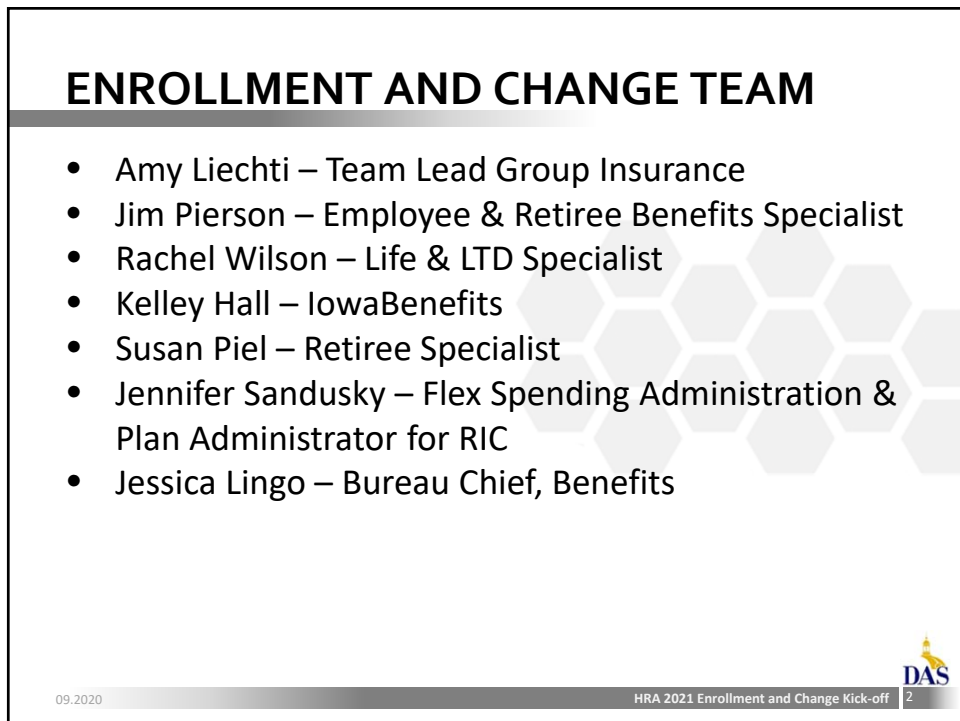


**2021
ENROLLMENT
& CHANGE**

HRA KICK-OFF MEETING
SEPTEMBER 17, 2020

DAS
STATE OF IOWA
EMPLOYEE BENEFITS
HIGHLIGHT
SERIES

The slide features a dark blue vertical bar on the right side. The main content is centered on a white background with a decorative pattern of hexagons in shades of blue, yellow, and grey. The DAS logo and text are positioned in the bottom right corner of the slide area.



ENROLLMENT AND CHANGE TEAM

- Amy Liechti – Team Lead Group Insurance
- Jim Pierson – Employee & Retiree Benefits Specialist
- Rachel Wilson – Life & LTD Specialist
- Kelley Hall – IowaBenefits
- Susan Piel – Retiree Specialist
- Jennifer Sandusky – Flex Spending Administration & Plan Administrator for RIC
- Jessica Lingo – Bureau Chief, Benefits

09.2020 HRA 2021 Enrollment and Change Kick-off 2

DAS

The slide has a white background with a decorative pattern of hexagons in shades of blue and grey. The team list is centered on the slide. The footer contains the date, meeting title, and page number, along with the DAS logo.

AGENDA

- Highlights of Enrollment & Change 2021
- Flex Spending Accounts
- Iowa Benefits
- Life Insurance
- Retiree Enrollment and Change
- Worksmart Change Management Presentation

09.2020

HRA 2021 Enrollment and Change Kick-off



3

ZOOM ITEMS

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

09.2020

HRA 2021 Enrollment and Change Kick-off




4


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

2021 BENEFIT CHANGES HIGHLIGHTS AND PREMIUMS



2021 BENEFITS HIGHLIGHTS
2021 HEALTH AND DENTAL PREMIUMS



STATE OF IOWA
EMPLOYEE BENEFITS
HIGHLIGHT
SERIES

2021 BENEFIT CHANGES

Health Insurance

- **Benefit change** in Iowa Choice / National Choice
 - Addition of Tier 4 Prescription Drug
 - \$75 copay for a 30 day supply
 - Drugs located on Tier 4 are available in other lower-cost formulations on lower tiers of the formulary

| | Retail 30-day | Retail 90-day | Mail Order 90-day |
|-----------|---|------------------|----------------------|
| Tier 1 | \$10 copay | \$30 copay | \$20 copay |
| Tier 2 | \$25 copay | \$75 copay | \$50 copay |
| Tier 3 | \$50 copay | \$150 copay | \$100 copay |
| Tier 4 | \$75 copay | \$225 copay | \$150 copay |
| Specialty | \$100 (Preferred)/\$200 (Non-Preferred) | | |



2021 BENEFIT HIGHLIGHTS

Health Insurance

- **NO benefit changes** in Alliance Select (SPOC-covered employees)



2021 BENEFIT CHANGES

Double Spouse

- Double Spouse Option where each spouse pays half of the employee's share of the health and/or dental premium amount will **not be available** in 2021
- **Option One:** One spouse contract holder and cover all family members and pays the full employee share of the premium
- **Option Two:** Each spouse can elect single coverage.

2021 BENEFIT HIGHLIGHTS

2021 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 2021

Employees must enroll each year in IowaBenefits

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



2021 BENEFIT HIGHLIGHTS

Health Flexible Spending Account

- The maximum Health FSA contribution increases to **\$2,750** in 2021 from \$2,700
- 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)

2021 Enrollment and Change web page

<https://das.iowa.gov/human-resources/employee-and-retiree-benefits/2021-enrollment-and-change-period>

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



2021 MONTHLY HEALTH PREMIUMS

All Employees (except SPOC-covered)

| Full-time 30-49 hours | Total Premium | State Share | % | Employee Share | % |
|--------------------------|------------------|-------------|-----|-------------------|-----|
| Iowa Choice | | | | | |
| Single | \$769.00 | \$715.00 | 93% | \$54.00 | 7% |
| Family | \$1,804.00 | \$1,624.00 | 90% | \$180.00 | 10% |
| National Choice | | | | | |
| Single | \$845.00 | \$715.00 | 85% | \$130.00 | 15% |
| Family | \$1,966.00 | \$1,624.00 | 83% | \$342.00 | 17% |

2021 health insurance premiums will be reflected in the pay warrant dated December 18, 2020



2021 MONTHLY HEALTH PREMIUMS

All Employees (except SPOC-covered)

| Part-time 20-29 hours | Total Premium | State Share | % | Employee Share | % |
|--------------------------|------------------|-------------|-----|-------------------|-----|
| Iowa Choice | | | | | |
| Single | \$769.00 | \$358.00 | 47% | \$411.00 | 53% |
| Family | \$1,804.00 | \$812.00 | 45% | \$992.00 | 55% |
| National Choice | | | | | |
| Single | \$845.00 | \$358.00 | 42% | \$487.00 | 58% |
| Family | \$1,966.00 | \$812.00 | 41% | \$1,154.00 | 59% |

2021 health insurance premiums will be reflected in the pay warrant dated **December 18, 2020**



2021 MONTHLY HEALTH PREMIUMS

SPOC-covered employees

| | Total Premium | State Share | % | Employee Share | % |
|-------------------------|------------------|----------------|-----|-------------------|-----|
| Alliance Select | | | | | |
| Single | \$548.91 | \$521.47 | 95% | \$27.44 | 5% |
| Employee and Child(ren) | \$1,039.09 | \$914.41 | 88% | \$124.68 | 12% |
| Employee and Spouse | \$1,124.17 | \$989.27 | 88% | \$134.90 | 12% |
| Family | \$1,684.60 | \$1,431.92 | 85% | \$252.68 | 15% |

2021 health insurance premiums will be reflected in the pay warrant dated **December 18, 2020**



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 2020
 - The opt-out will roll over in 2021
 - Unless the employee elects health insurance during this Enrollment and Change Period
- Did not elect the opt-out in 2020
 - Must elect the opt-out option in IowaBenefits
 - No default to the opt-out option



2021 BENEFIT HIGHLIGHTS

Dental Insurance

Dental open enrollment

- Except for SPOC-covered employees per contract

No benefit design changes in 2021



2021 MONTHLY DENTAL PREMIUMS

All Employees (except SPOC-covered)

| | Total Premium | State Share | % | Employee Share | % |
|------------------------------|---------------|-------------|------|----------------|-----|
| Full-time 30-40 hours | | | | | |
| Single | \$31.00 | \$31.00 | 100% | \$0.00 | 0% |
| Family | \$83.00 | \$41.50 | 50% | \$41.50 | 50% |
| Part-time 20-29 hours | | | | | |
| Single | \$31.00 | \$16.00 | 52% | \$15.00 | 48% |
| Family | \$83.00 | \$21.00 | 25% | \$62.00 | 75% |

2021 dental insurance premiums will be reflected in the pay warrant dated **December 18, 2020**



