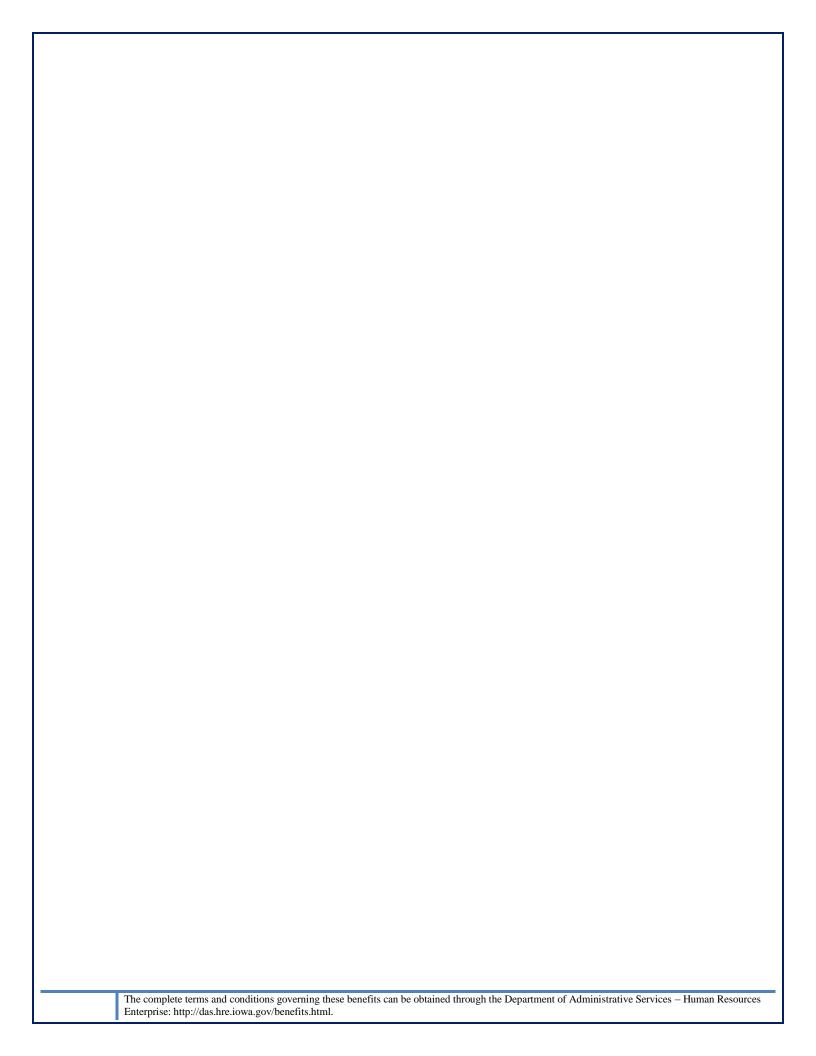
# YOUR BENEFITS... AT A GLANCE





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# **Health Care Benefits**

### **Health Insurance**

Eligibility

Employees receiving full-time benefits must work 30 hours or more per week in benefit-eligible positions. Employees receiving part-time benefits must work 20 - 29 hours per week in benefit-eligible positions.

**Effective** 

First of the calendar month following the date you complete one month of continuous employment.

**Summary** 

You have several health insurance options from which to choose. Your choices will include two Managed Care Organization (MCO) options, a Preferred Provider Organization (PPO) and an Indemnity. None of the plans offered have a lifetime maximum benefit limit. All health insurance plans are provided by Wellmark Blue Cross Blue Shield of Iowa.

**Blue Access:** Available to all state employees\* (MCO plan)

- Comprehensive health care services provided by a select network of physicians and hospitals.
- Open access -- you to go to any provider in the network at any time.
- You are responsible for paying any out-of-network provider (except for emergency services).
- No deductibles.
- \$10 copayment.
- Out-of-pocket limit is \$750 for single coverage or \$1,500 for family coverage.
- After reaching the annual out-of-pocket limit, covered medical expenses are paid at 100 percent.

