MEMORANDUM

TO: Selected Graduate Students and Fellows

FROM: Richard G. Saunders, Assistant Vice President for Human Resources

SUBJECT: Health and Dental Insurance Coverage

Graduate students at the University of Iowa who also hold a University appointment of at least 25% time, or a fellowship of at least $9,500 per year, and are registered for classes, are eligible to receive a contribution from the University toward the cost of health and dental insurance coverage. The University contribution will begin the first day of the month following your appointment and the completion of the insurance application.

Enclosed is information describing the current plans available to you, along with a rate sheet showing the costs of each program. In order to receive the University contribution and pay the reduced rate for your health and dental insurance coverage, your signed and completed application must be returned to the University Benefits Office by the appropriate enrollment deadline.

If you have questions concerning any of the insurance plans, you may visit the University Benefits Office at 120 University Services Building, or call 335-2676. The University Benefits Office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Extensive information is also available at the University Benefits website here.

Once you have enrolled in a plan, you will be sent a membership card to present to care providers. The card includes phone numbers to call if you have questions or require pre-certification for certain procedures.

The rates and terms of coverage described in this booklet are effective beginning January 1, 2015 through August 31, 2015.

If you are currently enrolled in one of these plans as an employed Graduate Student or Fellow, you do not have to complete an application unless you want to add or drop a dependent or change your plan.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEMORANDUM</td>
<td>2</td>
</tr>
<tr>
<td>HEALTH &amp; DENTAL MONTHLY INSURANCE RATES</td>
<td>5</td>
</tr>
<tr>
<td>HEALTH INSURANCE PLANS</td>
<td>6</td>
</tr>
<tr>
<td>ELIGIBILITY</td>
<td>6</td>
</tr>
<tr>
<td>IDENTIFICATION CARDS AND COVERAGE MANUAL</td>
<td>6</td>
</tr>
<tr>
<td>ENROLLMENT, BILLING, AND COST</td>
<td>6</td>
</tr>
<tr>
<td>OPEN ENROLLMENT</td>
<td>6</td>
</tr>
<tr>
<td>CANCELLATIONS</td>
<td>7</td>
</tr>
<tr>
<td>DURATION OF COVERAGE</td>
<td>7</td>
</tr>
<tr>
<td>PRIVACY NOTICE AND RELEASE FORM</td>
<td>7</td>
</tr>
<tr>
<td>HEALTH INSURANCE PLANS</td>
<td>7</td>
</tr>
<tr>
<td>COVERAGE TERMINOLOGY</td>
<td>8</td>
</tr>
<tr>
<td>BENEFIT SUMMARY</td>
<td>8</td>
</tr>
<tr>
<td>SHIP</td>
<td>9</td>
</tr>
<tr>
<td>HOW AN INDIVIDUAL USES THE SHIP PLAN</td>
<td>9</td>
</tr>
<tr>
<td>OUT-OF-POCKET MAXIMUM (OPM) EXPENSES</td>
<td>9</td>
</tr>
<tr>
<td>BLUE CROSS &amp; BLUE SHIELD CARE PROVIDERS</td>
<td>9</td>
</tr>
<tr>
<td>HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA</td>
<td>10</td>
</tr>
<tr>
<td>MEDICAL EVACUATION BENEFIT</td>
<td>10</td>
</tr>
<tr>
<td>REPATRIATION BENEFIT</td>
<td>10</td>
</tr>
<tr>
<td>PRESCRIPTION DRUGS (3-TIER PLAN)</td>
<td>10</td>
</tr>
<tr>
<td>UIGRADCare PLAN</td>
<td>11</td>
</tr>
<tr>
<td>HOW AN INDIVIDUAL USES THE UIGRADCare PLAN</td>
<td>11</td>
</tr>
<tr>
<td>HOW MUCH AN INDIVIDUAL PAYS FOR HEALTH CARE SERVICES</td>
<td>11</td>
</tr>
<tr>
<td>OUT-OF-POCKET MAXIMUM (OPM) EXPENSES FOR INDIVIDUALS &amp; FAMILIES</td>
<td>12</td>
</tr>
<tr>
<td>COVERAGE FOR PRESCRIPTION DRUGS</td>
<td>12</td>
</tr>
<tr>
<td>COVERAGE FOR MENTAL HEALTH &amp; CHEMICAL DEPENDENCY SERVICES</td>
<td>12</td>
</tr>
<tr>
<td>CARE PROVIDERS AT UNIVERSITY OF IOWA HOSPITALS AND CLINICS</td>
<td>12</td>
</tr>
<tr>
<td>HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA CITY</td>
<td>12</td>
</tr>
<tr>
<td>MEDICAL EVACUATION BENEFIT</td>
<td>13</td>
</tr>
<tr>
<td>REPATRIATION BENEFIT</td>
<td>13</td>
</tr>
<tr>
<td>UIGRADCare CLINICS AND LOCATIONS</td>
<td>14</td>
</tr>
<tr>
<td>UNIVERSITY STUDENTS</td>
<td>14</td>
</tr>
<tr>
<td>UNIVERSITY STUDENTS, SPOUSES AND DEPENDENTS</td>
<td>14</td>
</tr>
</tbody>
</table>
HEALTH INSURANCE OPTIONS ................................................................................................................................... 15
DENTAL INSURANCE OPTIONS ................................................................................................................................... 17
    ENROLLMENT ............................................................................................................................................................... 17
HOW AN INDIVIDUAL USES THE DENTAL INSURANCE PLAN .................................................................................. 17
HOW MUCH AN INDIVIDUAL PAYS FOR DENTAL SERVICES ..................................................................................... 17
VISION DISCOUNT PROGRAM ....................................................................................................................................... 17
GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS ...................................................................... 18
AND NOTICE OF PRIVACY PRACTICES ........................................................................................................................ 18
    Introduction ...................................................................................................................................................................... 18
    What is COBRA Continuation Coverage? .................................................................................................................. 18
    When is COBRA Coverage Available? ....................................................................................................................... 19
    You Must Give Notice of Some Qualifying Events ................................................................................................ 19
    How is COBRA Coverage Provided? ......................................................................................................................... 19
    Are there other coverage options besides COBRA Continuation Coverage? .......................................................... 20
    If You Have Questions ................................................................................................................................................ 20
    Keep Your Plan Informed of Address Changes ........................................................................................................ 20
    Health Insurance Portability and Accountability Act (HIPAA) .................................................................................. 20
ENROLLMENT FORM .......................................................................................................................................................... 21
EMPLOYED GRADUATE STUDENT ENROLLMENT FORM .......................................................................................... 22
    University Benefits Office .............................................................................................................................................. 23
    Personal Health Information Release Form ................................................................................................................. 23
AFFIDAVIT OF DOMESTIC PARTNERSHIP .................................................................................................................... 24
WHO TO CONTACT ............................................................................................................................................................ 26
### GRADUATE APPOINTMENTS
#### HEALTH & DENTAL MONTHLY INSURANCE RATES