2021 MONTHLY DENTAL PREMIUMS

SPOC-covered Employees

| | Total Premium | State Share | % | Employee Share | % |
|--------|---------------|-------------|------|----------------|-----|
| Single | \$34.70 | \$35.00 | 100% | \$0.00 | 0% |
| Family | \$87.00 | \$67.85 | 78% | \$19.14 | 22% |

2021 dental insurance premiums will be reflected in the pay warrant dated **December 18, 2020**



RESOURCES

HRA Information: 2021 Enrollment and Change Period

<https://das.iowa.gov/hra-information-2021-enrollment-and-change-period>

Links

- 2021 Deduction Schedules
- 2021 Health and Dental Insurance Premiums
- 2021 Life Insurance Premiums
- 2021 Pay Period Calendar
- Added-Value Tax Matrix
- COBRA
- Forms
- Flexible Spending Accounts (FSA)
- Premium Conversion (Pre-tax) Program



COMMUNICATIONS

HRExpress

2021 Enrollment and Change Special Edition

Email will be distributed early on Sep 28

Print and Distribute *HRExpress* for employees

- No access to a State computer
- Leave of absence



COMMUNICATIONS

2021 Enrollment and Change Webcasts

- 8 Enrollment and Change webcasts
- 3 Flexible Spending Accounts

<https://das.iowa.gov/event-calendar-date>



Questions and Answers



FLEXIBLE SPENDING ACCOUNTS OVERVIEW



HRA KICK-OFF MEETING
SEPTEMBER 17, 2020



HEALTH AND DEPENDENT CARE FSA

Purpose:

- Save 25% or more on eligible expenses
 - Glasses and contacts
 - Prescriptions
 - Braces
 - Day care expenses
- Incur health expenses before funded

Eligibility:

- Scheduled to work 1,040⁺ hours/year



HEALTH AND DEPENDENT CARE FSA



New for 2021

- Health FSA limit increase from \$2,700 to \$2,750

ANNUAL LIMITS

Health FSA: Health expenses for self, spouse and dependents

- Annual limit
 - 2020 - \$2,700
 - 2021 - **\$2,750**



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

- Annual limit
 - 2020 - \$5,000
 - 2021 - \$5,000



CONTRIBUTIONS TO HEALTH FSA

Maximum \$2,750

- \$2,750 limit applies on an individual basis. If both spouses are eligible for health FSA, each has \$2,750 limit.
- \$2,750 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



Flexible Spending Accounts (FSA)



5

CONTRIBUTIONS TO DEP CARE FSA

Maximum \$5,000

- \$5,000 limit applies on a household basis. If both spouses contribute, 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



Flexible Spending Accounts (FSA)

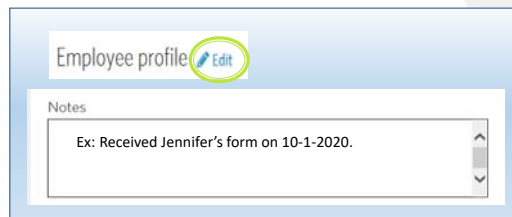


6

ENROLLMENT AND CHANGE

Must enroll each year

- IowaBenefits
- Paper form
- Document receipt of form in Notes



Flexible Spending Account Agreement Form
Print clearly and return this completed Agreement to your Human Resources Associate.

| | | | |
|---|--|-------------------------------------|----------|
| Employer Name | | | |
| State of Iowa | | | |
| Name (Last, First, MI) | | Social Security Number or ID Number | |
| Street Address | City | State | ZIP Code |
| Election Date of Election | Type of Election | Date of Birth MM/DD/YY | |
| | <input checked="" type="checkbox"/> Open Enrollment Election | | |
| <input type="checkbox"/> New Hire Election | | | |
| Health Care Flexible Spending Account (FSA) Election - Medical, dental, vision, hearing, and dependent care expenses | | | |
| Qualifying Expenses include medical, dental, vision, and hearing expenses for bank and credit card agreements that are not developed under any other account. | | | |
| Plan Year Salary Reduction Amount | | Annual Election | |
| Amount \$1,200 | | | |
| Dependent Care Flexible Spending Account (DCFSA) Election - Child/other dependent expenses | | | |
| Qualifying expenses are those approved by the IRS and are not used for any other dependent care expense. Do NOT include medical expenses for your dependent as the DCFSA election. Include these expenses in your election for the Health Care FSA program below. | | | |
| Plan Year Salary Reduction Amount | | Annual Election | |
| Amount \$0.00 or \$2,500 (Federal) and they separate income tax return | | | |



ENROLLMENT AND CHANGE

Direct deposit requests

- IowaBenefits
- ASI online
- ASI form
- Change in payroll doesn't change IB
- Encourage EE's to check information



DEDUCTIONS

Deductions

- Final deduction of 2020 may decrease
- First deduction of 2021 will be 1-15-2021
- If making changes, keep pps remaining at 24
- Enrolling mid-year – even number of pps remaining

2021 Pay Period Calendar

| January 24 | | | | | | | February 22 | | | | | | | March 20 | | | | | | |
|------------|----|----|----|----|----|----|-------------|----|----|----|----|----|----|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 28 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 1 | 2 | 3 | 4 | 5 | 6 | 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 31 | | | | | | | | | | | | | | | | | | | | |



DEDUCTIONS

Deductions

- File sent to ASI every Thursday
- File sent by ASI on Friday before pay – P1 shows on Monday
- Contact Jenny Sandusky if manual P1 needed

Example

- Enroll 10/30
- First deduction 11/6
- Manual P1 needed by 11/2

| October 6 | | | | | | | November 4 | | | | | | | |
|-----------|----|----|----|----|----|----|------------|----|----|----|----|----|----|---|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | |



DEDUCTIONS

Leaves

- LWOP - FMLA
 - Prepay
 - Pay as you go
 - Pay upon return
- LWOP - Non-FMLA
 - Coverage stops
- Leave codes
 - Codes sent to ASI
 - Alert Jenny Sandusky if not on leave code and Dependent Care

LIFE EVENTS

Common Life Events

- Birth
- Marriage
- Change in spouse employment
- Day care change

Timing

- 30 days of event
- No future dates



NEW HIRES

New hires

- Brochure
- 30 days to enroll
- Once coverage begins- can't change without life event
 - Example:
 - Hired 9-20-20
 - Enrolled 9-24-20
 - No changes allowed after 9-30-20



NEW HIRES

Hired during enrollment period

- Explain the 2 enrollment periods
- Review their elections closely
- Elections aren't prorated

Example

- Hired 10-1-20
- Enroll 10-26-20 for \$2,400
- Effective 11-1-2020
- Coverage for Nov-Dec - \$600/ch, not \$100

| October 6 | | | | | | | November 4 | | | | | | |
|-----------|----|----|----|----|----|----|------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | |



HEALTH CARE REIMBURSEMENT

Health FSA

- Reimburse for your total Health FSA election
- Regardless of account balance

Example

- Elect \$1,200
- \$50 pre-tax contribution per 24 pay periods
- March incurred eligible expenses totaling \$1,200 but contributed only \$300
- Reimbursed for \$1,200 in March



DEPENDENT CARE REIMBURSEMENT

Dependent Care FSA

- Reimburse for claims up to current balance

Example

- Elect \$5,000
- \$208.34 contribution each check (\$416.68/mo)
- Incurs \$500 of eligible expenses in Jan
- Reimbursed \$416.68 in Jan
- Remainder (\$83.32) will be paid out when next contribution is made



REIMBURSEMENT OPTIONS

Claims options

Health/Dep Care

- Fax form
- Mail form
- Online
- Phone app

Health Only

- Auto Reimbursement
- Debit Card
 - Doesn't cross calendar years



Flexible Spending Accounts (FSA) 17



HEALTH CARE FSA

Time Frame for Incurring Expenses

- Claims incurred for 12 months:
1-1-2021 – 12-31-2021
- Submit claims by 4-15-2022
- Remaining funds can carry over to 2022, up to \$500

Flexible Spending Accounts (FSA) 18



HEALTH CARE CARRYOVER

Carryover

- \$500 is in addition to the \$2,750 limit
- Funds can only be used for claims incurred in following year (2022)
- Carryover dollars are spent *first* for claims incurred in the following year



DEPENDENT CARE FSA

Time Frame for Incurring Expenses

- Claims incurred for 14½ months:
Jan 1, 2021 - March 15, 2022
- Claims for eligible FSA expenses incurred during the 2½ months ("Grace Period") are paid from the oldest year's funds first
- Submit claims by 4-15-2022

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

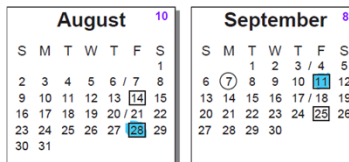


TERMINATING EMPLOYEES

IowaBenefits

- May need to change coverage term date
- Determine when final contribution made
- Example
 - Term 8/28/20
 - Final deduction 9/11/20
 - Change date to 9/30/20
- Retirees who prepay
 - Coverage in IB ends 12-31

Health FSA
2020 Health FSA | Cancelled as of 12/31/2020



TERMINATING EMPLOYEES

Employee Communications

- Coverage end dates
- Ask retirees about prepaying health FSA
- Brochure

State of Iowa
Flexible Spending Accounts

Benefits after leaving employment

Now that you have left State of Iowa employment, your participation in the State's Flexible Spending Account (FSA) program has changed.