### **Blue Advantage** *Available to all state employees\** (MCO plan)

- Comprehensive health care services provided by a select network of physicians and hospitals.
- You choose a primary care physician (PCP) for each person covered.
- You are responsible for paying any out-of-network provider (except for emergency services).
- No deductibles.
- \$10 copayment for office visits.
- Out-of-pocket limit is \$750 for single coverage or \$1,500 for family coverage.
- After reaching the annual out-of-pocket limit, covered medical expenses are paid at 100 percent.

### **Iowa Select** *Available to all state employees\** (PPO plan)

- Comprehensive health care services provided by any licensed physician or hospital but lower coinsurance if you use network providers.
- Annual deductible of \$250 for single coverage or \$500 for family coverage.
- \$15 copayment for office visits.
- The plan pays 90 percent in-network charges or 80 percent of covered out-of-network charges.
- Out-of-pocket limit is \$600 for single coverage or \$800 for family coverage.
- After reaching the annual out-of-pocket limit, covered medical expenses are paid at 100 percent.

### **Deductible 3 Plus** Available to Non-Contract (Non-Judicial) and UE/IUP-covered employees (Indemnity Plan)

- Comprehensive health care services provided by any licensed physician or hospital.
- Annual deductible of \$300 for single coverage or \$400 for family coverage.
- Deductible applies to <u>all</u> services before insurance coverage begins.
- The plan pays 80 percent of covered charges (after deductible).
- Out-of-pocket limit is \$600 for single coverage or \$800 for family coverage.
- After reaching the annual out-of-pocket limit, covered medical expenses are paid at 100 percent.

### **Program 3 Plus** Available to AFSCME, Judicial Branch and PPME-covered employees (Indemnity Plan)

- Comprehensive health care services provided by any licensed physician or hospital.
- Annual deductible of \$300 for single coverage or \$400 for family coverage.
- Deductible applies only to inpatient services before insurance coverage begins.
- \$15 copayment for office visits.
- The plan pays 80 percent of covered charges (after deductible).
- Out-of-pocket limit is \$600 for single coverage or \$800 for family coverage.
- After reaching the annual out-of-pocket limit, covered medical expenses are paid at 100 percent.

<sup>\*</sup> Excludes employees represented by the State Police Officers Council (SPOC) and non-Merit Board of Regents employees.

# **Prescription Drug Coverage**

**Summary** 

Prescription drugs benefits are included in all health insurance plans.

### **Blue Access and Blue Advantage**

Prescription drug benefits are provided through a three-tier program. The amount of your copayment is determined by the drug you receive. Copayment amounts are:

- \$5.00 for preferred generic drugs.
- \$15.00 for preferred brand name drugs.
- \$30.00 or 25 percent (whichever is higher) for non-preferred brand or non-preferred generic drugs.

Prescription copayments do not apply to the out-of-pocket maximum.

### **Deductible 3 Plus**

You pay the full cost of the prescription at the pharmacy and are reimbursed for 80 percent of Wellmark's allowed amount after you have met the plan's deductible; after the out-pocket limit is met, covered prescription drug expenses are paid at 100 percent.

### **Iowa Select and Program 3 Plus**

Prescription drug benefits are provided through a three-tier program. The amount of your copayment is determined by the drug you receive. Copayment amounts are:

- \$5.00 for preferred generic drugs.
- \$15.00 for preferred brand name drugs.
- \$30.00 for non-preferred brand or non-preferred generic drugs.

There is a separate out-of-pocket limit of \$250 for single coverage or \$500 for family coverage for prescription drugs. After reaching this out-of-pocket limit, covered prescription drug expenses are paid at 100 percent.

