

The background of the slide is a photograph of the Iowa State University campus, featuring the Old Capitol building on the left and various other university buildings and trees. The entire image is overlaid with a semi-transparent red filter. Two thin, horizontal white lines are positioned above and below the text.

IOWA STATE UNIVERSITY

University Human Resources

2025 Benefits Open Enrollment County Paid Employees

ISU Plan Benefits for January 1, 2025

Begins: November 1, 2024 8:00am CT

Ends: November 21, 2024 12:00pm CT

UHR Service Center and Benefits Office

Contact Benefits:

(Phone) 515-294-4800 or
877-477-7485

(Email) benefits@iastate.edu

Schedule an appointment online through Bookings

| Faculty/Staff Last name begins with | Benefits Consultant | Schedule Appointment |
|---|---------------------|--------------------------------------|
| A-D | Jill Pretzer | Schedule Appointment |
| E-K | Dawn Shedarowich | Schedule Appointment |
| L-R | Teree Hungerford | Schedule Appointment |
| S-Z | Sarah Ford | Schedule Appointment |

Agenda

- Open Enrollment Overview
- 2025 Benefit Changes
- Review Benefit Plans

Open Enrollment Period

The annual opportunity to elect or change health insurance, dental insurance, and flexible spending accounts for the upcoming year.

Effective Date for Changes:

- January 1: medical/Rx, dental insurance, eyewear plan, health care flexible spending account and dependent care assistance program
- Health Flexible Spending and Dependent Care Assistance Program elections must be re-elected each year
- If you do not make a new election, your flexible spending accounts will be waived for 2025

2025 Benefit Changes

1 Medical premium decrease

2 Dental premium increase

3 Avesis premium increase plus added benefits to plan design

4 Health Care Flexible Spending (FSA)

- 2025 annual maximum \$3,300
- 2025 Rollover limit \$660

No Change to the Medical or Dental Plan Design

- Deductible
- Coinsurance
- Copay application
- Out of Pocket Maximum

Medical Insurance Premiums

2025 Monthly Medical Plan Premiums: **NOTE:** The county will determine the employee contribution.

- Plans are administered by Wellmark BCBS
- Two Different Plan Designs
 - Health Maintenance Organization (BlueHMO)
 - Preferred Provider Organization (BluePPO)

| Beginning Jan. 1, 2025 | BlueHMO | BluePPO |
|---------------------------------------|----------------|----------------|
| | (Full Premium) | (Full Premium) |
| Yourself Only | (\$798) | (\$817) |
| Yourself + Spouse/Domestic Partner | (\$1,832) | (\$1,868) |
| Yourself + Child(ren) | (\$1,432) | (\$1,458) |
| Yourself + Family | (\$2,331) | (\$2,395) |

Wellmark

BluePPO

- Access to nationwide network of participating providers
- Deductible for in-network and out-of-network are separate
- Out-of-pocket maximum for in-network and out-of-network are separate
- Out-of-pocket maximum resets every January
- Deductible resets every January

BlueHMO

- Iowa network of participating providers
- Emergency services only outside the Iowa network
- Must designate a primary care physician (PCP)
- Females may also designate a primary OB/GYN physician for annual exams
- Referrals are not required for in-network providers
- Out-of-Network Specialist: Wellmark must approve out of network referrals before you receive services or the services will not be covered
- Guest membership: provides access to BCBS participating hospitals, physicians and other health care providers while away from home for 90 days or longer.
 - College students
 - Custodial parents
- Out-of-pocket maximum/deductible reset every January

Medical Plan Terminology

Deductible: Expenses you pay before the plan starts paying. What is paid toward the deductible also applies to the Out-of-Pocket Maximum.

Copay: Flat dollar for provider visits. **When a copay is listed, the employee will pay one copay per provider per date of service.**

Note: All services with copays are not subject to the deductible.

Coinsurance: Percentage of cost for all other medical services including in patient and out-patient expenses

Medical Out-of-Pocket Maximum (OPM): The most you pay in a calendar year.

- This maximum is designed to protect you from catastrophic medical costs.
-

Preventive Care: Preventive services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), or the federal Centers for Disease Control (CDC). Examples of preventive services: annual physical, mammogram, pap smear, colonoscopy.