<table>
<thead>
<tr>
<th>PLAN</th>
<th>GRADUATE STUDENT</th>
<th>GRADUATE STUDENT+SPOUSE</th>
<th>GRADUATE STUDENT+CHILDREN</th>
<th>GRADUATE STUDENT+FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHIP</td>
<td>$13.50</td>
<td>$139.20</td>
<td>$240.00</td>
<td>$448.50</td>
</tr>
<tr>
<td>UIGRADCare</td>
<td>$24.70</td>
<td>$159.90</td>
<td>$422.70</td>
<td>$312.30</td>
</tr>
<tr>
<td>Dental</td>
<td>$3.75</td>
<td>$12.30</td>
<td>$14.70</td>
<td>$19.20</td>
</tr>
</tbody>
</table>

- Rates shown are **AFTER** the University of Iowa contribution has been applied.
- Rates for the SHIP and UIGRADCare plans are valid from September 1, 2014 until August 31, 2015.
- If both the student and spouse have eligible appointments, indicate this on the application and the above rates will not apply.

For annual enrollments, the premium shown above will be deducted from your paycheck in equal installments beginning September 1. For any other enrollment period, the premium shown above will be deducted from the effective date.

- Students with **ACADEMIC YEAR** appointments will have **THREE** premiums deducted from the June 1 paycheck to cover the months of June, July, and August.
- If you do not want coverage for the summer, **you should contact your department prior to May 1 stating the date that your coverage should end.**
- Students with appointments other than academic year appointments will have continuous coverage until the end of the month in which their appointment terminates.

The effective date of the reduced premiums shown above will be the first of the month following your appointment **AND** the completion of the appropriate application. If applications are completed prior to September 5, 2014 for fall semester; January 30, 2015 for spring semester, rates will be retroactive to the first day of the respective month. Applications received after those dates will take effect the first day of the following month.
ELIGIBILITY
SHIP and UIGRADCare are available to Graduate, Health Science and Professional students who are registered for University of Iowa courses at the time coverage begins and who continue to be registered. Students registered for Guided Independent Study courses only are not eligible to participate.

Adding Dependents:
• If a student acquires eligible dependents while insured by this plan, they may only be added within 30 days (60 days for birth, adoption, or loss of Medicaid or SCHIP coverage) after becoming eligible or during an open enrollment period.
• Eligible dependents are spouse or same-sex or opposite sex domestic partner; and dependent children, adopted children, stepchildren, and foster children up to the end of calendar year in which they turn 26. Students wishing to insure a domestic partner must complete the Affidavit for Domestic partnership available in the University Benefits Office or on the web here.
• Children over the age of 26 may continue to be covered if they are full-time students.

IDENTIFICATION CARDS AND COVERAGE MANUAL
Insured students will receive identification (ID) cards 10-15 business days after their application has been processed. A Coverage Manual detailing complete information on benefits, terms and exclusions is available on the University Benefits Office website here or a printed copy may be obtained by contacting the University Benefits Office. A list of providers may be accessed at the University Benefits website here.

ENROLLMENT, BILLING, AND COST
To enroll, simply detach the enrollment form in this brochure, complete it and return it to the University Benefits Office, 120 University Services Building, Iowa City, IA 52242-1911 during the appropriate enrollment period. Students may enroll in Health and/or Dental during an Open Enrollment period or anytime during the year. An enrollment form is included in this booklet. Premiums will be deducted from your monthly paycheck. For students with academic year appointments, three premiums will be deducted from the June 1 paycheck to cover the months of June, July, and August. To elect not to have summer coverage, you must submit a written notice prior to May 15 stating the date your coverage should end.

Students may only make changes to these plans during the above open enrollment periods, unless there is a significant change in family status or eligibility for coverage under another insurance plan. A change in status can be the result of any of the following events:

• Marriage or divorce/domestic partner affidavit
• Death of a spouse or child
• Birth or adoption of a child
• Change of employment for yourself or spouse

OPEN ENROLLMENT
FALL: August 1 to September 5, 2014
SPRING: January 1 to January 30, 2015
SUMMER: May 1 to June 6, 2015
CANCELLATIONS

Coverage can only be terminated during open enrollment or due to a change in family status by providing a written request to the University Benefits Office. Coverage will terminate at the end of the month in which the request is received. The termination cannot be retroactive. There will be no refund of premiums already charged. International and health science students may not terminate coverage unless they provide proof of other insurance meeting University requirements.

