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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.
ORIENTATION CHECKLIST

- Enroll in benefits on the Employee Self Service site or you may submit your Personal Enrollment form to the University Benefits Office at 120 USB. If you do not enroll in benefits within 30 days of your hire date, you must wait until the next benefits open enrollment period (November) or you experience a qualifying life event.

- Return your completed Retirement Plan Election form (within 60 days of your hire date).

- Review Voluntary Insurance programs on the Benefits website.

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 Nondiscrimination Statement

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

ENROLLMENT REQUIREMENTS:
• HawkID and Password if completing enrollment online
• If you have difficulty with the HawkID or Password, you may call 319-384-4357 for assistance
• If you want to complete your benefits enrollment from home, you must first activate the duo two-step verification option for Employee Self-service. Learn more on the ITS website.
• Enrollment must be completed within 30 days of your hire date.
• You must have the birth date and full legal name (as it appears on the Social Security card or passport) for each person you are enrolling

1. LOG INTO EMPLOYEE SELF SERVICE
   a. In your web browser, go to the Employee Self Service site
   b. Enter your HawkID and Password and click “Sign In”
   c. Ensure that the “Personal” tab is selected

2. COMPLETE BENEFITS ENROLLMENT
   If you have questions or need assistance regarding Benefits Enrollment, please contact the Benefits Office at 120 University Services Building, by e-mail at benefits@uiowa.edu, or by phone at (319) 335-2676, or toll-free at (877) 830-4001.
      a) In the center column, find the “Benefits” section and select “Benefits Enrollment” link

3. SET UP DIRECT DEPOSITS FOR PAYCHECK AND SPENDING ACCOUNT REIMBURSEMENTS
   a) In the center column, find the “Payroll” section and select the “Set Up/Change Direct Deposit” link
   b) Select the “Add Accounts Payable Type” and enter your bank information and click “Save”
   c) Repeat for each type of account (Payroll and Spending Account)
   d) Select the “Personal” link at the top of the page to return to the Employee Self Service home page

4. UPDATE HOME AND WORK ADDRESS
   a) In the left column, find the “Name, Address & Hawk Alert” section and select “Name/Address/Phone Change”
   b) Update your “Residing Address” and select “Submit Update”
   c) Select the “Campus Address” tab, update your campus address and select “Submit Update”
   d) Select the “Personal” link at the top of the page to return to the Employee Self Service home page
The following are the steps to enroll

HEALTH AND DENTAL COVERAGE

**Health Coverage:** Enrollment is optional. If you do not want coverage, option number “90” which is “waive”, is the default option. If you want medical coverage, you must select the contract coverage option shown. Once the type of coverage is selected, enter that number on the line labeled “Option Code” on the paper enrollment form or from the drop down box in the online enrollment.

If you are enrolling using your paper enrollment form, list the dependents you wish to cover in the dependent section of the form. If you are enrolling using the online benefit enrollment form, check the boxes in front of the dependent’s name and recalculate. If dependents are not listed, return to the beginning page to update dependent information.

**Dental Coverage:** Enrollment in the dental plan is optional. For no coverage, option “90” which is “waive” is the default option. If you want dental coverage, you must select from the dental programs shown. Once coverage is selected, enter that number on the line labeled “Option Code” on the paper enrollment form or from the drop down box in the online enrollment. Indicate the dependents you wish to cover.

GROUP LIFE INSURANCE

This plan provides life insurance coverage for yourself only at 2 times your annual UI salary. Enrollment in the group life plan is mandatory and at no cost to you. Beneficiary designations are needed for this option.

SUPPLEMENTAL LIFE INSURANCE

This program allows you to obtain additional life insurance for yourself only in excess of the amount provided by the group life coverage. This program is optional. If you do not want to participate in this program, enter the number “90” on the “Option Code” line. For additional life insurance, select from seven choices of coverage. These choices range from one-half to three and one-half times your salary. Next to each selection is the amount of coverage that is provided by each choice. The next column to the right shows the monthly costs associated with each coverage choice. Once your selection is made, enter the corresponding number on the “Option Code” line on the paper enrollment form, or if enrolling online, select the corresponding option from the drop down menu. Beneficiary designations are needed for this option.

SPOUSE/DOMESTIC PARTNER/DEPENDENT LIFE INSURANCE

For more information visit page 18 and page 39 for the Declaration of Domestic Partnership Form.

This optional program allows you to obtain life insurance for your spouse/domestic partner and/or your children. If you do not want to participate in this program, enter the number “90” on the “Option Code” line. If you would like to participate, you have the choice of six programs. Each selection gives your spouse/domestic partner and/or dependents the life insurance as noted. The next column to the right gives the monthly cost of your selection. Once you have made your selection, enter the appropriate number on the “Option Code” line. No beneficiary designation is required, as the employee will always be the beneficiary in case of the death of a spouse and/or dependent.

► This premium may only be paid after-tax.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

This optional program offers you a variety of life insurance coverage levels and family options. If you do not want to participate in this program, enter “90” on the “Option Code” line. If you would like to participate, you may select a coverage level between $100,000 and $1,000,000. Coverage is available in $100,000 increments. The column to the right gives the monthly cost (per $100,000 of coverage) depending upon whether you wish to insure only yourself or your family. Once you have made your selection, enter that number on the “Option Code” line if you are enrolling using your paper enrollment form. If you are enrolling using the online enrollment form, select the corresponding option from the drop down menu. Beneficiary designations are needed for this option.
LONG TERM DISABILITY INSURANCE

Participation in the long-term disability program is mandatory and is at no cost to you.

