. Once the type of coverage is selected, enter that number on the line labeled “Option code”.

Dental Coverage (Description on page 7): Enrollment in the dental plan is optional. For no coverage, select option number “90”. If you want dental coverage, you must select from the dental programs shown. Once coverage is selected, enter that number on the line labeled “Option Code”.

GROUP LIFE INSURANCE (FOR MORE INFORMATION, VISIT PAGE 9)
This plan allows you to select from four levels of life insurance coverage. This coverage is for you only. The University provides you with two times your salary in coverage. If you select additional coverage, there will be an additional charge. These choices provide coverage of a flat $50,000, 2 times salary, 2 ½ times salary, or 3 times salary. Enrollment in the group life plan is mandatory.

If you select 50,000 in coverage and your salary is at least $25,000 annually, you will not see a charge on your electronic enrollment and you will be eligible for a Shared Savings Credit.

If you select two times your salary in coverage, you will see a charge and an equal credit for the University contribution on your electronic enrollment.

You still have the option of purchasing 2 ½ or 3 times your salary in Group Life Insurance if you so desire. If you choose this option, you will see the full cost of the 2 ½ or 3 times your salary in Group Life coverage on your electronic enrollment and you will see the University contribution for 2 times your salary in coverage. Your cost will be the difference between the two.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE (FOR MORE INFORMATION, VISIT PAGE 9)
This program allows you to obtain additional life insurance, for yourself only, in excess of the amount provided by the group life coverage. This program is optional. If you do not want to participate in this program, enter the number “90” on the “Option Code” line. For additional life insurance, select from seven choices of coverage. These choices range from ½ to 3 ½ times your salary. Next to each selection is the amount of coverage that is provided by each choice. The next column to the right shows the monthly costs associated with each coverage choice. Once your selection is made, enter the corresponding number on the “Option Code” line.
SPOUSE/DOMESTIC PARTNER/DEPENDENT LIFE INSURANCE (FOR MORE INFORMATION, VISIT PAGE 10)
This program allows you to obtain life insurance for your spouse and/or your children. If you do not want to participate in this program, enter the number “90” on the “Option Code” line. If you would like to participate, you have the choice of six programs. Each selection gives your spouse and/or dependents the life insurance as noted. The next column to the right gives the monthly cost of your selection. Once you have made your selection, enter the appropriate number on the “Option Code” line. No beneficiary designation is required as the employee will always be the beneficiary in case of the death of a spouse and/or dependent.

⚠️ This premium may only be paid after-tax; your University credit contributions may not be used for this benefit.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (FOR MORE INFORMATION, VISIT PAGE 10)
This program offers you a variety of life insurance coverage levels and family options. If you do not want to participate in this program, enter “90” on the “Option Code” line. If you would like to participate, you may select a coverage level between $100,000 and $1,000,000. Coverage is available in $100,000 increments. The column to the right gives the monthly cost (per $100,000 of coverage) depending upon whether you wish to insure only yourself or your family. Once you have made your selection, enter that number on the “Option Code” line.

LONG TERM DISABILITY INSURANCE (FOR MORE INFORMATION, VISIT PAGE 11)
Participation in a long-term disability program is mandatory.

HEALTH CARE SPENDING ACCOUNT (FOR MORE INFORMATION, VISIT PAGE 12)
The Health Care Spending Account allows you to pay various medical expenses by placing funds into this special account on a before-tax basis. You may contribute up to $208.33 per month to this program. Any University credits not used for your benefit selections will automatically be placed in this account for your use. If you wish to place any personal money in a Health Care Spending Account, indicate on the “Monthly Pledge” line the total amount of money to be contributed to this account – your personal contribution plus any leftover credits. If you wish, you can elect to place unused credits in your Dependent Care spending account.

DEPENDENT CARE SPENDING ACCOUNT (FOR MORE INFORMATION, VISIT PAGE 13)
The Dependent Care Spending Account permits you to pay various daycare and babysitting expenses by placing funds into this special account on a before-tax basis. If you file taxes as “married filing separately” you may contribute up to $208.33 per month. Under any other tax filing status, a maximum of $416.66 per month may be contributed. The maximum that a couple may contribute to this account is $416.66 per month. If you would like to participate in a Dependent Care Spending Account, indicate on the “Monthly Pledge” line the total amount of money to be contributed to the account. This includes your personal contribution plus any leftover credits.
ADDITIONAL INFORMATION

DEPENDENTS
Complete this section if you wish to have coverage for an eligible spouse, domestic partner, and/or children. If you select medical, dental, list the individuals who will be covered by these insurances. If you currently have dependents covered under your insurances, they will be listed for you. To cancel coverage for any individuals, please draw a line through their name(s). To add any dependent(s) to your existing coverage; list their name, relationship, birth date, sex, and Social Security Number. Children may be covered until the end of the year they turn 26. Coverage past age 26 is available providing the child is a full-time student or disabled and can continue as long as they continue in that status. There is no residence requirement for students for students or disabled children.

