### Contents

5 YOUR BENEFITS PACKAGE  
6 CHOOSING YOUR BENEFITS  
11 UNIVERSITY CREDITS  
12 HEALTH INSURANCE  
18 TOOLS AND SAVINGS  
20 DENTAL INSURANCE AND BENEFITS  
23 FLEXIBLE SPENDING ACCOUNTS  
24 LIFE INSURANCE  
26 UNIVERSITY-PAID DISABILITY INSURANCE  
27 ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
28 RETIREMENT BENEFITS  
30 VOLUNTARY INSURANCE PROGRAMS AND DISCOUNTS  
32 YOUR HEALTH AND WELL-BEING  
34 TIME-OFF BENEFITS  
36 IMPORTANT RESOURCES FOR EMPLOYEES  
41 LEGAL NOTICES

**ABOUT THIS GUIDE** The benefits information presented in this book describes only the highlights of the plans and does not constitute official plan documents. Additional terms and conditions apply. If there are any discrepancies between the information contained herein and the official plan documents, the plan documents will govern.
University of Iowa colleagues:

I joined the University of Iowa community in 1990 and quickly discovered what countless UI faculty and staff, past and present, have come to know: Our campus community is a great place to work, learn, and live.

For employees, a comprehensive, competitive benefit package is part of the appeal. The insurance, retirement, and leave options we offer stand up against benefits provided by any of our peers. We draw some of the world’s best people to Iowa, and we owe you nothing less than the best in return.

This guide provides an overview of the options available to benefits-eligible UI faculty and staff (including Merit staff transitioning to the university-wide benefits package this year). Even if you’re familiar with UI benefits, I encourage you to review the guide to stay informed about current plan details.

We realize the guide may not answer every question, and our Benefits Office is here to help. Call 319-335-2676 or 877-830-4001 during business hours, or email benefits@uiowa.edu.

All of us at University Human Resources are committed to supporting talent, engagement, and the employee work experience to ensure that every one of us has the chance to excel. We believe investing in our people, their families, and their futures makes our university stronger.

Thanks for being part of our community and bringing your best every day.

Cheryl Reardon
Chief Human Resources Officer
and Associate Vice President
Your Benefits Package

There's a lot to love about the University of Iowa. From our vibrant arts and culture scene; to our richly diverse student, staff and faculty populations; to our commitment to driving cutting-edge technological innovations; the University of Iowa is a place for great minds to work, grow and thrive.

And, there's a lot to love about the University of Iowa’s competitive, comprehensive benefits package. Because we attract a world-class faculty and staff, we know the vital importance of world-class benefits, including:

- Health and dental coverage for care at any provider you choose.
- Time-off benefits for excellent work–life balance.
- University-funded long-term disability and life insurance for you, and supplemental plans for you, your spouse or domestic partner and your dependent children.
- Wellness programs with access to health coaches and customized health improvement plans.
- Opportunities for short- and long-term savings with health, dependent care and retirement savings accounts, as well as benefit credits provided by the university.
- Excellent retirement benefits with your choice of two plans — and the opportunity to compare them side by side.
- … and much more.

YOU HAVE 30 DAYS FROM YOUR HIRE DATE TO ENROLL.

Take time to review this guide, carefully consider your options, and then take action. For enrollment tips and instructions, continue to the Choosing Your Benefits section of this guide.
Choosing Your Benefits

YOUR BENEFITS AT A GLANCE

From medical and dental plans, to retirement, to spending accounts and more, the University of Iowa benefits package has a lot to offer. Review the chart below to see a selection of benefits available to you and your family.

<table>
<thead>
<tr>
<th>BENEFIT TYPE</th>
<th>OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan</td>
<td>• UIChoice</td>
</tr>
<tr>
<td>(Includes prescription drug coverage)</td>
<td>• Waive Coverage</td>
</tr>
<tr>
<td>Dental Plan and Discount Program</td>
<td>• Dental II</td>
</tr>
<tr>
<td></td>
<td>• Waive Coverage</td>
</tr>
<tr>
<td></td>
<td>• College of Dentistry Incentive</td>
</tr>
<tr>
<td>Vision Plan and Discount Programs</td>
<td>• Two Rivers Insurance Services</td>
</tr>
<tr>
<td></td>
<td>• UI Optical Discount</td>
</tr>
<tr>
<td></td>
<td>• Delta Dental Vision Discount</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>• Health Care Flexible Spending Account</td>
</tr>
<tr>
<td></td>
<td>• Dependent Care Flexible Spending Account</td>
</tr>
<tr>
<td>Life, Disability, and Accidental Death &amp; Dismemberment</td>
<td>• University-paid Group Life</td>
</tr>
<tr>
<td></td>
<td>• University-paid Long-term Disability</td>
</tr>
<tr>
<td></td>
<td>• Accidental Death &amp; Dismemberment</td>
</tr>
<tr>
<td></td>
<td>• Supplemental Life</td>
</tr>
<tr>
<td></td>
<td>• Dependent Life Insurance</td>
</tr>
<tr>
<td>Health and Well-being</td>
<td>• liveWELL</td>
</tr>
<tr>
<td></td>
<td>• Employee Assistance Program</td>
</tr>
<tr>
<td></td>
<td>• Family Services</td>
</tr>
<tr>
<td></td>
<td>• Ergonomics</td>
</tr>
<tr>
<td>Retirement</td>
<td>• IPERS</td>
</tr>
<tr>
<td></td>
<td>• TIAA</td>
</tr>
<tr>
<td></td>
<td>• Voluntary Retirement Savings Program</td>
</tr>
<tr>
<td>Time Off</td>
<td>• Vacation</td>
</tr>
<tr>
<td></td>
<td>• Sick Leave</td>
</tr>
<tr>
<td></td>
<td>• Family Caregiving</td>
</tr>
<tr>
<td></td>
<td>• Leave benefits</td>
</tr>
<tr>
<td>Other</td>
<td>• Long-term Care Insurance</td>
</tr>
<tr>
<td></td>
<td>• Voluntary Insurance Programs</td>
</tr>
</tbody>
</table>
ENROLLMENT STEPS

When you start a new job, there’s a lot to think about, and lots of important benefit decisions to make. But a little preparation can make the process easy. Follow these steps to help make the benefit choices that are right for you.

1. CONSIDER ALL OF YOUR BENEFITS INFORMATION
   Before selecting your benefits, thoroughly review this benefits guide and the employee benefits website at hr.uiowa.edu/benefits. Be sure to attend a benefits orientation session. Finally, visit the University Benefits Office at 120 USB if you have questions.

2. SIT DOWN WITH YOUR FAMILY
   It’s important to compare notes, talk about your options, and make benefits decisions together.

3. DECIDE WHO YOU WILL BE COVERING
   This year, did you get married? Have a baby? Even if you haven’t had any major life changes, it’s good to double-check and confirm exactly who you plan to include in your coverage this year.

4. THINK ABOUT YOUR SPENDING NEEDS
   Do you or any family members have medical procedures coming up? Do you have any new health conditions, or are you taking new medications? Are you considering any major life changes, like starting a family? All of these can affect how much money you may want to set aside for expenses in the coming year in health, dependent care or retirement savings accounts.

5. GATHER YOUR INFORMATION
   You’ll need information about yourself and your family members to complete your enrollment. Gather your Social Security Numbers, birth dates, and other general information to make the process quick and easy.

6. ENROLL WITHIN 30 DAYS OF HIRE DATE
   Go online to the Employee Self Service site to enroll. Please note that missing the enrollment deadline means that you can’t enroll or make changes to your benefits until the end of 2018, unless you have a qualifying event. Read the Eligibility and Coverage Information page to learn about qualifying events.

7. CONFIRM YOUR ELECTIONS
   Carefully review the confirmation statements you receive through both Employee Self Service and by campus mail.

8. COMPLETE YOUR RETIREMENT PLAN ELECTION WITHIN 60 DAYS OF HIRE DATE
   If no election is made, you will be enrolled in IPERS. If you are electing TIAA, you can set up an account and designate beneficiaries at tiaa.org/public/tcm/uiowa/home.