DURATION OF COVERAGE

- Students with appointments other than academic year appointments will have continuous coverage until the end of the month in which their appointment terminates.
- Students with academic year appointments will have coverage through August 31 if their appointment terminates.
- Coverage will terminate at the end of the month in which a student ceases to be registered for classes.

PRIVACY NOTICE AND RELEASE FORM

Changes in federal law require individuals to sign a release before any information can be released regarding their health benefit information. No information will be given to a spouse/domestic partner, parent, child or other representative unless the release is on file in the University Benefits Office. If you wish health information released to anyone, complete the Personal Health Information Release Form at the end of this brochure or using the forms link via the web here.

HEALTH INSURANCE PLANS

The University of Iowa offers Graduate students and Health Science and Professional students two health insurance plans. Both plans are administered by Wellmark Blue Cross and Blue Shield of Iowa.

1. The Student Health Insurance Plan (SHIP) is a Blue Cross & Blue Shield Classic Blue plan. Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities called Classic Blue Providers.
   - Coverage includes hospitalization, surgery, maternity, well-baby/well-child care (to age seven), emergency care for accidents or illness, medically-necessary physician care and prescription drugs.
   - Students are urged to take advantage of the University of Iowa Student Health & Wellness when they need health care. SHIP may be used to help pay for laboratory and imaging services incurred at Student Health Service up to the limits of the plan.

2. UIGRADCare is a comprehensive health care program. Under this plan health care is provided by primary care physicians from the University of Iowa Student Health & Wellness, primary care providers at University of Iowa Hospitals and Clinics, or Community Medical Service Clinics. A woman may also select a UIHC obstetrician/gynecologist as her co-care manager.

Coverage includes hospital, medical, surgical, outpatient, and other health care services such as physical therapy. In addition routine physicals, newborn care (including immunizations, scheduled visits, etc.), well-child checkups, prescription drugs, and mental health/chemical dependency are covered.
COVERAGE TERMINOLOGY

Per-Service Co-payment: A per-service co-payment is an amount that you pay to your provider each time you receive care. Your cost will generally be less when you use a Blue Cross & Blue Shield Classic Blue facility or practitioner.

Deductibles: A deductible is the amount you pay for covered services for each separate admission to a hospital or nursing facility.

Co-insurance: Co-insurance is the amount calculated, using a fixed percentage, that you pay for covered services. Your cost will generally be less when you use a Blue Cross & Blue Shield Classic Blue facility or practitioner.

Out-of-Pocket Maximum (OPM): The OPM is the highest dollar amount you would pay for covered services. Your OPM equals your per-service deductible plus the co-insurance amounts that are paid.

Medical Necessity Provision: Only your medical condition is considered in determining the medical necessity of a covered service. Non-medical factors, such as your financial or family situation, are not considered.

The fact that a physician may prescribe or recommend a service does not mean it will automatically meet the standards for medical necessity. **You should discuss the medical necessity of services with Wellmark (1-800-535-6099 for SHIP or 1-800-355-2031 for UI GradCare) before treatment or services are performed.**

Pre-certification: (Non-Emergency Admission) Before you are admitted to a hospital or nursing facility for a non-emergency procedure, or before you use home health care or hospice program services, you must contact Wellmark Blue Cross and Blue Shield of Iowa and receive pre-certification to determine if your care is medically necessary.

Admission Review: (Emergency and Maternity Admissions) If you are admitted, on an inpatient basis, to the hospital for emergency or maternity services, your admission does not need to be pre-certified to receive the maximum benefits. However, Wellmark Blue Cross and Blue Shield of Iowa must be notified by you or your provider within 24 hours of your admission. The toll-free telephone number is printed towards the back of this brochure and on your identification card (ID).

If you or your provider does not notify Wellmark as required, you may have to pay as much as 25% of the cost of your care yourself in addition to the deductible and co-insurance amounts you are required to pay. You will be responsible for care that is determined not to be medically necessary.

BENEFIT SUMMARY

More detailed information is provided in the Coverage Manual, available on line at the Benefits website [here](#) or by contacting the University Benefits Office. The benefit summary in this brochure provides a brief description of the important features of your Coverage Manual. This brochure is not your Coverage Manual. Only the actual benefit provisions in your Coverage Manual will determine your benefits. Please read your Coverage Manual carefully.
SHIP is a Blue Cross & Blue Shield Classic Blue Plan, which provides coverage for hospitalization, surgery, maternity, preventive care, emergency care for accident or illness, medically-necessary physician care, prescription drugs, and mental health.

HOW AN INDIVIDUAL USES THE SHIP PLAN

Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities called Classic Blue Providers who have agreed to join with Blue Cross and Blue Shield of Iowa to offer each student affordable health care. Students may also purchase coverage for their spouse or domestic partner and/or dependent children.

The SHIP plan is designed to work in conjunction with Student Health & Wellness. Students are encouraged to take advantage of the University of Iowa Student Health & Wellness when they need health care in order to maximize their benefits. Unlimited office visits at the Student Health & Wellness for general medicine services, surgery, allergy treatment, sexually transmitted diseases, mental health services, and the Health Iowa Education Program are covered by a mandatory health service fee, which is included in tuition charges if a student is enrolled for five (5) or more semester hours of classes. Students who are enrolled for less than five (5) semester hours may choose to pay the health fee and obtain these same benefits. Contact Student Health & Wellness for additional information.

