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The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Office of Equal Opportunity and Diversity, (319) 335-0705 (voice), and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.
HOUSE STAFF GROUP INSURANCE CONTACT LIST

UI Benefits
Benefits@uiowa.edu
(319) 335-2676

UI Health Plans
uihealthplans@uiowa.edu
(319) 353-7531

Insurance Company Information
Delta Dental Insurance
mail@deltadentalia.com
(800) 544-0718

Wellmark BC/BS Health Insurance
Secure E-Message: Visit Here
(800) 355-2031

Principal Life Insurance Company Contact Info
Principal.com
(800) 986-3343

UI Healthcare
IMPORTANT: Before you make your first appointment at The University of Iowa, be sure to update your address and health insurance information by contacting UIHC Pre-Access (Registration) – (319) 356-4498
- General Information (319) 356-1616
  o Visit General Info website here
  o To make or cancel appointments; Call Toll Free (800) 777-8442, Local (319) 356-1616
- Appointments through MyChart, a web based appointment site.
  o Visit website here
- Clinic Contacts
  o Visit website here
- Pharmacy
  o General Pharmacy Information; (319) 356-2577
  o Visit website here

University of Iowa College of Dentistry
New Patient Appointments:
- Adults (319) 335-7499
- Children (319) 335-7485
- General Phone Numbers:
  o Main Reception Desk (Third floor link) (319) 335-9650
  o Patient Reception Desk (319) 335-7499
  o Patient Representative (319) 335-6579
  o Business Office (319) 335-7440
  o Pharmacy (319) 335-7435
University of Iowa Quick Care
Visit QuickCare website here

- UI QuickCare – Coralville
- UI QuickCare – East
- UI QuickCare – Mormon Trek
- UI QuickCare – Muscatine
- UI QuickCare – North Liberty
- UI QuickCare – Old Capitol Town Center

UI Pharmaceutical Care
(319) 384-6800
Pharmacy Hours are Monday-Friday: 8:00 a.m. to 8:00 p.m. Saturday and Holidays: 8:30 a.m. to 5 p.m. Sunday: 8:30 a.m. to 8:00 p.m. There are two pharmacists that offer prescription financial counseling to patients from 8:00-5:00, Monday-Friday. They can be contacted at 384-6907. They help patients find the lowest price medication, arrange payment plans, and get financial assistance. They also work with the prescribing physician and Wellmark to have prior authorization made for prescriptions.

UI Optical
(Visit page 11 for more information)
(319) 384-9922
lasik@uiowa.edu
uioptical@uiowa.edu

Center for Disabilities and Development
(319) 353-6456
The Center for Disabilities and Development provides diagnostic and treatment services to infants, children and young adults with particularly complex physical, intellectual, learning, adjustment, and/or medical problems. Examples of these problems include autism, ADHD, cerebral palsy, mental retardation, spinal bifida, and traumatic brain injury. Comprehensive outpatient services are provided daily in the Alfred Healy Clinic located in the Center for Disabilities and Development. The division’s faculty coordinates care with local providers and schools. A family-focused interdisciplinary “team approach” is emphasized.
ENROLLMENT REQUIREMENTS:

- HawkID and Password
- If you have difficulty with the HawkID or Password, you may call **319-384-4357** for assistance
- Enrollment should be completed between the first and thirtieth day of your contract/appointment start 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

Home and work address must be updated in UI Employee Self-Service in order to receive insurance ID cards

You must have your banking transaction number and account number (printed on the bottom of personal checks)

1. LOG INTO UI EMPLOYEE SELF-SERVICE
   a. In your web browser, go to hris.uiowa.edu/portal/
   b. Enter your HawkID and Password and click “Sign In”
   c. Ensure that the “Personal” tab is selected

2. 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.

3. 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.

4. UPDATE BENEFICIARIES
   a. In the center column, find the “Benefits” section and select “Manage Beneficiaries”
   b. Select “Create New Beneficiary” and enter the required information and click “Submit”
   c. Select the “Personal” link at the top of the page to return to the Employee Self-Service home page.

5. COMPLETE BENEFITS ENROLLMENT
   If you have questions or need assistance regarding Benefits Enrollment, please contact the University Benefits Office at 120 University Services Building, by e-mail at benefits@uiowa.edu, or by phone at (319) 335-2676, or toll-free at (877) 830-4001.
   a. In the center column, find the “Benefits” section and select “Benefits Enrollment” link
   b. Follow the direction below to enroll.
HEALTH AND DENTAL COVERAGE
For more information see pages 13 -15

Health Coverage: Description of plan (see pages 13-14). Enrollment is optional. If you do not want coverage, select option number “90.” 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”.