DON’T FORGET!
You have 30 calendar days from your hire date to enroll in benefits, and 60 calendar days to elect retirement.
ELIGIBILITY AND COVERAGE INFORMATION

ELIGIBILITY

In general, regular faculty and staff with at least a 50% appointment and their dependents are able to participate in the benefits described in this guide. Eligible dependents include:

- Your legal spouse.
- Your same or opposite-sex domestic partner (affidavit required: bit.ly/2gPN2qF).
- Your dependent children through the end of the year they turn 26, including:
  - Natural child
  - Legally adopted child
  - Child placed for adoption
  - A child for whom you have legal guardianship
- Your dependent children age 26 or older who are full-time students or disabled. In this situation, tax implications may apply. Visit bit.ly/2xuTPNL to learn more.

DOMESTIC PARTNER COVERAGE

To cover your domestic partner, you must submit a Declaration of Domestic Partnership form.

Per IRS regulations, the value of the university's contributions to health and dental benefits for domestic partners and their children is considered taxable income to the faculty or staff member. This means there will be tax implications to you.

For forms and more information, visit hr.uiowa.edu/benefits/domestic-partners.

INFORMATION AND DOCUMENTATION REQUIREMENTS

To enroll your family members, some basic information is required including names, dates of birth, genders, and Social Security Numbers. Further information is required for a common law spouse, domestic partner, or child over the age of 26. Enrollment status will be pending until the required information is received.

NOTE: The University of Iowa reserves the right to require documentation to substantiate a dependent's eligibility status at any time.
MAKING CHANGES: QUALIFYING EVENTS

You may only make changes to your benefits during the annual Open Enrollment Period — unless you have a qualifying event: a major life change that makes you eligible to enroll or change your benefits.

Qualifying events include:

- Birth/adoption
- Death of spouse/dependent/domestic partner
- Marriage/domestic partner affidavit
- Divorce/legal separation/termination of domestic partner agreement
- Gain or loss of health/dental insurance coverage
- Entitlement to, or loss of eligibility for, Medicare/Medicaid/SCHIP for employee or dependent
- Approved leave of absence
- Dependent (over age 26) no longer eligible

Additional events may allow for changes to a dependent care spending account.

If you have a qualifying event, a Benefit Change Request form must be submitted through Employee Self Service. The request must be submitted within 30 days of the event (60 days for birth or adoption). Once submitted, you will receive an email approving your request. Approximately 24 hours later, you will be able to edit your benefit elections through the Benefits Enrollment link in Employee Self Service.

Visit hr.uiowa.edu/benefits/changes for more information.

COVERAGE START AND END DATES

Your coverage begins on the first of the month following your hire date. Changes related to a qualifying event generally become effective the first of the month following the event. For birth or adoption, coverage begins the first of the month the child is born or enters the home.

In general, coverage ends on the last day of the month you are eligible.

PAYING FOR YOUR BENEFITS

Benefits are prepaid for the current month. If enrollment or changes are done retroactively, adjustments will be made on the next paycheck. For example, if you are newly eligible for benefits and you complete your enrollment after the effective date, you will see deductions for two months on your next paycheck.

In general, your portion of the cost for benefits is deducted on a before-tax basis. Some benefits are deducted after-tax including vision, dependent life, domestic partner benefits, and other voluntary insurance plans.
INSTRUCTIONS FOR ENROLLING

BEFORE YOU ENROLL

Have your HawkID and password ready. If you have difficulty with your HawkID or password, call 319-384-4357 for assistance.

Have the birth date, Social Security Number and full legal name (as it appears on the Social Security card or passport) for each person you are enrolling.

If you want to complete your benefits enrollment at home, you must first activate the Duo Security two-step verification option for Employee Self Service. Learn more at its.uiowa.edu/duo.

STEPS TO ENROLL

1. Log in to Employee Self Service at hris.uiowa.edu/portal/.

2. In the center column, find the Benefits section and select Benefits Enrollment.

3. Complete your benefits enrollment. If you have questions or need assistance, please contact the Benefits Office by email at benefits@uiowa.edu, or by phone at 319-335-2676 or toll-free at 877-830-4001.

4. Set up direct deposits for paychecks and spending account reimbursements. In the center column, find the Payroll section and select the Set Up/Change Direct Deposit link. Select the Add Accounts Payable Type and enter your bank information. Repeat for each type of account.

5. Update your home and work address. In the left column, find the Name, Address and Hawk Alert section and select Name/Address/Phone Change.
GENERAL AND SHARED SAVINGS CREDITS

You are eligible to receive a variety of University Credits based on the benefits you elect. The following credits are available:

GENERAL CREDIT

Every employee receives $90 per month in General Benefit Credits, up to $1,080 per year.

- Credits may be used to reduce the cost of health and dental insurance, additional life insurance, accidental death and dismemberment insurance, or to fund a flexible spending account.

- Unused credits automatically roll into a health care flexible spending account or can be designated to a dependent care flexible spending account.

SHARED SAVINGS CREDITS

Depending on your benefit choices, you may be eligible for additional benefits credits.

- Waiving university-offered dental insurance: If you waive dental insurance and are not enrolled in the University of Iowa dental insurance plan, you will receive a Shared Savings Credit of $25 per month.

- Electing $50,000 in group life insurance: If you elect $50,000 in life insurance — and your base salary is greater than $25,000 — you will receive a Shared Savings Credit of $40 per month.

- SEIU staff who waive health insurance: If you are SEIU staff and you choose to waive university-provided health insurance, you will receive a Shared Savings Credit of $200 per month.

PLEASE NOTE: On your paycheck, University Credits are not deducted from your premiums. Rather, they will appear under the Earnings section of your paycheck.
UICHOICE PLAN HIGHLIGHTS

MEDICAL

With the UIChoice Plan, you can see any health care provider you wish. However, how much you pay for care will depend on the benefit level of the provider you choose.

This plan includes three benefit levels. **You do not need to pick a plan level.** The level of the provider you choose for care automatically determines how much you pay. The lower the level, the lower the cost to you.

- **LEVEL 1** Providers from the University of Iowa Hospitals and Clinics, UI QuickCare, the Carver College of Medicine (CCOM), UI Community Medical Services Clinics (CMSC), UI Health Alliance Facilities and Primary Care Clinics, and Pediatric Associates of University of Iowa Stead Family Children’s Hospital.

- **LEVEL 2** Providers from the Blue Choice® network. Locally, Level 2 includes Mercy Hospital and most providers in and around Iowa City that are not in Level 1.

- **LEVEL 3** Any providers outside of Levels 1 or 2, regardless of whether or not they participate in the Blue Cross® Blue Shield® network.

Need help finding in-network doctors and facilities? See page 16 of this guide.

PHARMACY

For prescription drugs, your plan has a tiered prescription benefit. The lower the tier of your drug, the lower the cost to you.

- **TIER 1** Lowest-cost prescriptions. These are often generic drugs.

- **TIER 2** Drugs with no generic equivalent and/or drugs that are less cost effective than those on Tier 1.

- **TIER 3** Drugs that are less cost effective than those on Tiers 1 and 2.

To find out what tier your prescription is on, visit wellmark.com and select Prescription Drug Information and then the Wellmark Drug List. Next, select Blue Rx™ Complete and search for your drug by name.

Note that this guide only features highlights of your plan. For full plan details, visit the University Benefits website at hr.uiowa.edu/uichoice to access the UIChoice Coverage Manual.

