

THE UNIVERSITY OF IOWA

2022 NEW FACULTY & STAFF BENEFITS GUIDE

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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.

ANNUAL FEDERAL NOTICES: Federal law requires the University to broadly disseminate certain policies to faculty, staff and students on an annual basis. For a full list of federal notices, visit hr.uiowa.edu/benefits/benefits-annual-federal-notices.

WELCOME 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.

This guide provides an overview of the options available to benefits-eligible UI faculty and staff. Even if you're familiar with UI benefits, I encourage you to review the guide to stay informed about current plan details. If you have questions, 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 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 make 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

KNOW BEFORE YOU ENROLL

There's a lot to love about the University of Iowa; it's where great minds come to work, grow and thrive. And, there's a lot to love about the University of Iowa's world-class benefits package, which includes comprehensive health and dental coverage, life insurance, flexible spending accounts, and more. Before you enroll, here is some important information you need to know.

Key deadlines & dates:

- **1st OF THE MONTH:** You are eligible to enroll in benefits the first of the month following the date you were hired.
- **30 DAYS:** You must enroll in your new benefits within 30 calendar days of your hire date.
- **60 DAYS:** You must enroll in your retirement plan within 60 calendar days of your hire date.
- **1–2 BUSINESS DAYS:** You will receive a confirmation email within 24–48 hours of submitting your benefit choices. You will then have five days from your submission date to make any necessary adjustments.

Employees hired towards the end of a month: Our system temporarily shuts down for a few days at the end of a month to run payroll. During this time, you may not have access to your new hire event in Employee Self Service or receive your confirmation statement within the typical two business days.

Before you choose:

Before making your benefit elections, be sure to review this guide. It outlines each plan and the costs per month. It will also walk you through the decision-making and enrollment processes step-by-step.

If you don't enroll:

If you do not meet the enrollment dates and deadlines, you will not be able to enroll in benefits until the next annual enrollment period (usually in late fall) unless you have a qualifying event. Learn more about qualifying events on page 6.

QUESTIONS?

Your Benefits Office is here to help. Call 319-335-2676 or 877-830-4001 during business hours, or email benefits@uiowa.edu. You can also [visit our website](#) to learn more about your benefit options and get help selecting the plans that are right for you.

ELIGIBILITY & COVERAGE INFORMATION

ELIGIBILITY

In general, regular faculty and staff with at least a 50 percent appointment and their eligible dependents may participate in the benefits described in this guide. Note that there may be [tax implications](#) when covering adult children who are over the age of 26. [Learn more.](#)

The University of Iowa reserves the right to require documentation to substantiate a dependent's eligibility status at any time.

Eligible dependents:

- Same- or opposite-sex legal spouse
- Same- or opposite-sex common-law spouse (affidavit required)
- Same- or opposite-sex domestic partner (affidavit required)
- Child up to the end of the year in which they turn age 26
- Child age 26 or older who is enrolled in an accredited educational institution as a full-time student
- Unmarried child who is deemed disabled. The disability must have existed before the child turned 26 or while the child was a full-time student, and they must meet the following criteria:
 - Claimed as a dependent on your tax return; and
 - Enrolled in and receiving Medicare benefits due to disability; or
 - Enrolled in and receiving Social Security benefits due to disability.

Children you may cover:

A child is defined as a:

- Natural child
- Stepchild or domestic partner's child
- Legally adopted child or child placed in your home for the purpose of adoption
- Foster child
- Child for whom you have legal guardianship
- Natural child for whom a court orders coverage

Eligible children may be covered through Dec. 31 of the year in which they reach age 26 without tax implications. Coverage for full-time students or disabled children can continue as long as they continue in that status; however, there are tax implications for those who do not qualify as tax dependents per IRS rules.

INFORMATION AND DOCUMENTATION REQUIREMENTS

If you enroll new family members, some basic information is required: names, dates of birth, and Social Security numbers.

Following your enrollment, you will be emailed by University Benefits and required to confirm the dependents you have enrolled meet the eligibility guidelines by providing

documentation to verify eligibility (birth certificates, marriage certificates, and/or tax forms). Enrollment status will be pending until all required information is received.

QUALIFYING EVENTS

If you miss your enrollment deadline, you cannot enroll in benefits, change your benefits or add or remove dependents without a qualifying event: a major life change that makes you eligible to enroll in or update your benefits. Without a qualifying event, you will have to wait for the next annual enrollment period to elect coverage. [Learn more.](#)

Qualifying events that make you eligible to update your coverage:

- Birth/adoption
- Death of a spouse/dependent/domestic partner
- Marriage/domestic partner affidavit
- Divorce/legal separation/termination of the 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
- Dependent over age 26 returning to school full time

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

The University of Iowa reserves the right to require documentation to substantiate a dependent's eligibility status at any time.

Dual-employed spouses/partners may not double insure each other or their dependents under the health, dental, and accidental death and dismemberment insurance plans.

UNIVERSITY CREDITS

Benefits-eligible faculty, professional & scientific, and merit staff may receive University Credits based on the benefits they elect. House Staff and temporary staff do not qualify for University Credits.

GENERAL BENEFIT CREDITS

Each benefits-eligible employee receives \$90 per month in General Benefit Credits (up to \$1,080 per year). These credits may be used to reduce the cost of any pre-tax benefit or to fund a flexible spending account. Unused credits automatically roll into a health care flexible spending account, or you can designate the funds to a dependent care flexible spending account during enrollment.