HEALTH CARE SPENDING ACCOUNT

The Health Care Spending Account allows you to pay various medical expenses by placing funds into this special account on a before-tax basis. You may contribute up to $212.50 per month to this program. This is your personal contribution. This amount is reducing your taxable salary.

DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account permits you to pay various daycare and baby-sitting expenses by placing funds into this special account on a before-tax basis. If you file taxes as “married filing separately”, you may contribute up to $208.33 per month. Under any other tax filing status, a maximum of $416.66 per month may be contributed. The maximum that a couple may contribute to this account is $416.66 per month. If you would like to participate in a Dependent Care Spending Account, indicate on the “Monthly Pledge” line the total amount of money to be contributed to the account. This is your personal contribution, and is reducing your taxable income.

HOW TO START A SPENDING ACCOUNT CLAIM

Once you have set up a spending account, you will follow this process whenever you need to submit a request for reimbursement. You may go to the University Benefits website to the FSA webpage for additional information.

a. In your web browser, go to Employee Self Service
b. Enter your HawkID and Password and click "Sign In"
c. Ensure that the “Personal” tab is selected
d. In the middle column, go to the “Benefits” section and click on “Spending Account Recap/Forms”
e. Fill out claims of health and/or dependent care on this webpage by clicking “Start a Health Care Claim” or “Start a Dependent Care Claim”
f. Attach your scanned documentation as necessary and submit to Benefits.

LIFE INSURANCE BENEFICIARIES

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

PREMIUM PAYMENT INFORMATION

All monthly costs are based on 12 premium payments per year.

► All monthly premiums are paid using pre-tax dollars except for Spouse/Domestic Partner/Dependent Life Insurance, which is paid only on an after-tax basis.

If any of the “Option Code” lines are blank, no coverage will be assigned to you for that program.
UNIVERSITY BENEFITS
You are eligible to receive a variety of University credits based upon your election decisions. The following University credit options are available if you are under this program:

- **General Credit:** $90.00 per month per employee.
- **Shared Savings Credits:** Individuals who have dental insurance, but are not enrolled in a University or State of Iowa (state agencies, Board of Regents, UI Merit), dental insurance plan will receive an additional Shared Savings Credit of $25 as an incentive. Individuals who elect $50,000 in group life insurance will be provided an additional $40 per month.
  
  - Dental Insurance is waived: $25 per month
  - Life Insurance if $50,000 option is selected: $40 per month (Note: base salary must be greater than $25,000)

HEALTH INSURANCE

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

UIChoice Plan Highlights
Health care under the UIChoice Plan may be obtained from any provider you wish. This plan includes three benefit levels; **you do not have to pick a plan level. The provider you choose automatically determines at which level that particular claim is processed and how much you pay.**

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

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

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

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

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

- There is no physician charge or co-payment for a routine annual physical examination in Levels 1 & 2.
- There is no co-payment or co-insurance for well-child care and/or immunizations on any of the levels.
- Insureds will pay 20% for durable medical equipment.

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

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

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

The OPM for the individual's expenses for Levels 1 and 2 combined is $1,700. The OPM per family is $3,400 for Levels 1 and 2 combined.

The OPM for Level 3 providers is separate from the Level 1 and 2 OPM. The OPM for out of network services is $2,000 for individuals and $4,000 for all other contracts. If out of state, contact Wellmark Blue Cross & Blue Shield to determine if the provider is a Blue Card provider. Covered services received from network participants and Blue Card providers all apply to the Level 1 and 2 OPM of $1,700 per person or $3,400 per family.

The OPM for prescription drugs is $1,100 for individuals and $2,200 for all other contracts.

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

Coverage for Prescription Drugs

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

The co-insurance amounts are:

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

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

To find more information on prescription drug coverage, please visit Wellmark's website. You may also visit the University Benefits Office website to access the UIChoice Coverage Manual.
# HEALTH INSURANCE
EFFECTIVE JANUARY 1, 2017
MONTHLY PREMIUM RATES AFTER UNIVERSITY CONTRIBUTION

<table>
<thead>
<tr>
<th>COVERAGE OPTIONS</th>
<th>UIChoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$0</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$275</td>
</tr>
<tr>
<td>Employee/Children</td>
<td>$224</td>
</tr>
<tr>
<td>Family</td>
<td>$295</td>
</tr>
<tr>
<td>Double Spouse/Family</td>
<td>$0</td>
</tr>
</tbody>
</table>

## PLAN PROVISIONS

### Providers
Any Provider: The provider or facility category you use determines the plan benefit level. This is one plan with three different benefit levels:

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

- **Benefit Level 2:**
  - Blue Choice Network Providers not included in Level 1.

- **Benefit Level 3:**
  - Any provider outside of Level 1 or 2.

Blue Cross/Blue Shield (BC/BS) providers can result in lower out-of-pocket costs. For non-BC/BS providers, insured pays charges over the maximum allowable fee.