Dental Coverage: Description of plan (see page 15). Enrollment in the dental plan is optional. For no coverage, select option number “90.” If you want dental coverage, you must select from the dental programs shown. Once coverage is selected, enter that number on the line labeled “Option Code.”

GROUP LIFE INSURANCE
For more information see page 16

This plan allows life insurance coverage for yourself only at 2 times your annual UI salary. Enrollment in the group life plan is mandatory. Next to the selection is the amount of coverage that is provided. Once your selection is made, enter the corresponding number on the “Option Code” line.

SUPPLEMENTAL LIFE INSURANCE
For more information see page 16

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.

SPOUSE/DOMESTIC PARTNER/DEPENDENT LIFE INSURANCE
For more information see page 16

This 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
For more information see page 16

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

LONG TERM DISABILITY INSURANCE
For more information see page 17

Participation in a long-term disability program is mandatory. Once you have made your selection, enter the appropriate selection number on the “Option Code” line.

HEALTH CARE SPENDING ACCOUNT
For more information see pages 21-23

The Health Care Spending Account allows you to pay various medical expenses by placing funds into this special account on a before-tax basis. You may contribute up to $208.33 per month to this program. This is your personal contribution. This amount is reducing your taxable salary.

DEPENDENT CARE SPENDING ACCOUNT
For more information see page 22

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.

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 this website for additional information here.

a. In your web browser, go to 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 click on “Spending Account Recap/Forms”.
e. Fill out claims of insurance 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 names(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.

CHANGING BENEFITS
You may make a change to your benefits during the year outside of the annual open enrollment period only if there is a qualifying event. A qualifying event can only be the result of any of the following events:

- 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 of Absence
- Dependent no longer 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 University Employee Self Service site under Benefits within 30 days of the event, or 60 days for birth or adoption. The paper Benefit Change Request form may be found on the forms page of 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.

If you have any questions, please contact UI Benefits, benefits@uiowa.edu or (319) 335-2676 or call Toll Free (877) 830-4001.
COUNSELING SERVICES

The UIHC, its GME administration, Program Directors, and clinical staff involved in House Staff training recognize that graduate medical and dental education places increasing responsibility on House Staff members and requires sustained intellectual and physical effort. It is also recognized that for some, these demands will, at times, cause physical and/or emotional stress. It is further recognized that spouses and children of House Staff members may encounter similar stress during the course of residency and fellowship training. In all such instances, House Staff physicians, dentists, and members of their immediate families are encouraged to seek help. In that regard, a list of contacts and resources is provided below. All care provided at UIHC is available to the house staff member and their dependents and is completely confidential.

REFERRAL ASSISTANCE:
Confidential referral services are available as needed for all residents and fellows. Contact Lance Clemsen, Program Director, UIHC Healthcare Initiatives at (319) 356-2431. Contact Dianne Wasson, Case Manager for UI Health Plans at (319) 356-7067 for health care plan assistance.

CRISIS MANAGEMENT RESOURCES

- COUNSELING AND HEALTH PROMOTION SERVICES (319) 384-7900: (Department of Family Medicine) For treatment of marital, family, and individual concerns. Counseling is provided to meet the needs of individuals who suffer from a wide variety of problems and stress related disorders.
- JOHNSON COUNTY CRISIS CENTER (319) 351-0140: Phone line available 24 hours each day.
- GENERAL PEDIATRICS CLINIC (319) 384-7333: (Department of Pediatrics) For evaluation of learning problems and child behavior concerns.
- ADULT PSYCHIATRY CLINIC (319) 353-6314 and CHILD PSYCHIATRY CLINIC (319) 356-1188: (Department of Psychiatry) For alcohol or substance abuse concerns or other personal problems, such as adjustment disorders, major affective disorders (particularly depression), behavioral management or parenting techniques for difficult children and education evaluation for children with special needs.
- UI EMPLOYEE ASSISTANCE PROGRAM (319) 335-2085: Services are confidential and designed to offer assistance with personal, work-related and family problems, including job stress, alcohol or other drug dependency, emotional concerns, marital concerns, parent/child conflicts, financial issues, psychiatric concerns, performance worries, and other relationships or medical/health concerns. A triage and crisis service is available 24 hours each day.
- WOMEN’S RESOURCES AND ACTION CENTER (WRAC) (319) 335-1486: Individual counseling sessions are available at WRAC. Counseling arrangements can be made by calling the center or contacting them at wrac@uiowa.edu.
ADDITIONAL RESOURCES FOR PHYSICIAN AND DENTAL HOUSE STAFF:

- **PROGRAM DIRECTOR:** House Staff are encouraged to contact their Program Director, Program Coordinator, or Chief Resident when questions, concerns, or issues arise.