# **Monthly Health Insurance Premiums**

Full-Time Benefit Contribution (work 30 or more hours per week)							
		Single		Family			
Plan	Total	State	You	Total	State	You	
	Premium	Pays	Pay	Premium	Pays	Pay	
Blue Access	\$398.49	\$398.49	\$0.00	\$932.47	\$932.47	\$0.00	
Blue Advantage	\$383.30	\$383.30	\$0.00	\$896.94	\$896.94	\$0.00	
Deductible 3 Plus	\$646.46	\$646.46	\$0.00	\$1,512.76	\$1,274.80	\$237.96	
Non-Contract (Non-Judicial) and UE/IUP-covered							
Iowa Select	\$640.92	\$640.92	\$0.00	\$1,499.75	\$1,274.79	\$224.96	
Program 3 Plus	\$643.23	\$643.23	\$0.00	\$1,505.17	\$1,274.79	\$230.38	
AFSCME covered, AFSCME Judicial-covered, Judicial Non-Contract, and PPME-covered							

Part-Time Benefit Contribution (work 20 −29 hours per week)							
		Single		Family			
Plan	Total	State	You	Total	State	You	
	Premium	Pays	Pay	Premium	Pays	Pay	
Blue Access	\$398.49	\$199.25	\$199.24	\$932.47	\$466.23	\$466.24	
Blue Advantage	\$383.30	\$191.66	\$191.64	\$896.94	\$448.48	\$448.46	
Deductible 3 Plus	\$646.46	\$323.24	\$323.22	\$1,512.76	\$637.40	\$875.36	
Non-Contract (Non-Judicial) and UE/IUP-covered							
Iowa Select	\$640.92	\$320.46	\$320.46	\$1,499.75	\$637.39	\$862.36	
Program 3 Plus	\$643.23	\$321.61	\$321.62	\$1,505.17	\$637.39	\$867.78	
AFSCME covered, AFSCME Judicial-covered, Judicial Non-Contract, and PPME covered							

If you and your spouse are both State of Iowa employees, the double-spouse family credit provides family health insurance coverage with little or no premium.

# **Dental Insurance**

Eligibility Employees receiving full-time benefits must work 30 hours or more per week in benefit-eligible positions.

Employees receiving part-time benefits must work 20 - 29 hours per week in benefit-eligible positions.

**Effective** First of the calendar month following the date you complete one month of continuous employment.

Summary Delta Dental: Routine diagnostic and preventive services are covered in full. Covers 80 percent of routine

restorative services (such as fillings) and 50 percent of high cost restorations, root canals, gum diseases, bridges and dentures. The overall benefit period maximum is \$1,500 per person per year. Orthodontia for

dependents under age 19 is covered at 50 percent up to a \$1,500 lifetime maximum.

# **Monthly Dental Insurance Premiums**

Full-Time Benefit Contribution (work 30 or more hours per week) Benefit Contribution						
	Single			Family		
	Total	State	You	Total	State	You
	Premium	Pays	Pay	Premium	Pays	Pay
AFSCME-covered	\$26.14	\$26.14	\$0.00	\$70.06	\$35.04	\$35.02
AFSCME Judicial-covered						
Judicial Non-Contract						
Non-Contract (Non-Judicial)						
PPME-covered						
UE/IUP-covered	\$26.14	\$26.14	\$0.00	\$70.06	\$26.14	\$43.92

Part-Time Benefit Contribution (work 20 −29 hours per week)						
		Single		Family		
	Total	State	You	Total	State	You
	Premium	Pays	Pay	Premium	Pays	Pay
AFSCME-covered	\$26.14	\$13.08	\$13.06	\$70.06	\$17.52	\$52.54
AFSCME Judicial-covered						
Judicial Non-Contract						
Non-Contract (Non-Judicial)						
PPME-covered						
UE/IUP-covered	\$26.14	\$13.08	\$13.06	\$70.06	\$13.08	\$56.98

If you and your spouse are both State of Iowa employees, the double-spouse family credit provides family dental insurance coverage with little or no premium.