Laboratory and imaging services are available at Student Health & Wellness. Any charges incurred for such services are the responsibility of the student. SHIP may be used to pay for these services up to the payment limits of the plan.

Students may also purchase coverage for their spouse or domestic partner and/or dependent children. Family members are not eligible to use the University of Iowa Student Health & Wellness. To receive the greatest benefits from SHIP, dependents are advised to use the physicians from the Blue Cross & Blue Shield Classic Blue Provider list, which can be accessed at either our website here or on Wellmark’s website here.

OUT-OF-POCKET MAXIMUM (OPM) EXPENSES

SHIP provides an OPM of $1,700 for Single and $3,400 for Family. There is also a separate OPM of $1,000 for Single and $2,000 for Family for prescription drugs. The OPM equals the per-service deductible plus the co-insurance and co-payment amounts. The OPM refers to the maximum amount you will pay for most covered services during a calendar year.

When the amount paid by the insured equals the OPM, the plan pays 100% of the maximum allowable fee for covered charges incurred during the remainder of the calendar year. The maximum allowable fee is the amount established by Wellmark using various methodologies for covered services and supplies.

BLUE CROSS & BLUE SHIELD CARE PROVIDERS

A directory of providers can be accessed on the University Benefits website here, on Wellmark Blue Cross and Blue Shield’s website here, or by contacting the University Benefits Office directly.
HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA
SHIP provides coverage worldwide. Choosing a Blue Cross & Blue Shield Classic Blue provider can be an advantage when receiving treatment.

The insured is responsible for telephoning the Blue Cross and Blue Shield of Iowa toll-free number before being admitted to a hospital for non-emergency care and within 24 hours of emergency and maternity admissions.

MEDICAL EVACUATION BENEFIT
Medical evacuation services will be covered in the event of illness or injury to students and covered family members if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs.

Medical evacuation benefits cover expenses to the nearest appropriate medical facility and/or to the student’s home country. Pre-certification of medical evacuation services is required.

REPATRIATION BENEFIT
A repatriation benefit applies to the student, spouse/domestic partner, or child covered under the policy. This must be applied toward those expenses incurred in returning the body to the person’s place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.

PRESCRIPTION DRUGS (3-TIER PLAN)
Preferred name brand drugs are drugs that are on Wellmark’s preferred list available on the website here.

If you purchase a brand name drug when an FDA-approved “A” –rated generic equivalent is available, you are responsible for your co-insurance, plus any difference between the billed charge for the brand name drug and the billed charge for the generic. This can result in you paying substantially higher costs than if you had chosen the generic drug.

If your physician feels it is important for you to have the brand name drug, they can write the prescription for the brand name drug with the direction “Dispense as written” on the prescription. In this situation you will not be responsible for the difference between the billed charge for the brand name drug and the billed charge for the generic drug.

Self-administered, self-injectable specialty drugs are covered under your medical insurance with 10% co-insurance.
The UIGRADCare Plan is a comprehensive health care program that covers hospital, medical, surgical, outpatient, and other health care services such as physical therapy. Coverage is also provided for routine physicals, newborn care (including immunizations, scheduled visits, etc.), well-child checkups, mental health/chemical dependency and prescription drugs.

HOW AN INDIVIDUAL USES THE UIGRADCare PLAN

Health care under this plan is provided by primary care physicians, advanced registered nurse practitioners, certified nurse midwives, specialists at the University of Iowa Hospitals and Clinics (UIHC), Student Health & Wellness, and Community Medical Service Clinics.

Unlimited office visits at the Student Health & Wellness for general medicine services, surgery, allergy treatment, sexually transmitted diseases, mental health services, and the Health Iowa Education Program are included in a mandatory health service fee which is included in tuition charges if a student is enrolled for five (5) or more semester hours of classes. Students who are enrolled for less than five (5) semester hours may choose to pay the health fee and obtain these same benefits. Contact Student Health & Wellness for additional information.

The graduate student can choose to receive primary care from Student Health & Wellness, Family Practice or Internal Medicine with the UIHC, or Community Medical Service Clinics. Students are encouraged to develop a relationship with one provider. Female graduate students may also select OB/GYN services from the OB/GYN department at the UIHC. Spouses/domestic partners and children can select their primary care from Family Practice, Internal Medicine and/or Pediatrics. Female spouses and dependents who wish an OB/GYN Co-Care Manager must select them from the UIHC OB/GYN department.

If a student or family member requires care by a specialist, they may contact the appropriate department at UIHC directly.

HOW MUCH AN INDIVIDUAL PAYS FOR HEALTH CARE SERVICES

Insureds will pay a $10 co-payment for physician charges associated with an office visit, routine eye and hearing exams. Co-pay is waived for preventive exams and well child care.

Insureds will pay a 10% co-insurance for most other health care services that are covered by the plan.

When care is necessitated by an emergency or an accident, the individual’s share of the costs will be 10% of the charges without regard to where the services are provided or who provides the care. However, when an individual goes to an emergency room, the insured will also pay a co-payment of $50 and then 10% of the remaining charges for treatment. The co-payment is waived upon admission to the hospital.

Whenever an insured is admitted to the University of Iowa Hospitals and Clinics, the individual will pay the first $125 of the hospital charges each day, then 10% of the remaining charges.
OUT-OF-POCKET MAXIMUM (OPM) EXPENSES FOR INDIVIDUALS & FAMILIES

The UIGRADCare Plan provides an annual maximum limit for the OPM expense for both individuals and families.

The OPM for an individual’s expenses is $1,200. The OPM for all other contracts is $1,800.

