

2023 Open Enrollment

HRA Kick-Off Meeting September 26, 2022

Open Enrollment Team

- Amy Liechti Team Lead Group Insurance
- Danielle Potter Life & LTD Specialist
- Kelley Hall Workday Benefits Specialist
- Susan Piel Retiree Specialist
- Jennifer Sandusky Flex Spending Administration & Plan Administrator for RIC
- Julie Finnell HR Tech, Benefits
- Jessica Lingo Bureau Chief, Benefits



Agenda

- Highlights of 2023 Open Enrollment
- Flex Spending Accounts
- Life Insurance
- Retiree Enrollment and Change



Zoom Items

- Everyone will be muted. Please use the chat function for questions.
- Video will be recorded for later use.





HRA Role

- You are the main contact for employees in your agency
- HRA should contact HRE on behalf of the employee
- If you don't know the answer, see it as a learning opportunity instead of directing the employee straight to HRE
- HRE role is to assist the HRA





2023 Benefit Highlights and Premiums



2023 Open Enrollment Timeframe

| Active Employees | October 3 rd – November 4 th at 6pm (CST) |
|------------------|---|
| Retirees | October 15th – December 7th |





2023 Benefit Changes

Health Insurance

- Minor benefit changes in Iowa Choice or National Choice
- NO benefit changes in Alliance Select (SPOCcovered employees)



2023 is NOT an active enrollment for health or dental

- Employees do not have to re-enroll in health or dental if they do not want to make any changes
- Their health and dental will remain the same in 2023



Employees must enroll each year in Workday

- Health Flexible Spending Account (FSA)
- Dependent Care FSA



Health Flexible Spending Account

- The maximum Health FSA is \$2,850 in 2023
- The maximum Dependent Care FSA contribution remains \$5,000 per household. (\$2,500 if the employee is married and filing a separate tax return).



Health Insurance Resources

Call Wellmark Customer Service

- 800.622.0043
- 888.781.4262 (TTY)

2023 Open Enrollment Web Page

https://das.iowa.gov/human-resources/employee-and-retiree-benefits/2023-open-enrollment

- Health Insurance Options Side-by-Side Comparison
- Summary of Benefits and Coverage Iowa Choice
- Summary of Benefits and Coverage National Choice
- Summary of Benefits and Coverage Alliance Select



2023 Monthly Health Premiums

All Employees (except SPOC-covered)

| Full-time employees (30+ hours per week) | Total Premium | State Share | % of State share | Employee share | % of employee share | |
|---|------------------|-------------|---------------------|-------------------|---------------------|--|
| Iowa Choice | | | | | | |
| Employee | \$799.00 | \$743.00 | 93% | \$56.00 | 7% | |
| Family | \$1,874.00 | \$1,687.00 | 90% | \$187.00 | 10% | |
| National Choice | | | | | | |
| Employee | \$878.00 | \$743.00 | 85% | \$135.00 | 15% | |
| Family | \$2,057.00 | \$1,687.00 | 82% | \$370.00 | 18% | |



2023 Monthly Health Premiums

All Employees (except SPOC-covered)

| Part-time employees (20-29 hours a week) | Total premium | State share | % of State share | Employee share | % of employee share | |
|---|------------------|-------------|---------------------|-------------------|---------------------|--|
| Iowa Choice | | | | | | |
| Employee | \$799.00 | \$371.50 | 46% | \$427.50 | 54% | |
| Family | \$1,874.00 | \$843.50 | 45% | \$1,030.50 | 55% | |
| National Choice | | | | | | |
| Employee | \$878.00 | \$371.50 | 42% | \$506.50 | 58% | |
| Family | \$2,057.00 | \$843.50 | 41% | \$1,213.50 | 59% | |