# **Income Protection for You and Your Family**

### **Basic Term Life Insurance**

**Eligibility** Employees, in benefit-eligible positions, must work 30 hours or more per week.

**Effective** First of the calendar month following the date you complete one month of continuous employment.

**Cost** The State pays 100 percent of the cost.

**Summary** \$20,000 term life insurance.

# Supplemental Term Life Insurance

**Eligibility** Employees, in benefit-eligible positions, must work 30 hours or more per week.

**Effective** First of the calendar month following the date you complete one month of continuous employment.

**Cost** You pay 100 percent of the cost.

Summary You can purchase supplemental term life insurance at affordable group rates. Cost is based on your age and

the amount of supplemental coverage elected. The minimum amount of supplemental term life insurance available is \$5,000 and the maximum you can purchase is either \$50,000 or \$40,000 for UE/IUP-covered

employees.

### **Accidental Death & Dismemberment Insurance**

**Eligibility** Employees, in benefit-eligible positions, must work 30 hours or more per week.

**Effective** First of the calendar month following the date you complete one month of continuous employment.

**Cost** The State pays 100 percent of the cost.

**Summary** Coverage equals basic life insurance and elected amount of supplemental term life insurance. Included in this

benefit is coverage for dismemberment and loss of sight.

# **Long Term Disability Insurance**

**Eligibility** Employees, in benefit-eligible positions, must work 30 hours or more per week.

**Effective** First of the calendar month following the date you complete one month of continuous employment.

**Cost** The State pays 100 percent of the cost.

**Summary** Coverage provides you a monthly benefit of 60 percent of up to \$60,000 of your annual base earnings.

You must be disabled through your elimination period. The elimination period is the longer of:

• 90 working days (720 work hours) or

• Until all sick leave is exhausted.

# **Time Off Benefits**

# **Vacation**

**Eligibility** All permanent and probationary employees.

**Effective** At the time of employment.

**Cost** The State pays 100 percent of the cost.

**Summary** Full-time employees accrue the following number of vacation hours.

1 - 4 years of service
5 - 11 years of service
12 - 19 years of service
20 - 24 years of service
25 or more years of service
80 hours per year
120 hours per year
160 hours per year
176 hours per year
200 hours per year

Additionally, two unscheduled holidays are added to your vacation accrual.

Part-time employees earn prorated amounts of vacation based on the number of hours worked.

### Sick Leave

**Eligibility** All permanent and probationary employees.

**Effective** At the time of employment.

**Cost** The State pays 100 percent of the cost.

**Summary** Full-time employees accrue the following number of sick leave hours each month.

AFSC	ME-covered	UE/IUP-covered Social Service Unit				
	ered Science Unit -Contract					
Leave Balance	Monthly Accrual Rate	Sick Leave Balance	Monthly Accrual Rate			
750 1	12 h	0 750 h arras	0 1			

Part-time employees earn prorated amounts of sick leave based on the number of hours worked.

Depending upon the employee's bargaining status, the employee may be able to use sick leave for medically related disabilities, personal illness, and personal medical and dental appointments. In some cases, the employee can use sick leave for deaths in the immediate family, pallbearer service, care of immediate family members and adoption.

A benefit-eligible employee who has accumulated a minimum of 30 days (240 sick leave hours) and who does not use sick leave during the previous calendar month may convert sick leave to vacation.

Depending upon eligibility for the program, the employee's unused sick leave balance at retirement may be used to pay the state share of the group health insurance premiums until the retiree becomes eligible for Medicare (usually at age 65.)

# **Holidays**

**Eligibility** All permanent and probationary employees.

**Effective** At the time of employment.

**Cost** The State pays 100 percent of the cost.

**Summary** The State of Iowa recognizes nine fixed holidays.

- New Year's Day January 1
- Dr. Martin Luther King, Jr.'s Birthday third Monday in January
- Memorial Day last Monday in May
- Independence Day July 4
- Labor Day first Monday in September
- Veterans Day November 11
- Thanksgiving Day fourth Thursday in November
- Day after Thanksgiving Day fourth Friday in November
- Christmas Day December 25

View current year's holiday dates at http://das.iowa.gov/cust serv/holidays.html

# **Other Benefits**

# **Employee Assistance Program (EAP)**

**Eligibility** All employees.

**Effective** At the time of employment.

Cost The State pays 100 percent of the cost.