### Deductible
None

### Co-Insurance
- Level 1 – 10%
- Level 2 – 10%
- Level 3 – 40%

### Out-of-Pocket Maximum (OPM)
- Combined OPM for Level 1 & Level 2 Services & Level 3 Blue Card participating providers: $1,700 / $3,400;
- OPM for Level 3 Services: $2,000 / $4,000;
- OPM for prescription drugs: $1,100 / $2,200

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

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

<table>
<thead>
<tr>
<th>MISCELLANEOUS</th>
<th>UIChoice</th>
</tr>
</thead>
</table>
| **Prescription Drugs** | 3 tiered co-insurance plan;  
1: Generic Drugs have 0% co-insurance;  
2: Name brand Wellmark formulary drugs have 30% co-insurance;  
3: Name-brand non-formulary drugs have 50% co-insurance |
| **Chiropractor** | Level 1: No provider  
Level 2: $20 co-payment  
Level 3: 40% co-insurance |
| **Hearing Aid** | 20% co-insurance; maximum benefit of $2,000 every 5 years |
| **Outpatient Physical Therapy/Speech/Occupational and Respiratory Therapy** | Level 1 & 2: 10% co-insurance  
Level 3: 40% co-insurance |
| **Home Health Care/Ambulance/Hospice Care** | Level 1 & 2: 10% co-insurance  
Level 3: 40% co-insurance |
| **Durable Medical Equipment** | 20% co-insurance |
| **Infertility Treatment** | Lifetime Maximum of $25,000 (does not apply towards OPM)  
Level 1: 10% co-insurance  
Level 2: 30% co-insurance  
Level 3: 40% co-insurance |
| **Imaging & Lab to Third Party Providers** | Level 1 & 2: 10% co-insurance  
Level 3: 40% co-insurance |
**DENTAL INSURANCE**  
**EFFECTIVE JANUARY 1, 2017**  
**MONTHLY PREMIUM RATES AFTER UNIVERSITY CONTRIBUTION**

<table>
<thead>
<tr>
<th>COVERAGE OPTIONS</th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$0</td>
</tr>
<tr>
<td>Employee/Spouse</td>
<td>$19</td>
</tr>
<tr>
<td>Employee/Children</td>
<td>$20</td>
</tr>
<tr>
<td>Family</td>
<td>$27</td>
</tr>
<tr>
<td>Double Spouse/Family</td>
<td>$0</td>
</tr>
</tbody>
</table>

**DIAGNOSTIC & PREVENTIVE MAINTENANCE CARE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Member)</td>
<td>None</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>0%</td>
</tr>
<tr>
<td>Benefits include</td>
<td>Routine examination and teeth cleaning</td>
</tr>
<tr>
<td>Maximum Annual Benefit (Per Member)</td>
<td>Two per year (effective 1/1/17)</td>
</tr>
</tbody>
</table>

**ROUTINE & RESTORATIVE CARE**

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

**DENTAL PROSTHESIS, ENDODONTICS & PERIODONTAL SERVICES**

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

**ORTHODONTICS**

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

**Providers**

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

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

*$2,000 includes all covered services per member. Effective January 1, 2016, the annual benefit maximum for Dental II includes a carryover feature from one calendar year to the next. If you do not use all of your $2,000 maximum, have been covered the full year, and submitted at least one claim, what remains will carryover and be added to your annual maximum in the following year up to $4,000.
TAXABLE HEALTH AND DENTAL INSURANCE
Coverage for children who are full-time students or disabled can continue as long as they continue in that status.

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

AGE 26 AND ABOVE TAXABLE MONTHLY INCOME

<table>
<thead>
<tr>
<th>Number of people covered</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Child</td>
<td>$560.50</td>
<td>$373.67</td>
<td>$280.25</td>
<td>$224.20</td>
<td>$186.83</td>
<td>$160.14</td>
<td>$140.13</td>
<td>$124.56</td>
</tr>
<tr>
<td>Family</td>
<td>$491.00</td>
<td>$368.25</td>
<td>$294.60</td>
<td>$245.50</td>
<td>$210.43</td>
<td>$184.13</td>
<td>$163.67</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

For more information and access to the group life insurance policy, please visit the University Benefits website.
EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

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

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

MAXIMUM COVERAGE LIMITS
The maximum amount of obtainable life insurance is $1,000,000.

For more information and access to the policy, please visit the University Benefits website.

SPouse/Domestic Partner/Dependent Life Insurance

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

1. Spouse/partner only in the amount of $10,000
2. Spouse/partner only in the amount of $20,000
3. Spouse/partner only in the amount of $40,000
4. Dependent only in the amount of $5,000 per child
5. Dependent only in the amount of $10,000 per child
6. Dependent only in the amount of $20,000 per child
7. Spouse/partner and Dependent in the amount of $10,000 for the spouse and $5,000 per child
8. Spouse/partner and Dependent in the amount of $20,000 for the spouse and $10,000 per child
9. Spouse/partner and Dependent in the amount of $40,000 for the spouse and $20,000 per child

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

Accidental Death and Dismemberment insurance provides coverage at all times for most accidents that occur on or off the job, at home or away, or anywhere in the world. Coverage includes loss of life and limbs. Benefits include worldwide travel assistance and a waiver of premium provision. In case of your death, benefits also include dependent children education assistance and a day care allowance.