SHARED SAVINGS CREDITS

Depending on your benefit choices, you may be eligible for additional benefit 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 (\$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 (\$40 per month).

ADDITIONAL INFORMATION

- University Credits will appear under the Earnings section of your paycheck.
- You are not taxed on credits.
- Credits are not paid out as cash.

HEALTH INSURANCE

Administered by Wellmark® Blue Cross® and Blue Shield®

You have the choice of two health plans: UISelect and UIChoice. You'll pay considerably less for care on both plans if you choose doctors and hospitals in a lower provider level. (For example, all UI health care providers are Level 1, making UIHC your most affordable option.) You do not need to pick a provider level when selecting coverage.

To locate in-network providers near you, visit [wellmark.com/finder](https://www.wellmark.com/finder).

U I SELECT

This plan may be a good option if you and your family get your health care in the state of Iowa. If you are traveling out of state, only emergency care and care from Doctor On Demand® are covered.

- \$0 EMPLOYEE
- \$294 EMPLOYEE + SPOUSE
- \$239 EMPLOYEE + CHILDREN
- \$314 FAMILY
- \$0 DOUBLE SPOUSE + FAMILY

LEVEL 1: Includes University of Iowa Hospital and affiliated clinics, UI Urgent Care, UI QuickCare, Washington County Hospitals and Clinics, and The Iowa Clinic in Des Moines.

LEVEL 2: Providers from the Blue Access® network. Locally, Level 2 includes Mercy Hospital and most providers in and around Iowa City who are not in Level 1.

LEVEL 3: Not covered. Exceptions include emergencies or care with a Wellmark-approved out-of-network referral. (Dependent children attending college, long-term travelers, and families living apart may be covered through guest membership.)

U I CHOICE

With this plan, you can see health care providers in Iowa and across the nation. However, you'll pay less for care when you choose in-state doctors and hospitals on lower levels.

- \$77 EMPLOYEE
- \$367 EMPLOYEE + SPOUSE
- \$299 EMPLOYEE + CHILDREN
- \$393 FAMILY
- \$196 DOUBLE SPOUSE + FAMILY

LEVEL 1: Includes University of Iowa Hospital and affiliated clinics, UI Urgent Care, UI QuickCare, Washington County Hospitals and Clinics, and The Iowa Clinic in Des Moines.

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

LEVEL 3: Providers from the BlueCard® network. BlueCard providers are readily available throughout the U.S. and around the globe.

HEALTH COSTS

UI SELECT

ANNUAL DEDUCTIBLE

- LEVEL 1: Employee \$400; family: \$800
- LEVEL 2: Employee \$800; family \$1,600

INPATIENT CARE DEDUCTIBLE (Semi-private room)

- See deductible

COINSURANCE

- LEVEL 1: 15%
- LEVEL 2: 25%

ANNUAL OUT-OF-POCKET MAXIMUM (OPM)

Levels 1 & 2 participating providers combined

- LEVEL 1: Employee \$2,000; family \$3,400
- LEVEL 2: Employee \$3,000; family \$6,000

PREVENTIVE CARE

Includes preventive exams, gynecological exams, immunizations, mammograms, and well-child care

- LEVELS 1 & 2: \$0 copay. Not subject to deductible.

DOCTOR ON DEMAND

- LEVELS 1 & 2: \$0 copay (mental health visits are not covered)

UI QUICK CARE

- LEVEL 1: \$5 copay
- LEVEL 2: N/A

URGENT CARE VISIT

- LEVEL 1: \$10 copay
- LEVEL 2: \$35 copay

OFFICE VISITS

- LEVEL 1: Primary care \$10 copay; specialist \$20 copay
- LEVEL 2: Primary care \$35 copay; specialist \$50 copay

ER VISITS

Copay waived if admitted

- LEVELS 1 & 2: \$100 copay followed by 10% coinsurance (Level 2 includes out-of-state ER visits.)

MENTAL HEALTH CARE VISIT

- LEVELS 1 & 2: \$10 copay

UI CHOICE

ANNUAL DEDUCTIBLE

- LEVELS 1, 2 & 3: N/A. Deductible for inpatient hospital care only. Note the annual inpatient care deductible below.

INPATIENT CARE DEDUCTIBLE (Semi-private room)

- LEVEL 1: \$400 deductible followed by 10% coinsurance (per admission)
- LEVEL 2: \$600 deductible followed by 10% coinsurance (per admission)
- LEVEL 3: \$800 deductible followed by 40% coinsurance (per admission)

COINSURANCE

- LEVEL 1: 10%
- LEVEL 2: 20%
- LEVEL 3: Varies based on location and service

ANNUAL OUT-OF-POCKET MAXIMUM (OPM)

- Levels 1, 2, and 3: BlueCard participating providers combined. Employee \$1,700; family \$3,400
- LEVEL 3: Non-participating providers Employee \$2,000; family \$4,000

PREVENTIVE CARE

Includes preventive exams, gynecological exams, immunizations, mammograms, and well-child care

- LEVELS 1 & 2: \$0 copay.
- LEVEL 3: Participating providers \$0 copay. Non-participating providers: outpatient 40% coinsurance; in office 50% coinsurance. (Coinsurance waived for out-of-network immunizations & well-child care.)