How long may I incur claims*?

Health FSA You may incur claims through the end of the month in which you last made an FSA contribution. For instance, if you terminated employment at the end of June and your last contribution is made in July, you may incur claims through the end of July. The only exception is if you made arrangements prior to retirement to prepay for the remainder of the year. In such case, you may incur claims

How may I submit claims?

Mobile App may be downloaded from Google Play store or the App Store

Fax 877-879-9038

Online <http://asiflex.com/>

Mail ASIFlex, PO Box 6044, Columbia, MO 65205

TIPS

Enrollment and Change

- Check deductions
 - Enrollments for \$0 -\$24
 - Dependent care enrollments for low amounts
 - Dependent care and double spouse

New Hires

- Check deductions
 - Large amounts near end of year
 - Number of remaining pps

PREMIUM CONVERSION

Enrollment and Change

- Send form to HRE
- Create P1 (241) for 12/25/20 pp

New Hires

- 30 days to elect out
- Give form only if elect out
- Send form to Jenny Sandusky


Codes

- Y for Yes
- N for No
- 0 for ineligible


The screenshot shows the 'STATE OF IOWA Department of Administrative Services Human Resources Group' logo at the top. Below it is the title 'PREMIUM CONVERSION (PRETAX) PROGRAM'. A small introductory paragraph explains the program's purpose. The form includes fields for 'Name', 'SSN', 'Department', and 'Phone'. At the bottom, there are two columns of instructions: 'NEW HIRES' and 'ENROLLMENT CHANGE', each with a checkbox for 'I elect out of the program' and 'I affirm my enrollment'.



IOWABENEFITS OVERVIEW



HRA KICK-OFF MEETING
SEPTEMBER 17, 2020



WHAT WE WILL COVER TODAY

- IowaBenefits Basics
- Unlocking IB password – Admin
- Open Enrollment Progress Wizard
- Health and Dental P1s
 - P1 Processing – 294, opt-out, 300, 301
- Audits (DP, Double Spouse, Student, Disabled Dependent)
- Taxables
- HRA Information
- Forms and Required Documentation
- Resources
- Questions and Answers

IOWABENEFITS BASICS

- HRAs might currently see 2021 tasks in IB related to E&C
 - Employees won't see anything until Sept 28th
- When it is time to log in and review benefit elections, employees should also review and update any personal information changes, emergency contacts updates, and beneficiary designations.



IOWABENEFITS BASICS

- Employees will select 'Get Started' to navigate to the E&C page where they can make changes to current Medical, Dental, and Life elections by clicking 'Edit coverage'.

Current Benefits | Open Enrollment Benefits

Open Enrollment Benefits

Whether you want to change your benefits or keep them the same as last year, it's still important that you carefully complete each step in the enrollment process to make sure all of your benefits are covered for the upcoming plan year.

Compare to your current benefits

Your benefits

| Benefit Category | Plan Name | Offered By | Effective Date | Person(s) Covered | Cost |
|--------------------------|-------------------|---------------------------------|----------------|-------------------|-------------------------|
| 1. Your Medical coverage | 2021 Iowa Choice | Wellmark Blue Cross Blue Shield | 09/19/2021 | [REDACTED] | \$90.00 twice per month |
| 2. Your Dental coverage | 2021 Delta Dental | Delta Dental IA | 09/19/2021 | [REDACTED] | \$20.75 twice per month |



IOWABENEFITS BASICS

- “Compare to your current benefits popup”
 - They will need to click on the tab on the top right hand corner

Compare to your current benefits

Select a benefit to compare
Medical

| | Your 2020 plan | Your 2021 plan |
|-----------------|-------------------------|-------------------------|
| Plan Name | 2020 Iowa Choice | 2021 Iowa Choice |
| You Pay | \$80.00 twice per month | \$90.00 twice per month |
| Persons Covered | | |

Close

09.2020

2021 Enrollment and Change



5

IOWABENEFITS BASICS

- Enroll in or decline Health FSA Plan

PROFILE SHOP FOR BENEFITS

Health FSA

How much money do you want to contribute to your Health FSA account?

You can contribute between \$24.00 and \$2,750.00 per plan year.

Contribution Amount
2750.00

The amount you enter will be divided into individual deductions over the remainder of the year.

Next Previous Cancel

09.2020

2021 Enrollment and Change



6

IOWABENEFITS BASICS

- Enroll in or decline Dependent Care FSA Plan

09.2020

2021 Enrollment and Change



7

IOWABENEFITS BASICS

- Summary of the changes made

| Benefit Elections (5 items) | |
|---|----------|
| Save Monthly | |
| Medical | \$0.00 |
| Dental | \$0.75 |
| Monthly | |
| Short-Term | \$0.00 |
| Supplemental Life | \$0.75 |
| Long-Term Disability | \$0.00 |
| Monthly Total | \$0.75 |
| Save Monthly Total | \$234.75 |
| Tax Advantage Accounts (1 items) | |
| Save Monthly Contributions | |
| Health FSA Employee Contribution | \$184.58 |
| Save Monthly Contributions Total | \$184.58 |

09.2020

2021 Enrollment and Change



8

IOWABENEFITS BASICS

- Click the box to acknowledge review of the elections and complete enrollment

Persons Covered: [Redacted]

[Edit coverage](#) [Compare to your current plan](#) [Show Plan Details](#)

7. Your Long-Term Disability coverage

2021 Long-Term Disability \$0.00 per month

| | |
|-----------------|-------------------------------|
| Offered By | The Standard |
| Coverage Amount | Long-Term Disability Coverage |
| Effective Date | 01/01/2021 |
| Persons Covered | [Redacted] |

[Edit coverage](#) [Compare to your current plan](#)

I have reviewed the information above

[Complete Enrollment](#) [Cancel](#)

You Pay: Semi-Monthly Total: \$225.33, Monthly Total: \$9.70

Questions? Please Call 800-435-7070 Monday - Friday 9:00 a.m. to 6:00 p.m. EST © 2020 Benefitfocus.com Inc., All Rights Reserved Ask a Question | Terms of Use | Privacy Statement



IOWABENEFITS BASICS

- Confirmation screen

✓ Congratulations, [Redacted], you have finished selecting your benefits!

| | | | | | |
|--|---|-------------------------------|--|---|---|
| Medical 2021 Intra Choice You: +2 dependents | Dental 2021 Delta Dental You: +2 dependents | Health FSA 2021 Health FSA | Basic Life 2021 Basic Life and AD&D | Supplemental Life 2021 Supplemental Life | Long-Term Disability 2021 Long-Term Disability |
|--|---|-------------------------------|--|---|---|

[Show less benefits](#)

Helpful things to do right now

Write down your confirmation number: **14424367011-036093**

Review and print a copy of your Benefit Detail Report

[Continue to next page](#)
[View and edit all benefits](#)



IOWABENEFITS BASICS

- Employees Home page will now display Benefits at a glance.

09.2020

2021 Enrollment and Change



11

UNLOCKING IB ACCOUNT FOR ADMIN

- Select “Update Login Information” on the employee’s page

09.2020

2021 Enrollment and Change



12

UNLOCKING IB ACCOUNT FOR ADMIN

- Enter a new temporary password and share it with employee (skip New Login ID)
- Make sure the “allow” box is checked!

John Doe (USERNAMEFORJOHNDOE)
 ***-9876 | 12345 | john.doe@jowa.gov

Update Login Information for John Doe

Change Login ID
 Current Login ID USERNAMEFORJOHNDOE
 New Login ID

Change Member Password
 Password

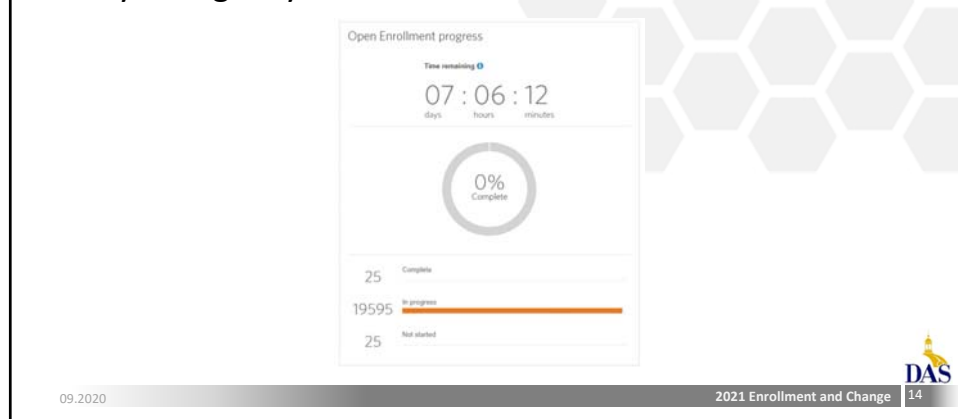
Allow this member to log in

Cancel without saving Save Login ID and Password

09.2020 2021 Enrollment and Change 13

OPEN ENROLLMENT PROGRESS

- Dashboard wizard displays progress of your assigned agencies
- Click on complete, In progress, or Not started for your agency status list



HEALTH AND DENTAL 294 P1s

- Plans are carrying over in IB (including opt-out)
- Double Spouse Plans are mapping over from the Contract Holder to the Family Plan option and Contributing Spouse to DECL
- No P-1s required for employees with **no changes**
- P-1s **with** changes will be auto-approved
- What this means for HRAs:
 - No P-1 approval
 - Will need to check to ensure Double Spouse plan IDs are updated

09.2020

2021 Enrollment and Change



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2021 DEDUCTION SCHEDULE

- Deduction Schedule will be released this Fall
- Open Enrollment deductions will begin from the 12/18/2020 pay check.