Watch a short video explaining these medical insurance terms:

https://www.hr.iastate.edu/files/video/2023-09/Understanding_Your_Medical_Coverage_Costs.mp4

Medical Plan Comparison

You'll continue to have the same medical plan options—Wellmark BlueHMO or Wellmark BluePPO

| Plan Provisions | BluePPO | | BlueHMO |
|--------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | In-Network | Out-of-Network | |
| Deductible | | | |
| • Single | \$400 | \$800 | \$250 |
| • Family | \$800 | \$1,600 | \$500 |
| Coinsurance | 20% | 40% | 10% |
| Out-of-Pocket Maximum | | | |
| • Single | \$2,000 | \$4,000 | \$1,500 |
| • Family | \$4,000 | \$8,000 | \$3,000 |
| Office Visit | \$25 copay | 40% coinsurance | \$15 copay |
| • Mental health services | | | |
| • Physical Therapy | | | |
| • Occupational Therapy | | | |
| • Speech Therapy | | | |
| Preventive Care | \$0 (covered 100%) | 40% coinsurance | \$0 (covered 100%) |
| Emergency Room | \$125 copay, plus 20% coinsurance | \$125 copay, plus 20% coinsurance | \$125 copay, plus 10% coinsurance |

Prescription Plan – Express Scripts

| Plan Provisions | Tier 1 | Tier2 | Tier 3 |
|--|--|---|---|
| | Generic Drugs | Preferred Brand Name Drugs (Includes Specialty Drugs) | Non-Preferred Brand Name Drugs (Includes Specialty Drugs) |
| Deductible | \$0 | | |
| Prescription Maximum Out-of-Pocket (includes copays and coinsurance) | \$2,000 single \$4,000 total for all other levels | | |
| 30-day supply Participating Retail Pharmacy | \$15 copay per script | 30% coinsurance up to \$125 maximum per script | 50% coinsurance up to \$250 maximum copay per script |
| 90-day supply Participating Retail Pharmacy | No cost to member | 25% coinsurance up to \$300 maximum per script | 33% coinsurance up to \$600 maximum copay per script |
| 90-day supply Express Scripts Home Delivery | No cost to member | 25% coinsurance up to \$300 maximum per script | 33% coinsurance up to \$600 maximum copay per script |

Rx Clinical Programs

1. **Smart90 Program** – Requires a 90-day supply at the retail pharmacy or through Express Scripts home delivery once you have been on a medication for 3 consecutive months.
2. **SaveOnSP Program** - The SaveOnSP program implemented by Express Scripts in conjunction with a third-party vendor, SaveOnSP, to leverage manufacturer copay assistance to drive savings for clients and members
3. **Price Assure Program** – provides members with access to GoodRx prescription drug discounts built right into the pharmacy benefit. This means that claims will be tracked within the benefit, even when the plan is leveraging a GoodRx price point.
4. **Out of Pocket Protection Program** - An automated solution that removes copay assistance dollars from a member's out-of-pocket maximum.

Dental Insurance Premiums

2025 Monthly Dental Plan Premiums: **NOTE:** The county will determine the employee contribution.

- Plans are administered by Delta Dental
- Two Different Plan Designs
 - Basic
 - Comprehensive – requires a 3-year lock-in

| Beginning Jan. 1, 2025 | Basic | Comprehensive |
|---------------------------------------|----------------|----------------|
| | (Full Premium) | (Full Premium) |
| Yourself Only | (\$25) | (\$44) |
| Yourself + Spouse/Domestic Partner | (\$60) | (\$113) |
| Yourself + Child(ren) | (\$67) | (\$119) |
| Yourself + Family | (\$77) | (\$135) |