DOCTOR ON DEMAND

- LEVELS 1, 2 & 3: \$0 copay (mental health visits are not covered)

UI QUICK CARE

- LEVEL 1: \$5 copay
- LEVELS 2 & 3: N/A

URGENT CARE VISIT

- LEVEL 1: \$10 copay

- LEVEL 2: \$25 copay
- LEVEL 3: 50% coinsurance

OFFICE VISITS

- LEVEL 1: \$10 copay
- LEVEL 2: \$25 copay
- LEVEL 3: 50% coinsurance

ER VISITS

Copay waived if admitted

- LEVELS 1, 2 & 3: \$100 copay followed by 10% coinsurance

MENTAL HEALTH CARE VISIT

- LEVELS 1 & 2: \$0 copay
- LEVEL 3: 50% coinsurance

PHARMACY COSTS

UISELECT

BLUE RX VALUE PLUSSM

- TIER 1 (Generic drugs): \$0 copay
- TIER 2 (name-brand drugs): 30% coinsurance
- TIER 3 (name-brand, non-formulary drugs): 50% coinsurance
- TIER 4 (Name-brand, non-formulary drugs): N/A
- PHARMACY ANNUAL OUT-OF-POCKET MAXIMUM: Employee: \$1,100; Family: \$2,200

UICHOICE

BLUE RX COMPLETESM

- TIER 1 (Generic drugs): \$0 copay
- TIER 2 (name-brand drugs): 30% coinsurance
- TIER 3 (name-brand, non-formulary drugs): 50% coinsurance
- TIER 4 (Name-brand, non-formulary drugs): 50% coinsurance
- PHARMACY ANNUAL OUT-OF-POCKET MAXIMUM: Employee: \$1,100; Family: \$2,200

GET THE MOST OUT OF YOUR COVERAGE

As a University of Iowa employee, you have no- and low-cost treatment options for non-emergency medical conditions, which can significantly lower your health care spending. And, as a Wellmark Blue Cross and Blue Shield member, you can take advantage of all the coverage, tools, and services Wellmark has to offer.

HEALTH INSURANCE TOOLS:

- **MEMBER ID CARDS:** You'll receive your Wellmark ID card in the mail. Your card will generally arrive within two weeks of your enrollment.
 - As the contract holder, your name will appear on both your card and your spouse's/dependents' 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 or would like to order a new card, call Wellmark's Customer Service Line at 1-800-643-9724. You can also access your card electronically and request replacement cards with the myWellmark mobile app.
- **myWELLMARK®:** As a Wellmark member, you can take advantage of myWellmark, your secure member portal for accessing your health insurance information anytime, anywhere. Just go to [myWellmark.com](https://mywellmark.com) to sign up or log in. Then, download the myWellmark mobile app from your preferred app store.
 - Access your digital ID card.
 - Check the status of a claim.
 - Track health care costs and run reports to see how much you've spent out of pocket.
 - Find out what's covered and see how much your plan will pick up for services.

AFFORDABLE CARE OPTIONS

- **DOCTOR ON DEMAND:** Use your smartphone, tablet, or computer to get free care anywhere 24/7. With Doctor On Demand, you can have video visits with board-certified physicians and get treatment and prescriptions* for colds, flus, allergies, infections your kids pick up, and more.
 - No cost: Free for covered faculty, staff and dependents.
 - Convenient: Available at home or on the go.
 - No waiting: Be seen in minutes.
 - Always there: Available 24/7, even in the middle of the night.

Visit DoctorOnDemand.com to register, then download the app for free.

*For prescriptions, member cost share applies. Doctor On Demand physicians do not prescribe Scheduled I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate. During times of high overnight call volume, you may be directed to make an appointment with a Doctor On Demand physician for the following morning.

REMEMBER

Only medical visits from Doctor On Demand are covered on University of Iowa health plans. Mental health visits from Doctor On Demand are not a covered benefit. If you use this service for mental health care, you will be charged and responsible for the full cost of the visit.

- **24-HOUR HEALTH ACCESS LINE:** The University of Iowa Hospitals & Clinics' free Health Access Line is available 24 hours a day to answer your health care questions. Call 800-777-8442 or 319-384-8442 at any time to speak with a nurse or on-call physician.
- **UI QUICKCARE:** For only a \$5 copay, UI QuickCare clinics offer walk-in care to anyone ages 6 months and older. For 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 Mon.–Fri., 7 a.m. to 7 p.m., and Sat.–Sun., 7 a.m. to 5 p.m. Find UI QuickCare clinic locations at uihc.org/ui-quickcare.
- **UI URGENT CARE:** Get the same services as UI Quickcare, as well as X-rays, IV fluids, and stitches. Plus, with easy parking and extended hours (including most holidays), and at only \$10 a visit, the UI Urgent Care clinic is ready with ready with convenient, affordable care when you need it. UI Urgent Care offices are located at 2591 Holiday Road in Coralville and 3640 Middlebury Road off of Scott Boulevard in Iowa City. Both locations are open Mon.–Fri. 7 a.m. to 9 p.m. and Sat.–Sun., 7 a.m. to 7 p.m. Learn more and reduce your wait by reserving an arrival time at uihc.org/urgent-care.