2023 Monthly Health Premiums

SPOC-Covered Employees

| Full-time employees | Total premium | State share | % of State share | Employee share | % employee share |
|-------------------------|------------------|-------------|------------------|-------------------|---------------------|
| Single | \$677.31 | \$643.44 | 95% | \$33.87 | 5% |
| Employee and Child(ren) | \$1,282.15 | \$1,128.29 | 88% | \$153.86 | 12% |
| Employee and Spouse | \$1,387.13 | \$1,220.67 | 88% | \$166.46 | 12% |
| Family | \$2,078.66 | \$1,766.86 | 85% | \$311.80 | 15% |



Health Insurance Opt-Out

Elect to opt-out of a state-sponsored health insurance plan and receive \$125 monthly

Eligibility for the Opt-Out

- Full time (30+ hours per week) and benefit eligible
- NOT covered by Iowa Choice, National Choice, or Alliance Select (active or retiree) through a family member, including a domestic partner
- Covered by a Board of Regents health plan eligible for the Opt-out



Health Insurance Opt-Out

- Elected the opt-out in 2022
 - The opt-out will roll over in 2023
 - Unless the employee elects health insurance during this Open Enrollment Period
- Did not elect the opt-out in 2022
 - Must elect the opt-out option in Workday
 - No default to the opt-out option



Dental Insurance

- Not an open enrollment SPOC-covered employees (per Collective Bargaining Agreement)
- Open enrollment for all other employees



2023 Benefit Changes

Dental Insurance

 NO benefit changes for any employees, including SPOC-covered employees



2023 Monthly Dental Premiums

All Employees (except SPOC-covered)

| Full-time employees (30+ hour a week) | Total premium | State share | % of State share | Employee share | % of employee share |
|---|------------------|-------------|---------------------|-------------------|---------------------------|
| Employee | \$35.00 | \$35.00 | 100% | \$0 | 0% |
| Family | \$90.00 | \$45.00 | 50% | \$45.00 | 50% |
| Part-time employees (20-29 hours a week) | Total premium | State share | % of State share | Employee share | % of employee share |
| Employee | \$35.00 | \$17.50 | 50% | \$17.50 | 50% |
| Family | \$90.00 | \$22.25 | 25% | \$67.75 | 75% |



2023 Monthly Dental Premiums

SPOC-Covered Employees

| Full-time employees | Total premium | State share | % of State share | Employee share | % of employee share |
|------------------------|------------------|-------------|---------------------|-------------------|---------------------|
| Single | \$35.10 | \$35.10 | 100% | \$0 | 0% |
| Family | \$86.78 | \$67.69 | 78% | \$19.09 | 22% |



*2023 health & dental premiums will be reflected on the December 16, 2022 pay warrant

Resources – Coming Soon!

HRA Information: 2023 Enrollment and Change Period

https://das.iowa.gov/human-resources/employee-and-retiree-benefits/2023-open-enrollment

Links

- 2023 Health and Dental Insurance Premiums
- 2023 Life Insurance Premiums
- 2023 Pay Period Calendar
- COBRA
- Forms
- Flexible Spending Accounts (FSA)
- More!



Communications

HRExpress - 2023 Special Open Enrollment Edition

- Email will be distributed on or by October 3rd
- Print & distribute for employees who don't have access to a computer or are on a leave of absence





Flexible Spending Accounts



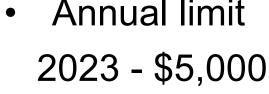
Annual Limits

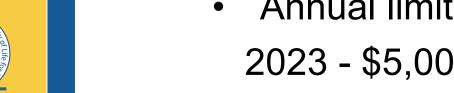
Health FSA: Health expenses for self, spouse and dependents

 Annual limit 2023 - \$2,850

Dependent Care FSA: Care expenses for dependent children under age 13 and dependent adults

Annual limit







Contributions to Health FSA

Application of Maximum

- \$2,850 limit applies on an individual basis. If both spouses are eligible for health FSA, each has \$2,850 limit.
- \$2,850 is a plan limit. If employee works for two employers that offer a Health FSA, employee may elect the maximum under each employer's plan.