09.2020

2021 Enrollment and Change



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HEALTH INSURANCE OPT-OUT

- In 2021, all eligible employees can elect to opt-out of coverage in a state-sponsored health insurance plan and receive a monthly payment of \$125.
- Will be shown on January 15, 2021 pay warrant.

Eligibility

To be eligible to opt-out of health insurance and receive the \$125 payment, you must be:

- A full-time (work 30 or more hours per week) benefit-eligible employee
AND
Not be covered by any state-sponsored (active or retiree) health insurance plan through a family member, including a domestic partner.

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2021 Enrollment and Change



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HEALTH INSURANCE OPT-OUT

- If currently enrolled in opt-out
 - Election will carry over
 - Employee does nothing
- If not currently enrolled in opt-out
 - Employee will need to elect in IB

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2021 Enrollment and Change



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DOMESTIC PARTNER VERIFICATION

- Declaration of Domestic Partnership will be required for E&C this year for all participants
 - Form will be valid January 1 – December 31, 2021
- Forms need to be returned to HRA from employee
 - If they do not send a form, DP and children of DP will be removed effective December 31, 2020
- HRA will then scan to employeebenefits@iowa.gov for verification

09.2020

2021 Enrollment and Change



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DECLARATION OF DOMESTIC PARTNERSHIP

Declaration of Domestic Partnership

| Employee | Last name | First name | SSN | Date of Birth | Last Four Digits of SSN |
|------------------|-----------|------------|-----|---------------|-------------------------|
| Domestic Partner | | | | | |

Complete the following if adding eligible dependents of the domestic partner.

| Eligible dependents of the Domestic Partner | Date of Birth | Health | Dental |
|---|---------------|--------|--------|
| | | | |

DECLARATION

- I, the sole domestic partner, intend to remain so indefinitely and am responsible for the common welfare.
- We maintain a common residence and it is our intent to continue to do so.
- We agree to financially support each other to bring jointly responsible for each other's necessities, including without limitation, food, clothing, housing, and medical care.
- We are not legally married to, rights separated from, or are in a domestic partnership with anyone else.
- We are at least eighteen (18) years of age or older and are mentally competent to consent to a contract.
- We are not related by blood closer than would bar marriage in our state of residence.
- We understand that willful falsification of information herein may lead to disciplinary action, loss of benefits coverage, and/or the recovery of the cost of benefits received related to such falsification.
- We understand that any person, employer, or company who suffers any loss because of false statements contained in this Declaration may bring civil action against either or both of us to recover their losses, including reasonable attorney fees.
- We understand that this Declaration may have legal implications which may need competent legal and accounting advice.

CERTIFICATION OF DOMESTIC PARTNER AS A DEPENDENT
Please check one.

Yes, my domestic partner qualifies as my dependent for federal income tax purposes as defined in Internal Revenue Code sec. 152. I understand that on the basis of the above statements, the State will consider the above person my dependent for income tax purposes.

No, my domestic partner does not qualify as my dependent for federal income tax purposes. I understand that I cannot submit claims for health or dependent care expenses of my domestic partner or my domestic partner's child.

AFFIRMATION
We affirm that the statements in this Declaration are true to the best of our knowledge. We have read and understood the information provided to us with this Declaration. We know that this form is not an application for insurance coverage and that the purpose for this form is to establish the eligibility of persons named herein for the coverage provided under the State's Employee Benefits Program.

Signature of Employee: _____ Date: _____ Signature of Domestic Partner: _____ Date: _____

Indicate if the Domestic Partner is also a State employee by providing the department name below:
State Agency: _____

Please submit completed form to your Human Resources Associate

CPN 353-0993 8/25/2020

Page 1 of 2

Domestic Partner Information

Retain this information for your records

Domestic Partner Benefits
Domestic partner benefits are not provided to all employees. The employee, the domestic partner, and his/her eligible children must meet the state's eligibility benefit requirements. Information in this declaration is only used by the State for the sole purpose of determining eligibility for domestic partnership benefits.

Declaration of Domestic Partnership
This declaration is only effective during the calendar year in which it is signed. All employees covering a domestic partner need to complete a new Declaration of Domestic Partnership during the State's Enrollment and Change period every calendar year.

Change in Domestic Partnership
When an employee enrolls the domestic partner and his/her eligible children from health and dental coverage, the elections remain in effect to the end of the calendar year. The employee cannot make any changes until the next enrollment and change period unless he/she experiences a qualified life event and the benefit change requested is consistent with the event.

Termination of Domestic Partnership
If the domestic partner relationship is terminated, the employee must notify their Human Resources Associate (HRA) within thirty (30) days of the termination. The employee will complete the appropriate forms to disenroll the domestic partner and his/her eligible children from health and dental coverage. Health and dental coverage will terminate at the end of the month the HRA receives the necessary signed form.

COBRA
The former domestic partner and his/her dependents will not be eligible for COBRA and will not be notified of termination. COBRA will not be offered to a domestic partner or his/her children if the employee terminates employment, or if the domestic partner's dependents have an event that makes them ineligible for the State's health and dental plans.

Employee and Domestic Partner Are State Employees
If both the employee and the designated domestic partner are both State employees and are both eligible for health and dental insurance, the State's Duplicate Coverage policy will apply.

Resources
DAS Domestic Partner Benefits website: <https://des.iowa.gov/human-resources/employee-and-retiree-benefits/employees/employee-health-and-dental-coverage>

DAS Duplicate Coverage website: <https://des.iowa.gov/human-resources/employee-and-retiree-benefits/employees/employee-health-and-dental-coverage>

Tax Treatment of Health and Dental Insurance website: <https://des.iowa.gov/human-resources/employee-and-retiree-benefits/employees/employee-health-and-dental-coverage>

Agency Human Resources Contacts website: <https://des.iowa.gov/human-resources/hr-info/agency-human-resources-contacts>

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Page 2 of 2

2021 Enrollment and Change



TERMINATION OF DOMESTIC PARTNERSHIP

Confidential

Termination of Domestic Partnership

I, _____ (Print Name of Employee), submit this Termination of Domestic Partnership to cancel the Affidavit of Domestic Partnership previously submitted.

The Domestic Partnership between I and _____ (Print Name of Domestic Partner) ended on: _____ (Date of Termination)

OR

My Domestic Partner _____ (Print Name of Domestic Partner) died on: _____ (Date of Death)

I understand that coverage for the domestic partner and the domestic partner's children will terminate at the end of the month in which my personal assistant receives both this termination form and insurance coverage is cancelled in accordance with the department/agency procedure. The completed "Termination of Domestic Partner" form and cancellation of health and/or dental coverage must be signed within 30 days of each other.

I further understand that I have already agreed in the Affidavit of Domestic Partnership previously submitted, that after termination of the Domestic Partnership, another Affidavit of Domestic Partnership cannot be filed with my personal assistant until twelve months have elapsed, after which I may enter a new Domestic Partner and holder eligible dependent children in my health and dental insurance plans subject to the State's eligibility and enrollment rules.

(Signature of Employee)

(Date)

(Signature of Personal Assistant)

(Date Received from Employee)

CPN 102 0905 1211

It is important to remember that if the domestic partner would have a life event and would no longer need to be on the employee's coverage, the HRA needs to make sure that the domestic partner and his/her children gets cancelled in IowaBenefits. HRA's would also need to write a p1 301 to STOP the added taxables.

Before beginning the life event in IowaBenefits, your employee must complete the "Termination of Domestic Partnership" form and provide that to you.

**A completed copy of the Termination of Domestic Partnership must be sent to DAS-HRE

DOUBLE SPOUSE

- **NEW:** Double Spouse will be discontinued effective 01/01/2021
- Employees cannot be covered as both an employee and a dependent under the state's health and dental insurance plans.
- Employees who are the Contract Holder will be mapped forward to the Family Policy Holder with the full premium amount.
- Employees who are the Contributing Spouse will be cancelled out of those plans and remain on the Contract Holders Policy. No premiums will be taken from these employees.
- The HRA will need to ensure the P1s are written to move these employees out of Double Spouse payroll codes. DAS will provide a list of who these employees are for each agency. No paperwork completion will be required by the employee.