DENTAL INSURANCE

Administered by Delta Dental of Iowa

On the Dental II plan, all providers are divided into three tiers. While you may see any provider you wish, you'll pay significantly less for care if you choose a provider on a lower tier. You do not need to pick a tier when selecting coverage.

To find the tier of your provider, visit deltadentalia.com.

- Tier 1: Providers in the Delta Dental PPO network.
- Tier 2: Providers in the Delta Dental Premier network.
- Tier 3: All providers who do not participate with Delta Dental.

DENTAL INSURANCE MONTHLY PREMIUMS

- \$0 employee
- \$19 employee + spouse
- \$20 employee + children
- \$27 family
- \$0 double spouse + family

DEDUCTIBLE

- Tier 1: \$0
- Tier 2: \$0
- Tier 3: \$0

COINSURANCE

DIAGNOSTIC & PREVENTIVE CARE

Two visits per year, per member. Includes routine exam, teeth cleaning, X-rays. Amount paid by insurance does not count toward \$2,000 maximum benefit.

- Tier 1: 0%
- Tier 2: 0%
- Tier 3: 0%

ROUTINE & RESTORATIVE CARE

Includes regular cavity fillings, emergency treatment for the relief of pain, routine oral surgery, anesthesia, tooth extractions.

- Tier 1: 0%
- Tier 2: 20%
- Tier 3: 20%

PROSTHESIS, ENDODONTICS & PERIODONTAL SERVICES

Includes bridges, partial & complete dentures, root canals, crowns, implants.

- Tier 1: 10%
- Tier 2: 20%
- Tier 3: 20%

ORTHODONTICS

- Tier 1: 50%
- Tier 2: 50%
- Tier 3: 50%

MAXIMUM ANNUAL BENEFIT

All Tiers: \$2,000 per member per year; up to \$4,000 with annual carryover.

OTHER BENEFITS

- **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 may 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 treatment costs, up to the \$2,000 annual maximum. To learn more about the program, visit hr.uiowa.edu/benefits and, under Dental Insurance, look for the Student Dental Clinics Incentive.
- **DELTA DENTAL ID CARDS:** You will receive your Delta Dental ID card in the mail approximately two weeks after your enrollment is processed. As the contract holder, your name will appear on all ID cards. You can view, print, and request a replacement ID card from the Delta Dental Member Connection. Register or log in at deltadentalia.com.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

With a flexible spending account (FSA), you can set aside pre-tax dollars to pay for certain qualified expenses. You can choose to contribute to a health care FSA, a dependent care FSA or both.

HEALTH CARE FSA:

Contribute up to \$2,750 annually per employee. This benefit allows you to be reimbursed for qualified medical expenses.

DEPENDENT CARE FSA:

Contribute up to \$5,000 annually per household. If you are married and filing separately, you may contribute up to \$2,500 each.

This benefit allows you to be reimbursed for eligible child and adult-dependent care expenses. This includes but is not limited to: daycare, preschool and afterschool care for children under 13, and daytime and elder care for adults with disabilities.

IMPORTANT THINGS TO KNOW ABOUT FSAs

Remember, your flexible spending account elections do not carry over from year to year. You must enroll each year to participate.

- Funds must be used for qualified expenses incurred between Jan. 1–Dec. 31, 2022.
- You may file for reimbursement at any time during the year but no later than April 30, 2023.
- FSAs are “use it or lose it” accounts. This means you forfeit any money remaining in your account after the April 30, 2023 deadline.
- Be sure to estimate your expenses carefully, as changes cannot be made unless you have a qualifying event.
- Requests for reimbursement can be submitted through Employee Self Service. For payment, you must set up direct deposit for benefits spending accounts. You can do this on Employee Self Service under Payroll. Get the details at hr.uiowa.edu/benefits/flexible-spending-accounts.

LIFE INSURANCE

Administered by Principal Financial Group

Your benefits include a group life insurance plan paid for by the university. You also have the option to purchase additional term life insurance for yourself and your dependents. LEARN MORE at hr.uiowa.edu/benefits/life-insurance.

UNIVERSITY-PAID GROUP LIFE INSURANCE

This required benefit provides coverage options for regular faculty and staff members who hold a 50 percent time or greater appointment. The university funds 2 times your salary, up to the maximum coverage amount of \$400,000.

Regular benefit-eligible employees may enroll in the following options:

- \$50,000 only: Includes a \$40 shared savings credit
- Two times your salary: The university covers this option
- Two and half times your salary
- Three times your salary
- Three and half times your salary

Please note: House Staff employees are only eligible for the two times salary option.

VOLUNTARY TERM LIFE INSURANCE FOR EMPLOYEES

This voluntary benefit can be purchased to complement any group life insurance option. You can select from a variety of coverage amounts; maximum coverage is \$1,000,000. Rates increase at ages 40, 50, and 60.

VOLUNTARY TERM LIFE INSURANCE FOR DEPENDENTS

Coverage for spouses, domestic partners, and dependents is also available if you elect coverage for yourself under the voluntary term life insurance benefit. Your dependent's benefit amount cannot be more than 100 percent of your own. For example, if your salary is \$40,000 and you elect ½ times salary in voluntary term life for yourself, you may only elect \$20,000 or less in coverage for your spouse.

LIFE INSURANCE BENEFICIARIES

You will elect your beneficiaries when you enroll in life insurance, and 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. 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.