Contributions to Dep Care FSA

Application of Maximum

- \$5,000 limit applies on a household basis. If both spouses contribute, the limit is split between them. This is not a plan limit, so all contributions in a year count toward \$5,000 regardless of employer.
- \$2,500 limit if married and file taxes separately.





Health FSA Carryover

Carryover

- Carryover of unused 2022 contributions is limited to \$570.
- Carryover is in addition to the \$2,850 limit.
- Carryover dollars are spent first for claims incurred in the following year and must be used in the following year or are forfeited.





New Hires

- Please give new hires FSA brochure.
- 30 days to enroll.

 Once coverage begins - can't change without life event.

- Example:
 - Hired 1-15
 - Enrolled 1-30
 - No changes allowed after 1-31





Life Events

Common Events

- Marriage/Divorce
- Birth 60 days to make changes
- Childcare provider, hours, rates

Tips

- Remind EEs to check coverage/beneficiaries for all benefits (life insur, IPERS, RIC)
- Make sure requested change is consistent with event







Terminating Employees

Claims eligibility

Health Care

- Can have entire annual amount
- Claims incurred through end of month of last deduction
- Retiree can prepay with final check by submitting form

Dependent Care

- Can have only what they contributed
- Expenses incurred while employed
- Expenses incurred after term if new job or looking for work





Terminating Employees

Employee Communications

- Remind them of coverage end dates
- Ask retirees about prepaying health FSA
- Give them the FSA brochure







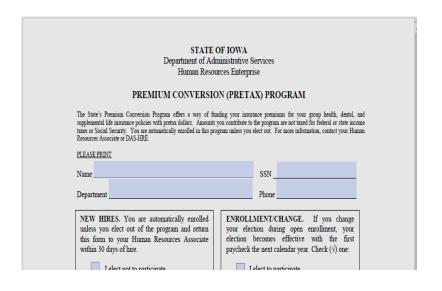
Premium Conversion

Enrollment and Change

Send form to HRE

New Hires

- 30 days to elect out
- Give form only if elect out
- Send form to HRE







Life Insurance Overview

2023 Premiums

- No change from previous plan year for all employees
- Premiums can be found:

Open Enrollment webpage
HRA Information 2023 Open Enrollment





2022 Plan Information

All benefit-eligible employees (work at least 30 hours per week) are covered by the basic life insurance benefit.

| Basic Life Insurance | |
|---|----------|
| All employees (except SPOC covered employees) | \$20,000 |
| SPOC-covered employees | \$50,000 |

^{*}Basic Life is paid by the State

| Supplemental Life Insurance | Minimum Coverage | Maximum Coverage | Purchased in increments |
|---|---------------------|---------------------|-------------------------|
| All employees (except SPOC covered employees) | \$5,000 | \$100,000 | \$5,000 |
| SPOC-covered employees | \$100,000 | \$1,000,000 | \$100,000 |





Life Insurance

No Change in Your Supplemental Life Insurance

- If you do not want to change the amount of your supplemental life insurance, you do not have to re-elect the amount.
- Your 2022 election will carry forward into 2023.





Life Insurance

Enroll or Increase Life Insurance

- Premiums based on the amount of life insurance elected and your age
- Enroll in supplemental life insurance in Workday
- The Standard must approve supplemental life elections
- You must complete evidence of insurability (EOI) online with link provided within Workday
- EOI must be on file with The Standard by 1/3/2023
- Increase is effective January 1, 2023 or first of the month following approval from the carrier (if past 01/01/23)





Life Insurance Continued

Cancel or Decrease Life Insurance

- Changes are made in Workday
- Decrease: Elect the amount of supplemental life insurance in Workday
- Cancel: Indicate that you cancel your coverage
- If cancelling basic, waiver is required

Waiver of Life And Long Term Disability Insurance

Changes will take effect on January 1, 2023





Inbox

2 items

Awaiting Your Action



Open Enrollment Change:

Employee Name (12345)

on 01/01/2023

Inbox - 3 day(s) ago

Go to Inbox



Change Benefits for Open Enrollment

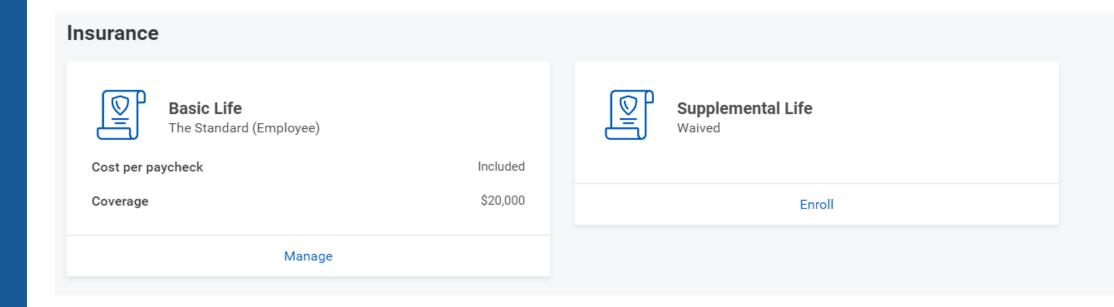
3 day(s) ago - Effective 01/01/2023

Open Enrollment 10/03/22 - 11/04/2022

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started







Plans Available

Select a plan or Waive to opt out of Supplemental Life.



Insurance Instructions

General Instructions

Please click here for Open Enrollment information.

You will need to provide Evidence of Insurability (EOI) to The Standard Insurance Company (The Standard), by completing a Medical History Statement (MHS).

- . If you are enrolling in Basic or Supplemental Life Insurance after the first 30 days of Full Time benefit eligibility
- If you request an increase to Supplemental Life Insurance
- If you are returning from an Unpaid Leave of absence in excess of 30 calendar days (excluding Military Leaves) State of lowa Health Statement

Please CLICK the blue link above for the MHS. A separate window will open on the Standard's webpage. Once you have completed the MHS, The Standard may follow up with additional questions that will be mailed to your home address. Please note, coverage will not become effective until you receive an approval from The Standard and your coverage has been approved in Workday. If EOI is not on file with The Standard within 30 days from your qualified life event or 60 days from the last day of Open Enrollment, your request for additional Supplemental Life insurance will be cancelled.



Projected Total Cost Per Paycheck \$22.70



Coverage

Your guaranteed coverage amount for Supplemental Life - The Standard (Employee) is \$30,000. Submit your Evidence of Insurability to The Standard to be considered for the coverage amount of \$100,000.

| Calculated Coverage | \$100,000.00 | |
|---------------------|--------------|-------------|
| Coverage | * | Search := |
| | | × \$100,000 |

Plan cost per paycheck \$22.70

Insurance Instructions

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Submit Evidence of Insurability

This application process allows you to complete a medical history statement online, when evidence of insurability is required under a group insurance policy issued by The Standard. The information you provide will be used to evaluate your application.

Submission of this application does not guarantee approval of coverage requiring evidence of insurability.

This process generally takes between 10 and 20 minutes if you have all required information. Please be aware you will not have an opportunity to save a draft during this time. For your protection, this submission session will time out after 30 minutes of inactivity.



Required Information

You **must** be prepared with the following information before you can proceed. If you do not have this information ready to reference, please print this page and return here when you have all of these listed items.

- 1. Member's employment details... ✓ Date of hire ✓ Earnings
- 2. Coverage details... ✓ Amounts currently in force ✓ Amounts requested (as appropriate under the group policy)
- 3. Personal identification... ✓ Date of birth ✓ Place of birth ✓ Mailing address
- 4. Medical conditions... ✓ Diagnoses ✓ Types of treatment ✓ Dates for treatment
- 5. Physicians or clinics... ✓ Names ✓ Locations ✓ Phone numbers

Note for Spouse Applicant

If this evidence of insurability submission is for a spouse applicant, he or she must complete the medical history statement and electronically sign this submission.