*Health insurance administered by Wellmark® Blue Cross® and Blue Shield®.*
**PLAN PROVISIONS**

<table>
<thead>
<tr>
<th></th>
<th>LEVEL 1</th>
<th></th>
<th>LEVEL 2</th>
<th></th>
<th>LEVEL 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td>None</td>
<td></td>
<td>None</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note that there is a deductible for in-patient hospital care only. See HOSPITAL SERVICES for details.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CO-INSURANCE</strong></td>
<td>10%</td>
<td></td>
<td>20%</td>
<td></td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td><strong>COPAYS</strong></td>
<td>$10</td>
<td></td>
<td>$25</td>
<td></td>
<td>No copay, but 50% co-insurance applies</td>
<td></td>
</tr>
<tr>
<td>Levels 1, 2 and 3 Blue Card® participating providers combined:</td>
<td></td>
<td></td>
<td>Levels 1, 2 and 3 Blue Card® participating providers combined:</td>
<td></td>
<td></td>
<td>Levels 1, 2 and 3 Blue Card® participating providers combined:</td>
</tr>
<tr>
<td></td>
<td>$1,700 single/$3,400 family</td>
<td></td>
<td>$2,000 single $4,000 family</td>
<td></td>
<td>$2,000 single $4,000 family</td>
<td></td>
</tr>
<tr>
<td><strong>OUT-OF-POCKET</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-participating providers: N/A</td>
<td>Non-participating providers: N/A</td>
</tr>
<tr>
<td><strong>MAXIMUM (OPM)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prescription drugs: $1,100 single/$2,200 family</td>
<td>Prescription drugs: $1,100 single/$2,200 family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non-participating providers: N/A</td>
<td>Non-participating providers: N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prescription drugs: $1,100 single/$2,200 family</td>
<td>Prescription drugs: $1,100 single/$2,200 family</td>
</tr>
</tbody>
</table>
### Office Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes visits to primary care providers, specialists, chiropractors and urgent care clinics</td>
<td>$10 copay</td>
<td>$25 copay</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td><strong>UI QuickCare</strong></td>
<td>$5 copay</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>UleCARE, UleCare.com</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes preventive exams, gynecological exams, immunizations, mammograms, hearing exams and well-child care</td>
<td>$0 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Imaging &amp; Lab Services</strong></td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td><strong>Routine Eye Exam</strong></td>
<td>$10 copay</td>
<td>$25 copay</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td><strong>Routine Hearing Exam</strong></td>
<td>$10 copay</td>
<td>$25 copay</td>
<td>50% co-insurance</td>
</tr>
</tbody>
</table>

### Hospital Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Room Care</strong></td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Note that the copay is waived if you are admitted to the hospital.</td>
<td>followed by 10% co-insurance</td>
<td>followed by 10% co-insurance</td>
<td>followed by 10% co-insurance</td>
</tr>
<tr>
<td><strong>Inpatient Care</strong></td>
<td>$400 deductible</td>
<td>$600 deductible</td>
<td>$800 deductible</td>
</tr>
<tr>
<td>For a semi-private room</td>
<td>followed by 10% co-insurance</td>
<td>followed by 10% co-insurance</td>
<td>followed by 40% co-insurance</td>
</tr>
<tr>
<td><strong>Facility Fees</strong></td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td><strong>Inpatient Surgery</strong></td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>10% co-insurance</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td><strong>Physician Care</strong></td>
<td>10% co-insurance</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td><strong>Labs and Imaging</strong></td>
<td>10% co-insurance</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td>Inpatient deductible followed by co-insurance</td>
<td>Inpatient deductible followed by co-insurance</td>
<td>Inpatient deductible followed by co-insurance</td>
</tr>
</tbody>
</table>
## PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Tier</th>
<th>Insurance Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td>30% co-insurance</td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td>50% co-insurance</td>
</tr>
<tr>
<td><strong>PHARMACY OUT-OF-POCKET MAXIMUM (OPM)</strong></td>
<td>$1,100 individual/$2,200 family</td>
</tr>
</tbody>
</table>

## MISCELLANEOUS

<table>
<thead>
<tr>
<th>Service</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIROPRACTIC CARE</td>
<td>No providers available</td>
<td>$25 copay</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td>HEARING AID</td>
<td></td>
<td>20% co-insurance; maximum benefit of $2,000 every 5 years</td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT PHYSICAL, SPEECH, OCCUPATIONAL AND RESPIRATORY THERAPIES</td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td>HOME HEALTH CARE</td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td>AMBULANCE</td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td>HOSPICE CARE</td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
<td>40% co-insurance</td>
</tr>
<tr>
<td>DURABLE MEDICAL EQUIPMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFERTILITY TREATMENT</td>
<td>10% co-insurance</td>
<td>30% co-insurance</td>
<td>40% co-insurance</td>
</tr>
</tbody>
</table>

A lifetime maximum of $25,000 applies. Payment for infertility treatment does not go toward your OPM.
GETTING THE MOST OUT OF YOUR COVERAGE

Did you know, you can significantly lower your health care bills — just by choosing the right place for care?

At the University of Iowa, you have lots of options for care. That’s great, but it can also be a little confusing. Where should you go? What will you spend? To become a savvy health care consumer, use the information below to choose the right care at the right cost.

**UIeCARE | FREE**

Got a minor illness or injury? Get FREE care almost anywhere, 24/7 — no appointment necessary! With UIeCare, you can use your smartphone, tablet, or laptop to connect with UIHC providers and get treatment and prescriptions for a cold, flu, allergies, pink eye, sprains, and more. Free for health plan participants and their dependents. Available in Iowa and 20 other states.

Learn more about UIeCare at uiecare.com/#/benefitPrograms or watch a video tutorial at bit.ly/UIChoice.

**UI QUICKCARE | $**

Need face-to-face care but can’t get in to see your personal doctor? For only a $5 copay, UI QuickCare clinics offer walk-in urgent care to anyone ages 6 month and older. Geared toward treating common illnesses like earaches, strep throat and the flu, UI QuickCare clinics provide a convenient option for affordable care at several Iowa City-area locations. Open Monday–Friday, 7 a.m. to 7 p.m., and Saturday–Sunday, 8 a.m. to 5 p.m.

Find UI QuickCare clinic locations at bit.ly/2eROEMr.

**OFFICE VISITS | $$**

Office visits include appointments with your personal doctor and specialists. Building a relationship with your personal doctor is especially important because they monitor your health history, provide ongoing and preventive care and help you manage chronic conditions. To find in-network doctors or facilities, use the following tools and resources:

- **Level 1 Providers: $10 copay**
  - To find University of Iowa Health Alliance providers, visit hr.uiowa.edu/uichoice/university-iowa-health-alliance.

- **Level 2 Providers: $25 copay**
  - To find providers at University of Iowa Hospitals and Clinics, visit uihc.org/medical-services.

- **Level 3 Providers: 50% co-insurance**
  - To find Level 3 providers outside of Iowa or South Dakota, visit the Blue Cross and Blue Shield National Provider Locator tool at provider.bcbs.com. Select the BlueCard Traditional network.

...
Got health care questions? Unsure where to go for care? The University of Iowa Hospitals and Clinics’ free, 24-hour Health Access Line is here to help. Call 800-777-8442 or 319-384-8442 at any time to speak with a nurse or on-call physician.

UI HEALTH PLANS OFFICE | FREE

Whenever you have questions or concerns regarding your health plan, a dedicated UI Health Plan staff member is available to help.

The UI Health Plans team:

- Answers your health insurance questions.
- Resolves health care claims concerns.
- Helps members find in-network providers.
- Acts as a liaison between you, your doctors and Wellmark Blue Cross and Blue Shield.
- Advocates for special health care needs, including providing benefit support for complex medical conditions, care coordination and case management services.

For more information, visit uihc.org/ui-health-plans. Or, you can call 319-356-8442 or 800-356-8442.
WELLMARK MEMBER RESOURCES

As a Wellmark Blue Cross and Blue Shield member, you get to take advantage of all the coverage, tools and services that Wellmark has to offer.

MEMBER ID CARDS

You’ll receive your Wellmark ID card in the mail. Here is some important information you need to know about your card:

- Your card will generally arrive within two weeks of your enrollment.
- As the contract holder, your name will appear on both your and your spouse’s cards.
- Keep your card with you at all times in your wallet or purse; you’ll need it to receive care or to pick up prescription medications.
- If you need a replacement card, call Wellmark’s Customer Service Line at 1-800-524-9242. You can also access your card electronically via your smartphone and the myWellmark® mobile app. Keep reading to learn more about the app.

When your Wellmark ID card arrives, you’ll be eligible for all kinds of member perks, tools, and services, including:

MYWELLMARK™

It’s your secure member portal for accessing your health information anytime, anywhere. Log in or use your Wellmark ID card to register at wellmark.com/mywellmark. There you can find helpful tools, check claims, review your benefits and track your health care expenses — all in one place.
MYWELLMARK MOBILE APP

Everything you need from myWellmark when you’re on the go, plus the ability to view and email your Wellmark ID card. Download the Wellmark mobile app from the App Store™ or Google Play™ or visit wellmark.com/gomobile.

MYWELLMARK™ CARE FINDER TOOL

Housed within myWellmark, the Care Finder tool lets you:

- Comparison shop for health care based on price and location
- See all the costs for a procedure before you get care, from check-in to check-out
- Find doctors, hospitals and clinics in your network

BLUE365®

Sign up for discounts and deals on healthy stuff — everything from athletic shoes and fitness trackers to glasses and hearing aids. Start saving now at wellmark.com/blue365.