COVERAGE

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

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

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

For more information and to access the Zurich AD&D Benefit Certificate, please visit the [University Benefits website](#).

If you are in need of a Zurich Travel Assist ID card, please visit the [Zurich’s website](#) to print your card.
LIFE INSURANCE INFORMATION

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

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

Example
Salary: $50,000
3 times life insurance selected: $150,000
Age: 46

Calculation
150,000 - 50,000 = $100,000
100,000 ÷ 1,000 = 100
100 x 1.80 = $180.00
($180.00 is added to W-2 as taxable income)

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

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

For estate planning purposes the designation of beneficiaries can be assigned to another party. Contact the University Benefits Office if you are interested in this process. The primary beneficiary for the Spouse/Dependent Life Insurance will always be the employee. The contingent beneficiary will always be the insured’s estate.

LONG TERM DISABILITY
Your disability insurance benefits are based on salary. Coverage is mandatory and is paid for by the University. Maximum benefit is $500,000 per year. The plan provides 60% of your base salary. For more information, please visit the University Benefits website.

OTHER VOLUNTARY INSURANCE PROGRAMS
As an employee of the University of Iowa, you have the opportunity to purchase optional discounted insurance products. These programs are voluntary. Employees who are paid monthly can do this through payroll deduction. Only regular employees are eligible to participate in the Vision Plan. To learn more about the programs offered, please visit the University Benefits website.
SPENDING ACCOUNTS

ANNUAL ELECTION
You may decide each year during the annual enrollment period whether or not you wish to participate in these plans. Your election will not carry forward to the next calendar year. An active election will be required annually during the open enrollment period in order to participate in the FSA programs for the upcoming year. Outside of open enrollment, FSA changes can only be made if you have a qualifying event.

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

ADVANTAGES

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

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

DISADVANTAGES
There may be some disadvantages to using these accounts:

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

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

HEALTH CARE SPENDING ACCOUNT

PARTICIPATION
A Health/Dental Care Spending Account allows you to arrange for a portion of your earnings, not to exceed $2,550.00, to be deposited into a special account that is then used to reimburse you for health/dental care expenses incurred during the calendar year. IRS regulations provide that earnings allocated to a spending account are not subject to Federal income taxes, State income taxes, or FICA taxes. If you elect to participate in this plan, you are reimbursed for these expenses with income that is not subject to these taxes.

Services must be incurred during the current year of participation. Funds that are not claimed for eligible health/dental expenses by the following April revert to the University and may not be claimed by the individual. This program is not available for use of expenses for a domestic partner or a dependent who is 26+ years old and not a tax dependent.

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

For more information regarding eligible and ineligible expenses, please visit the University Benefits Spending Account website.

TERMINATION OF EMPLOYMENT
Your salary reduction for your spending account(s) will continue on the last check that includes salary.

HEALTH CARE
1. When terminating employment, expenses must have incurred by the end of the month in which you terminate employment. You may submit claims for these expenses until April 30 of the following year. Expenses incurred after your termination date will not be reimbursable unless you continue contributions on an after-tax basis through COBRA. All funds remaining after April of the following year are forfeited to the University.
DEPENDENT CARE SPENDING ACCOUNT

PARTICIPATION
A Dependent Care Spending Account allows you to arrange for a portion of your earnings, not to exceed $5,000.00 per family, to be deposited into an account that is then used to reimburse you for dependent care expenses incurred during the year for the custodial care of children or other eligible dependents. IRS regulations provide that earnings allocated to a Spending Account are not subject to Federal income taxes, State income taxes, or FICA taxes. If you elect to participate in this plan, you are reimbursed for these expenses with income that is not subject to these taxes. Your deposit is limited by your tax filing status. If you file your Federal taxes as married filing separately, you may deposit up to a maximum of $208.33 monthly or $2,500 annually. All other tax filing statuses may deposit up to maximum of $416.66 monthly or $5,000.00 annually. The combined maximum that a couple may contribute to this account is also $5,000.00 annually.

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

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

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

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

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

TERMINATION OF EMPLOYMENT
Your salary reduction for your spending account(s) will continue on the last check that includes salary.

DEPENDENT CARE
1. All services must have occurred by December 31 of the year in which you terminate. Any funds not claimed by April 30 of the following year will be forfeited. Per IRS regulations, you can only be reimbursed up to the amount that is in the account at termination.
DOMESTIC PARTNER BENEFITS

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

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

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

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

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

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

If your domestic partner qualifies as your tax dependent, you can avoid having the premiums paid by the University of Iowa treated as taxable income. To avoid taxation, you must complete and return the attached Declaration of Domestic Partnership form. Because the determination of whether a person is a dependent for tax purposes turns on facts solely within your knowledge, the University of Iowa cannot make this determination for you. If the University of Iowa does not receive a properly completed declaration form from you, we will assume that your domestic partner does not qualify as your tax dependent. Please visit the University Benefits website to fill out the Declaration of Domestic Partnership.
CHANGING BENEFITS
You may make a change to your benefits during the year only if there is a change in status. A change in status can only be the result of a qualifying event such as:

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

If you wish to make a change due to one of the above listed events, a Benefit Change Request form must be submitted to the University Benefits Office, or you may create an event on the Employee Self Service site under Benefits within 30 days of the event. The paper Benefit Change Request form may be found on the University Benefits Office website. The change will take effect the first of the month following the event, except in the case of birth or adoption in which the effective date is the beginning of the month of the event.