Please note that the University recommends that your primary beneficiary be age 18 or older. If you only have a minor beneficiary, please contact Benefits to fill out an additional form.

UNIVERSITY-PAID DISABILITY INSURANCE

Administered by Principal Financial Group

Long-term disability insurance replaces a percentage of your salary if you become disabled while actively employed. This is a required benefit for all faculty and staff who hold a regular appointment of at least 50% time. It is provided by the university at no cost to you. No enrollment is needed. Learn more at hr.uiowa.edu/benefits/other-insurance-benefits.

- Coverage is 60% salary replacement for up to two years.
- Disability insurance benefits are based on pre-disability earnings.
- The maximum benefit payment is \$300,000 per year.
- There is a 90-working-day waiting period.
- Pre-existing conditions are not covered for the first 12 months.
- After two years on disability insurance, an employee must be totally disabled and unable to perform any occupation for payment to continue.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Administered by Zurich Insurance Group

COVERAGE FOR EMPLOYEES AND FAMILIES

Accidental death and dismemberment insurance (AD&D) 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:

- Plan 1 Employee only
- Plan 2 Employee & spouse/domestic partner (covered at 75% of your benefit)
- Plan 3 Employee & children (covered at 20% of your benefit up to \$100,000)
- Plan 4 Employee & family

Dependent children may be covered through the end of the year they turn 26. After turning 26, they may be covered if they are a full-time student or if they are disabled and the disability existed while they were a covered dependent.

Please note: Dual University of Iowa employed spouses/partners and dependents may not double insure each other or their dependents. You may only be included under this policy once.

LEARN MORE at hr.uiowa.edu/benefits/other-insurance-benefits.

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. Get more information and access a side-by-side comparison of the plans at hr.uiowa.edu/benefits/retirement/mandatory-plan-options/retirement-plan-comparisons.

CHOOSE FROM TWO OPTIONS:

- **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. You must elect beneficiaries on the IPERS website. For more information on the IPERS program, please visit ipers.org or contact IPERS directly at 800-622-3849.
- **UNIVERSITY FUNDED RETIREMENT PLAN THROUGH TIAA:** The University Funded Retirement Plan is a defined contribution plan. Retirement income is contingent upon your individual elected investments and returns. If you elect to participate with TIAA, 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 TIAA, please visit their website at tiao.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 at 866-842-2977.

OTHER RETIREMENT SAVINGS OPPORTUNITIES

Staff members have the option to make additional pre-tax or after-tax contributions into a retirement account. Participation in these programs is voluntary, and the university does not contribute. Programs include:

- 457(b) Deferred Compensation Program from TIAA
- 403(b) Voluntary Retirement Savings Program from multiple vendors, including TIAA
- For more information, visit hr.uiowa.edu/benefits/retirement, or log in to Employee Self Service to enroll.

IMPORTANT RETIREMENT BENEFITS 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

As a University of Iowa employee, you have the opportunity to purchase a variety of voluntary insurance products online at a discounted rate.

VOLUNTARY VISION INSURANCE

Administered by Two Rivers Insurance

Faculty and staff members may purchase vision insurance (House Staff are not eligible). If you wish to elect vision insurance, you must contact Two Rivers directly within 30 days of your hire date. Annually, you will receive an email reminding you about the vision benefits open enrollment period, which takes place Jan. 1–Feb. 28 with an effective date of April 1.

Learn more at hr.uiowa.edu/benefits/other-insurance-benefits.

OTHER VOLUNTARY INSURANCE PROGRAMS

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

These supplementary plans can help round out your benefits package by helping with out-of-pocket costs in the case of a severe illness or injury, as well as with other high-dollar personal expenses. While offered at a discount, these plans contain no university contribution. They can be paid through payroll deduction on an after-tax basis only. In addition, these products cannot be included in the flexible benefits program, and you cannot use spending account funds or university credits to pay for the premiums. You may direct any questions about voluntary insurance products to the individual program administrators.

LEARN MORE at hr.uiowa.edu/benefits/disability-and-other-insurance/other-voluntary-insurance-programs.

TIME-OFF BENEFITS

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

PAID HOLIDAYS

The University of Iowa offers 11 paid holidays each calendar year. Days off may vary by employee workweek.

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The Friday following Thanksgiving
- Christmas Day
- An additional day near Christmas determined by when the holiday falls during the week

When New Year's Day, Independence Day, or Christmas Day falls on Saturday, employees with a Mon.–Fri. workweek will have the holiday on the preceding Friday. When any of these three holidays fall on a Sunday, the Monday following will be the holiday. For employees who do not have a Mon.–Fri. workweek, the holiday will be on its actual calendar date.

VACATION AND PERSONAL HOLIDAYS

Full- and part-time faculty and staff accrue vacation time, with some exceptions.