IDENTITY PROTECTION

Just by being a Wellmark member, you and your dependents have exclusive access to identity protection services called MyIDCare™, provided by nationally recognized identity protection provider ID Experts®. You can enroll on myWellmark at wellmark.com/mywellmark. Have your Wellmark ID ready, and use the member enrollment code 4170999624 to register.
DENTAL II PLAN HIGHLIGHTS

With the Dental II plan, you can see any dental care provider you wish. However, how much you pay for care will depend on the benefit level of the provider you choose.

This plan includes three benefit levels. **You do not need to pick a plan level.** The level of the provider you choose for care automatically determines how much you pay. The lower the level, the lower the cost to you.

1. LEVEL 1 Dentists in the Delta Dental PPO network
2. LEVEL 2 Dentists in the Delta Dental Premier network
3. LEVEL 3 All dentists who do not participate with Delta Dental

To find out the level of your provider, visit deltadentalia.com.

*Dental insurance administered by Delta Dental.*

ENHANCED BENEFIT PROGRAM

Additional cleanings and fluoride applications may be covered if they are deemed medically necessary by Delta Dental. Please contact Delta Dental or your dental provider for more information.

COLLEGE OF DENTISTRY INCENTIVE PROGRAM

You and your dependents have the option to receive treatment from students at the University of Iowa College of Dentistry. There is no copay or deductible, and the university pays 100 percent of the cost of treatment, up to the $2,000 annual maximum.

To learn more about the program, visit bit.ly/2iPhzp9.

DELTA DENTAL ID CARDS

- You will receive your Delta Dental ID card approximately 5–10 business days after your enrollment is processed.
- As the contract holder, your name will appear on both your and your spouse’s cards.
- You can view, print and request a replacement ID card from the Delta Dental Member Connection portal at deltadentalia.com/sign-in.
# 2018 Employee Monthly Premiums*

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Children</th>
<th>Family</th>
<th>Double Spouse &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$19</td>
<td>$20</td>
<td>$27</td>
<td>$0</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$19</td>
<td>$20</td>
<td>$27</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$20</td>
<td>$27</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$27</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Double Spouse &amp; Family</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

*Premiums listed reflect rates before University Credits have been applied.

## Diagnostic & Preventive Care

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-insurance</td>
<td>0%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Benefits include</td>
<td>Routine examination, teeth cleaning, X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum annual benefit</td>
<td>Two visits per year per member</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Routine & Restorative Care

<p>| | | | |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-insurance</td>
<td>0%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Benefits include</td>
<td>Regular cavity fillings, emergency treatment for relief of pain, routine oral surgery, anesthesia, tooth extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum annual benefit</td>
<td>$2,000 per member per year; up to $4,000 with annual carryover</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Prosthesis, Endodontics & Periodontal Services

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-insurance</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Benefits include</td>
<td>Bridges, partial and complete dentures, root canals, crowns, implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum annual benefit</td>
<td>$2,000 per member per year; up to $4,000 with annual carryover</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Orthodontics

Orthodontic benefits are paid quarterly

<p>| | | | |</p>
<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-insurance</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits include</td>
<td>Treatment necessary for the proper alignment of teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum annual benefit</td>
<td>$2,000 per member per year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REMEMBER:
Your Flexible Spending Account elections do not carry over from year to year. You must enroll each year in order to participate.
Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for certain qualified expenses. The Health Care Flexible Spending Account is used for eligible out-of-pocket health care expenses. The Dependent Care Flexible Spending Account is used for eligible dependent care expenses. You may choose to contribute to one or both of these accounts.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

- Contribute up to $2,600 annually.
- Qualified medical expenses, as defined by the IRS and the University of Iowa, are eligible for reimbursement. This includes eligible expenses not covered by insurance such as copays, deductibles, prescription medications and vision- and dental-related expenses.
- A list of eligible expenses can be found at bit.ly/2evSDSj.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

- Contribute up to $5,000 annually per household.
- Allows for tax-free reimbursement of eligible expenses for the care of a qualified individual. In general, this includes children under the age of 13, and your spouse or other dependents who are disabled.
- A list of eligible expenses can be found at bit.ly/2wpuMtq.

Funds must be used for expenses incurred between January 1, 2018 and December 31, 2018. You may file for reimbursement at any time during the year, but no later than April 30 of the next year. Flexible Spending Accounts are subject to the IRS “use it or lose it” rule. This means you forfeit any money remaining in your account. Be sure to estimate your expenses carefully as changes cannot be made unless you have a qualifying event. See page 9 to learn about qualifying events.

FSA REIMBURSEMENTS

Requests for reimbursement can be submitted through Employee Self Service. Details and instructions for submitting claims can be found at hr.uiowa.edu/fsa. For payment, you must set up direct deposit for benefits spending accounts. You can do this on Employee Self Service under Payroll.
Life Insurance

UNIVERSITY-PAID GROUP LIFE INSURANCE FOR EMPLOYEES

The University of Iowa provides group life insurance coverage to faculty and staff members who hold a 50% time or greater appointment.

- Select from the following coverage amounts:
  
  Note that the university funds 2 times your salary up to the maximum coverage amount.

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Multiplier</th>
<th>Multiplier</th>
<th>Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50K</td>
<td>2 × salary</td>
<td>2 1/2 × salary</td>
<td>3 × salary</td>
</tr>
</tbody>
</table>

- The maximum coverage amount is $400,000.
- Coverage does not require a statement of health or physical exam.
- Coverage is for the employee only.
- Participation is required.

For more information including costs, please visit the University Benefits website at hr.uiowa.edu/benefits/group-life-insurance.

SUPPLEMENTAL LIFE INSURANCE FOR EMPLOYEES

Supplemental life insurance for employees can be purchased in conjunction with any group life insurance option.

- Select from the following coverage amounts:

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2 × salary</td>
<td>1 × salary</td>
</tr>
<tr>
<td>1 1/2 × salary</td>
<td>2 × salary</td>
</tr>
<tr>
<td>2 1/2 × salary</td>
<td>3 × salary</td>
</tr>
<tr>
<td>3 1/2 × salary</td>
<td>3 1/2 × salary</td>
</tr>
</tbody>
</table>

- The maximum coverage amount is $1,000,000.
- This program is age-rated. The rates change as a person reaches 40, 50 and 60.
- Coverage does not require a statement of health or physical exam.
- Participation is voluntary.

For more information including costs, please visit the University Benefits website at hr.uiowa.edu/benefits/supplemental-life-insurance.

A NOTE ABOUT TAXABLE LIFE INSURANCE: The Internal Revenue Service 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. Visit bit.ly/2wTXWCg for details.
TERM LIFE INSURANCE FOR SPOUSES/ DOMESTIC PARTNERS AND DEPENDENTS

Term life insurance coverage is available for your spouse/domestic partner and dependents. You may choose one of the following plans:

<table>
<thead>
<tr>
<th></th>
<th>Spouse/partner only</th>
<th>Dependent only (per child)</th>
<th>Spouse/partner and dependent (spouse/per child)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$5,000</td>
<td>$10,000/$5,000</td>
<td></td>
</tr>
<tr>
<td>$20,000</td>
<td>$10,000</td>
<td>$20,000/$10,000</td>
<td></td>
</tr>
<tr>
<td>$40,000</td>
<td>$20,000</td>
<td>$40,000/$20,000</td>
<td></td>
</tr>
</tbody>
</table>

For more information including costs, please visit the University Benefits website at hr.uiowa.edu/benefits.

NOTE: Child dependents must be at least 14 days old to 26 years old, unless the dependent is disabled. If the dependent is disabled and classified as a dependent for tax purposes, there is no maximum age for coverage.

BENEFICIARIES

FOR EMPLOYEE COVERAGE

You will elect your beneficiaries when you enroll in group or supplemental life insurance. You may change your beneficiaries at any time 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. Visit the University Benefits website at hr.uiowa.edu/benefits if you are interested in this process.

FOR SPOUSE/DOMESTIC PARTNER/DEPENDENT COVERAGE

The primary beneficiary for the spouse/domestic partner/dependent term life insurance will always be the employee. The contingent beneficiary will always be the insured’s estate.