UI HEALTH PLANS OFFICE
Promoting the highest quality of life in the most cost-effective way is the primary goal for UI Health Plans. The UI Health Plans team provides assistance with:

- Addressing health plan benefit questions
- Resolving health care claim concerns
- Guiding members to most appropriate network providers
- Advocating for special health care needs and support for benefit coverage

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

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

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

Your Health Plan Team:
- Julie Sexton, Health Plans Specialist: julie-sexton@uiowa.edu
- Dianne Wasson, RN MSN, Case Manager: dianne-wasson@uiowa.edu

For more information, go to the Health Plans Office website or you may contact us by phone at (319) 356-8442 or (800) 356-8442. For after business hours and you should have medical questions or support that is needed immediately, please call the 24-hour Health Access line at 877-777-8442 or 319-384-8442 to speak with a nurse or on-call physicians.
TIME OFF BENEFITS

VACATION

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

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

Accrual Rates - Including Personal Holidays Effective January 1, 1995

Faculty and Professional - Scientific (Except those covered by SEIU contract)

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Annual Accrual</th>
<th>Monthly Accrual</th>
<th>Maximum Accrual*</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-month employee</td>
<td>192 hrs.</td>
<td>16.00 hrs.</td>
<td>384 hrs.</td>
</tr>
<tr>
<td>(24 days)</td>
<td>(2 days)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Merit Exempt and Confidential

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Annual Accrual</th>
<th>Monthly Accrual</th>
<th>Maximum Accrual*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4</td>
<td>96 hrs.</td>
<td>8.00 hrs.</td>
<td>192 hrs.</td>
</tr>
<tr>
<td>5 - 11</td>
<td>136 hrs.</td>
<td>11.333 hrs.</td>
<td>272 hrs.</td>
</tr>
<tr>
<td>20 – 24</td>
<td>192 hrs.</td>
<td>16.00 hrs.</td>
<td>384 hrs.</td>
</tr>
<tr>
<td>25 &amp; after</td>
<td>216 hrs.</td>
<td>18.00 hrs.</td>
<td>432 hrs.</td>
</tr>
</tbody>
</table>

*See section entitled "Sick Leave Transfer to Vacation" for adjustment of maximum allowable accruals.

Professional - Scientific, hired on or after July 1, 1999, covered by SEIU contract.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Annual Accrual</th>
<th>Monthly Accrual</th>
<th>Maximum Accrual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 3</td>
<td>120 hrs.</td>
<td>10.0 hrs.</td>
<td>240 hrs.</td>
</tr>
<tr>
<td>More than 3, up to 6</td>
<td>160 hrs.</td>
<td>13.333 hrs.</td>
<td>320 hrs.</td>
</tr>
<tr>
<td>More than 6</td>
<td>192 hrs.</td>
<td>16.0 hrs.</td>
<td>384 hrs.</td>
</tr>
</tbody>
</table>

- 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.

Maximum Accrual

- Vacation accrues on a monthly basis but as of the end of any one-month may not exceed twice the current annual rate of accrual.
- When an employee transfers from full-time employment to part-time employment any excess of current accumulation over that allowable on the part-time basis will be "banked" until the staff member's current balance is returned to zero or the staff member returns to full-time employment.

Usage

- Although vacation accrues during the first month of employment no usage is permitted until after one month of service.
- Usage is not permitted in excess of currently accumulated total vacation credits.
- Holidays falling within the period of a paid vacation are paid as Holidays and are not charged to the staff member's vacation accumulation. This does not apply to the payment of accumulated vacation upon termination.
- Vacation accrues during any period of service in pay status.
- Increments of accrued vacation leave are available for use on the first day of the month following the month earned. Employees transferring employment within the University during a given month will transfer all leave accrued to date of the transfer.

**SICK LEAVE**

**General**

All full and part-time faculty and staff members are entitled to a leave of absence because of a medically related disability at their normal rate of pay to the extent that the individual has accumulated sick leave credits to cover the period of absence.

The following types of appointments do **not** accrue sick leave credits:

- Faculty and staff members hired on a temporary, on call, provisional, project appointment 4 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.

**Accrual Rates**

- All full-time eligible faculty and staff members accrue sick leave at the rate of 144 hours or 18 days per year. The monthly accrual rate is 12 hours or 1-1/2 days.
- Part-time faculty and staff members accrue sick leave at their fractional equivalent of full-time employment.
- A partial month's accrual is computed on the basis of the number of working days in the month.
- No sick leave accrues for less than one day of service.
- All eligible full-time faculty holding academic year appointments accrue sick leave at the rate of 15 days per academic year.
- Sick leave credits **do** accrue during a period of absence for which a staff member is paid sick leave.
- Sick leave credits **do not** accrue during terminal vacation, nor is sick leave allowed during terminal vacation.

**Maximum accrual**

The amount of sick leave credits that may be accumulated is unlimited.