- **GME ADMINISTRATION:** The GME administrative staff is available to assist in arranging counseling or other support services. The Administrative Director for GME can be reached at (319) 356-2256. The Director of GME can be contacted at the same number.

- **GME OFFICE (319) 356-2256:** Contact the GME Office during regular business hours (Monday through Friday from 8:30 AM to 4:30 PM) with questions about process, resources, and approvals. Appointments can be made outside of regular office hours as necessary.

- **SUBSTANCE ABUSE/REHABILITATION:** The Substance Abuse Identification and Intervention Policy for House Staff outline the process that applies in the rehabilitation of House Staff members. House staff members who have immediate concerns about alcohol or other substance abuse problems should talk with their Program Director, their Department Chair, any of the GME administrative staff or one of the counselors or services listed in this Statement.

**WELLNESS**

University employees, including residents and fellows, have access to a variety of wellness programs through the University of Iowa’s Wellness Office to enhance health and well-being. UI Wellness offers a number of incentive programs and additional information on stress management, nutrition, weight loss, exercise, and other health resources.

**Recreation Incentive Program**

House Staff who have completed the Personal Health Assessment (PHA) one-time annually (each calendar year or past 90 days) are eligible for a 50% incentive towards an annual single staff membership. For additional details about this program, including other eligibility criteria, see the Recreation Incentive Program website.

Information regarding other Wellness programs can be found on UI Wellness’ website.
HEALTH AND DENTAL INSURANCE

TERMS OF COVERAGE

The Wellmark BlueCross/BlueShield health insurance and Delta Dental of Iowa insurance plans begin on the first of the month after the initial contract start date.

House Staff members will receive a Wellmark BlueCross/BlueShield and Delta Dental of Iowa insurance cards in the mail (at the address listed in UI Employee Self-Service) to be used for care rendered at medical or dental providers. House Staff members who do not receive Wellmark BlueCross/BlueShield cards within 30 days of enrolling in his/her benefits plans must notify the Benefits Office that the insurance card has not yet been received.

The Wellmark BlueCross/BlueShield group health insurance and Delta Dental of Iowa insurance plans will end on the last day of the month depending on the following conditions: 1) end of contract, 2) resignation, 3) termination, or 4) death. Upon departure from the training program, all House Staff and their dependents are provided the right to temporary continuation of their health care benefits through various insurance plans at certain group rates. This is also known as the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA provides House Staff members and their dependents the choice to continue their group health care benefits provided by their group health plan for limited periods of time. Coverage must be purchased within 60 days of termination of the prior coverage. See the COBRA website or contact the UI Benefits Office at (319) 335-2676 for more information.

The University of Iowa reserves the right to change the benefit programs at any time. As with all benefits programs, the University of Iowa is unable to guarantee that the details listed and coverage of these benefits programs will be in effect throughout your employment.

DEPENDENT ELIGIBILITY

Spouse/Domestic Partner

The definition of “spouse,” shall mean the person who is legally married to the employee under applicable state law, a common law person, or a person who meets The University of Iowa definition of Domestic Partner. For non-married partners, you must either file an Affidavit of Domestic Partnership (which is valid for same or opposite-sex partners) or a State of Iowa Affidavit of Common Law Marriage with the University Benefits Office (opposite sex partners only - see information on Common Law Marriage). You need only to complete this affidavit once and it will remain in effect until such time as the relationship ends. It is your responsibility to notify the Benefits Office if a domestic partner relationship ends. A new affidavit would have to be filed for any new relationship. After you have filled out the affidavit, a new benefits event will be opened for you under “Benefits Enrollment” on the UI Self-Service website. You will then be able to make your benefits changes online, in the same manner that you make changes during the annual online open enrollment.

Children

An eligible dependent child can be your child by birth, a child placed with you for adoption, or a legally adopted child, a child for whom you have legal guardianship, a stepchild, or a foster child. Coverage ends the end of the calendar year a dependent turns 26, unless they are a full-time student or are disabled and continues as long as they remain in that status. There is no location requirement for children.
COVERAGE

Coverage is provided through Wellmark Blue Cross and Blue Shield of Iowa. The plan has four different contracts (coverage options) available.

CONTRACTS (Coverage Options)

A. Employee Only  
B. Employee and Spouse  
C. Employee and Children  
D. Employee and Family

UIChoice HEALTH INSURANCE

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

Plan Benefit Level 1 = Providers from The University of Iowa Hospitals and Clinics, the Carver College of Medicine (CCOM), UI Community Medical Services Clinics (CMSC), University of Iowa HealthCare Alliance (UIHA) and UI QuickCare.

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

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

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

It is important to note that plan Level 1 will result in either no or the lowest out-of-pocket costs for you. There are also advantages to using providers who have contracts with Blue Cross and Blue Shield.