OVERAGE DEPENDENTS/ STUDENT PACKETS

- Student packets will be emailed out the first week of E&C
- Same process as last year
- HRAs need to distribute the paperwork to any employee that currently has a dependent turning 26 in the 2021 calendar year
- Employee will need to complete paperwork and return to their HRA
- HRA will then update IowaBenefits and scan paperwork to employeebenefits@iowa.gov for verification



CERTIFICATE OF FULL TIME STUDENT STATUS

Certification of Full-Time Student Status

You may enroll your dependent full-time student over age 25 on your insurance plan. Enrollment is subject to all the rules of the Group Health Plan and dependent rules. Check to enroll your full-time student. You will be asked to provide the following information to complete your enrollment. This information will be used to determine your eligibility for coverage. This form is for use only for the 2021 enrollment and change period. Please see additional rules for further information.

• Annually during the Enrollment and Change Period

• If the student is being added as a result of a qualified life event outside the annual enrollment and change period

Tax Consequences

Only dependent individuals (other than yourself and your spouse) may receive medical and dental coverage on a tax-qualified basis. If the full-time student you wish to enroll does not qualify as your tax dependent for the IRS, you will be asked to provide the following information to complete your enrollment. This information will be used to determine your eligibility for coverage. This form is for use only for the 2021 enrollment and change period. Please see additional rules for further information.

Complete the following information to enroll your dependent full-time student dependent over age 25:

Student Name (Last, First, Middle) DOB

Yes, this student qualifies as my dependent for federal income tax purposes.

No, this student does not qualify as my dependent for federal income tax purposes.

Student Name (Last, First, Middle) DOB

Yes, this student qualifies as my dependent for federal income tax purposes.

No, this student does not qualify as my dependent for federal income tax purposes.

Student Name (Last, First, Middle) DOB

Yes, this student qualifies as my dependent for federal income tax purposes.

No, this student does not qualify as my dependent for federal income tax purposes.

If you are providing this information to my employer for insurance enrollment and/or reporting purposes, my employer will rely on this information to calculate the ability of coverage provided by this plan. I understand that my employer will not be liable for any errors or omissions on my part. I understand that my employer will not be liable for any errors or omissions on my part. I understand that my employer will not be liable for any errors or omissions on my part. I understand that my employer will not be liable for any errors or omissions on my part.

Employee Name (Printed) Last/First

Employee Signature Date

Signature Date

Please submit completed form to your Personnel Assistant.

FACT-SHEET

Certification of Full-Time Student Status

Eligibility

Your dependent full-time student over age 25 may be covered on your group insurance plan. These students are eligible for coverage through the end of the enrollment window by the first of the enrollment and change period.

Enrollment

You must complete the Certification of Full-Time Student Status form requesting enrollment and/or bringing dependent status before you can enroll a dependent on your insurance plan. This form must be completed and returned to your Personnel Assistant. These students may be added to your health plan during the annual open enrollment and change period. Once enrolled, you will not be able to cancel that coverage until the next open enrollment and change period. These students may not be eligible for other plan benefits such as a dependent care flexible spending account. The only exceptions to these enrollment opportunities would be with a qualified life event.

Tax Consequences

Under federal tax law, if your full-time student does not currently qualify as your tax dependent, the student will be subject to the federal estate tax rules of the student coverage. The amount of the student's gross income will be subject to federal estate tax withholding and FICA and be reported on your 2021 Form 1099. This taxable benefit amount will be reported on your 2021 Form 1099. Taxable benefits are subject to the same rules as other plan benefits. On the condensed pay stub, you will be shown the amount of the taxable benefit and the amount of the federal estate tax withholding. The amount of the federal estate tax withholding is calculated on the first day date of each month.

Premium Amount

The family premium amount does not change because you are covering this student, however, if the student does not qualify as your tax dependent, you will pay the entire family rate of student coverage stated above. This taxable income amount is by plan number of the student's wish to enroll. See your Human Resources Associate or Personnel Assistant on the DAS website at DASBenefits.iowa.gov.

Health Flexible Spending Account

Dependents from non-qualified tax student may not be eligible under the Health Flexible Spending Account.

If you have additional questions, please see your Human Resources Associate or Personnel Assistant.



DISABLED DEPENDENTS

2021

- Employees who have disabled dependents over the age of 26 will need to fill out the Certification of Dependent Disability form and return it to their HRA
- HRA will scan to employeebenefits@iowa.gov for verification

DISABLED DEPENDENTS GUIDELINES


- The disability must have existed before the child turned age 26 or while the child was a full time student.
- The member must meet the following criteria:
 - Claimed as a dependent on the employee's tax return; **and**
 - Enrolled in and receiving Medicare benefits due to disability; **or**
 - Enrolled in and receiving Social Security benefits due to disability

Documentation required:

- A copy of the Medicare ID card that shows the Medicare number; **or**
- A letter from Social Security indicating that they are approved for benefits that is dated within the last 12 months

DAS will verify the Medicare ID # to confirm eligibility

CERTIFICATION OF DEPENDENT DISABILITY FORM


Certification of Dependent Disability

Employee Name: _____
 Last Four of SSN: _____
 Department: _____

Your unmarried child who is totally and permanently disabled may be enrolled in health and dental insurance regardless of age. (The disability must have existed before the child, with an eligible dependent, turned age 27 or while a full-time student.)
 Totally and permanently disabled (physically or mentally) is defined as receiving Medicare disability benefits.

Complete the following information on your disabled dependent who is age 27 or older.

Dependent Name: _____ DOB: _____

Medicare Number: _____
 Effective date for Hospital (Part A): _____
 Effective date for Hospital (Part B): _____
 When did the disability begin? _____

Dependent Name: _____ DOB: _____

Medicare Number: _____
 Effective date for Hospital (Part A): _____
 Effective date for Hospital (Part B): _____
 When did the disability begin? _____

To the best of my knowledge, all statements and answers above are complete and true. I understand that if a material misrepresentation regarding dependent eligibility for coverage will result in a termination of coverage of the dependent retroactive to the date eligibility was lost and I will be responsible for the cost of services provided during the period when coverage was in effect while dependent was not eligible for coverage.

If my dependent's status changes, I will notify my agency's Human Resources Associate immediately.

Employee Name (Printed): _____
 Employee Signature: _____
 Signature Date: _____

* Enrollment is subject to all of the State of Ohio Group Insurance Plan rules and regulations. Once you enroll your child, you will NOT be able to cancel their coverage until the next annual Enrollment and Change Period unless there is a qualifying event that would allow for cancellation.

Please submit the completed form to your Human Resources Associate.

09.2020
CIN 152-0795 02/18
2021 Enrollment and Change 27

TAXABLES

- P1 300 – adding taxables
- P1 301 – termination of taxables

TAXABLES

TAXABLE BENEFITS PROCESSING ON HRIS

P1 TYPE 300
TAXABLE FRINGE BENEFITS
&
P1 TYPE 301
TAXABLE BENEFIT CANCEL

REVISED December 2016

09.2020

Taxable Benefits Processing on HRIS

December 2016

HEALTH AND DENTAL COVERAGE FOR FULL-TIME STUDENTS OVER AGE 26

Eligibility for Coverage
Iowa Code 509A.138 allows for the coverage of an unmarried child that maintains full-time status as a student in an accredited institution of postsecondary education. When the employee enrolls their unmarried full-time student over the age 26 in their health and/or dental coverage, the employee must complete and submit a **Qualification of Full-Time Student Status** form and provide verification of full-time student status. On this form the employee will declare whether their student is or is not a qualified tax dependent as defined by the IRS. The Internal Revenue Service (IRS) has criteria to determine if a dependent qualifies as a "tax dependent". The IRS rules for determining whether their full-time student over the age 26 qualifies as a "tax dependent" are complicated. The employee should consult with the tax advisor to determine if their full-time student qualifies as a "tax dependent" under the IRS.

Tax Consequences
If the employee's full-time student qualifies as a tax dependent per the IRS regulations, the employee will not pay any additional tax to cover the dependent. No additional P1s are needed on HRIS and there is no impact on the payroll calculation.

If the employee's full-time student does not qualify as a tax dependent per the IRS regulations, then the **added value of providing that dependent health and dental coverage is taxable to the employee. The amount will be included in the employee's gross income and will be subject to federal and state withholding and FICA and be reported to the employee on their W-2 Form.** This employee is not based on the total health and dental premiums but only on the amount that provides coverage for the "non-qualified tax dependent".

The declaration of the tax status of the student will remain in effect until the employee submits another certification form changing the tax status or the student is removed from coverage.

Payroll Calculation
Since there is no exclusion from taxes for coverage of a full-time student over the age of 26, the taxable benefit for a full-time student over age 26 will be taxed at both the Federal and State level.