Summary Confidential assessment, consultation and referral program to help you and your family deal with personal

problems before they affect your health, happiness or success. EAP services are provided by Employee & Family Resources. Counseling services are limited to three sessions with an EAP counselor per incident.

# **Employee Discount Program**

**Eligibility** All employees.

**Effective** At the time of employment.

**Cost** The State of Iowa pays 100 percent of the administrative cost.

**Summary** The Employee Discount Program (EDP) allows state employees to save money by offering savings on popular

goods and services. The EDP is administered by PerkSpot, a company that manages employee discount

programs for a variety of employers.

# Flexible Spending Accounts

**Eligibility** Employees (work 20 hours or more per week) in a benefit-eligible position. **Effective** First of the calendar month following the date you submit an enrollment form.

**Cost** The State of Iowa pays 100 percent of the administrative cost.

**Summary** You may defer up to \$3,000 per year for unreimbursed health and dental expenses on a pre-tax basis and up to

\$5,000 per year for dependent care expenses on a pre-tax basis.

# **Leave Programs**

**Eligibility** All employees.

**Effective** At the time of employment.

**Summary** Employees may be eligible for leave, with or without pay, with supervisory pre-approval. Examples of the

different leaves available are:

Bone Marrow & Organ Donation Family and Medical Leave (FMLA)

Disaster Service Volunteer Jury Duty/Court Appearance

Educational Military
Election Voting

Examination/Interviewing

# **Direct Deposit**

**Eligibility** All employees.

**Effective** At the time of employment.

**Summary** Electronically deposits your paycheck into your bank account.

# Savings Bonds

**Eligibility** All employees.

**Effective** At the time of employment.

**Summary** Automatic regular deductions from your paycheck to purchase U.S. Savings Bonds.

# **Workers' Compensation**

**Eligibility** All employees.

**Effective** At the time of employment.

**Cost** The State pays 100 percent of the premium.

**Summary** On-the-job accident coverage. Payments are determined by the State of Iowa statue.

# **DART Unlimited Access**

**Eligibility** All employees.

**Effective** At the time of employment.

**Cost** The State pays 100 percent of the cost.

**Summary** State of Iowa employees in the Des Moines metro region can take advantage of DART's (Des Moines Area

Regional Transit) services by simply showing their State of Iowa employee ID with a DART sticker.

# **Lactation Rooms on the Capitol Complex**

**Eligibility** All employees.

**Effective** At the time of employment.

**Summary** There are eight lactation rooms available for use on the Capitol Complex.

# Retirement

# **Retirement Investors' Club**

**Eligibility** All employees.

**Effective** At the time of employment.

**Cost** The State matches a portion of your contributions.

**Summary** The Retirement Investors' Club (RIC) is a voluntary savings program that allows you to set aside a portion of

your salary, in accordance with IRS regulations, for use in retirement. While you are participating in RIC, payroll deductions in the amount you choose are taken from your paycheck (before state and federal taxes) and deposited into a 457 employee contribution account. Plus, the state matches a portion of your monthly contributions. For every \$2 you contribute, the state will contribute \$1 (to your 401(a) employer match account) up to the maximum match benefit of \$75/month. A variety of funds are available. Beginning July 1, 2009, the state will contribute \$1 for every \$1 you contribute up to the maximum match benefit of \$75/month.