I have read and agree to the Terms and Consent

Cancel

START A NEW SUBMISSION

Contact Us

Medical Underwriting

P: 800.843.7979

Hours of Operation: Monday - Friday 6:00 AM-5:00 PM (PST)

FAQ About Evidence of Insurability



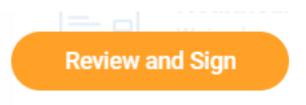






Your Supplemental Life changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.





Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

I understand that the benefits for which I (we) will be eligible are those described in the Wellmark group policy(ies) or contract with my employer, as may from time to time be amended and in the Benefits Certificate or Summary Plan Description provided to me under the group policy or contract. I understand that coverage will not become effective before the approved effective date, as determined by Wellmark.

I certify that I am legally authorized to apply for coverage for myself and all other persons named in this application. I understand that I am making application for the health coverage sponsored by my employer or group sponsor offered by Wellmark, Inc. and, when applicable, life and/or disability insurance provided by carriers not affiliated with Wellmark (collectively the "Plans"). I authorize my employer, as my agent, to deduct from my pay or collect from me in advance the monthly rates therefore and remit such sums to the Plans on my behalf. This authorization is to remain in effect until the Plans are notified by me or my employer to the contrary. I understand that written notice of rate changes will be furnished by my employer as my agent. I further understand that the coverages applied for will not start until after this application and the appropriate coverage rates are received and accepted by each Plan and an effective date of coverage is established by the Plans.

I certify that, after this application was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that the Plans will rely on the completeness and truthfulness of the information given and the statements made, and that if I have made any false statements or misrepresentations, or have failed to disclose or concealed any material fact, the Plans will be entitled to declare the contracts applied for void and to refuse allowance on benefits to any person there under.

If I am applying for life and/or disability insurance, I understand that if I am not actively at work on the effective date of my coverage, my life and/or disability insurance will not begin until the day I return to work. I further understand that if I have chosen to waive life and/or disability insurance and I wish to reapply at a later date, I will be required to furnish evidence of insurability satisfactory to the life insurance carrier selected by my employer or group sponsor.

I und and that if I DO NOT have coverage in a state health insurance plan through another family member, I am eligible to enroll in the health insurance opt-out plan and receive \$125 per month.

If LD ave coverage in a state health insurance plan through another family member, I understand I am not eligible to enroll in the health insurance opt-out plan and am not eligible to receive a payment of \$125 per month.





Save for Later

Cancel





Evidence of Insurability Reminders

- Forms completed via this link are automatically entered into the Medical Underwriting system
- A letter will be mailed to the employee's home notifying them of the pending reason and letting them know what additional information is needed





Evidence of Insurability Reminders

- If EOI is not completed within 60 days of the end of enrollment and change (by January 3, 2023), the request will be cancelled in Workday
- If EOI is denied by the Standard, the request will be denied in Workday



Life Insurance Beneficiaries

- Take this opportunity to review, add, or change your life insurance beneficiaries online in Workday
- How to change or update beneficiaries
- Smart Guide is available to assist



You can add or change your life insurance beneficiaries any time during the year.



Resources

Danielle Potter

Danielle.Potter2@iowa.gov

515-281-8866

For questions about Life or Long Term Disability

email: claimsltdlife@iowa.gov

Web Pages

Open Enrollment webpage

HRA Information 2023 Open Enrollment

HR Information for HRAs

Life Insurance Website







Retiree Insurance Overview



What we will cover today:

- Overview
- Process
- Changes
- Retiring During Enrollment and Change
- Retiree Options
- Premiums
- Retiree Communications
- Things to Remember
- Questions





2023 Overview

- Retiree Enrollment and Change will run October
 15th December 7th
- Retiree packets are expected to be in the hands of retirees no later than October 15th
- There will be no on site Retiree presentations.
- A recorded presentation will be on the Retiree Enrollment and Change website.
- There will be 6 online question and answer sessions.
 - Dates, times and joining information for these presentations are available on the Enrollment and Change website





Process

- Retirees will NOT be using Workday
- It is not an active enrollment for health or dental
- There is no need to re-enroll if they want to remain with their current coverage





Process

Applications:

- Applications will not be sent with the Enrollment and Change packet.
- If you receive a call from a retiree and they report they didn't received the enrollment and change packet or are interested in changing plans. Forward their name and address/email and information requested to: susan.piel@iowa.gov or stateretirees@iowa.gov





Changes

There are changes to the MedicareBlue Rx,
 Prescription Drug Program, (PDP), effective 1/1/23.
 Any retiree who is currently taking a prescription which will be impacted by this change will receive communication from MedicareBlue Rx.