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2021 Enrollment and Change

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TAXABLES

Taxable Benefits Processing on HRIS

December 2016

HEALTH AND DENTAL COVERAGE FOR DOMESTIC PARTNERS AND DOMESTIC PARTNER CHILDREN

Eligibility for Coverage
Employees Covered by the AFSCME Collective Bargaining Agreement (Executive Branch and Judicial Branch), Judicial PFME, Non-Contract, IUP Social Service, and IUP Science Collective Bargaining Agreement are allowed to add a domestic partner and the domestic partner's children to their health and/or dental coverage. Employees covered by the SPOC Collective Bargaining Agreement are NOT allowed to add a domestic partner or domestic partner's children to their coverage.
To be eligible for Domestic Partner coverage, the employee and their domestic partner must meet the conditions as outlined in the Affidavit of Domestic Partnership. To enroll a Domestic Partner, the employee must first file the Affidavit of Domestic Partnership which is available on the DAS-IRE Web Site. Children of either the employee or Domestic Partner may be insured under the health and dental options for which the employee is eligible. If the employee will cover the Domestic Partner's dependents, an Affidavit of Domestic Partnership form must be completed with the Domestic Partner dependent(s) listed on page three. DAS-IRE will need to know the Domestic Partner is or is not a tax dependent.

Tax Consequences
If the domestic partner or their dependent children qualify as a tax dependent per the IRS regulations, the employee will not pay any additional tax to cover the domestic partner or their dependent children. No additional P1s are needed on HRIS and there is no impact on the payroll calculation.

If the employee's domestic partner or their dependent children do not qualify as a dependent under the IRS regulations, then the **added value of providing that domestic partner or their dependent children health and dental coverage is taxable to the employee. The amount will be included in the employee's gross income and will be subject to federal and state withholding and FICA and be reported to the employee on their W-2 Form.** This employee is not based on the total health and dental premiums but only on the amount that provides coverage for the "non-qualified tax dependent".

The declaration of the tax status of the domestic partner or their dependent children will remain in effect until the employee submits another affidavit form changing the tax status or the domestic partner or their dependent children are removed from coverage.

Payroll Calculation
Since there is no exclusion from taxes for coverage of a domestic partner or their dependent children, the taxable benefit for a domestic partner or their dependent children will be taxed at both the Federal and State level.

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Taxable Benefits Processing on HRIS

December 2016

PERSONNEL ACTIONS (P-1s)

P1 TYPE 300 - TAXABLE FRINGE BENEFITS

Any changes made to health or dental insurance coverage must be completed by the benefits staff. If the coverage of the health insurance or dental insurance is changed (i.e. family to single/parent to family), the benefits system will send a change for an additional P1 type 300 to generate on HRIS which must process first. All P1 type 204 will not be generated in all cases, the P1 will only be generated if there is a change in the coverage level or change in the health plan. For example, going from a single parent to a family plan, or going from Blue Advantage coverage to Blue Access coverage. Once the change has been made in the benefits system and, if necessary, the P1 type 300 HEALTH/DENTAL BENEFIT CHANGE has been automatically generated on HRIS, a P1 Type 300 TAXABLE FRINGE BENEFITS can be written. The information for the health and dental insurance will be populated on the P1 form of the P1 Type 300 TAXABLE FRINGE BENEFITS based on the health and dental codes that are in the employee record on Employee Information in HRIS at the time that the P1 type 300 is written. As long as the information has populated correctly on the P1 type 300, there are no entries that are needed on Page 1 of the P1.

P1 Type 300 - Taxable Fringe Benefit - Page 1

| FUNCTION | DATE | FROM | TO | PLAN | STATUS | REASON | REMARKS |
|----------|------------|------------|------------|------|--------|--------------------|---------|
| P1 300 | 01/01/2016 | 01/01/2016 | 01/01/2016 | 0000 | 0 | NO ADDL IDENTIFIED | |
| P1 300 | 01/01/2016 | 01/01/2016 | 01/01/2016 | 0000 | 0 | NO ADDL IDENTIFIED | |

The taxable benefit amount to be entered on the P1 depends on the type of non-qualified dependent that is covered on the health and/or dental insurance plans. Full-Time Student Over Age 26, Domestic Partners, and Domestic Partner dependents), if applicable, are taxed at both the Federal and State levels.
To complete Page 2 of the P1 Type 300 - Taxable Fringe Benefit, you will need the [Federal/State Tax Table](#) that is provided by DAS-IRE each Enrollment and Change Period. The calculations for the taxable amounts should be done on the Remarks page of the P1 along with the names of those covered and the status they are covered under.

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2021 Enrollment and Change

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2021 ADDED VALUE TAX TABLE

8/3/2020

2021 Added Value Tax Table

Health Insurance

| | Iowa Choice | National Choice |
|----------------------------------|-------------|-----------------|
| Family Total Premium | \$1,874.00 | \$1,108.00 |
| Single Total Premium | \$700.00 | \$445.00 |
| Family/Single Difference | \$1,035.00 | \$5,123.00 |
| Taxable Income | \$370.00 | \$441.00 |
| One Taxable Dependent | \$370.00 | \$441.00 |
| Each Taxable Dependent | \$740.00 | \$882.00 |
| Three or more Taxable Dependents | \$1,035.00 | \$5,111.00 |

Health Plans for SPOC-covered Employees

| | Alliance Select |
|----------------------------------|-----------------|
| Family Total Premium | \$1,484.00 |
| Single Total Premium | \$248.00 |
| Family/Single Difference | \$1,135.00 |
| Taxable Income | \$244.00 |
| One Taxable Dependent | \$244.00 |
| Each Taxable Dependent | \$488.00 |
| Three or more Taxable Dependents | \$1,135.00 |

Dental Insurance

| | All Employees except SPOC-covered | SPOC-covered |
|----------------------------------|-----------------------------------|--------------|
| Family Total Premium | \$83.00 | \$87.00 |
| Single Total Premium | \$33.00 | \$35.00 |
| Family/Single Difference | \$50.00 | \$52.00 |
| Taxable Income | \$33.00 | \$33.00 |
| One Taxable Dependent | \$33.00 | \$33.00 |
| Each Taxable Dependent | \$66.00 | \$66.00 |
| Three or more Taxable Dependents | \$100.00 | \$100.00 |

Average Number of Dependents (July, 2020)

| | |
|------------------------------------|-----|
| Iowa Choice | 2.8 |
| National Choice | 2.8 |
| Alliance Select | 3.3 |
| Dental Insurance - EEs except SPOC | 1.7 |
| Dental Insurance - SPOC | 3.3 |



HRA INFORMATION

Secure | <https://das.iowa.gov/human-resources/hr-info-hraa>

Services Agencies Social

Iowa Department of Administrative Services Search Search

HOME DAS CORE GENERAL SERVICES HUMAN RESOURCES PROCUREMENT & FLEET STATE ACCOUNTING

Human Resources > HR Information for Human Resources Associates

HR Information for Human Resources Associates

2018 IowaBenefits Automatic P-1 Processing Schedule Click [here](#) for updated information as of June 27, 2017.

The following list includes many frequently used DAS-HRE forms and policies in one central location for the user's convenience. Several of these forms are also found in the [Managers and Supervisors Manual](#) and other locations on the [DAS HR website](#). Where that is the case, a link to the respective Chapter in the Manual or other resource has been included.

This information is divided into the following sections for convenience:

| | |
|---|---|
| Administrative Rules | Manuals and Other Resources |
| Agency Human Resources Contacts | Military Leave |
| Benefits | Pay |
| Central Payroll | Pre-Audit |
| Employment | Reasonable Accommodation |
| Family and Medical Leave Act (FMLA) | Relocation |
| Fiscal Year-End Processing | Severe Weather Information |
| Insurance Billings | Sick Leave Insurance Program (SLIP) |
| Internships | State Human Resources Policies |
| Iowa Administrative Code | Taxable Benefits Processing P1 Type 300-301 |
| wa/Benefits | Telework |



FORMS AND REQUIRED DOCUMENTATION

- Affidavit of Common Law Marriage
- Declaration of Domestic Partnership
- Termination of Domestic Partnership
- Certificate of FT Student Status
- Certification of Dependent Disability Form



FORMS AND REQUIRED DOCUMENTATION

Secure | <https://das.iowa.gov/das-core/forms>

Services Agencies Social

Iowa Department of Administrative Services Search

HOME | DAS CORE | GENERAL SERVICES | HUMAN RESOURCES | PROCUREMENT & FLEET | STATE ACCOUNTING

DAS Core > Forms

Forms

A · B · C · D · E · E · G · H · I · J · K · L · M · N · O · P · Q · R · S · I · U · V · W · X · Y · Z

A

- [Accidental Death & Dismemberment Claim Form](#)
- [Acknowledgment of Driver License Requirement](#)
- [Administrative Leave Extension Request](#)
- [Administrative Rule Waiver Request](#)
- [Administrative Rule Waiver Request: Extension of Eligible List](#)
- [Affidavit as to Forged Endorsement](#)
- [Affidavit of Common Law Marriage](#)
- [Agreement for Recovering Education Payments](#)
- [Agreement for Recovering Relocation Payments](#)
- [Alternative Duty Assignment](#)
- [Alternative Duty Notice to Employee](#)
- [AO Safety Glasses Form](#)
- [Appeal Board Administrative Form](#)
- [Authorized Signator Form](#)

09.2020

2021 Enrollment and Change



AFFIDAVIT OF COMMON LAW MARRIAGE

STATE OF IOWA EMPLOYEE HEALTH PLAN
Affidavit of Common Law Marriage
For Enrollment of Common Law Spouse

INTRODUCTION: The purpose of this affidavit is to establish that a common law marriage exists for the sole reason of obtaining state of Iowa Healthcare Coverage. Employee benefits are governed in part by the State of Iowa eligibility provisions of the State of Iowa Healthcare Benefit Plan and the employer's collective bargaining agreement. The employee and common law spouse must both complete and sign the Affidavit of Common Law Marriage. A notary must witness both signatures. The completed, notated affidavit along with the enrollment change forms must be completed and returned to the Human Resources Associate within 30 days of the date of hire or the date for the common law marriage, whichever is later. In order to add the common law spouse to the existing coverage, this form does not establish that a common law marriage exists as required by Iowa Code 562.14.