**Usage**

- Sick leave credits are used at the rate of one hour for each hour of absence.
- Holidays falling during a period of absence due to a medically related disability are paid as holidays and are not charged to the staff member's sick leave accumulation.
- If a staff member becomes ill while on his/her vacation, the staff member may use sick leave for those days the staff member is under the care of a physician. (Requires satisfactory documentation of such care).
- The maximum usage per year of family caregiving leave includes the current calendar year allowance of up to five days of sick leave (40 hours of sick leave based on full-time employment, pro-rated for part-time), as well as any unused allowance from the previous calendar year, up to 80 hours in total (pro-rated for part-time) for the care of and necessary
attention to ill or injured members of the employee's immediate family. Carryover of the unused allowance from the previous year applies to employees covered by a collective bargaining agreement only if the benefit has been negotiated and is contained in the agreement.

Accrued sick leave is to be used for family caregiving leave. Appropriate verification of the status of the ill or injured person may be requested.

In the event that the faculty or staff member does not have accrued sick leave, family caregiving leave is not available. However, the department or unit is encouraged to permit the faculty or staff member to use vacation or leave without pay to respond to family-related responsibilities.

- Where funeral leave is authorized by current policy, accumulated sick leave may be used not to exceed 3 days for each occurrence.
- Accumulated sick leave used to serve as a pallbearer may not exceed 1 day for each occurrence.
- The use of sick leave is not permitted in excess of currently accumulated sick leave credits.
- Although sick leave accrues during the first month of employment no usage is permitted until after one month of service.
- Increments of accrued sick leave are available for use on the first day of the month following the month earned. Employees transferring employment within the University during a given month will transfer all leave accrued to date of the transfer.

**SICK LEAVE TRANSFER TO VACATION**

- All eligible employees who do not use sick leave for a full calendar month may elect to add up to one-half day (4 hours) of vacation to their accrued vacation account in lieu of adding up to one and one-half days (12 hours) to their accrued sick leave account. Part-time employees shall be prorated to the accrual rate for full-time employees.

- Eligible employees are those permanent full-time and permanent part-time employees who are not faculty members with nine-month appointments, who are otherwise eligible for accrued vacation and sick leave benefits, and who have accumulated a minimum of thirty days (240 hours) in their sick leave account.

- Employees who elect to convert unused sick leave to vacation will not accumulate more than twice the possible annual amount of converted vacation, or twelve days (96 hours), but will be allowed to accumulate that amount in addition to twice their annual vacation entitlement.

- To elect additional vacation leave in lieu of sick leave, employees must notify their supervisor by the tenth of the month following the calendar month in which there has been no sick leave usage.

- Employees may also make a one-time election (in writing) to automatically convert sick leave to vacation leave each month they are eligible. The election will remain in effect until the employees notify their employer (in writing) to terminate the original election.

- Any use of sick leave, including use for doctor's appointments, funeral leave, etc., makes an employee ineligible to make the conversion for the month in which the use occurs.

If use of sick leave reduces an eligible employee's sick leave account below 240 hours, the account will have to be built up to 240 hours before eligibility for vacation conversion under this program is restored.
FMLA
The University has instituted employment leave policies to support employees when personal or family health concerns require a work absence. Leave practices similar to the Family Medical Leave Act (FMLA) and FMLA are implemented concurrently. When a work absence is necessary for any reason, employees are to request leave from their supervisors or other designated management staff. Leave required for personal or family health concerns are to be evaluated by the employing department. The employing department is responsible to designate qualifying leave as FMLA.

What is FMLA?
FMLA is a federal law passed in 1993 that provides eligible employees with up to twelve (12) weeks of leave each calendar year for events of:

- The birth and first year care of the employee’s child;
- The adoption or foster placement of a child in the employee’s home;
- The care of a spouse, child, or parent with a serious health condition; and/or
- The employee’s own serious medical condition.

In 2008 Congress additionally passed legislation to provide eligible employees with FMLA military related leave.

- Military caregiver leave allows a qualified employee leave to care for a covered service member with a serious injury or illness. Leave may extend up to twenty-six (26) weeks within a twelve (12) month period.
- Qualifying Exigency Leave allows up to twelve (12) weeks of leave to qualifying employees when a family member is called to active duty or is currently serving in active duty in support of a contingency operation. No illness or injury is required under the Exigency Leave provision.

Employee Eligibility
To be eligible for FMLA, an employee must meet two eligibility criteria of having:

1. Worked for the University a total of twelve (12) months. The 12 months does not need to be consecutive. Separate periods of employment will count except for periods of employment prior to a 7 year break in service; and
2. Worked at least 1250 actual hours in the twelve (12) month immediately preceding the leave event (approximately seven and one-half (7.5) months of full time work without absence).

Leave Event Eligibility
- Birth, adoption or foster placement of a child in the employee's home: FMLA leave is available for prenatal care and pregnancy related concerns, pre adoption and foster placement activities. Leave is also granted for bonding purposes to either parent or both within the twelve (12) month period after the birth, adoption or foster placement. When both parents are employed by the University, FMLA leave for a birth or placement of a child is twelve (12) weeks for the two employees combined. The twelve (12) weeks available for bonding purposes is drawn from the parent(s) calendar year twelve (12) week FMLA allotment.
- Care of a child, spouse or parent with a serious/chronic health condition. Care may include assisting a family member in the provision of physical care required by the medical condition or simply comforting the ill family member.
- The employee’s own serious/chronic illness, injury, impairment, or physical or mental condition.
- Military Exigency Leave and Military Caregiver Leave as described above.