Out-of-Pocket Maximum (OPM) Expenses for Individuals and Families

The UIChoice Plan provides an annual maximum limit for the 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 OPM for the individual's expenses for Level 1 and Level 2 is $1,700 or $3,400 for other contracts. Level 3 is $2,000 or $4,000. The individual is responsible for paying the out-of-pocket maximum before the plan pays 100% of charges.

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

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

When a plan member in a contract other than “Individual” meets their OPM, the additional plan member/s continue/s to pay co-insurance and deductibles until the overall OPM for their contract is met.
All patients are encouraged to be proactive about managing their health and dental expenses. Your involvement is important for many reasons. Your benefit coverage may be adjusted due to changes in your insurance policies or federal/state laws. In addition, although health care providers can provide some information about health care costs, they cannot answer financial questions for any specific insurance plan. Therefore, you are always encouraged to contact your insurance company directly before receiving a product or having a service performed to verify the specific coverage eligibility for that item or service. In addition, many health care and dental providers will offer a written estimate of expected patient fees upon request. This information can be used in conjunction with the coverage information provided by your insurance provider to enable you to make informed decisions about your health and dental care.

The University of Iowa Hospitals and Clinic’s array of services includes family practice, vision, psychiatry, women’s health, prescription drugs, infertility services, pregnancy care and childbirth, as well as numerous specialties. UI Hospitals and Clinics also provides MyChart, a web-based service that allows patients access to test results, request a prescription renewal, request an appointment, view their medical records, and to use secure messaging to contact their health care team. All care provided at UI Healthcare is completely confidential. All UI Healthcare employees are required to comply with HIPAA confidentiality requirements and all patient records are monitored for unauthorized access.

**COVERAGE FOR PRESCRIPTION DRUGS**

This plan has a tiered prescription benefit. This means for each prescription, you pay will vary depending on the tier (or category) of the drug and where you obtain your prescription.

The co-insurance (patient responsibility) amounts are:

- Tier 1: 0%  All generic drugs
- Tier 2: 30%  Wellmark name brand formulary drugs
- Tier 3: 50%  Drugs outside of Wellmark formulary

The OPM expense provision for prescription drugs is separate from the medical OPM. The insured is responsible for paying co-pays/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.

**COVERAGE FOR LASIK SURGERY**

Although LASIK is not covered by the insurance provided by the UIChoice plan, the Department of Ophthalmology at the University of Iowa Hospitals and Clinics provides a limited number of LASIK surgeries to medical residents and fellows (and/or their dependents) at a discounted rate. For more information, contact (319) 353-7265.

**EYEGLASS DISCOUNT**

UI Optical offers designer frames as well as the newest technology in lens materials, lens designs, and lens treatments or coatings for adult and children’s eyeglasses. All UI Optical opticians are American Board of Opticians certified. All House Staff and their dependents are eligible for a 10% discount on ophthalmic frames or lenses or a 15% discount on complete pairs of regular priced spectacles. Additional information about UI Optical can be found on the [UI Optical](#) website.
COVERAGE FOR DURABLE MEDICAL EQUIPMENT

Durable Medical Equipment (DME) is obtained from participating providers as long as all of the following equipment requirements are met:

- Used to serve a medical purpose (as defined under Medical Necessity below).
- Durable enough to withstand repeated use.
- Primarily and customarily manufactured to serve a medical purpose.

Medical Necessity:

A key prerequisite for House Staff to receive DME benefits is the service, supply, device, or drug must be medically necessary. A service, supply, device, or drug listed as otherwise covered in the UIChoice Insurance Certificate (here) may be excluded if it is not medically necessary in the circumstances. Unless otherwise required by law, Wellmark determines whether a service, supply, device, or drug is medically necessary and that decision is final and conclusive. Even though a provider may recommend a service or supply, it may not be determined to be medically necessary by Wellmark.

Notes:

A prescription written by a physician must be obtained for all durable medical equipment. House Staff may not self-prescribe durable medical equipment or prescribe for other House Staff.