*Life insurance and supplemental life insurance administered by Principal Financial Group.*
University-paid Disability Insurance

LONG-TERM DISABILITY

- Coverage is 60% salary replacement for up to 2 years for employees who become disabled while actively employed.
- The university pays your premium.
- Disability insurance benefits are based on salary.
- Maximum benefit is $300,000 per year.
- There is a 90-working-day waiting period before payments begin.
- Pre-existing conditions are not covered for the first 12 months.
- After 2 years on disability insurance, an employee must be totally disabled and unable to perform any occupation in order for payment to continue.
- Participation is required.

For more information, please visit the University Benefits website at hr.uiowa.edu/benefits/long-term-disability.

Disability insurance administered by Principal Financial Group.
Accidental Death and Dismemberment Insurance

COVERAGE FOR EMPLOYEES AND FAMILIES
Accidental death and dismemberment insurance provides coverage at all times for most accidents that occur on or off the job, at home or away, anywhere in the world.

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Employee only</td>
</tr>
<tr>
<td>II</td>
<td>Employee &amp; spouse/domestic partner 75% of benefit</td>
</tr>
<tr>
<td>III</td>
<td>Employee &amp; children 20% of your benefit up to a maximum of $100,000</td>
</tr>
<tr>
<td>IV</td>
<td>Employee &amp; family 75% of your benefit and each child’s coverage is 20% of 100,000</td>
</tr>
</tbody>
</table>

Dependent children must be at least 14 days old and are covered through the end of the year in which they turn 26, unless they are a full-time student or disabled.

**NOTE:** If your spouse or partner is also an employee of the university, you cannot have duplicate coverage for dependents. Also, you cannot be covered both as an employee and a spouse.

For more information including costs, please visit hr.uiowa.edu/benefits/accidental-death-dismemberment-insurance.

If you are traveling and need to print a Travel Assist ID card, please visit secure.zurichna.com/specialties/TravelAssist/TravelAs.nsf.

*Accidental death and dismemberment insurance administered by Zurich Insurance Group.*
Retirement Benefits

Every staff member (except house staff, fellows, adjunct faculty and students) with employment expected to last six months or more must participate in a retirement program. Eligible staff members may choose to participate in either Iowa Public Employees Retirement System (IPERS) or in the university-funded retirement plan through TIAA. For more information and to access a side-by-side comparison of the plans, please visit hr.uiowa.edu/retirement/plans-comparison.

**IPERS PROGRAM**

- The IPERS retirement plan is a defined benefit plan. Retirement income is contingent on a formula based on your years of service and salary earned.

- If you participate in IPERS, you must complete an IPERS Enrollment/Beneficiary Designation form. This form can be found on the IPERS website.

- For more information on the IPERS program, please visit www.ipers.org or contact IPERS directly at 800-622-3849.

**TIAA UNIVERSITY-FUNDED RETIREMENT PLAN**

- The TIAA retirement plan is a defined contribution plan. Retirement income is contingent upon your individual elected investment returns.

- If you elect to participate in the TIAA plan, you must complete a TIAA beneficiary designation online at the TIAA website. While there, you can also learn about the investment options available and allocate your retirement funds. If you do not make an investment selection, your funds will be automatically deposited into a lifecycle fund based on your expected year of retirement based on your age.

- For further information on the TIAA program, please visit their website at tiaa.org/public/tcm/uiowa/home or contact TIAA directly at 800-842-2776. You can also contact the Coralville office at 319-356-8000 or toll-free 866-842-2977.

**VOLUNTARY RETIREMENT SAVINGS PROGRAM**

Staff members who are interested in making additional pre-tax or after-tax contributions into a retirement account may participate in the Voluntary Retirement Savings Program (VRSP).

- The program is voluntary; there is no university contribution.

- There are multiple vendor options, including TIAA.

- Employees can enroll via Employee Self Service.

For more information, visit hr.uiowa.edu/retirement/saving-extra.
IMPORTANT RETIREMENT INFORMATION: Your choice of a retirement plan is an irrevocable decision that must be made within 60 days of your hire date (or, if you are transferring from an ineligible appointment, your eligibility date). Retirement plan contributions will begin on your first paycheck. If you do not complete your retirement plan election before your first paycheck, you will automatically have IPERS contributions deducted from your first paycheck. If you later select TIAA before the end of your 60 day election period, your IPERS contributions will be refunded, and your TIAA contributions will begin on the following paycheck.
Voluntary Insurance Programs & Discounts

VOLUNTARY VISION INSURANCE

Faculty and staff members have the option to purchase vision insurance.

- Choose between Avesis and EyeMed plan options.
- The vision Open Enrollment Period is February 1–March 1. Faculty and staff will receive an email reminding them of the Vision Open Enrollment Period.
- To enroll, contact Two Rivers Insurance Services directly within 30 days of your hire date or during the Vision Open Enrollment Period.
- Vision coverage begins April 1.
- If you are a new hire, you may enroll mid-year.


*Vision insurance administered by Two Rivers Insurance Services.*

DELTA DENTAL VISION DISCOUNT

Delta Dental members and covered dependents qualify for a vision discount through EyeMed vision providers. If you elect dental coverage through the University of Iowa’s plan, you qualify for this discount on:

- Eye exams
- Lenses
- Frames
- Conventional contact lenses
- LASIK


**NOTE:** Inform your eye care provider about your discount when scheduling your appointment. Bring your Delta Dental card to the appointment.

UI OPTICAL DISCOUNT

University of Iowa employees and their dependents receive a discount at UI Optical locations, including UI Optical-UIHC and UI Optical-IRL.

- 15% discount on complete purchase of glasses
- 10% discount on LASIK and PRK surgery
VOLUNTARY LONG-TERM CARE INSURANCE

Long-term care insurance is a voluntary benefit available to University of Iowa faculty and staff, as well as their eligible family members.

Long-term care insurance covers expenses for services received at home, in the community or in a nursing facility.

Why should you choose long-term care insurance?

- Neither health nor disability insurance will cover this kind of care.
- Relying on government programs to fund long-term care may not be a viable solution.
- Without insurance, the costs of these services may have to come out of your savings or your income.

For more information, visit longtermcare.genworth.com/fiveseries/login.do. Enter the group ID UIA and the code groupltc.

*Long-term care insurance is administered by Genworth Life Insurance Company.*

OTHER VOLUNTARY INSURANCE PROGRAMS

University of Iowa faculty and staff have the opportunity to purchase optional discounted insurance products. These programs are voluntary and include:

- Accident insurance
- Critical illness/cancer insurance
- Short-term disability insurance
- Hospital indemnity insurance
- Auto insurance
- Homeowners/renters insurance
- Personal umbrella insurance
- Boat owners insurance
- Recreational vehicle insurance
- And more

To learn more about the programs offered, please visit the University Benefits website at hr.uiowa.edu/benefits/voluntary-insurances-programs.
Your Health & Well-being

UI WELLNESS LIVEWELL PROGRAM

The University of Iowa is committed to supporting our faculty and staff on the journey to health and wellness. The liveWELL Program provides you with opportunities to evaluate and improve your health, boost your productivity and earn incentives along the way. Some of the benefits include:

- **A personal health assessment**: A voluntary health survey to assess behaviors that impact on your health. There is an annual financial incentive for taking the PHA.

- **Health coaching**: A free service. Master’s-level health coaches provide support, accountability, and education, either in-person or via phone, Skype or email.

- **Wellness grants**: Provide funding to departments for events or services designed to improve physical or emotional health at the local level.

- **Recreation membership incentive program**: UI faculty and staff have the opportunity to earn a 50% incentive towards an annual membership to campus fitness facilities.

To learn more, visit UI Wellness online at hr.uiowa.edu/livewell, or Recreational Services at recserv.uiowa.edu.

UI EMPLOYEE ASSISTANCE PROGRAM

Sometimes we all need a little extra help. The UI Employee Assistance Program (UI EAP) offers you and your family access to confidential help, services and support for a variety of issues and topics, including:

- Stress
- Job stress
- Depression
- Anxiety
- Sleep issues
- Compassion fatigue
- Alcohol and substance abuse
- Relationship issues
- Resilience
- Suicide prevention

- Voluntary and confidential short-term therapy for faculty, staff and their families. Crisis response services and urgent appointments available in four convenient locations with evening availability.