LIFE INSURANCE BENEFICIARIES
Fill in your beneficiaries for the life insurance plan in which you are participating. Please list their names, percent (%) or flat dollar amount of the benefit the person is to receive, their relationship, and if they are a contingent beneficiary (Y if yes). If no percent (%) or flat dollar amount is listed, it is assumed that all primary beneficiaries will participate equally in any settlement. In case of your death, the primary beneficiary receives your life insurance proceeds. Only in the case of death of both you and primary beneficiary will a contingent beneficiary receive the funds. You may designate any individual, charity, church, organization, estate, trust, or will of your choice as your beneficiary. If no beneficiary is designated, the proceeds will be payable to your estate. If you wish to cancel a beneficiary, please draw a line through the name(s).

PREMIUM AND PAYMENT INFORMATION
All monthly costs are based on 12 premium payments per year. If you receive 10 paychecks per year, double deductions and credits will appear on your June 1 and September 1 checks.

All monthly premiums are paid using pre-tax dollars except for Spouse/Dependent Life Insurance, which is paid only on an after-tax basis. University credit contributions may not be used for any after-tax benefits.

▶ If any of the “Option Code” lines are blank, no coverage will be assigned to you for that program.

The definition of “spouse” shall mean the person who is legally married to the employee under applicable state law, a common law person, or a person who meets the University of Iowa definition of Domestic Partner, which requires an “Affidavit of Domestic Partnership” to be filed with the University Benefits Office.

CHANGING BENEFITS
You may make a change to your benefits during the year only if there is a change in status. A change in status can only be the result of a qualifying event such as:

▶ Birth/Adoption
▶ Death in the immediate family
▶ Marriage
▶ Divorce/legal separation
▶ Change of employment, work schedule or work site for self/spouse/domestic partner
▶ Change of residence
▶ Approved Leave or Absence
▶ Dependent no longer eligible/becomes eligible

If you wish to make a change due to one of the above listed events, a Benefit Change Request form must be submitted to the University Benefits Office, or you may create an event on the Employee Self Service site under Benefits within 30 days of the event. The paper Benefit Change Request form may be found on the University Benefits Office website. The change will take effect the first of the month following the event, except in the case of birth or adoption in which the effective date is the beginning of the month of the event.
UI HEALTH PLANS OFFICE OVERVIEW
Promoting the highest quality of life in the most cost-effective way is the primary goal for UI Health Plans. The UI Health Plans team provides assistance with:

- Addressing health plan benefit questions
- Facilitating clinical access and care coordination
- Providing case management for chronic or complex health conditions
- Guiding members to most appropriate network providers
- Advocating for special health care needs and support for benefit coverage
- Resolving health care claim concerns

The UI Health Plans Office provides a distinctive triad of support services:

- Enrollees with complex medical conditions benefit from care coordination and case management services, while those with less complex needs benefit from clinical access support.
- University of Iowa Health Care providers and non-UI providers involved in the care of enrollees utilize the unique support of the UI Health Plans specialists regarding benefit coverage and ensuring proper payment, and
- Wellmark Blue Cross/Blue Shield of Iowa staff collaborates with the UI Health Plans Office to ensure benefits are carried out in accordance with the health plan contract.

Whether you have questions during enrollment time or when you need to use your health insurance benefits, a dedicated UI Health Plan staff member is available to help you make sound decisions and ensure your plan meets your health care needs.

Your Health Plan Team:

- Julie Sexton, Health Plans Specialist: julie-sexton@uiowa.edu
- Lena Mann, Program Coordinator: lena-mann@uiowa.edu
- Dianne Wasson, RN MSN, Case Manager: dianne-wasson@uiowa.edu

For more information, visit here to go to our website or you may contact us by phone at (319) 356-8442 or (800) 356-8442.

THE BENEFITS EDUCATION CENTER
This website has all of the information from orientation with additional information on getting the most from your benefits package. Visit here to find the convenient online modules.