Retiring during enrollment and change

- Have an employee who will be retiring before the end of 2022? They are eligible to make changes which will be effective 1/1/2023.
- Do they want different coverage effective January 1?
 Have them fill out a second application with their choice clearly marked.
- Place on top of form: Enrollment and Change 2023





Retiree Options

- Options for Retirees prior to Medicare
- Options for retirees who are Medicare eligible
- Iowa Group MedicareBlue Rx
- Dental Insurance
- Health Flexible Spending





Options for Retirees prior to Medicare

Iowa Choice – Single or Family Coverage National Choice – Single or Family Coverage

Can only participate in SLIP program if retiree is not eligible for Medicare

Dependent's Medicare eligibility has no effect on the retiree's SLIP participation.

Dependent's Participation in Iowa Group MedicareBlue Rx gives a premium discount





Options for Retires who are Medicare eligible

Dependents not Medicare eligible

- Iowa Choice Single or Family
 MedicareBlue Rx for reduced premium
- National Choice Single or Family
 MedicareBlue Rx for reduced premium





Options for Retirees who are Medicare eligible

Dependents also Medicare eligible

- Iowa Choice Single or Family
 MedicareBlue Rx for reduced premium
- National Choice Single or Family
 MedicareBlue Rx for reduced premium
- Group Plan F Single plan only
 Dependent can enroll if Medicare eligible
- Group Plan N Single plan only
 Dependent can enroll if Medicare eligible





Iowa Group Medicare Blue Rx

- There is no need to re-enroll if they want to remain with their current coverage
- With Iowa or National Choice
 - There is a premium reduction for those who are Medicare eligible and sign up for this plan.
 - If they cancel their MedicareBlue Rx they will pay the higher premium rate
- With Group Plan F or Group Plan N
 - Retirees are not required to stay on our Part D plan





Dental Insurance

- No benefit design change for 2023
- Current selections will roll over
- Can continue dental insurance without health insurance
- Can drop spouse or dependents at any time





Flexible Spending and Retirement

- Health Care Flexible Spending
 - Retirees can prepay with their final check by submitting the Prepayment form. (Sent to Jenny Sandusky)
 - This allows them to use their entire annual amount
 - Covers claims incurred through 12/31 of that year
 - Must be done prior to their last day of work



Dental

- SLIP Retirees with no dependents who are Medicare eligible
- SLIP Retirees with dependents who are Medicare eligible
- Direct Bill Retirees or dependents are not Medicare eligible
- Direct Bill Retirees and or dependent who is Medicare eligible
- Medicare Eligible Retiree and Dependents only
- Iowa Group MedicareBlue Rx





SLIP Retirees with no dependents who are Medicare eligible

| Plan | Monthly Premium | SLIP Contribution | Retiree Share |
|--------------------|--------------------|----------------------|---------------|
| Iowa Choice | | | |
| Single | \$799.00 | \$743.00 | \$56.00 |
| Family | \$1874.00 | \$1687.00 | \$187.00 |
| National Choice | | | |
| Single | \$878.00 | \$743.00 | \$135.00 |
| Family | \$2057.00 | \$1687.00 | \$370.00 |