- Behavioral health consultation for managers and supervisors is offered along with specialized support for employee and labor relations and for employees facing furlough or layoff.

- Management training; topics include identifying and supporting the troubled employee and building resilience.
- On-line cognitive behavioral therapy intervention to improve sleep and positively impact individual performance.
- Suicide prevention services through campus–community collaborations and sponsorship of the “Question, Persuade, and Refer” curriculum.
- Resilience programming is provided in combination with other health and well-being services on campus with 24/7 access to videos about skills that can be learned to increase resilience.

To learn more, visit UI EAP online at hr.uiowa.edu/uieap.

**UI FAMILY SERVICES**

UI Family Services provides programs and resources that support faculty, staff and students in their work and personal lives. The programs fall into four main areas: Child Care Services, Elder Caregiving Resources, New Parent Resources, and Flexible Work Arrangements.

- Services to support student success, including a childcare subsidy and free childcare during finals
- Back-up and mildly ill childcare services
- Spring break camp for school-aged children
- On-campus lactation rooms
- Adoption resources
- On-campus private appointments with a geriatric case manager
- Consultation for leaders, faculty, and staff on flexible work arrangements. Includes guidance, resources and tools to create a supportive, inclusive and productive work environment

To learn more, visit UI Family Services online at hr.uiowa.edu/family-services.

**UI ERGONOMICS PROGRAM**

The UI Ergonomics Program focuses on the safety, health and well-being of all faculty and staff members through prevention and education programs, ergonomic risk assessments and consultations, and the implementation of control measures to limit ergonomic risks in the environment.

To learn more, visit UI Ergonomics online at hr.uiowa.edu/ergonomics.
Time-off Benefits

At the University of Iowa, we believe a strong work–life balance is essential to the overall health and well-being of our faculty and staff. That's why we offer a substantial package of time-off benefits.

VACATION

All full- and part-time faculty and staff are eligible for vacation except for the following:

- Faculty appointed on an academic-year basis or who hold visiting or emeritus appointments.
- Faculty and staff whose appointments are designated as temporary, on-call, provisional, project appointments of four months or less, or emergency appointments.
- Students hired through the Office of Student Financial Aid, and students hired in positions reserved specifically for student employees.

VACATION ACCRUALS

- Part-time staff members accrue vacation at their fractional equivalent of full-time employment.
- Vacation accrual for a partial month is computed on the basis of the number of working days in the month.
- No vacation accrues when an individual is not in pay status.

VACATION ACCRUAL RATES INCLUDING PERSONAL HOLIDAYS

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Monthly Accrual (hours)</th>
<th>Annual Accrual (hours)</th>
<th>Maximum Accrual (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACULTY AND PROFESSIONAL &amp; SCIENTIFIC Excludes those covered by SEIU contract</td>
<td>16</td>
<td>192</td>
<td>384</td>
</tr>
<tr>
<td>PROFESSIONAL &amp; SCIENTIFIC For those hired on or after July 1, 1999 and covered by SEIU contract</td>
<td>Up to 3</td>
<td>10</td>
<td>120</td>
</tr>
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<td>25+</td>
<td>18</td>
<td>216</td>
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SICK LEAVE

All full- and part-time faculty and staff members are entitled to sick leave except for the following:

- Faculty and staff members hired on a temporary, on-call, provisional, project appointments of four months or less, or emergency appointments.
- Students hired through the Office of Student Financial Aid, and students hired in positions reserved specifically for student employees.

SICK LEAVE ACCRUAL

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<tr>
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<th>Monthly Accrual (hours)</th>
<th>Annual Accrual (hours)</th>
<th>Maximum Accrual</th>
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<tr>
<td>FULL-TIME FACULTY AND STAFF</td>
<td>12</td>
<td>144</td>
<td>Unlimited</td>
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<tr>
<td>FULL-TIME FACULTY HOLDING ACADEMIC YEAR APPOINTMENTS</td>
<td>10</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>PART-TIME FACULTY AND STAFF</td>
<td>At your fractional equivalent of full-time employment</td>
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</tbody>
</table>

FAMILY CAREGIVING LEAVE

The University of Iowa provides Family Caregiving Leave so you can care for sick or injured members of your immediate family. The maximum usage per year is 40 hours of sick leave for full-time faculty and staff (pro-rated for part-time), as well as any unused family caregiving leave allowance from the previous calendar year, up to 80 hours in total for full-time faculty and staff (pro-rated for part-time).

SICK LEAVE TRANSFER TO VACATION

All eligible faculty and staff who have accumulated a minimum of 30 days (240 hours) in their sick leave account and who do not use sick leave for a full calendar month may elect to add up to four hours of vacation to their accrued vacation account in lieu of adding 12 hours to their accrued sick leave account.

For more information about sick leave, visit hruiowa.edu/benefits/vacation-sick.
Important Resources for Employees

UI EMPLOYEE DISCOUNT PROGRAM
Get discounts on hundreds of goods and services from third-party vendors. Visit hr.uiowa.edu/benefits/employee-discounts to learn more.

SERVICES AND PROGRAMS
Learn about the many services, programs, tools and resources available to you at the University of Iowa at hr.uiowa.edu/onboarding/link.

WORKING AT A PUBLIC UNIVERSITY
Working at a public institution can be very different than working at a private institution and can pose some unique challenges. To learn more, visit hr.uiowa.edu/onboarding/public-university.

UNIVERSITY ID CARDS
Information regarding obtaining and using a University ID Card, called the Iowa One® Card, can be found at idcard.fo.uiowa.edu.
PARKING

For information about parking, please visit parking.uiowa.edu or go to Employee Self Service.

PAYROLL

PAYROLL CALENDARS

■ Staff who are employed on a monthly basis are paid on the first business
day of each month.

■ Your monthly paycheck is for salary earned the previous calendar month.

■ Benefits are prepaid for the current month. For example, the December 1 paycheck
will pay you your December benefits, your November salary, and overtime
adjustments from October, if applicable.

■ Direct deposit is required and can be set up on Employee Self Service.

PAYROLL TAX INFORMATION

W-4

■ A withholding allowance certificate is required to be completed for the state in which
you perform the services for the University of Iowa.

■ The Iowa W-4 can be completed directly on Employee Self Service.

W-2

■ You may receive your year-end tax statement electronically through Employee Self
Service by selecting Stop Paper Mailings and choosing Online Delivery under Form
Delivery Options.

TAX WITHHOLDINGS FOR NON-RESIDENT ALIENS

■ All foreign nationals will be asked to complete the FNIS (Foreign National Information
System) questionnaire to determine tax withholding status.

■ A message will be displayed when you first log on to Employee Self Service directing
you to the questionnaire.

For more information, contact the Payroll Office by email at payroll-web@uiowa.edu,
by phone at 319-335-2381, or visit our website at hr.uiowa.edu/payroll.

The Payroll Office is located at 120-30 USB. Office hours are Monday through Friday,
8:00 a.m. to 5:00 p.m.
FAMILY MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act, or FMLA, is a federal law that provides you with up to 12 weeks of unpaid, job-protected leave in a 12-month period. The following circumstances qualify for FMLA:

- The birth of a child or placement of a child for adoption of foster care.
- Bonding with a child. Leave must be taken within one year of the child’s birth or placement.
- Caring for your spouse, child, or parent who has a serious health condition.
- Your own serious health condition that makes your unable to perform your job.
- Qualifying circumstances related to the foreign deployment of a military member who is your spouse, parent, or child.

Also, if you are a covered service member’s spouse, child, parent, or next of kin, you may take up to 26 weeks of FMLA in a 12-month period to care for the service member if they have a serious illness or injury.

BENEFITS AND PROTECTIONS

- While you are on FMLA leave, the university must continue health insurance coverage as if you were not on leave.
- Upon return from FMLA leave, you must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.
- The university may not interfere with your FMLA rights or retaliate against you for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to FMLA.

EMPLOYEE ELIGIBILITY

To be eligible for FMLA, you must meet all of the following conditions:

1. You must have worked for the university for at least 12 months or 52 weeks. The 12 months or 52 weeks do not need to be consecutive. Separate periods of employment will be counted towards the 12 months except for periods of employment prior to a 7-year break in service. However, separate periods of employment will be counted if the break in service is more than seven years due to eligible military service obligations.