VACATION ACCRUAL RATES (including personal holidays)

Faculty and Professional & Scientific (excludes those covered by SEIU contract)

- Monthly accrual (hours): 16
- Annual accrual (hours): 192
- Maximum accrual (hours): 384

SEIU Professional & Scientific (for those hired on or after July 1, 1999 and covered by SEIU contract)

Years of Service: Up to 3

- Monthly accrual (hours): 10
- Annual accrual (hours): 120
- Maximum accrual (hours): 240

Years of Service: 3-6

- Monthly accrual (hours): 13.333
- Annual accrual (hours): 160
- Maximum accrual (hours): 320

Years of Service: 6+

- Monthly accrual (hours): 16
- Annual accrual (hours): 192
- Maximum accrual (hours): 384

All Merit Staff Members

Years of Service: 1-4:

- Monthly accrual (hours): 8
- Annual accrual (hours): 96
- Maximum accrual (hours): 192

Years of Service: 5-11

- Monthly accrual (hours): 11.333
- Annual accrual (hours): 136
- Maximum accrual (hours): 272

Years of Service: 12-19

- Monthly accrual (hours): 14.667
- Annual accrual (hours): 176
- Maximum accrual (hours): 352

Years of Service: 20-24

- Monthly accrual (hours): 16
- Annual accrual (hours): 192
- Maximum accrual (hours): 384

Years of Service: 25+

- Monthly accrual (hours): 18
- Annual accrual (hours): 216
- Maximum accrual (hours): 432

Part-time staff members accrue vacation at their fractional equivalent of full-time employment.

Vacation accrual for a partial month is computed based on the number of working days in the month.

No vacation accrues when an individual is not in pay status.

The following employees are not eligible for vacation leave:

- 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.

SICK LEAVE

All full- and part-time faculty and staff members accrue sick leave, with some exceptions.

Full-time Faculty & Staff:

- Monthly accrual (hours): 12
- Annual accrual (hours): 144
- Maximum accrual (hours): Unlimited

Full-time Faculty holding academic year appointments:

- Monthly accrual (hours): 12
- Annual accrual (hours): 120
- Maximum accrual (hours): Unlimited

Part-time Faculty & Staff:

- Monthly accrual & Annual accrual (hours): at your fractional equivalent of full-time employment
- Maximum accrual (hours): Unlimited

The following employees are not eligible for sick leave:

- 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.

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.

Visit hr.uiowa.edu/benefits/time-off-benefits to learn about vacation and sick leave, as well as other kinds of leave including catastrophic leave and leaves of absence.

EMPLOYEE WELL-BEING

Helping employees and their families stay healthy and happy is an essential aspect of the University of Iowa benefits package. Available services address every facet of wellbeing.

liveWELL

liveWELL's mission is to inspire a culture of well-being and campus excellence, providing employees with the opportunity to thrive. Our programs are aimed at improving or maintaining your good habits so you feel energetic, healthy, and strong. Just complete your Personal Health Assessment (PHA) in Employee Self Service to unlock all of your liveWELL benefits.

- Earn liveWELL Points and get access to wellness programs.
- Work with a health coach and create a personalized plan to manage stress, become more physically active, improve nutrition habits and more. A health coach can also refer you to programs such as our Diabetes Prevention Program or Mindfulness-based Stress Reduction Program at no cost.
- Get a 50% reimbursement when you participate in the Recreation Membership Incentive Program.

UI EMPLOYEE ASSISTANCE PROGRAM

The UI Employee Assistance Program (UI EAP) offers you and your family access to confidential help, services, and support for various issues and topics.

- Stress
- Depression
- Anxiety
- Job concerns
- Sleep issues
- Alcohol & substance abuse
- Relationship support
- Resilience programming
- Suicide prevention

To reach the Employee Assistance Program and access their services, call 319-335-2085 or email EAPhelp@uiowa.edu. Learn more at hr.uiowa.edu/well-being/employee-assistance-program.

FAMILY SERVICES

Family Services provides programs and resources designed to attract, retain and engage University of Iowa faculty, staff, and students throughout their careers by providing an environment where they can be successful in their professional, academic, and personal lives.

- Childcare and new-parent resources
- Lactation facilities and resources
- Adoption resources

- Private appointments with elder-care specialists and courses for caregivers
- Veteran and military family resources
- Financial education opportunities
- Consultation on flexible work arrangements
- And more

Learn more 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. Learn more at hr.uiowa.edu/well-being/ergonomics-program.

ENROLLMENT TIPS & INSTRUCTIONS

BEFORE YOU ENROLL

1. Make sure you've [set up your Two-Step Login profile](#) if you wish to enroll from home.
2. Gather personal information for each person you are enrolling. This includes full legal names, birth dates, and Social Security numbers.
3. Have your HawkID or HealthCareID and your password ready.
 - If you have difficulty with your HealthCareID or password: Call 319-356-0001, or go to healthcareid.uiowa.edu.
 - If you have difficulty with your HawkID or password: Call 319-384-4357, or go to hawkid.uiowa.edu.

HOW TO ENROLL

When you're ready to go online and make your benefit elections, follow these steps.

1. Log in to Employee Self Service at hris.uiowa.edu.
2. Select Benefits Enrollment (You'll find it under Benefits & Wellness.)
3. Select *OPEN – Edit Your Benefit Elections* to begin your enrollment.
4. Review your beneficiaries and add dependents.
 - On the right, select *I agree - View & Update Dependents/ Beneficiaries*. Enter the required information and select Submit. Select the *Return to Benefits Enrollment* button to continue with your elections.
5. Elect your benefits.
 - Select *OPEN - Edit Your Benefit Elections*.
 - On the left, select *I agree - Continue to Benefits Enrollment*.
 - Under Medical, choose your preferred plan by selecting the corresponding option code in the Medical Coverage Selection drop-down box. If you are waiving coverage, answer the questions in the red box and select option 90 from the drop-down.
 - If you need to add a dependent, check the box next to their name to add them to your coverage. If you are removing a dependent from your coverage, uncheck the box next to their name.
 - Complete the same process for dental insurance, life insurance, voluntary term life insurance, AD&D, and dependent life insurance.