UI Hospital Stores is not a participating BC/BS provider and therefore cannot provide DME to House Staff. House Staff may use UI Community HomeCare at their website here or any other Wellmark BC/BS participating DME provider to obtain DME.
## HEALTH INSURANCE
### EFFECTIVE JANUARY 1, 2014
### MONTHLY PREMIUM RATES AFTER UNIVERSITY CONTRIBUTION

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

### PLAN PROVISIONS

<table>
<thead>
<tr>
<th>Providers</th>
<th>Any Provider: The provider or facility category you use determines the plan benefit level. This is one plan with three different benefit levels:</th>
</tr>
</thead>
</table>
|                          | **Benefit Level 1:**  
|                          | - Providers: University of Iowa Hospitals and Clinics, Carver College of Medicine (CCOM) and UI Community Medical Services Clinics (CMSC) along with Primary care providers from MercyCare-Des Moines, MercyCare-Cedar Rapids, and Genesis. 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: $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.  
<p>|                          | An emergency can be 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. |</p>
<table>
<thead>
<tr>
<th>OFFICE CARE</th>
<th>UIChoice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visits</strong></td>
<td>• Level 1: $5 co-pay</td>
</tr>
<tr>
<td></td>
<td>• Level 2: $20 co-pay</td>
</tr>
<tr>
<td></td>
<td>• Level 3: 40% co-insurance</td>
</tr>
<tr>
<td><strong>Routine Physicals</strong></td>
<td>• Level 1 &amp; 2: $0 co-pay</td>
</tr>
<tr>
<td></td>
<td>• Level 3: 40% co-insurance</td>
</tr>
<tr>
<td><strong>Imaging and Lab</strong></td>
<td>• Level 1 &amp; 2: 10% co-insurance</td>
</tr>
<tr>
<td></td>
<td>• Level 3: 40% co-insurance</td>
</tr>
<tr>
<td><strong>Well-Child Care</strong></td>
<td>• $0</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>• $0 co-pay</td>
</tr>
<tr>
<td><strong>Routine Eye Exam</strong></td>
<td>• Level 1: $5 co-pay</td>
</tr>
<tr>
<td><strong>Routine Hearing Exam</strong></td>
<td>• Level 2: $20 co-pay</td>
</tr>
<tr>
<td></td>
<td>• Level 3: 40% co-insurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOSPITAL SERVICES</th>
<th>UIChoice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Room Care</strong></td>
<td>• Level 1 &amp; Level 2: $50 co-payment (waived if admitted) followed by 10% co-insurance</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td><strong>Room and Board</strong></td>
<td>• Level 1: $400 deductible</td>
</tr>
<tr>
<td></td>
<td>• Level 2: $600 deductible</td>
</tr>
<tr>
<td></td>
<td>• Level 3: $800 deductible</td>
</tr>
<tr>
<td></td>
<td>Semi-private room; followed by co-insurance</td>
</tr>
<tr>
<td><strong>Inpatient and Outpatient Surgery, Physician Care, Supplies, Labs &amp; Imaging</strong></td>
<td>• Level 1: 10% co-insurance</td>
</tr>
<tr>
<td></td>
<td>• Level 2: 20% co-insurance</td>
</tr>
<tr>
<td></td>
<td>• Level 3: 40% co-insurance</td>
</tr>
</tbody>
</table>

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

**EFFECTIVE JANUARY 1, 2014**

**MONTHLY PREMIUM RATES**

<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>$13</td>
</tr>
<tr>
<td>Employee/Children</td>
<td>$20</td>
</tr>
<tr>
<td>Family</td>
<td>$23</td>
</tr>
<tr>
<td>Double Spouse/Family</td>
<td>$0</td>
</tr>
</tbody>
</table>

## PART A DENTAL BENEFITS
**(Preventive Maintenance Care)**

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

## PART B DENTAL BENEFITS
**(Restorative Care, Dental Prosthesis, and Surgical Care)**

<table>
<thead>
<tr>
<th></th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Member)</td>
<td>None</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>20%</td>
</tr>
<tr>
<td>Maximum Annual Benefit (Per Member)</td>
<td>$2,000*</td>
</tr>
</tbody>
</table>
| Part B dental benefits include | • Regular cavity fillings  
|                               | • Emergency treatment for relief of pain  
|                               | • Non-surgical treatment for gum diseases  
|                               | • Bridges, partial & complete dentures  
|                               | • Oral surgery  
|                               | • Crowns  
|                               | • Root canal |

## PART C DENTAL BENEFITS
**(Orthodontic Care)**

<table>
<thead>
<tr>
<th></th>
<th>DENTAL II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Member)</td>
<td>$50</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>70%</td>
</tr>
<tr>
<td>Maximum Annual Benefit (Per Member)</td>
<td>$2,000*</td>
</tr>
</tbody>
</table>
| Part C dental benefits include | • Treatment necessary for the proper alignment of teeth  
|                               | • Orthodontic benefits paid quarterly |

*$2,000 all covered services per member combined with Part B and C.
GROUP LIFE INSURANCE

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 gives you the following amount: 2 times salary.

SUPPLEMENTAL LIFE INSURANCE

OPTIONAL PARTICIPATION

Supplemental life insurance is voluntary and for the House Staff member only. This program is age rated. The rates change as a person reaches 40, 50, and 60.