When the amount paid by the insured equals the applicable OPM, the plan pays 100% of the charges for most additional medically-necessary expenses incurred during the remainder of the calendar year.

Amounts an insured pays as deductibles and co-insurance and co-pays are included when determining the annual OPM expense.

COVERAGE FOR PRESCRIPTION DRUGS

When prescription drugs are purchased from pharmacies that are participating in the plan, the individual will either pay $7 or 25% of the amount charged, whichever is higher. Cost could be higher if the individual uses a non-generic or non-formulary drug. Most pharmacies in Iowa City, Coralville, and North Liberty participate in this plan.

The OPM expense provision for prescription drugs is $1,200 per person. The OPM for all other contracts is $1,800. This OPM is separate from the medical OPM. Once the OPM has been met, the plan pays 100% of the expenses incurred during the rest of the calendar year.

COVERAGE FOR MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES

The individual pays 10% co-insurance after a $125 daily deductible for inpatient care.

Note: If care is received from a non-participating provider or facility, you will be required to pay 50% co-insurance. Approved mental health and chemical dependency providers can be accessed from Wellmark’s website here under the Blue Access network, or by calling the University Benefits Office at (319) 335-2676.

CARE PROVIDERS AT UNIVERSITY OF IOWA HOSPITALS AND CLINICS

A Care Manager works with each patient to develop a comprehensive and coordinated plan for health care. When care is provided at UIHC, the individual and Care Manager will agree on the role Residents play in the individual’s care. An individual may choose to have all primary health care provided by faculty members. When an individual is hospitalized, Residents and medical students are an integral part of the staff which provides support for treatment by the faculty.

HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA CITY

The UIGRADCare Plan provides coverage when:

- an individual is traveling and services are provided in a Hospital Emergency Room setting
- an individual is temporarily living somewhere else
- an individual is attending another college or university

Care for an accident or an emergency will be covered as if the incident had happened in the Iowa City area as long as services provided were in a Hospital Emergency Room setting. Out-of-area hospitalization will not be authorized unless it results from an accident or an emergency.

For covered individuals who are temporarily living away from the Iowa City area for 30 days or more while attending school, it is necessary to notify in writing the University of Iowa Benefits Office at the beginning of the residency. Furthermore, when health care necessitates an admission to a hospital in situations that do not involve an emergency or an accidental injury, prior approval must be secured by telephoning the Plan’s toll-free number.
An individual must arrange for routine health care, such as annual physical examinations, to be done by the individual’s Care Manager. However, scheduled newborn or well-child care, such as immunizations, will be covered regardless of where the services are provided.

**MEDICAL EVACUATION BENEFIT**

Medical evacuation services will be covered in the event of illness or injury to students and covered family members if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs. Medical evacuation expenses to the nearest appropriate medical facility and/or to the student's home country. Pre-certification of medical evacuation services is required.

**REPATRIATION BENEFIT**

A repatriation benefit applies to the student, spouse/domestic partner, or child covered under the policy. This must be applied toward those expenses incurred in returning the body to the person's place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.
PLEASE READ THE FOLLOWING:

- Internal Medicine does not accept patients under the age of 16.
- All Family Practice providers provide GYN Services.

UNIVERSITY STUDENTS

Student Health & Wellness
Newton Road
4189 Westlawn
Iowa City, IA 52242
(319) 335-8370

OB/GYN Clinic at UIHC
200 Hawkins Drive
Iowa City, IA 52242
(319) 384-7999

UNIVERSITY STUDENTS, SPOUSES AND DEPENDENTS

Iowa City
Family Practice Clinic at UIHC
200 Hawkins Drive
Iowa City, IA 52242
UIHC: (319) 384-8442

Internal Medicine at UIHC
Iowa River Landing
105 East 9th Street
Coralville, IA 52241
IRL: (319) 467-2000

OB/GYN Clinic at UIHC

Pediatrics Clinic at UIHC

Southeast Iowa City
UI Family Care Center
1130 Scott Boulevard
Iowa City, IA 52240
(319) 339-7472

Muscatine
UI Health Care
3465 Mulberry Avenue
Muscatine, IA 52761
(563) 263-0339

North Liberty
UI Family Care Center
3 Lions Drive, Hwy 965
North Liberty, IA 52317
(319) 626-5680

Riverside
UI Health Care –River Crossing
3056 River Crossing Court
Riverside, IA 52327
(319) 467-8355

Sigourney
UI Family Care Center
1314 S. Stuart Street
Sigourney, IA 52591
(641) 622-3840
# University of Iowa

## HEALTH INSURANCE OPTIONS

**EFFECTIVE JANUARY 1, 2015**

<table>
<thead>
<tr>
<th>PLAN PROVISIONS</th>
<th>SHIP</th>
<th>UIGRADCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-insurance Percentage</td>
<td>10%; participating/non-participating providers</td>
<td>10%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximums</td>
<td>$1,700 for single / $3,400 for family</td>
<td>$1,200 for single / $1,800 for family</td>
</tr>
<tr>
<td>Prescription Drugs:</td>
<td>$1,000 for single and $2,000 for family</td>
<td>$1,200 for single / $1,800 for family</td>
</tr>
<tr>
<td>Pre-approval of Inpatient Admissions</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Second Surgical Opinion</td>
<td>Voluntary</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Benefits Available from Non-member Providers</td>
<td>Individual is responsible for charges above the maximum allowable fee</td>
<td>Not available without approved referral</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Yes, same sex or opposite sex</td>
<td>Yes, same sex or opposite sex</td>
</tr>
<tr>
<td>Dependent Child Age Limit</td>
<td>End of calendar year in which the individual turns 26 or unlimited if full-time student</td>
<td>End of calendar year in which the individual turns 26 or unlimited if full-time student</td>
</tr>
</tbody>
</table>

### PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Prevention</th>
<th>SHIP</th>
<th>UIGRADCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>Covered; $0 co-payment</td>
<td>Covered; $0 co-pay</td>
</tr>
<tr>
<td>Well-Child Care</td>
<td>Covered; $0 co-pay</td>
<td>Covered; $0 co-pay</td>
</tr>
<tr>
<td>Gynecological Pelvic Exams and Pap Smears</td>
<td>Covered $0 co-pay (1 per calendar year unless medically necessary)</td>
<td>Covered $0 co-pay (1 per calendar year unless medically necessary)</td>
</tr>
<tr>
<td>Routine Eye &amp; Hearing Exam</td>
<td>Not covered</td>
<td>$10 co-payment ($0 co-pay at UIHC)</td>
</tr>
</tbody>
</table>

### HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>SHIP</th>
<th>UIGRADCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board Semi-private Room</td>
<td>10% co-insurance after $300 deductible</td>
<td>10% co-insurance after $125 daily deductible</td>
</tr>
<tr>
<td>Physicians Services</td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>Inpatient / Outpatient Surgery &amp; Supplies</td>
<td>10% co-insurance</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>OUTPATIENT SERVICES</td>
<td>SHIP</td>
<td>UIGRADCare</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$15 co-payment</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>Allergy Treatments</td>
<td>$15 co-payment</td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>Imaging and Lab</td>
<td>$15 co-payment</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>Dental Accident Care</td>
<td>$15 co-payment; treatment must be completed within 6 months of injury</td>
<td>10% co-insurance; treatment must be completed within 12 months of injury</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>$15 co-payment</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>Speech, Occupational, Respiratory, and Physical Therapy</td>
<td>$15 co-payment</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>Office visit</td>
<td></td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>Chiropractic visit</td>
<td></td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>Mental Health visit</td>
<td></td>
<td>$10 co-payment</td>
</tr>
</tbody>
</table>
| Prescription Drugs                  | **Tier and what you pay per tier:**  
1. Generic drugs; 25%  
2. Preferred name brand drugs; 30%  
3. Non-preferred name brand drugs; 50% | $7 or 25%, whichever is greater; $1,200 OPM for single contract |
| Home Health Care                    | Maximum of 30 days/calendar year          | 10% co-insurance                                |
| Emergency Room Services             | $50 co-pay                                | $50 co-pay; followed by 10% co-insurance        |
| Organ Transplants                   | Prior approval; cornea, kidney coverage only | Prior approval                                  |
| Skilled Nursing Services            | Maximum of 30 visits per calendar year    | 10% co-insurance after $125 daily deductible   |
| Not Covered                         | Eyeglasses, Hearing Aid, Infertility Treatment | Eyeglasses, Hearing Aid, Infertility Treatment |
ENROLLMENT
Students may only enroll in the dental plan during open enrollment periods (see page 2).

HOW AN INDIVIDUAL USES THE DENTAL INSURANCE PLAN
Dental care under this plan can be obtained from any provider; however, there are advantages to using participating providers who have contracts with Delta Dental of Iowa, the dental insurance plan administrator. A list of plan providers may be accessed via the web here. You will receive an identification (ID) card from Delta Dental of Iowa which you should present to your provider when you receive care.

Participating providers will accept payment arrangements and file claims for you. Payment is made directly to these providers.

Non-participating providers have not agreed to accept Delta Dental’s payment arrangements. This means you are responsible for any difference between your dentist’s covered charges and the Delta allowance. These dentists are not responsible for filing your claims. Claims are settled directly with you and you are then responsible for making payment to your provider.

HOW MUCH AN INDIVIDUAL PAYS FOR DENTAL SERVICES
Insureds will pay nothing out-of-pocket for diagnostic and preventive services, which includes dental cleaning, oral evaluation, x-rays, diagnostic tests, fluoride applications (under age 19), sealant applications (under age 19), space maintainer (under age 14), and biopsy of oral tissue.

There is a $25 deductible per person, with a maximum deductible of $75 for a family, for restorative services (cavity repair, tooth extraction, root canals, treatment of gum and bone disease). In addition, the insured pays 20% of the remaining covered services.

For high cost restorations, such as crowns, inlays, dentures, and bridges there is a $25 deductible per person, with a maximum of $75 for a family. In addition, you pay 50% co-insurance for the remainder of covered services.

There are no benefits for orthodontics.

This plan will pay a maximum of $1,000 per covered individual per year.

VISION DISCOUNT PROGRAM
Through Delta Dental vision partnership with EyeMed Vision Care, Delta Dental offers all members access to a vision discount program at no cost. The vision discount program provides the following features:

- Discounts on eye exams
- Discounted pricing for lenses and lens options
- Savings on eyeglass frames and conventional contact lenses
- Unlimited use
- Discounts on LASIK and PRK
- Competitive pricing on contact lenses through Contact Lens by Mail
- Access to a large, diverse network of providers

Using Your EyeMed Discount Program:

- Locate an EyeMed provider by calling 1-866-246-9041 or use the online directory.
- When scheduling your appointment, inform the office that you are a Delta Dental member with an EyeMed discount plan.
- Once you arrive, present your Delta Dental ID card or download a discount card to receive discount services. Your EyeMed provider will take care of the rest!

For full details on the discount program visit the Delta Dental website.
Introduction

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you 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*.