Note: Long-term disability insurance is required and provided to all benefit-eligible employees at no cost. You cannot change this selection.
6. Enroll in flexible spending accounts.
 - If you wish to contribute to a health care FSA or dependent care FSA in 2022, enter the amount you wish to contribute in the corresponding boxes. You can then select *Recalculate* to see your Benefits Overview, including your monthly deductions.

7. Save your progress, or complete your enrollment.

- Review all your benefit selections. Then, select one of the following:
 - *Keep For Later*, if you need to come back to make adjustments. You must log back in to complete your benefit elections before your 30-day enrollment period ends.
 - *Finish Enrollment*, if you have completed your selections.
- Your final Benefits Overview will appear. If you are satisfied, select the Continue – Finish Enrollment button to submit to University Benefits.

8. IMPORTANT: Wait for the Benefits Enrollment Results page. When you see this page, it means you have successfully submitted your enrollment changes. If you do not see this page, University Benefits has not received your submission, and you will not have benefits for 2022.

NOTE: If you add a new dependent to your coverage, once your email notification arrives, you must submit documentation to verify eligibility. Review the complete list of required documents as well as instructions for submitting them.

AFTER YOU ENROLL

These final steps will ensure you and your dependents are confirmed for coverage, and that you receive all the information necessary to take full advantage of your benefits.

1. If you haven't already, set up direct deposits for spending account reimbursements. Under *Time and Pay*, select *Direct Deposit*. Then select *Benefits Spending Account* and enter your bank information. Repeat for each type of account. Note: To ensure your privacy, the direct deposit link requires two-step confirmation.
2. Update your home and work addresses. Under *My Self Service*, select *Address/Phone Change*.
3. Watch for your confirmation statement. You will receive an email notifying you of your online confirmation statement within 24 to 48 hours of submitting your benefit selections. Please review this carefully. You will only have five days from the date of your statement to request any changes to your enrollment.
4. If you added dependents to your benefits plan, gather the documents you need to complete your dependent eligibility verification. An email will be sent to your University of Iowa account once your Verify Dependents link in Employee Self Service is available.

BENEFITS CONTACT INFORMATION

- University Benefits
hr.uiowa.edu/benefits
319-335-2676
benefits@uiowa.edu
- University HR
hr.uiowa.edu
319-335-3558
univhr-admin@uiowa.edu
- University Payroll
hr.uiowa.edu/payroll
319-335-2381
payroll-web@uiowa.edu
- University Workforce Operations
hr.uiowa.edu/pay/workforce-operations
319-353-2234
workforce-operations@uiowa.edu
- liveWELL
hr.uiowa.edu/liveWELL
319-353-2973
livewell@uiowa.edu
- Employee and Labor Relations (ELR)
hr.uiowa.edu/relations
319-467-4142
elr-help@uiowa.edu
- UI Employee Assistance Program (EAP)
hr.uiowa.edu/ueap
319-335-2085
eaphelp@uiowa.edu
- Recreational Services
recserv.uiowa.edu
319-335-9293
rec-services@uiowa.edu
- Parking and Transportation
transportation.uiowa.edu/parking
319-335-1475
parking-office@uiowa.edu
- Wellmark Blue Cross and Blue Shield
wellmark.com
800-643-9724
- Delta Dental of Iowa
deltadentalia.com
800-544-0718
claims@deltadentalia.com
- Principal Financial Group
principal.com
800-245-1522
- TIAA
tiaa.org/public/tcm/uiowa/home
Access code is IA6P67
800-842-2273
- IPERS
ipers.org
800-622-3849
info@ipers.org
- Two Rivers Insurance Services
tworivers.insurance
800-728-9620
benefitiowa@tworiversins.com
- Zurich Insurance
zurichna.com/en/about/contact-us
800-382-2150
info.source@zurichna.com
- Social Security Office
ssa.gov
866-964-2039
- John Hancock
johnhancock.com
888-999-2072
- Genworth
longtermcare.genworth.com/fiveseries/login.do
ID is UIA and code is group1tc
800-416-3624

For more information, visit hr.uiowa.edu/benefits/benefits-overview.

KNOW YOUR TERMS

- **Premium:** The amount of money that's taken from each paycheck to pay for your health insurance.
- **Copay:** The amount you'll pay for certain kinds of care at the time of service.
- **Deductible:** The amount you pay out of pocket for care and prescriptions before your plan begins to pay benefits.
- **Coinsurance:** The percentage you pay for care after you've reached your deductible.
- **Out-of-pocket maximum:** The most you have to pay in a plan year. After you spend this amount on deductibles, copays and coinsurance, the plan pays 100% of your covered health care costs.
- **Preventive care:** Care you receive to prevent illnesses or diseases rather than treat them, like annual physicals and well-child exams.
- **Participating/Non-participating providers:** "Participating" or "in-network" health care providers have contracted with our insurance company to accept discounted rates. "Non-participating" or "out-of-network" providers have not. You will pay much less at participating/in-network doctors, hospitals and pharmacies.
- **Formulary:** A list of prescription drugs approved by your health plan.
- **FSA:** Flexible spending account. Use it to set aside pre-tax dollars to pay for certain qualified expenses. You can choose to contribute to a health care FSA, a dependent care FSA, or both.