SCHEDULE OF LIFE INSURANCE

The optional Supplemental Life Insurance plan allows you to acquire additional life insurance from 1/2 to 3-1/2 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: 1/2 times salary, 1 times salary, 1-1/2 times salary, 2 times salary, 2-1/2 times salary, 3 times salary, or 3-1/2 times salary.

This program does not require a statement of health or physical exam.

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 18, 18 to 24 years old if a full-time student, unless the dependent is disabled; if dependent is disabled and classified as a dependent for tax purposes, there is no maximum age for coverage). You may choose one of the following plans:

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

► Please note that this premium may only be paid after-tax as a deduction from your net pay.

ACCIDENTAL DEATH AND DISMEMBERMENT

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

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 60% 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 60% of your benefit and each eligible child’s coverage is 20% of your benefit up to a maximum of $100,000.

Children must be no older than age 18 unless a full-time student or disabled. If your child is disabled and classified as a dependent for tax purposes, there is no maximum age for coverage.
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 COVERAGE

Your disability insurance benefits are based on salary. You will be covered at 60% of your salary. Coverage is mandatory and there is no cost to you for this coverage. There is a 90-day waiting period for coverage to begin. GME Physician and Dental House Staff will receive his/her normal stipend from the GME Office during this waiting period. To apply for disability, House Staff should contact UI Benefits at 335-2676 or e-mail at benefits@uiowa.edu.
LIABILITY PROTECTION
MALPRACTICE COVERAGE

Official Statement:
The University of Iowa Hospitals and Clinics is an agency of the State of Iowa, which self-insures the tort liability of the State and its employees. GME Resident and Fellow Physicians and Dentists at the University of Iowa Hospitals and Clinics are State employees for the purposes of the State Tort Claims Act. The coverage provided to Resident and Fellow Physicians and Dentists by the State Tort Claims Act is occurrence coverage.

Explanation:
House Staff physicians and dentists under contract as House Staff members with the UIHC are covered by Iowa's State Tort Claims Act when they are providing services within the scope of their training during assigned rotations at the University of Iowa Hospitals and Clinics and assigned rotations elsewhere in Iowa. If a claim is made against a House Staff member arising out of an act or omission within the scope of the residency or fellowship training, the Attorney General's Office will defend the House Staff member and the state will pay any settlement or judgment awarded. The State Tort Claims Act provides the House Staff member with liability protection, without dollar limits, for clinical services rendered in Iowa within the scope of the training program. The State Tort Claims Act is the equivalent of an occurrence malpractice policy, and no tail coverage is required.

Fellow Associates:
Fellow Associates (Fellows in non-accredited programs with billing privileges) are covered by the University of Iowa Carver College of Medicine’s UIP malpractice insurance. Inquiries should be directed to: University of Iowa Physicians, Risk Management, Carver College of Medicine, Medicine Administration, 200 CMAB, Iowa City, IA 52242. Phone: 335-8070. Fax: 335-8318.

FAQ’s and Responses:

<table>
<thead>
<tr>
<th>Name of company:</th>
<th>State of Iowa/UI Hospitals and Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td>Department of Legal Services/200 Hawkins Drive</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Iowa City, IA 52242-1009</td>
</tr>
<tr>
<td>Policy Number:</td>
<td>N/A</td>
</tr>
<tr>
<td>Dates of Coverage:</td>
<td>Start of your contract to the end of your contract (or end of training)</td>
</tr>
<tr>
<td>Underwriter:</td>
<td>State of Iowa</td>
</tr>
<tr>
<td>Institution affiliation:</td>
<td>University of Iowa</td>
</tr>
<tr>
<td>Amount of coverage per occurrence:</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Amount of coverage per aggregate:</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Tail Coverage:</td>
<td>Not Needed</td>
</tr>
</tbody>
</table>

Liability Information Regarding Moonlighting:
Should the House Staff member be engaged in any moonlighting activity outside the scope of the training program, that House Staff member is personally responsible for assuring that he/she has adequate liability coverage and for obtaining and maintaining that coverage (see Moonlighting Policy and Procedures for House Staff Physicians and Dentists). If the House Staff member engages in an elective rotation outside the State of Iowa, liability protection is also NOT provided and the House Staff member is responsible for obtaining his/her own short-term liability coverage.

Liability Information Regarding Electives:
If the House Staff member engages in an elective rotation outside the State of Iowa, liability protection is also NOT provided and the House Staff member is responsible for obtaining his/her own short-term liability coverage.

Liability Information Regarding Electives:
Requests for verifications of claims history should be sent to UI Legal Services, 1337 JCP, 200 Hawkins Drive, Iowa City, IA 52242 or faxed to 319-385-8572.
RETIREMENT PROGRAMS
Per State law, House Staff Physicians are exempt from participation in the University's required retirement programs.