# Pension - Iowa Public Employees' Retirement System (IPERS)

**Eligibility** Most employees.

**Effective** At the time of employment.

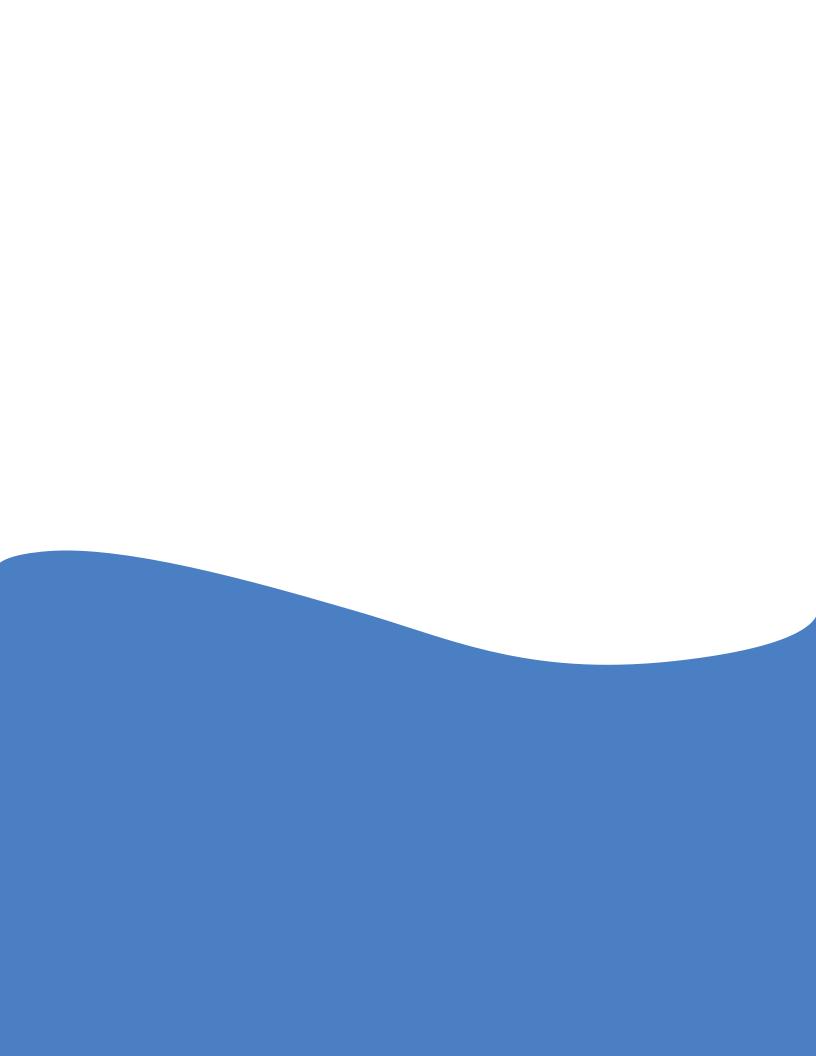
**Cost** For regular IPERS members, the employee contributes 4.10 percent and the State of Iowa contributes 6.35

percent of your wages. Beginning July 1, 2009, the employee contribution will be 4.30 percent and the State's

contribution will increase to 6.65 percent.

**Summary** The IPERS plan is a defined benefit plan. The lifetime monthly benefit you receive is calculated using a

formula. Your benefits grow with you during your working career. As your years of service and salary increase, your IPERS benefits grow too. You are always 100 percent vested in your contributions. After 4 years of service or when you reach age 55 while in IPERS-covered employment, you become vested in a portion of the employer contributions made on your behalf. Vesting also entitles you to additional benefits.



# **Additional Benefit Resources**

Detailed information about the State of Iowa benefits can be found at the following Web sites. Information is also available by contacting your agency's personnel assistant.

Health Care Benefits http://das.hre.iowa.gov/benefits.html 515-281-6124

Income Protection for You and Your Family http://das.hre.iowa.gov/benefits.html 515-281-6124

Additional Benefits http://das.hre.iowa.gov/benefits.html 515-281-6124

**Retirement Investors Club** http://das.hre.iowa.gov/ric.html 515-281-8677

860-460-4692

**IPERS** www.ipers.org 515-281-0020 or 1-800-622-3894

State Police Officers Council (SPOC)-covered employees benefits

http://das.hre.iowa.gov/benefits.html 515-725-6250 (Public Safety)

515-281-8988 (Natural Resources)