SLIP Retirees with dependents who are Medicare eligible

| Plan | Monthly Premium | SLIP Contribution | Retiree Share |
|---|--------------------|----------------------|------------------|
| Iowa Choice | | | |
| Dependent enrolled in Medicare Blue Rx | \$1046.00 | \$1046.00 | \$0 |
| Dependent NOT enrolled in MedicareBlue Rx | \$1814.00 | \$1624.00 | \$190.00 |
| National Choice | | | |
| Dependent enrolled in Medicare Blue Rx | \$1148.00 | \$1148.00 | \$0 |
| Dependent NOT enrolled in MedicareBlue Rx | \$1996.00 | \$1624.00 | \$372.00 |





Premiums – Not Medicare eligible

Those Retirees or dependents are not Medicare eligible and paying the full premium.

| Plan | Monthly Premium |
|-----------------|-----------------|
| Iowa Choice | |
| Single | \$799.00 |
| Family | \$1874.00 |
| National Choice | |
| Single | \$878.00 |
| Family | \$2057.00 |





Retirees and or dependent who is Medicare eligible

| Plan | With MedicareBlue RX | Without MedicareBlue Rx |
|--------------------|----------------------------|-------------------------------|
| Iowa Choice | | |
| Single | \$427.00 | \$884.00 |
| Family | \$1086.00 | \$1879.00 |
| National Choice | | |
| Single | \$469.00 | \$973.00 |
| Family | \$1191.00 | \$2067.00 |





Retiree and all dependents are Medicare eligible Group Plans F and Group Plan N

| | Group Plan F | Group Plan N |
|-------------|--------------|--------------|
| Single Plan | \$279.80 | \$184.30 |





Group MedicareBlue Rx (\$5/\$10/20%/45%/33%) plan Referred to as Iowa Group MedicareBlue Rx plan

| 2023 | \$102.50 |
|---------|----------|
| Premium | |





2023 Dental Premiums

Single - \$35

Family - \$90





Retirees communication

- We are continuing to request those who wish to be on our email listing to send their email to stateretirees@iowa.gov with "Email Address" in the subject line.
- As with any email list there is the option to opt out.
- There will be an email sent out this year to all those on the email list prior to the start of the Retiree Enrollment and Change





Things to remember

- Ensure you are using the most up to date forms.
 These can be found: DAS Website Human
 Resources Retiree Health and Dental Applications and forms
- To participate in SLIP the retiree must be the contract holder
- Employees retiring during Retiree Enrollment and Change are eligible to make changes to be effective 1/1/2023





Things to remember

- If retirees contact you requesting information send an email to susan.piel@iowa.gov or stateretirees@iowa.gov with name, address or email and requested material(application or packet)
- See the HRA Enrollment and Change Website for copies of this presentation and other beneficial information





Things to remember

Retirees send their application (except SPOC)

Mail: Iowa Dept. of Administrative Services

Human Resources Enterprise

Hoover Bldg. - Level A

1305 E Walnut Street

Des Moines, IA 50319

Email: stateretirees@iowa.gov or

susan.piel@iowa.gov

Fax: 515-242-6450





Key Takeaways

Passive enrollment year. Current elections will roll forward if no changes are made.

Most rates have increased. Encourage employees to review carefully when making their elections.

Health FSA limit is increasing to \$2,850. Health FSA carryover is increasing to \$570.





Key Takeaways

In order to increase your supplemental life insurance, you must complete evidence of insurability (EOI) online within Workday and it must be on file with The Standard by 1/3/2023.

Retiree health/dental rates have increased. PDP rate has decreased.

New Prescription Drug Plan for retirees. Any current retirees who are impacted will be notified.





Questions?









Thank you!

Benefits Open Enrollment Team

- Amy Liechti Team Lead Group Insurance
- Danielle Potter Life & LTD Specialist
- Kelley Hall Workday Benefits Specialist
- Susan Piel Retiree Specialist
- Jennifer Sandusky Flex Spending Administration
 & Plan Administrator for RIC
- Julie Finnell HR Tech, Benefits
- Jessica Lingo Bureau Chief, Benefits

Active Employee Questions – <u>employee.benefits@iowa.gov</u>
Retiree Questions – <u>stateretirees@iowa.gov</u>