Dental Plan Comparison

| Delta Dental Premier Plus PPO | Basic | Comprehensive (3-year lock-in) |
|--|--|---|
| Maximum Per Person/Year | \$750 (applied to restorative services only) | \$1,500 |
| Annual Deductible – applied to first restorative visit | \$25 | \$50 |
| Check Ups & Cleaning | 100% | 100% |
| BASIC RESTORATIVE | | |
| Cavity Repair & Extractions | 50% | 80% |
| Root Canals | 50% | 80% |
| Gum & Bone Disease | 50% | 80% |
| MAJOR RESTORATIVE | | |
| High-Cost Restorations | 50% | 50% |
| Bridges, Dentures, Implants | Not Covered | 50% |
| Orthodontics | Not Covered | 50% after deductible up to lifetime maximum of \$2,000 (no age limit) |

Eligible Dependents

- **Legally Married Spouse**
- **Domestic Partner**
 - Potential tax implications/imputed income
- **Dependent Child(ren)**
 - Who have a relationship to the employee or enrolled spouse/domestic partner
 - Biological, foster, legally adopted/placed for adoption, legal guardianship, court-ordered
 - Through December 31 of year in which turn age 26
 - Unmarried, full-time students over age 26
 - Totally & permanently disabled child

- Dependent status verification required. Report changes promptly. -

Required Documentation

Documentation of eligible dependents is required. Be prepared to attach electronic copies of the following in Workday.

- **Spouse**

- Marriage Certificate or Common Law Affidavit **AND**

Any one of the following:

- Driver's licenses or other state issued identification of employee and spouse with matching addresses
- Driver's license of spouse only if the address matches that on file
- Current mortgage statement or other proof of joint ownership of home
- Current rent/lease agreement
- Page 1 of federal or state tax return (1040, 4506, 4506-T, 8879 or M8453) from one of the prior two years, listing spouse
- Auto/homeowner insurance currently in effect
- Utility bills, with same address currently in effect
- Immigration papers (if marital status is listed)

Required Documentation

Documentation of eligible dependents is required. Please be prepared to attach electronic copies of the following in Workday.

- **Domestic Partner**
 - Declaration of Domestic Relationship form
located at: <https://www.hr.iastate.edu/benefits-forms>
 - Document verifying you share a place of residence
- **Dependent Child(ren)**
 - Birth Certificate

Insuring Domestic Partners / Child Over 26

Potential Tax Consequences/Implications

- Individuals may not be “tax dependent” per the IRS
- ISU will impute the income and you are taxed on added value of coverage

Insurance ID cards

Member ID cards for medical, prescription, dental plans

- ID cards issued in contract holder's name only
- Replacement or additional ID cards may be requested online or contacting the vendor's customer service number



Flexible Spending Accounts

- Administered by ASIFlex
- Not a Health Savings Account (HSA)
- Pre-tax contributions from your pay
- Optional participation
- Separate accounts:

Health Care Flexible Spending (FSA)

**Dependent Care Assistance
Program (DCAP)**

- What is flexed may not be reported on a tax return
- Incur expenses in calendar year (January 1-December 31)
- Must Re-elect FSA and DCAP elections each year to continue

Health Care Flexible Spending Account

- Deductions are taken equally over pay periods

Minimum Contribution

\$240 per year

Maximum Contribution

\$3,300 per year

- Reimbursed for expenses for yourself and eligible dependents as determined by the Internal Revenue Service
 - Qualified medical, dental or vision expenses that are not eligible for reimbursement from any other source
 - Examples: **coinsurance, deductibles, copays**, eyeglasses, contact lenses, hearing aids, orthodontics and some O-T-C medications with doctor's prescription
 - Limited purpose use if participating in Health Savings Account elsewhere

Carry Over Provision

- \$640 in unused 2024 funds can be rolled over to the 2025 plan year
- Can claim the carry over amount during the following plan year as long as you continue to be a benefits eligible employee

Dependent Care Assistance Program

- Deductions taken equally over remaining pay periods

| | |
|---|------------------|
| Minimum Contribution | \$240 per year |
| Maximum Contribution (single or married and filing joint return) | \$5,000 per year |
| Maximum Contribution (married and filing separate returns) | \$2,500 a year |

- Use it or lose it
- Grace period ends March 15th the following year

Dependent Care Assistance Program

Expenses to provide care for your eligible dependents may qualify while you work.