Affidavit

We, _____ and _____, being duly sworn under oath, do declare that on or about the following date, _____ we have agreed to live as spouses, and that we have no legal or established cause that time and it is our intention to be married.

We declare that we publicly held ourselves out to be each other's spouse and that neither of us has previously been married, or if either of us has been previously married, said marriage has been terminated by death, annulment, or divorce.

We grant, to the State of Iowa, or its representative, permission to inquire of anyone who knows us as to our status and whether we have, in fact, held ourselves out to be each other's spouse since the date declared above.

We declare that we understand that a common law marriage is legally recognized as a marriage and must be terminated through a legal divorce.

We understand that further documentation may be required by the State before the State recognizes our common law marriage. We hereby certify that the above listed information is true and correct. We understand and agree that if the designated common law spouse is added to the State Employee Health Plan, the State employee will not be able to drop his or her spouse from coverage during the plan year unless there is a legal separation, final divorce decree, death, or other appropriate qualifying event with supporting documentation.

Signature of Employee: _____ Signature of Spouse: _____
 Subscribed to and sworn to before me this _____ day of _____, 2020.
 (Notary Public)

It is unlawful for any person to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of obtaining or attempting to obtain the State of Iowa with regard to the application for benefits or claim for benefits. Penalties may include, but are not limited to, imprisonment, fines, civil damages, and/or denial or termination of enrollment in any or all of the State of Iowa's group benefit plans or programs.

OH 552-0000 10/20

09.2020

STATE OF IOWA EMPLOYEE HEALTH PLAN Eff 2/1/2017
Affidavit of Common Law Marriage
For Enrollment of Common Law Spouse

INTRODUCTION: The purpose of this affidavit is to establish that a Common Law Marriage exists for the sole reason of obtaining State of Iowa Healthcare Coverage. Employee benefits are governed in part by the State of Iowa eligibility provisions of the State of Iowa Healthcare Benefit Plan and the employer's collective bargaining agreement. The employee and common law spouse must both complete and sign the Affidavit of Common Law Marriage. A notary must witness both signatures. The completed, notated affidavit along with the enrollment change forms must be completed and returned to the Human Resources Associate within 30 days of the date of hire or the date for the common law marriage, whichever is later, in order to add the common law spouse to the existing coverage. This form does not establish that a common law marriage exists as required by Iowa Code 562.14.

Affidavit

We, _____ and _____, being duly sworn under oath, do declare that on or about the following date, _____ we have agreed to live as spouses, and that we have no legal or established cause that time and it is our intention to be married.

We declare that we publicly held ourselves out to be each other's spouse and that neither of us has previously been married, or if either of us has been previously married, said marriage has been terminated by death, annulment, or divorce.

We grant, to the State of Iowa, or its representative, permission to inquire of anyone who knows us as to our status and whether we have, in fact, held ourselves out to be each other's spouse since the date declared above.

We declare that we understand that a common law marriage is legally recognized as a marriage and must be terminated through a legal divorce.

We understand that further documentation may be required by the State before the State recognizes our Common Law Marriage. We hereby certify that the above listed information is true and correct. We understand and agree that if the designated common law spouse is added to the State Employee Health Plan, the State employee will not be able to drop his or her spouse from coverage during the plan year unless there is a legal separation, final divorce decree, death, or other appropriate qualifying event with supporting documentation.

Signature of Employee: _____ Signature of Spouse: _____
 Subscribed to and sworn to before me this 25 day of January, 2020.
 (Notary Public)

It is unlawful for any person to knowingly and intentionally provide false, incomplete, or misleading facts or information on any benefits enrollment form, affidavit, or other document for the purpose of obtaining or attempting to obtain the State of Iowa with regard to the application for benefits or claim for benefits. Penalties may include, but are not limited to, imprisonment, fines, civil damages, and/or denial or termination of enrollment in any or all of the State of Iowa's group benefit plans or programs.

OH 552-0000 10/20

2021 Enrollment and Change



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RESOURCES

Kelley Hall

- (515) 281-8989
- Kelley.Hall@iowa.gov

Rachel Wilson

- (515) 281-8866
- Rachel.Wilson@iowa.gov

2020 Enrollment and Change web page

<https://das.iowa.gov/human-resources/employee-and-retiree-benefits/2020-enrollment-and-change-period>

09.2020

2021 Enrollment and Change



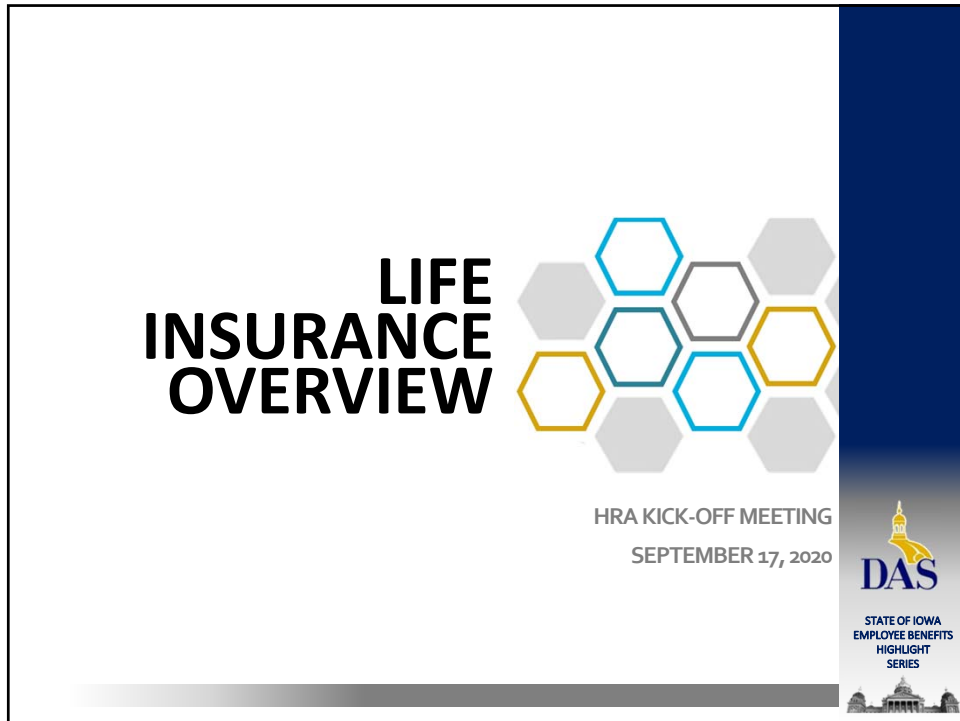
38

QUESTIONS?




THANK YOU
for taking time to
learn about the
IowaBenefits process!






**LIFE
INSURANCE
OVERVIEW**



HRA KICK-OFF MEETING
SEPTEMBER 17, 2020



DAS
STATE OF IOWA
EMPLOYEE BENEFITS
HIGHLIGHT
SERIES

WHAT WE WILL COVER TODAY

- 2021 Premiums
- Life Plan Information
 - Basic Life/LTD Waiver
- Overview
 - Cancel/Decrease
 - Supplemental/EOI Process
- Beneficiaries
- HRA Life Processing
- Resources
- Questions

2021 PREMIUMS

No change from previous plan year

All Employees (Except SPOC)

https://das.iowa.gov/sites/default/files/hr/benefits/21_eop/2021_LifePremiums.pdf

SPOC Employees

https://das.iowa.gov/sites/default/files/hr/benefits/21_eop/2021_LifePremiums_SPOC.pdf

2021 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 | \$25,000 | \$250,000 | \$25,000 |

- Carrier provides additional services
 - Counseling, funeral planning, etc.

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 IowaBenefits
- The Standard must approve supplemental life elections
 - complete evidence of insurability (EOI) online
- EOI must be on file with The Standard by Tuesday **December 29, 2020**

09.2020

2021 Enrollment and Change



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LIFE INSURANCE

Cancel or Decrease Life Insurance

- Changes are made in IowaBenefits
- Cancel: Indicate that you cancel your coverage
 - If cancelling basic, waiver is required
- Decrease: Elect the amount of supplemental life insurance in IowaBenefits
- Changes will take effect on January 1, 2021

09.2020

2021 Enrollment and Change



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OVERVIEW OF SUPPLEMENTAL

- Employees enroll in IowaBenefits (IB)
- Increases must be approved by life carrier
 - Employee must provide evidence of insurability (EOI) to life insurance carrier by **December 29, 2020**
- Increase is effective January 1, 2021 or first of the month following approval from the carrier (if past 01/01/21)

09.2020

2021 Enrollment and Change



7

EVIDENCE OF INSURABILITY IN IB

You have 7 day(s) to elect your Open Enrollment benefits.