BENEFITS ANNUAL FEDERAL NOTICES

Federal law requires the university to broadly disseminate certain policies to faculty, staff, and students on an annual basis.

University Benefits is committed to being environmentally friendly whenever possible while still accomplishing our objectives. The federal government has approved email as a method for providing notice of the policies listed below.

This page presents information relating to policies crucial to the mission of the university. Please review the information below, familiarize yourself with these important policies, and use this page for future reference.

COBRA CONTINUATION COVERAGE RIGHTS

You are receiving this notice because you are covered under a group health plan (the Plan). 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 and other members of your family when group health coverage would otherwise end. 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 who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced to a point you no longer qualify for benefits, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse* of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse or domestic partner* dies;
- Your spouse's or domestic partner's* hours of employment are reduced to a point you no longer qualify for benefits;
- Your spouse's or domestic partner's* employment ends for any reason other than his or her gross misconduct;
- Your spouse or domestic partner* becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse or domestic partner*.

*Excluding Merit employee domestic partners

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced to a point you no longer qualify for benefits;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

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) or by email at benefits@uiowa.edu.

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 University Benefits Office within 30 days of the event. This extension may be available to the spouse and any dependent children receiving continuation coverage if the 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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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 www.HealthCare.gov.

Can I enroll in Medicare instead of COBRA after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

1 <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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 the Employee Retirement Income Security Act (ERISA), including 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 www.dol.gov/ebsa. For more information about the Marketplace, visit www.HealthCare.gov.

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 Building
Iowa City, Iowa 52242-1911
benefits@uiowa.edu (Email)
319-335-2676 (Phone)
877-830-4001 (Toll-Free)

CREDITABLE PRESCRIPTION DRUG COVERAGE NOTICE

Your Prescription Drug Coverage and Medicare

Please read this carefully and keep it where you can find it. This web page 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 considered Creditable Coverage.
3. 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.

Creditable Prescription Drug Coverage Notice

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.

Note: You will receive 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.

Plan Contact Information

For more information about this notice or your current prescription drug coverage, please contact our office.

The University of Iowa
University Benefits Office
120 University Services Building, Suite 40
Iowa City, Iowa 52242
319-335-2676 (Phone)
319-335-2776 (Fax)
877-830-4001 (Toll-Free)

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY NOTICE

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 our [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](#).

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 [hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints).

- 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, see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

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, see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.

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

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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 www.HealthCare.gov.

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 www.insurekidsnow.gov 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 www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The list of states is current as of July 31, 2020 from the Department of Labor. Contact your State for more information on eligibility.

- Alabama - Medicaid
- Alaska - Medicaid
- Arkansas - Medicaid
- California - Medicaid
- Colorado - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
- Florida - Medicaid
- Georgia - Medicaid
- Indiana - Medicaid
- **Iowa - Medicaid and CHIP (Hawki)**
- Kansas - Medicaid
- Kentucky - Medicaid
- Louisiana - Medicaid
- Maine - Medicaid
- Massachusetts - Medicaid and CHIP
- Minnesota - Medicaid
- Missouri - Medicaid
- Montana - Medicaid
- Nebraska - Medicaid
- Nevada – Medicaid
- New Hampshire - Medicaid
- New Jersey - Medicaid and CHIP
- New York - Medicaid
- North Carolina - Medicaid
- North Dakota - Medicaid
- Oklahoma - Medicaid and CHIP
- Oregon - Medicaid

- Pennsylvania - Medicaid
- Rhode Island - Medicaid and CHIP
- South Carolina - Medicaid
- South Dakota - Medicaid
- Texas - Medicaid
- Utah - Medicaid and CHIP
- Vermont - Medicaid
- Virginia - Medicaid and CHIP
- Washington - Medicaid
- West Virginia - Medicaid
- Wisconsin - Medicaid and CHIP
- Wyoming - Medicaid

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Employee Benefits Security Administration Centers
 for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

RETIREMENT SAVINGS NOTICE

You have the option of saving for your retirement with both before and/or after-tax options.

If you are in a position to do so, saving early and often for your retirement is a wise idea.

You can find more information on the Saving for Retirement [website](#).

You can also talk to one of our knowledgeable benefits specialists in person, by e-mail, or by phone at:
 University Benefits Office Email: benefits@uiowa.edu
 University Benefits Office Phone: (319) 335-2676
 Toll-free: (877) 830-4001

University Benefits Office Address:
 1st floor, 120 University Services Building
 Iowa City, Iowa 52242

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 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.

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

NEWBORN AND MOTHER'S 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.

HEALTH INSURANCE MARKETPLACE NOTICE

The health insurance plans offered by the University meet the minimum essential coverage and minimum value standard requirements under the Affordable Care Act.

[Health Insurance Marketplace Notice \(pdf\)](#)
(expires 6-30-2023)

For more information, please feel free to contact the University Benefits Office at 319-335-2676 or by email at benefits@uiowa.edu.

Federal law requires the University to broadly disseminate certain policies to faculty, staff and students on an annual basis. For a full list of federal notices, visit <https://hr.uiowa.edu/benefits/benefits-annual-federal-notice>.

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

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