IOWA PUBLIC EMPLOYEES RETIREMENT SYSTEM (IPERS)
GME Physician Fellow Associates (Fellows in non-accredited programs with billing privileges) are automatically enrolled in Iowa Public Employees Retirement System (IPERS). Information about this program can be found online at the IPERS website here.

VOLUNTARY RETIREMENT SAVINGS PROGRAM
The Voluntary Retirement Savings Program is open to all employees who receive earned compensation reportable on IRS Form W2 and subject to federal and state withholding. Information about this program can be found online on the Benefits website here.
HEALTH CARE SPENDING ACCOUNT
PARTICIPATION

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

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

Your spending account election is irrevocable and may not be modified during the calendar year unless there is a “qualifying event” such as: marriage, divorce, death of spouse or dependent; birth/adoption; approved unpaid leave of absence from the University; spouse, partner or dependent gains or loses a job or changes residence, work schedules or work sites that affect benefit eligibility; change of daycare provider or cost. Changes must be made within 30 days of the date of this event (60 days due to birth/adoption).

Your spending account election shall continue from year-to-year so long as employment continues, and that the agreement is irrevocable except that I may alter or cancel this agreement during the month of December, to be effective for the following calendar year.

EXPENSES THAT CAN BE PAID BY A HEALTH/DENTAL CARE SPENDING ACCOUNT

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

Eligible expenses are:
1. Deductibles and co-payments
2. Dental expenses, including preventive, diagnostic, restorative, orthodontic, and therapeutic care
3. Vision expenses, including examinations, eyeglasses, contact lenses, and seeing-eye dogs
4. Hearing expenses, including examinations and hearing aids
5. Artificial limbs
6. Physical examinations
7. Psychoanalysis and psychologist fees
8. Psychiatric fees and psychiatric care, including the cost of supporting a mentally ill dependent at a specially equipped medical center
9. Chiropractic expenses
10. Acupuncture
11. Smoking cessation program as prescribed by a physician
12. Alcoholism or Drug Treatment, including meals and lodging if needed
13. Prescription medicine and prescription drugs including birth control pills
14. Licensed Massage Therapy from an LMT, MD, RN, or DC

Your account cannot be used for certain expenses, such as:
1. Fitness club memberships, unless your physician classifies you as obese by having a BMI of 30 or over
2. Cosmetic surgery
3. Insurance premiums
4. Dietary supplements or multivitamins
5. Contact lens insurance
6. Long-term care expenses
7. Prescription drugs purchased outside of the U.S.
8. Over-the-counter drugs used to treat a medical condition (e.g. aspirin, antacids, cold medicines) unless you have a prescription

► This list is not all-inclusive. If you have a specific question about whether or not an expense is eligible for reimbursement, please check the “Covered Expenses” area under Spending Accounts on the University Benefits Office Website.
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 a special account that is then used to reimburse you for dependent care expenses incurred during the year for the custodial care of children or other eligible dependents. IRS regulations provide that earnings allocated to a Spending Account are not subject to Federal income taxes, State income taxes, or FICA taxes. If you elect to participate in this plan you are reimbursed for these expenses with income that is not subject to these taxes. Your deposit is limited by your tax filing status. If you file your Federal taxes as married filing separately, you may deposit up to a maximum of $208.33 monthly or $2,500.00 annually. All other tax filing statuses may deposit up to a 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 not spent by this date will be forfeited.

Your spending account election is irrevocable and may not be modified during the calendar year unless there is a “qualifying event” such as: marriage, divorce, death of spouse or dependent; birth/adoption; approved unpaid leave of absence from the University; spouse, partner or dependent gains or loses a job or changes residence, work schedules or work sites that affect benefit eligibility; change of daycare provider or cost. Changes must be made within 30 days of the date of this event (60 days due to birth/adoption).

Your spending account election shall continue from year-to-year so long as employment continues, and that the agreement is irrevocable except that I may alter or cancel this agreement during the month of December, to be effective for the following calendar year.