For more information, please see the Operations Manual Part III. Division IV. Chapter 22.7
WORK RELATED INJURIES AND ILLNESSES

The University of Iowa is committed to provide a safe work environment for faculty and staff. To provide coordinated and timely care, all faculty and staff who experience a work related injury or illness must be treated initially at the following clinic:

**UI HealthWorks, 3 Lions Drive, North Liberty, IA**
**Hours:** Monday – Friday 8:00 a.m.– 5:00 p.m.;
**Phone:** 665-2111

The above clinic will coordinate care and will refer you to the appropriate specialist(s) for additional treatments if needed.

For work-related injuries and illnesses needing emergency care, or when UI HealthWorks is closed, use the UIHC Emergency Treatment Center. Inform the Emergency Center staff that you are requesting treatment due to workplace injuries so that care can be coordinated with the appropriate clinic. Emergencies are considered to be the sudden, serious, and unexpected onset of symptoms that require immediate medical care.

Use of the UI HealthWorks Clinic or the Emergency Treatment Center at the University of Iowa Hospitals and Clinics will meet the needs of faculty and staff who live and work in the Iowa City area. We realize that there are a number of University employees that live and work in other areas of the state. If you are located out of the Iowa City area, or are traveling on University business, there are other centers, which may be used if there is an injury or illness due to a work-related incident. The following are a few of the currently available providers outside of the Iowa City area.

For a complete list, visit the [University Benefits website](#).

### Cedar Rapids
St. Luke’s Work Well Clinic
830 First Ave. NE
Cedar Rapids, IA  52402
(319) 369-7173

### Des Moines Area
Concentra Medical Center
(East)
2100 Dixon Street, Suite E
Des Moines, IA  50316
(515) 265-1020
or
Concentra Medical Center
(West)
11144 Aurora Avenue
Urbandale, IA  50322
(515) 278-6868

In situations with a serious injury and emergency treatment is needed, care should be obtained at the nearest medical facility. Participating facilities in the University of Iowa's program should be used, if possible. If a participating facility is not readily available, care may be received from any provider in the area.

If you have any questions concerning the information provided above, please feel free to contact the University Benefits Office directly at (319) 335-2679 or (319) 353-2375.

For additional information on work related injuries and illnesses, please visit the [University Benefits website](#).
PAYROLL

PAYROLL CALENDARS
Staff who are employed on a monthly basis are paid on the first business day of each month. When pay day falls on a weekend or holiday, paychecks are issued on the first business day after the first of the month. All changes, including direct deposit and W-4 forms, need to be submitted by five working days from the end of the month. Visit the Payroll website for more information on payroll dates and cut-offs.

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 November salary and overtime adjustments from October, if applicable and December benefits.

Most appointments are considered fiscal which means they are paid in twelve equal installments. The University of Iowa’s fiscal calendar begins on July 1 and ends on June 30. The corresponding paycheck dates are August 1 through July 1. Academic year appointments (limited to faculty) are paid in twelve equal installments, August 1 through July 1. For the first year, new faculty are paid two-twelfths on September 1. One semester appointments are paid in five equal installments. First semester appointments are paid September 1 through January 1. Second semester appointments are paid February 1 through June 1.

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. Completion of the Iowa W-4 can be done directly on Employee Self Service, except when you are claiming EXEMPT or claiming a large number of allowances then you must complete the paper form. For more information and access to these forms, you can visit the Payroll website or log onto your Employee Self Service site.

W-2
The University of Iowa gives you the option of receiving your year-end tax statement electronically through Employee Self Service. You may receive your annual W-2 statement electronically by selecting Stop Paper Mailings and then selecting Stop Delivery through the Employee Self Service site. The electronic version is available approximately one to two weeks before the paper copy W-2 forms are received. You may print the electronic version from the Employee Self Service site.

NONRESIDENT ALIEN INFORMATION
All foreign nationals will be asked to complete the FNIS (Foreign National Information System) questionnaire. This questionnaire enables Payroll to determine tax withholding status. A message will be displayed when the foreign national first logs onto the Self Service Center.

DIRECT DEPOSIT
Direct deposit for your pay can be set up on Employee Self Service. If you are at an off campus location, you will need to have the Duo Two-Step Verification in place to access this information. Payroll will not accept emailed or faxed direct deposit forms. If you need to complete a paper direct deposit form, please contact Payroll Services.

The Payroll Office is located at 120-30 University Services Building. Our office hours are Monday through Friday from 8:00 am to 5:00 pm.

You can contact Payroll through email at payroll-web@uiowa.edu by phone at 319-335-2381 or visit us at the University Payroll website.
RETIREMENT PLAN

INFORMATION ON PROGRAMS
In addition to Federal Social Security, 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 (TIAA).

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. For further information on the IPERS program, please refer to their website or contact IPERS directly at (800) 622-3849.

If you participate in IPERS, you must complete an IPERS Enrollment/Beneficiary Designation Form to designate a beneficiary for these funds in case of your death before retirement. This form can be downloaded on the IPERS website or found in your Benefits Orientation packet.