Eligible dependents include:

- Children under age 13
- Disabled child
- Disabled spouse
- Disabled parent living in your home

Covered Charges:

- Licensed day care center
- Nursery School
- In-home day care
 - Provider must claim as income
- Adult day care or nursing care



FLEX Reimbursement

- Reimbursements begin only after the first contribution is made
 - January 31st contribution reported to ASI Flex in early February
- **April 30, 2025** - Deadline to submit reimbursement requests for 2024 expenses
- What is flexed, may not be claimed on tax return
- Direct deposit available



FLEX Reimbursement



Debit card option:

- Receipts may still be required for certain services
- Choose either debit card or auto claims filing – cannot do both
- Must request debit card from ASI Flex – not automatic

Reminder – 2024 incurred expenses

- If you are participating in 2024:
 - **April 30, 2025 is the deadline** to submit reimbursement requests for expenses incurred in 2024
- **DCAP plans, USE IT or LOSE IT!**
 - **If you don't incur the expenses or claim those expenses by the deadline for filing, all unclaimed funds are lost**
- **Health Care plans**
 - If you don't incur the expenses or claim those expenses by the deadline for filing, funds in excess of the \$640 carryover will be forfeited
 - Example, if you have \$1,800.00 in funds to claim but don't make the claim by the deadline, you will lose \$1,160.00 of the 2024 money.

Additional Benefits & Programs

Vendor Discount Programs

- Visit the ISU Benefits website for details: <https://www.hr.iastate.edu/vendor-discounts>



Prior to 12 p.m. CT on November 21, 2024



Enroll, make changes, and verify your benefit elections



Forms Required if adding coverage for:

Domestic Partner: Declaration of Relationship + one additional
Spouse: Marriage License + one additional

Dependent Children: Birth Certificate

Important Notes:

- You can submit elections as many times as you want up until the 12 p.m. November 21 deadline. **Please submit the change form and required documentation to Becka Abraham by Friday Nov. 21st, noon.**
- The last changes **submitted** by the deadline will be final.
- **Health Care Spending Account & Dependent Care Assistance Program** elections will **NOT** carry over from one year to the next. You must elect these each year within Open Enrollment.

10 Ways to Get the Best Value

Your day-to-day decisions make a big difference in how much you pay for health care. Here are several things you can do to make sure you're getting the best value from your medical coverage.

1. **Do what you can to stay healthy** by getting regular preventive care, eating healthy, exercising regularly, and getting enough sleep.
2. **Choose the right level of health care** that you need at the moment. For example, only go to the ER when you have a true emergency or if it's the only option in your area.
3. **Reach out for help.** Benefits can be confusing, and you don't have to figure them out on your own. Try out the Wellmark, Delta Dental, and Express Scripts member portals and customer service.
4. **Get your prescriptions through the mail.** It's the most convenient and cost-effective way to get your medications. And make sure you read notices you receive from Express Scripts.
5. **Put money in the Health Care (FSA) and/or DCAP** to pay for certain expenses with pre-tax dollars.
6. **Use providers in the Wellmark network**—called in-network providers. Use IZU for the BluePPO and XQW for the BlueHMO as the prefix when looking at <https://www.wellmark.com/finder>.
7. **Consider all the medical plan options** that are available to your dependents.
8. **Estimate your 2025 out-of-pocket medical costs** to inform the plan option you select for 2025 and plan for your estimated expenses. Utilizing myWellmark at [Wellmark.com](https://www.wellmark.com) is an easy way to determine what you spent on medical costs in the past year.
9. **Estimate your 2025 out-of-pocket pharmacy costs** to inform the plan option you select for 2025 and plan for your estimated expenses. Utilizing the [Express Scripts website](#) is an easy way to determine what you spent on pharmacy costs in the past year.
10. **Find out approximately how much care will cost** and keep tabs on spending utilization on your Wellmark, Delta Dental, and Express Scripts member portals.

Contact Us



Extension Finance Office

Email:
extfinance@iastate.edu

UHR Benefits Office

Email: benefits@iastate.edu

Phone: (515)-294-4800

Benefits Website:

<https://www.hr.iastate.edu/employee-benefits>

County Extension Website:

<https://coextension.hr.iastate.edu/>