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 working hours:

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

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

ANNUAL ELECTION
You may decide each year during December whether or not you wish to participate in these plans. If you do not sign up during December, you will not be able to participate during the following year, unless 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 nor 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 31 of that year and claimed by April 30 of the next year revert to the University.
DISBURSEMENTS

You may request reimbursements daily, weekly, monthly, semi-annually, or annually, whichever is the most convenient for you. Instructions for submitting claims can be found under “Spending Accounts” on the University Benefits Office website. Expenses submitted must be incurred after your first payroll deduction under this program. The actual day when the payment is made could vary depending on holidays. If you would like payment made directly to your checking or savings account, you must fill out an Authorization For Payroll, Benefits, and Travel Direct Deposit which can be found on the Employee Self-Service website. By taking advantage of direct deposit, you will receive reimbursement more quickly. Reimbursement forms are available on the University Benefits Office website. **You may file for reimbursement at any time during the year, but no later than April 30th of the following year.**

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

TERMINATION OF EMPLOYMENT

Dependent Care

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

Health Care

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

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

**Tax Consequences of Domestic Partner Coverage**
Under federal tax law, if your domestic partner does not qualify as your tax dependent, as defined below, then the portion of the premiums The University of Iowa pays for the coverage of your domestic partner will be included in your gross income, subject to federal income tax withholding and employment taxes, and will be reported on your Form W-2. You will also be unable to claim 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:
   - for the entire calendar year in question, he or she lives with you as a member of the household you maintain and occupy, and
   - 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.
I. DECLARATION

We, (Employee-print name) ___________________________________________ and (Domestic Partner – print name) ___________________________________________ certify and declare that we are domestic partners in accordance with the following criteria and are eligible for Medical, Dental, Dependent Life, and voluntary AD&D insurance benefits under The University of Iowa benefits program.

II. DOMESTIC PARTNER CRITERIA

1. We are each other’s sole domestic partner and intend to remain so indefinitely.
2. We are at least eighteen (18) years of age, not related by blood closer than would bar marriage in the State of Iowa and mentally competent to consent to this declaration.
3. We recognize that domestic partner benefit are not provided under all insurance plans and understand that we must meet the eligibility requirements of the particular benefits plan(s) we are requesting.
4. We reside together in the same residence.
5. We share committed and mutually dependent relationship with each other that is similar to that of a married couple, but we have either chosen not to marry or cannot legally marry.
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.
III. CERTIFICATION OF DOMESTIC PARTNER AS A DEPENDENT

Please consult a tax advisor before you certify that your domestic partner seeking coverage is a dependent as defined by the Internal Revenue Code. If your answer is YES, you are not taxed on the University contribution for the dependent coverage premiums paid by The University of Iowa and you are able to make contributions for the domestic partner’s coverage on a pre-tax basis.

Please check one:

☐ Yes, my domestic partner qualifies as my dependent for Federal income tax purposes.

I understand that on the basis of the above statements, The University of Iowa will consider the above person my dependent for all federal income and employment tax purposes.

I agree to reimburse The University of Iowa for any and all liability including, without limitation, taxes, penalties or losses (including reasonable attorneys’ fees) that The University of Iowa may incur arising out of its reliance on this affidavit if it is untrue in any respect or if I fail to provide the notice required by paragraph IV.

☐ No, my domestic partner does not qualify as my dependent for Federal income tax purposes.

IV. CHANGE IN DOMESTIC PARTNERSHIP

1. We agree to notify The University of Iowa as required by this Section IV if there is any change in our status as domestic partners as attested in this Declaration which would make the domestic partner and/or any of his/her dependent children ineligible for The University of Iowa benefits program (for example, due to the death of a partner, a change in joint–residence, termination of the relationship, etc.).

2. We will notify The University of Iowa within thirty-one (31) days of such change in our status as domestic partners and/or dependent. Coverage under The University of Iowa benefits program will be terminated as of the end of the month of the date of change in our status as domestic partners and/or dependent.

V. ACKNOWLEDGEMENTS

1. We understand that any person/employer/insurer/claims administrator who suffers any loss due to any false statement contained in this Declaration may bring civil action against either or both of us to recover their losses, including reasonable attorney’s fees.

2. We have provided the information in this Declaration for use by the University Benefits Office of The University of Iowa for the sole purpose of determining our eligibility for domestic partner benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, pursuant to a court order or if there is a compelling business need to have access to the information.

3. We understand that this Declaration may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided, and that before signing this Declaration, we should seek competent legal and accounting advice concerning such matters.
We declare, under penalty of perjury, under the laws of the state of Iowa that the assertions in this Declaration are true to the best of our knowledge. We understand that this form is not an application for insurance coverage and that the purpose for this form is to establish eligibility of person named herein for the coverage provided under The University of Iowa benefits program.

EMPLOYEE’S INFORMATION:

Signature of Employee: ________________________________

Employee Social Security Number: ________________________________

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

DOMESTIC PARTNER’S INFORMATION:

Signature of Domestic Partner: ________________________________

Domestic Partner’s Social Security Number: ________________________________

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

SUBMIT DECLARATION TO:

The University of Iowa Benefits Office
120 University Services Building, Iowa City, IA 52242-1911
Fax: 319-335-2776
Personal Health Information Release Form

{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; The 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.

Employee/Student Signature: ____________________________________________ Date: ________________