UNIVERSITY FUNDED RETIREMENT PLAN
The TIAA retirement plan is a Defined Contribution Plan. Retirement is contingent upon your individual elected investment returns. For further information on the TIAA program, please refer to their website 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.

If you elect to participate in TIAA, you should complete a TIAA beneficiary designation online at the TIAA website. At this site, you can learn about the investment options available and allocate your retirement funds between any of the multiple investment options. 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 more information and to access a side by side comparison of both plans, please visit the University Benefits website.
ADDITIONAL IMPORTANT RESOURCES

THE BENEFITS EDUCATION CENTER
The Benefits Education Center has all of the information from orientation with additional information on getting the most from your benefits package.

EMPLOYEE RESOURCES
Learn about the many resources available to you as a valuable employee of the University of Iowa on the Staff Resource website.

UNIVERSITY ID CARD CHARGING AND BILLING INFORMATION

Charging Privileges
- All University of Iowa employees in non-student job classification, including those working within the UIHC, will receive charging privileges if they opt-in to payroll deduction of miscellaneous charges, using the Charging and Payroll Deduction link in the Payroll section of Employee Self Service.
- Any employee who does not use this application to elect to charge and have those and other miscellaneous charges payroll deducted will not be given charging privileges, and will be automatically “opted-out” of this service.
- Please review additional information regarding this policy and the timing of deductions on the id card website.
- Call the Iowa One® Card Center, 335-2716, or e-mail iowaone@uiowa.edu, with questions about using your Iowa One® Card.

Billing Information
- U-Bills are generated electronically on the 1st of each month and employees receive an e-mail notification when your U-Bill is ready to view.
- U-Bills must be accessed online through Employee Self Service.
- The U-Bill will show the detail of your charges for the previous month as well as the anticipated payroll deductions amounts if applicable.
- If you opt-in for payroll deduction. Charges using your Iowa One Card® or UIHC ID badge and other miscellaneous charges will be automatically deducted from your paycheck.
- If you do not opt-in for payroll deduction of miscellaneous charges and you receive a U-Bill for parking tickets or library fines, you will need to make a payment as these will not be automatically payroll deducted.
- Call University Billing, 335-0071, or e-mail ubill@uiowa.edu, with questions about your U-Bill or payroll deduction of U-Bill charges.
BENEFIT PROVIDERS CONTACT INFORMATION:
Visit the University Benefits website for more information.

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<tr>
<th>Provider</th>
<th>Web Site</th>
<th>Phone Number</th>
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<tr>
<td>Wellmark</td>
<td>Wellmark website</td>
<td>800-643-9724</td>
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<tr>
<td>Delta Dental</td>
<td>Delta Dental website</td>
<td>800-544-0718</td>
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<tr>
<td>TIAA</td>
<td>TIAA website</td>
<td>800-842-2273</td>
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<td>(Coralville Office location)</td>
<td>319-356-8000 / 866-842-2977</td>
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<td>IPERS</td>
<td>IPERS website</td>
<td>800-622-3849</td>
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<td>Principal Financial Group</td>
<td>Principal website</td>
<td>800-245-1522</td>
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<td>John Hancock</td>
<td>John Hancock website</td>
<td>888-999-2072</td>
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<tr>
<td>Genworth</td>
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<td>800-416-3624</td>
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<tr>
<td>Genworth</td>
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<td>800-416-3624</td>
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<td>Zurich Insurance</td>
<td>Zurich website</td>
<td>800-382-2150</td>
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<tr>
<td>Medicare</td>
<td>Medicare</td>
<td>800-633-4227</td>
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<tr>
<td>Social Security Office</td>
<td>Social Security website</td>
<td>866-964-2039 (IC Office)</td>
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UI EMPLOYEE DISCOUNT PROGRAM
This website contains links to other websites as a convenience for the University of Iowa users. The University of Iowa does not control, monitor or guarantee the information contained in these sites or information contained in links to other external web sites, and does not endorse any views expressed or products or services offered therein. Many/most of these services require proof of current University of Iowa employee identification. These discounts may be discontinued at any time by the providers/vendors without notice. For more information and to visit the current discounts provided, please visit the University Benefits website.
LEGAL NOTICES

COBRA

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

**CONTINUATION COVERAGE RIGHTS UNDER COBRA**

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 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*.

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.”

*Excluding Merit employee domestic partners
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).

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 http://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 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
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).
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 of tax credit that lowers 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.¹

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.

¹ 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.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
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<tbody>
<tr>
<td>THE STATE UNIVERSITY OF IOWA</td>
<td>42-6004813</td>
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<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
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<tr>
<td>120 UNIVERSITY SERVICES BUILDING</td>
<td>319-335-2676</td>
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<th>7. City</th>
<th>8. State</th>
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<tr>
<td>IOWA CITY</td>
<td>IA</td>
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<th>9. ZIP code</th>
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<td>52242-1911</td>
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<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
<th>11. Phone number (if different above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY OF IOWA BENEFITS OFFICE</td>
<td></td>
<td><a href="mailto:BENEFITS@UIOWA.EDU">BENEFITS@UIOWA.EDU</a></td>
</tr>
</tbody>
</table>

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](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.