*Excluding Merit employee domestic partners
Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

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

When is COBRA Coverage Available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the University Benefits Office has been notified that a qualifying event has occurred.

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

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.

*Excluding Merit employee domestic partners
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 on the Health Care website here.

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 here. For more information about the Marketplace, visit here.

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 here. You also may receive a paper copy of the University’s privacy notice by contacting the University Benefits Office at 319/335-2676, or toll-free at 877/830-4001, or by sending an e-mail to benefits@uiowa.edu.

Plan Contact Information
University of Iowa
University Benefits Office
120 University Services Building
Iowa City, Iowa 52242-1911

319-335-2676 (Phone)
319-335-2776 (Fax)
877-830-4001 (Toll Free)
EMPLOYED GRADUATE STUDENT INSURANCE PLANS
2014-2015

ENROLLMENT FORM

Please complete, sign, and return the enrollment form to:

UNIVERSITY OF IOWA
UNIVERSITY BENEFITS OFFICE
120 UNIVERSITY SERVICES BUILDING
IOWA CITY, IOWA  52242-1911

You will be billed monthly through the University of Iowa student billing system or bank account, if appropriate.

AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by the University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and by Delta Dental of Iowa.

I certify that, after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any fraudulent statements, or have intentionally misrepresented any material fact, Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa will be entitled to declare the contract applied for void and to refuse allowance of benefits to any person thereunder.

I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.

The University of Iowa is hereby authorized to charge my University bill or bank account, as appropriate, for the premium. I understand that if the University bill on which the premium first appears is not paid when due, the coverage may be canceled.

(visit the next page)
EMPLOYED GRADUATE STUDENT ENROLLMENT FORM

PART 1: ACTION REQUESTED

► If you are enrolling outside the open enrollment period, your coverage will begin the first day of the month following the receipt of your enrollment form. What month would you like your coverage to take EFFECT? ___ / 01 / 20___

Select your enrollment type: □ NEW APPLICATION □ CHANGE □ ADD DEPENDENT(S)

Reason for this action: □ MARRIED □ BIRTH □ LOSS OF COVERAGE
Date of event: ____________ □ DIVORCE □ DEATH □ OTHER: (explain):

PART 2: YOUR INFORMATION

Full Name (Last, First, Middle Initial): __________________________________________
University ID Number (8 digits): __________________________ Date of Birth: ____________ Sex (M/F): ____________
Residing Address, City, State & Zip Code: ______________________________________
Telephone Number: __________________________ E-mail: __________________________

PART 3: HEALTH INSURANCE

Select your health plan: □ SHIP □ UIGRADCare
□ ENROLL me in Health Insurance
□ CHANGE my Health Insurance
□ CANCEL my Health Insurance

PART 4: DENTAL INSURANCE

Select your dental plan: □ Student Dental Insurance
□ ENROLL me in Dental Insurance
□ CANCEL my Dental Insurance

PART 5: DEPENDENT INFORMATION

Please check if either applies to your spouse:
□ Spouse is a University of Iowa Student □ Spouse is a Grad Student with Assistantship

NAME: Last, First, Middle Initial
Relationship Code
Sex (M/F)
Birthdate (MM/DD/YY)
Social Security #
Health □ Dental □

NAME: Last, First, Middle Initial
Relationship Code
Sex (M/F)
Birthdate (MM/DD/YY)
Social Security #
Health □ Dental □

NAME: Last, First, Middle Initial
Relationship Code
Sex (M/F)
Birthdate (MM/DD/YY)
Social Security #
Health □ Dental □

NAME: Last, First, Middle Initial
Relationship Code
Sex (M/F)
Birthdate (MM/DD/YY)
Social Security #
Health □ Dental □

OUT OF AREA: Please fill out this section if you and/or your dependents will be out of the area for 30 days or more.
Employee/Dependent(s): __________________________ Location, if Out of Area: __________________________

PART 6: AGREEMENT AND CERTIFICATION

I have read and understand the Agreement and Certification language on the previous page.

Signature (DO NOT PRINT): __________________________ Date: ____________

Return Form To: University Benefits Office, 120 University Services Bldg., Iowa City, IA 52242; e-mail: benefits@uiowa.edu; fax: 319-335-2776

© University of Iowa, 2014
{THIS FORM IS OPTIONAL}

Please complete this form in its entirety. This release is not valid if it does not contain the employee or student’s original signature and date signed or if it has expired as described below. This form will replace any that were previously submitted. Only those people listed on this form will have information released to them.

I, (employee/student full name) ________________________________________________________, employee/student ID #____________________ hereby authorize; University of Iowa Benefits Office, 120 University Services Building, Iowa City, IA  52242, to disclose information from my benefit and health records to the individual(s) or Agency(s) named below:

Please print the name of the person/s you want to be able to receive information:

Full Name(s)/Company: ______________________________________________________________

Relation to you: ________________________________________________________________

(Leave “To” blank, if you would like this form to be open ended)

Covering the periods (print date MM/DD/YY): From: ________________ To: ________________

Affirmation of Release:

I give the University of Iowa Benefits Office permission to release my benefit and health information to the individual(s) or agency(s) I have named. I understand that this release is valid from the date I sign it and I may revoke this authorization at any time. Any revocation of this authorization will not affect my ability to obtain treatment or payment or my eligibility for benefits. The revocation will take effect on the day it is received in writing. I have the right to access the records of who has contacted the Benefits Office for information about me. Copies of the records may be obtained with reasonable notice and payment of copying costs.