Get started

View all 2 messages

Your benefits at a glance

Current Benefits

Future Benefits

| | | | | |
|--|---|--|---|--|
|  Medical 2021 Iowa Choice \$27.00/twice per month |  Dental 2021 Delta Dental \$0.00/twice per month |  Basic Life 2021 Basic Life and AD&D \$0.00/month |  Supplemental Life 2021 Supplemental... \$3.92/month |  Long-Term... 2021 Long Term Disability \$0.00/month |
|--|---|--|---|--|

09.2020

2021 Enrollment and Change



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EVIDENCE OF INSURABILITY IN IB

- To increase supplemental life coverage during Enrollment and Change - EOI is required

(1) Edit Coverage



6. Your Supplemental Life coverage

2021 Supplemental Life

Offered By: The Standard
Coverage Amount: \$80,000.00
Effective Date: 01/01/2021
Persons Covered: [REDACTED]



Edit coverage

Compare to your current plan

Show Plan Details



EVIDENCE OF INSURABILITY IN IB

(2) Select Coverage Amount

| | |
|--|---------|
| <input type="radio"/> \$55,000.00 | \$7.98 |
| <input type="radio"/> \$60,000.00 | \$8.70 |
| <input type="radio"/> \$65,000.00 | \$9.43 |
| <input type="radio"/> \$70,000.00 | \$10.15 |
| <input checked="" type="radio"/> \$75,000.00 | \$10.88 |
| <input type="radio"/> \$80,000.00 | \$11.60 |
| <input type="radio"/> \$85,000.00 | \$12.33 |
| <input type="radio"/> \$90,000.00 | \$13.05 |
| <input type="radio"/> \$95,000.00 | \$13.78 |
| <input type="radio"/> \$100,000.00 | \$14.50 |

Currently Selected Plan Documents

[Decline Coverage](#) I would like to decline Supplemental Life coverage.



EVIDENCE OF INSURABILITY IN IB

(3) Next Screen shows EOI information

- Will open a new window to complete medical history statement

09.2020 2021 Enrollment and Change 11

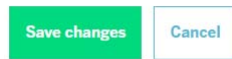
EVIDENCE OF INSURABILITY IN IB

(4) Select “agree” check box and click “Start a New Submission.”

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EVIDENCE OF INSURABILITY IN IB

(5) Will need to click “save changes”



✓ **Congratulations, [REDACTED] You have successfully updated your benefits**
 Your confirmation number is: 355687508-b419dd. Please review and print your Benefit Detail Report for your

EVIDENCE OF INSURABILITY IN IB

- **NEW:** Forms completed via this link are automatically entered into the Medical Underwriting system
 - issues an immediate response of approved or pend to the member
 - Never automatically issues a denial
- 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 IN IB

- If EOI is not completed within 60 days of the end of enrollment and change (by **December 29, 2020**), the request will be cancelled in IB
- If EOI is denied by the Standard, the request will be denied in IB

09.2020

2021 Enrollment and Change



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HRA LIFE PROCESSING

P1s for supplemental increases do not come over until carrier approved

- Carrier sends decision to DAS-HRE
 - If approved
 - DAS updates IB with new coverage
 - IB sends transaction to create P-1 in HRIS
 - If declined, DAS declines coverage in IB
 - No transaction sent for HRIS
- Watch for P1s after auto approved files run
- Benefits team may notify HRA when P1 is needed if transaction is rejected

09.2020

2021 Enrollment and Change



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LIFE INSURANCE BENEFICIARIES

Married? Divorced? Update your beneficiaries!

- You can add or change your life insurance beneficiaries in IowaBenefits
- Take this opportunity to review, add, or change your life insurance beneficiaries online in IowaBenefits



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

LIFE INSURANCE BENEFICIARIES

- When it is time to log in and review benefit elections, employees will be prompted to review beneficiary information

The screenshot displays the IowaBenefits portal interface. On the left, under 'Your benefits at a glance', there are two tabs: 'Current Benefits' and 'Future Benefits'. Below these are six benefit cards: Medical (2021 Iowa Choice, \$90.00/week per month), Dental (2021 Delta Dental, \$20.75/week per month), Health FSA (2021 Health FSA, \$14.58/week per month), Basic Life (2021 Basic Life and AD&D, \$3.00/month), Supplemental Life (2021 Supplemental Life, \$3.75/month), and Long Term Disability (2021 Long Term Disability, \$3.00/month). On the right, the 'Beneficiary Information' section contains the text: 'In order to update your beneficiary information, you MUST click to edit the Basic Life benefit tab. The "My Beneficiary Form" is for your reference. You do not need to print or sign this document.'

RESOURCES

Rachel Wilson
rachel.wilson@iowa.gov
515-281-8866

Web Page

- <https://das.iowa.gov/human-resources/employee-and-retiree-benefits/employees/group-insurance/life-insurance/life>

QUESTIONS?



THANK YOU
for taking time to
learn about life
insurance.



RETIREE INSURANCE OVERVIEW




HRA KICK-OFF MEETING
SEPTEMBER 17, 2020




DAS
STATE OF IOWA
EMPLOYEE BENEFITS
HIGHLIGHT
SERIES

WHAT WE WILL COVER TODAY

- Overview
- Process
- Changes
- Retiring During Enrollment and Change
- Premiums
- Retiree Communications
- Questions



10.2019 2020 Enrollment and Change 2



2021 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
- Due to Covid there will be no on site Retiree presentations. There are currently 16 online presentations scheduled.
 - Dates and times of these presentations and Registration are available on the Enrollment and Change website

10.2019

2020 Enrollment and Change



3

PROCESS

As with the active personnel:

- It is not an active enrollment for health or dental
- Dental open enrollment will be offered annually
- Health Benefits (Design) prescription change for 2021
- There is no need to re-enroll if they want to remain with their current coverage

10.2019

2020 Enrollment and Change



4

PROCESS

Applications:

- Applications will not be sent with the Enrollment and Change packet.
- If you receive a call from a retiree and they advise they never 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

10.2019

2020 Enrollment and Change



5

CHANGES FOR 2021

New Prescription Drug Tier for Iowa Choice and National Choice

Beginning in 2021, Iowa Choice and National Choice will have an additional prescription drug tier. Tier 4 will have a \$75 copay for a 30-day supply.

Drugs located on Tier 4 are available in other lower-cost formulations on lower tiers of the formulary. Tier 4 drugs are the least cost-effective products within a class of drugs. Drugs providing the greatest value are available on a lower tier of the formulary and are more affordable.

If you are currently taking a drug which will be a Tier 4 drug in 2021, Wellmark will notify you in writing.

10.2019

State of Iowa Employment Highlight Series – Benefits Eligibility



6

IOWA GROUP MEDICAREBLUE RX

With Iowa or National Choice

There is a premium reduction for those who are Medicare eligible and sign up for this plan.

If they are currently enrolled in Group MedicareBlue Rx Iowa they will automatically be rolled over.

If they cancel their MedicareBlue Rx they will pay the higher premium rate

10.2019

State of Iowa Employment Highlight Series – Benefits Eligibility



7

IOWA GROUP MEDICAREBLUE RX

With Group Plan F or Group Plan N

Retirees are not required to stay on our Part D plan.

If they wish to remain with the State of Iowa Group Part D plan they will be automatically moved to Iowa Group MedicareBlue Rx plan (no new application required).

10.2019

State of Iowa Employment Highlight Series – Benefits Eligibility



8

RETIRING DURING ENROLLMENT AND CHANGE

- If you have an employee who will be retiring before the end of 2020 they are eligible to make changes to be effective 1/1/2021.
- If they advise they want different coverage effective January 1st have them fill out a second application with their choice annotated. Place on top of form: Enrollment and Change 2021

10.2019

2020 Enrollment and Change



9

CHOICES 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

10.2019

State of Iowa Employment Highlight Series – Benefits Eligibility



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CHOICES FOR RETIREES WHO ARE 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

10.2019

State of Iowa Employment Highlight Series – Benefits Eligibility



11

DENTAL INSURANCE

- No benefit design change for 2021
- Current selections will roll over
- Can continue dental insurance without health insurance
- Can drop spouse or dependents at any time

10.2019

2020 Enrollment and Change



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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**

10.2018

2020 Enrollment and Change



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REMINDERS

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

10.2019

2020 Enrollment and Change



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KEEPING RETIREES INFORMED

- 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.



10.2019

2020 Enrollment and Change



15

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 1/1/21

10.2019

2020 Enrollment and Change



16

THINGS TO REMEMBER

- All Enrollment and Change applications are sent to DAS / HRE in the Hoover Building
- 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

10.2018

2020 Enrollment and Change



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QUESTIONS?



10.2018

2020 Enrollment and Change



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THANK YOU
for taking time to
learn about the
Retiree Enrollment
and Change process.