2. You must have worked at least 1,250 hours in the 12-month period preceding the start of leave. Hours absent from work, whether paid (vacation, sick, holiday, jury, administrative, etc.) or unpaid, are not included in the 1,250 hours required for FMLA eligibility.

REQUESTING FMLA LEAVE

Generally, you must give 30 days advance notice for FMLA leave. If it is not possible to give 30 days notice, you must notify your supervisors or other designated management staff as soon as possible.

You do not have to share a medical diagnosis, but you must provide enough information so it can be determined that the leave qualifies for FMLA protection. Sufficient information could include informing your supervisor that you are or will be unable to perform your job functions,
that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. You must inform your supervisor if you have previously taken leave for the same reason.

For more information about FMLA, please see the Operations Manual Part III. Division IV. Chapter 22.7

WORK-RELATED ILLNESSES AND INJURIES

All faculty and staff who experience a work-related illness or injury must be treated initially at the following clinic:

UI Occupational Health Clinic  |  319-356-3335
3 Lions Dr, North Liberty, IA 52317  |  Monday through Friday, 8:00 a.m.– 5:00 p.m.

EMERGENCIES

For work-related illnesses and injuries needing emergent care, or when the UI Occupational Health Clinic is closed, use the UIHC Emergency Treatment Center. Inform the Emergency Center staff that you need treatment for a workplace injury so they can coordinate your care with the appropriate clinic.

If you need emergency treatment and are not near the UIHC Emergency Treatment Center, go immediately to the nearest emergency room.

OUTSIDE OF IOWA CITY

If you are outside of the Iowa City area or are traveling on business, you can use the following clinics for work-related illnesses and injuries:

Cedar Rapids
St. Luke's Work Well Clinic  |  319-369-7173
830 First Ave NE, Cedar Rapids, IA 52402

Des Moines Area
Concentra Medical Center (East)  |  515-265-1020
2100 Dixon St, Ste E, Des Moines, IA 50316

Concentra Medical Center (West)  |  515-278-6868
11144 Aurora Ave, Urbandale, IA 50322

UI Occupational Health – Johnston  |  515-457-2960
8605 Chambery Blvd, Johnston, IA 50131

UnityPoint Health – East Clinic  |  515-262-7619
1301 Penn Ave, Ste 416, Des Moines, IA 50316

For a complete list of clinics, visit hr.uiowa.edu/workers-compensation/treatment-locations. If a participating facility is not readily available, care may be received from any provider in the area.

For more information on work-related injuries and illnesses, visit hr.uiowa.edu/workers-compensation or call University Benefits directly at 319-335-2676.
# IMPORTANT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>CONTACT</th>
<th>WEBSITE</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>UNIVERSITY BENEFITS</td>
<td>hr.uiowa.edu/benefits</td>
<td>319-335-2676</td>
</tr>
<tr>
<td>UI HEALTH PLANS OFFICE</td>
<td>uihc.org/ui-health-plans</td>
<td>319-356-8442</td>
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<tr>
<td>WELLMARK</td>
<td>wellmark.com</td>
<td>800-643-9724</td>
</tr>
<tr>
<td>DELTA DENTAL</td>
<td>deltadentalia.com</td>
<td>800-544-0718</td>
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<tr>
<td>TIAA</td>
<td>tiaa.org/public/tcm/uiowa/home</td>
<td>800-842-2273</td>
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<td>319-356-8000</td>
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<td></td>
<td></td>
<td>866-842-2977</td>
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<tr>
<td>IPERS</td>
<td>ipers.org</td>
<td>800-622-3849</td>
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<tr>
<td>PRINCIPAL FINANCIAL GROUP</td>
<td>principal.com</td>
<td>800-245-1522</td>
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<tr>
<td>ZURICH INSURANCE</td>
<td>zurichna.com/en/about/contact-us</td>
<td>800-382-2150</td>
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<tr>
<td>SOCIAL SECURITY OFFICE</td>
<td>ssa.gov</td>
<td>866-964-2039</td>
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<td></td>
<td></td>
<td>(Iowa City)</td>
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<tr>
<td>JOHN HANCOCK</td>
<td>johnhancock.com</td>
<td>888-999-2072</td>
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<tr>
<td>GENWORTH</td>
<td>longtermcare.genworth.com/</td>
<td>800-416-3624</td>
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<td>fiveseries/login.do</td>
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For more information, visit hr.uiowa.edu/benefits/provider-web-sites.
Introduction

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA Continuation Coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the University Benefits Office.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and in some cases lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse*, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries only after the University Benefits Office has been notified that a qualifying event has occurred. The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the University Benefits Office has been notified that a qualifying event has occurred.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse* or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the University Benefits Office within 60 days after the qualifying event occurs. You must provide this notice to the University Benefits Office, 120 USB, Iowa City, IA 52242-1911 (319-335-2676 or toll free 877-830-4001).

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses*, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts 18 months due to employment termination or reduction of hours of work. Certain qualifying events or a second qualifying event during the initial period of coverage may permit a beneficiary to receive COBRA continuation coverage for up to a total of 36 months. There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

1. Disability extension of 18-month period of continuation coverage;

If you or anyone in your family covered under the Plan is determined by the Social Security Administration
to be disabled and you notify the University Benefits Office in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

2. Second qualifying event extension of 18-month period of continuation coverage;

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Benefits Office. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part b, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at the HealthCare.gov website.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Patient Protection & Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit their website. For more information about the Marketplace, visit the HealthCare.gov website.

Keep Your Plan Informed of Address Changes

In order to protect your family’s rights, you should keep the University Benefits Office informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the University Benefits Office.

Health Insurance Portability and Accountability Act (HIPAA)

The Federal Health Insurance Portability and Accountability Privacy (HIPAA) Rules require that employers provide individuals who carry health insurance with a reminder concerning the University of Iowa health insurance privacy policy. This privacy notice is located at the University of Iowa Benefits Office website at hr.uiowa.edu/benefits. You also may receive a paper copy of the University’s privacy notice by contacting the University Benefits Office at 319-335-2676, or toll-free at 877-830-4001, or by sending an e-mail to benefits@uiowa.edu.

Plan Contact Information

University of Iowa
University Benefits Office
120 University Services Office
Iowa City, Iowa 52242-1911
319-335-2676 (Phone)
319-335-2776 (Fax)
877-830-4001 (Toll Free)

HIPAA

University of Iowa Benefits Office

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

PURPOSE OF THIS PRIVACY NOTICE

The University of Iowa Benefits Office ("Benefits Office" or "we") administers group health plans for employees, retirees, and students on behalf of the University of Iowa ("University"). The Benefits Office is required by the Health Insurance Portability and Accountability Act ("HIPAA") and related rules to provide you with a written notice of the privacy protections afforded to you by federal law ("Notice of Privacy Practices" or "Notice") explaining how the Benefits Office uses and discloses your health information to process your health benefit claims, assist with your treatment and conduct its business operations. Participants in the group health plans sponsored by the University may also receive a Notice of Privacy Practices from the group health plans. A complete listing of our current group health plans subject to this notification requirement is available on the University Benefits website.

Who Will Follow This Notice?

This Notice describes the privacy policy of the Benefits Office in its role as administrator of your health plan. The privacy policy will be followed by:

- All employees of the Benefits Office
- University of Iowa Departments and their employees that provide support to the Benefits Office, but only to the minimum extent necessary to perform their jobs. Such departments may include Data Processing, Accounts Receivable, Internal Audit, and Risk Management.
- Business Associates: External individuals or companies hired by the group health plans or the University under special contracts (Business Associate Agreements) to perform certain services on behalf of the plan or the University. These special contracts make sure the Business Associate maintains confidentiality and follows all of the federal and state privacy rules.

Commitment of the University

- We, acting on behalf of the University as the Plan Sponsor, may receive your health information from the group health plans because we have agreed to the following:
- We will use your health information as needed to carry out our responsibilities as the Plan Sponsor of the group health
plans, provided such uses and disclosures are consistent with the requirements of HIPAA.