Signature: ___________________________________________  Date: __________________________

HIPAA|Personal Health Information Release Form
©University of Iowa, 2014
Updated 11/14

For Benefits Use: [008-886]
We, (Print Name of Employee/Student) ________________________________, and (Print Name of Domestic Partner) ________________________________, certify that:

1. We are not married to anyone.
2. We are at least eighteen (18) years of age or older.
3. We are not related by blood closer than would bar marriage in the State of Iowa and are mentally competent to consent to contract.
4. We are each other’s sole domestic partner and intend to remain so indefinitely.
5. We agree to support each other during the term of our domestic partner relationship by being jointly responsible for each other’s necessities, including without limitation, food, clothing, housing and medical care.
6. Our relationship meets at least two of the following four conditions (please check those that apply, A-D):
   A. □ We have a common or joint ownership of a residence (home, condominium, or mobile home) or a lease for a residence identifying both partners as tenants.
   B. □ We have at least two of the following (please check which two apply)
      1. □ Joint ownership of a motor vehicle
      2. □ Joint checking account
      3. □ Joint credit account
      4. □ Durable power of attorney for health care or financial management
   C. □ The Domestic Partner has been designated as the primary beneficiary for at least one of the following (please check which one applies):
      1. □ Employee’s life insurance
      2. □ Employee’s will
      3. □ Employee’s retirement contract
   D. □ A “relationship contract” has been executed which obligates each of the parties to provide support for the other party and provides, in the event of the termination of the relationship, for a substantially equal division of any property acquired during the relationship.

7. We understand that domestic partners are subject to the same window period governing all other individuals who are covered by or applying for benefit plan coverage. Any children, new employment, adoptions, new marriages, and domestic partnerships are all subject to a thirty (30) day limit on the enrollment period beginning on the date of the event.
8. If our domestic partnership relationship terminates, we will notify the University of Iowa Benefits Office within thirty (30) days of the termination of our domestic partnership. A written termination statement shall be provided to the University Benefits Office and shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

9. We understand that any person, employer, or company who suffers any loss because of false statements contained in an “Affidavit of Domestic Partnership” may bring a civil action against us to recover their losses, including reasonable attorney fees.

10. We provide the information in this affidavit to be used by the University Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.

11. We affirm, under penalty of perjury, that the ascertainment in this affidavit are true to the best of our knowledge.

Signature of Employee/Student: ________________________________

Employee/Students Social Security Number: ________________________________

Employee’s Date of Birth: _________________ Today’s Date: _________________

Signature of Domestic Partner: ________________________________

Domestic Partner’s Social Security Number: ________________________________

Domestic Partner’s Date of Birth: _________________ Today’s Date: _________________

SUBMIT DECLARATION TO:

University of Iowa Benefits Office
120 University Services Building
Iowa City, IA  52242-1911
Fax: 319-335-2776
## WHO TO CONTACT

<table>
<thead>
<tr>
<th>SHIP</th>
<th>UIGRADCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have questions about claims or specific questions about your SHIP coverage, you may call Wellmark Blue Cross and Blue Shield of Iowa.</td>
<td>If you have questions about claims or specific questions about your UIGRADCare coverage, you may call Wellmark Blue Cross and Blue Shield of Iowa.</td>
</tr>
<tr>
<td>Wellmark Blue Cross and Blue Shield of Iowa 636 Grand Avenue Des Moines, IA 50309-2565 Wellmark.com</td>
<td>Wellmark Blue Cross and Blue Shield of Iowa 636 Grand Avenue Des Moines, IA 50309-2565 Wellmark.com</td>
</tr>
<tr>
<td>Claims Inquiries (toll-free) 1-800-535-6099</td>
<td>Claims Inquiries (toll-free) 1-800-355-2031</td>
</tr>
<tr>
<td>For Pre-certification call (toll-free) 1-800-558-4409</td>
<td>For Pre-certification call (toll-free) 1-800-558-4409</td>
</tr>
<tr>
<td>Prescription claim mailing address: Catamaran Claims Department P.O. Box 1069 Rockville, MD 20849-1069</td>
<td>Prescription claim mailing address: Catamaran Claims Department P.O. Box 1069 Rockville, MD 20849-1069</td>
</tr>
<tr>
<td>Mail order prescription claim: Catamaran Home Delivery P.O. Box 166 Avon Lake, OH 44012-9927 <a href="https://www.catamaran.com">Catamaran Website</a> 1-866-611-5961</td>
<td>Mail order prescription claim: Catamaran Home Delivery P.O. Box 166 Avon Lake, OH 44012-9927 <a href="https://www.catamaran.com">Catamaran Website</a> 1-866-611-5961</td>
</tr>
<tr>
<td>If you have any questions about eligibility for SHIP, adding dependents, brochures and enrollment forms, enrollment periods, premium charges, and general coverage questions, call the University of Iowa Benefits Office.</td>
<td>If you have any questions about eligibility for UIGRADCare, adding dependents, brochures and enrollment forms, enrollment periods, premium charges, and general coverage questions, call the University of Iowa Benefits Office.</td>
</tr>
</tbody>
</table>

### Questions about claims or specific dental coverage:

- Dental of Iowa
- Delta Dental of Iowa
- P.O. Box 9000
- Johnston, IA 50131
- 1-800-544-0718

### Questions about SHIP, UIGRADCare, or dental coverage, eligibility, adding dependents, brochures and enrollment forms, enrollment periods, or premium charges:

University of Iowa Benefits Office
120 University Services Building
Iowa City, IA  52242-1911
[University Benefits Website](https://www.benefits.uiowa.edu)
Office:  (319) 335-2676
Toll-free:  (877) 830-4001
Fax:  (319) 335-2776
Email:  benefits@uiowa.edu