- We will not use or further disclose any of your health information except as permitted or required to carry out our responsibilities as Plan Sponsor.
- We will require our Business Associates, including subcontractors or agents who assist us in plan administration, and receive health information, to agree to the same restrictions, conditions and protections that we follow with respect to such information.
- We will not use or disclose your health information obtained as the Plan Sponsor, for employment related actions and decisions, or in connection with any other benefit or employee benefit plan of the University.
- We will, if feasible, return or destroy all health information received from the group health plans that we maintain in any form, and we will not retain copies of such information when no longer needed for the purpose for which it was disclosed. If destruction or return is not feasible, we will limit any further uses of the information to those purposes that make the return or destruction infeasible.

While any employee of the University who has a need to access or use health information to assist the University in carrying out its plan administration responsibilities may receive health information, such health information will generally only be disclosed to employees in the Benefits Office and then only the minimum necessary amount will be disclosed. Any University employee accessing or using health information may do so only in carrying out the plan administration functions that the University performs for the group health plans. This includes those University units and employees who perform services for the group health plans as internal business associates. If there is any non-compliance with the required commitments to the group health plans, the issue of noncompliance will immediately be brought to the attention of the Benefits Office Director and the University of Iowa Privacy Officer for prompt attention.

**YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities.

**Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you that we use to make decisions about your coverage or benefits. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- If your request is denied, you will receive a written explanation of the reasons for the denial.
- Hospital records and other records not maintained by us must be obtained directly from the health care provider that maintains those records.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care or our ability to do our job.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this Privacy Notice**

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly. You can also download a copy of the Notice at the University Benefits website.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the University of Iowa Privacy Officer, University of Iowa Hospitals and Clinics, 200 Hawkins Drive, 1346 JCP, Iowa City, Iowa, 52242-1009; calling the Compliance Helpline at 319-384-8190; or e-mailing compliance@healthcare.uiowa.edu.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or visiting Department of Health and Human Services Office website.
- We will not retaliate against you for filing a complaint.

**Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:
- Marketing purposes

**OUR USES AND DISCLOSURES**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

**Help manage the health care treatment you receive**
- We can use your health information and share it with professionals who are treating you.
  
  *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
  
  *Example: We use health information about you for care coordination, case management, to pay your health care spending account claims, and to develop better services for you.*

**Pay for your health services**
- We can use and disclose your health information as we pay for your health services.
  
  *Example: A Plan may use your health information to confirm enrollment and coverage, or coordinate services with other insurance carriers.*

**How else can we use or share your health information?**

We are allowed and sometimes required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, visit this website.

As Required by Law. A Plan may use or disclose your personal health information for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example:
- To the U.S. Department of Health and Human Services to audit Plan records.
- As authorized by state workers’ compensation laws.
- To comply with legal proceedings, such as a court or administrative order or subpoena.

- To law enforcement officials for limited law enforcement purposes.
- To a governmental agency authorized to oversee the health care system or government programs.
- To public officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes.

Each Plan may also use and disclose your health information as follows:
- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- To consider claims and appeals regarding such things as coverage, exclusion, and cost issues.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.

**Other applicable laws**

The Plan’s use and disclosure of your personal health information must comply with applicable Iowa law and other federal laws besides HIPAA. Iowa law and federal regulations place certain additional restrictions on the use and disclosure of personal health information for mental health, substance abuse, HIV/AIDS, and certain genetic information. In some instances, your specific authorization may be required.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. Your revocation will be effective for all of the health information listed in your written permission, unless the Plan has taken action in reliance on your authorization.

For more information, visit this website.

**Changes to the Terms of this Notice**

We are required to follow the terms of this Notice until it is replaced. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our website, and we will mail a copy to you.
Effective Date
The effective date of this notice is April 14, 2003; revised on September 30, 2013.

Contact Information for Questions
If you have questions about this HIPAA Notice of Privacy Practices, you may contact the Benefits Office by:

- Calling the Benefits Office, Monday through Friday, 8:00 a.m. to 5:00 p.m. at: 319-335-2676 or 877-830-4001.
- E-mailing questions to the Benefits Office at benefits@uiowa.edu.
- Mailing questions to: Benefits Administration Office, University of Iowa, 120 University Services Building, Iowa City, IA, 52242-1911.

OR

Contact the University of Iowa Privacy Officer at:
University of Iowa Hospitals and Clinics 200 Hawkins Drive, 1346 JCP Iowa City, Iowa 52242-1009
319-384-8282
E-mail: compliance@healthcare.uiowa.edu

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CREDIBLE PRESCRIPTION DRUG COVERAGE NOTICE

Important Notice from the University of Iowa

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the University of Iowa and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information where you can find more information to help you to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The University of Iowa has determined that the prescription drug coverage offered by the University of Iowa is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considerable Creditable Coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiaries leaving an employer coverage plan may be eligible for a special enrollment period to sign up for a Medicare Prescription Drug Plan.

You should compare your current coverage, including which drugs are covered, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your University of Iowa drug coverage, be aware that you and your dependents will not be able to get back this coverage. What this means is, that you will automatically lose both your prescription drug and your health insurance coverage with the University of Iowa.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the University of Iowa and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in a Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drugs coverage that is at least as good as Medicare prescription drug coverage, your monthly premium will go up at least 1% per month for every month you do not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage, please contact our office at 319/335-2676 or 800-830-4001.

Note: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the University of Iowa changes. You may also request a copy.

For More Information about Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook.

Visit the Medicare website for personalized help;

Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for the telephone number);

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Name of Entity: University of Iowa

Contact Name and Position: University Benefits Office

Address: 120 University Services Building, Iowa City, IA 52242-1911.

Phone Number: 319-335-2676 and toll-free 1-877-830-4001

Because your University of Iowa coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.
WOMEN’S HEALTH AND CANCER RIGHTS ACT

A federal mandate was created by the Women’s Health and Cancer Rights Act of 1998. This law requires employer health plans to provide a written notice of this coverage to all health insurance participants prior to January 1, 1999 and annually thereafter.

Beginning in 1999, Federal Law requires employer health plans to provide coverage for the following services to an individual receiving benefits in connection with a mastectomy:

1. Reconstruction of the breast on which the mastectomy has been performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. Prosthesis and physical complications for all stages of mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes)

Coverage for breast reconstruction related services is subject to any deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the health plan. All of the State of Iowa and the University of Iowa Health Plans comply with this law.

NEWBORN AND MOTHERS HEALTH PROTECTION ACT OF 1996

Under the Newborn and Mothers Health Protection Act of 1996, Group Health Plans that provide benefits for childbirth must annually notify all participants of this act. Mothers and their newborn children are permitted to remain in the hospital for 48 hours after a normal delivery or 96 hours following a cesarean section. However, an attending provider may discharge a mother or her newborn earlier than 48 hours, or 96 hours in the case of a cesarean section, if he or she makes this decision in consultation with the mother.

Under the Newborn and Mothers Health Protection Act provisions, the time limits affecting the stay begin at the time of delivery, if the delivery occurs in a hospital. If delivery occurs outside the hospital, the stay begins when the mother or newborn is admitted in connection with the childbirth. Whether the admission is in connection with childbirth is a medical decision to be made by the attending provider. A health plan may not require that a health care provider obtain authorization from the plan for all or part of the hospital stay required under the Newborn and Mothers Health Protection Act provisions. But, the rules do provide that plans may require pre-certification for the entire length of the hospital stay.

Under the Newborn and Mothers Health Protection Act, an attending provider is defined as an individual who is licensed under applicable state law to provide maternity or pediatric care to a mother or newborn child. Therefore, attending providers could include physicians, nurse midwives, and physician’s assistants. Attending providers do not include health plans, hospitals, and managed care organizations.

All of the State of Iowa and the University of Iowa health plans follow the above guidelines.

If you have questions concerning the provisions of the Women’s Health and Cancer Rights Act or the Newborn and Mothers Health Protection Act, please feel free to contact the University Benefits Office at (319) 335-2676 or toll-free at 1-877-830-4001.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov website.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or visit their website to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at their website or call 1-866-444-EBSA (3272).

HEALTH INSURANCE MARKETPLACE

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind
Imagine that lowering your monthly premium right away.

Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact The University of Iowa Benefits Office

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- All employees. Eligible employees are:
- Some employees. Eligible employees are:

REGULAR FACULTY OR STAFF WITH AT LEAST 50% APPOINTMENT

With respect to dependents:

- We do offer coverage. Eligible dependents are:
  - SPOUSES, DOMESTIC PARTNER, OR CHILDREN THROUGH THE AGE OF 26
- We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
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