

# ISAC Group Benefits Employee Handbook

Plan Year: July 2021

**BENTON COUNTY**



# TABLE OF CONTENTS

Introduction and Important Information	1
Eligibility	2
Open Enrollment / Qualifying Life Events	3
Medical Insurance	4
Partial Self-Fund (PSF)	7
Flex Spending Accounts	8
Dental Insurance	9
Vision Insurance	10
Life Insurance	11
Accident	12
Critical Illness	13
Wellness Program	14
Employee Assistance Program (EAP)	15
Contributions	16
Notes	17
Contacts	18

# INTRODUCTION

Your employer is proud to provide you and your family with a comprehensive and competitive benefits package.

This handbook is a summary and reference tool for you to select and understand your benefit options.

Here, you will find information about both the employer-paid benefits as well as the additional benefits for which you are eligible. All benefits outlined are sponsored by the ISAC Group Benefits Program and serviced by Group Benefit Partners. Additional benefits may be available to you outside of this program; please see your employer for details regarding these.

# IMPORTANT INFORMATION

This is a custom brochure that is intended to provide a highlight of the plans offered. The plan documents are available through your employer. If there are inconsistencies between this brochure and the plan documents, the plan documents will govern.

On the back cover of this brochure, you will find website and contact information for the different insurance companies. You are encouraged to create an online profile for companies with this option. This will allow you to see plan details, find providers, and access the various features of each policy.

# ELIGIBILITY

## Am I eligible?

An eligible employee is anyone working an average of 30 hours or more per week after completing the New Hire Waiting Period.

## What is the New Hire Waiting Period?

The eligibility waiting period is defined as first of the month following 30 days of employment. This applies to all insurance benefits.

## Who in my family is eligible?

Dependents eligible for the insurance plans include:

	<b>Spouse</b>	<b>Child(ren)</b>
<b>Medical</b>	Legal Spouse or Domestic Partner	Up to age 26, unless a FT student
<b>Dental</b>	Legal Spouse or Domestic Partner	Up to age 26, unless a FT student
<b>Vision</b>	Legal Spouse or Domestic Partner	Up to age 26, unless a FT student
<b>Life</b>	Legal Spouse or Domestic Partner	Up to age 25, unless a FT student
<b>Accident</b>	Legal Spouse or Domestic Partner	Up to age 26
<b>Critical Illness</b>	Legal Spouse or Domestic Partner	Up to age 26

*Dependent coverage varies by benefit. Refer to carrier certificates for details.*

# OPEN ENROLLMENT

During open enrollment you may add, remove, or change coverage for yourself and your eligible dependents. In the event that you do not make changes during Open Enrollment, you will continue your prior year's benefit elections. Additionally, you will not be permitted to make changes to your benefits outside of Open Enrollment unless you have a Qualifying Life Event.

# QUALIFYING LIFE EVENTS

Outside of your annual open enrollment period, you must experience a qualifying life event in order to make changes to your benefit elections. **All changes must be made within 30 days of the qualifying event.** Qualifying life events include the following:

- Your marriage, legal separation, or divorce
- Birth or adoption of a child or dependent
- Change in employment status for you or your spouse
- Change in dependent's benefit eligibility status
- Change in residence causes loss of eligibility
- Loss of dependent
- Change in cost of dependent care (only pertains to flexible dependent care spending account)

If one of these events pertains to you, please notify your Human Resources officer regarding timely enrollment.

# MEDICAL INSURANCE

As the costs of medical care continue to rise, awareness and education regarding your medical insurance remains extremely important. The information that follows should help you in deciding which coverage makes the most sense for you and your family.

Eligible employees will have a plan options through Wellmark Blue Cross Blue Shield utilizing the Blue Choice Network:

## **BLUE CHOICE NETWORK (POS)**

- All members enrolled in the Blue Choice network must designate their Primary Care Physician (PCP). Preventive services are covered only when provided by the designated PCP or OB/GYN.
- Members have the freedom to see a specialist without a referral.
- Members can access the full Iowa network, including 100% of hospitals and 98% of providers across the state. Members will still be able to receive out of state services, however these will be processed as an out-of-network benefit at a higher coinsurance rate.



# MEDICAL INSURANCE



## DOCTOR ON DEMAND

Members have access to Wellmark's virtual visit program available through Doctor on Demand, which allows members to connect with a board-certified physician 24/7/365 through a computer or smart phone app. Doctors can diagnose, treat, and prescribe.

**BeWell 24/7** connects members with a live consultant who can help with your health-related concerns.

- Find providers or facilities
- Know where to go for care
- Explore treatment options
- Schedule appointments
- Arrange care



## myWELLMARK

Tools, resources and insights to make everything about your health insurance easier.



- Track claims and expenses
- Easily find coverage details
- Find a doctor
- Know your cost
- Get electronic documents

Log in or register at [myWellmark.com](https://mywellmark.com).

# MEDICAL INSURANCE

## Summary of Benefits—\$500 PSF Plan

Covered Benefits		In-Network	Out-of-Network
Plan Year Deductible (Individual/Family)		\$500 / \$1,000	
Deductible Type		Embedded	
Coinsurance		20%	40%
Out-of-Pocket Maximum (Individual/Family)		\$1,000 / \$2,000	
Preventive Care		No Charge	Ded + Coins
Office Visits	Primary Care*	20% Coins—Ded Waived	Ded + Coins
	Specialist	20% Coins—Ded Waived	Ded + Coins
	Chiropractor	20% Coins—Ded Waived	Ded + Coins
	Mental Health	20% Coins—Ded Waived	Ded + Coins
	Virtual Visits	20% Coins—Ded Waived	Ded + Coins
Urgent Care Facility		20% Coins—Ded Waived	Ded + Coins
Emergency Room		Ded + Coins	Same as In-Network
Lab and X-Ray		Ind Lab: 20% Coins Facility: Ded + Coins	Ded + Coins
Imaging Services (MRI/CAT)		Ded + Coins	Ded + Coins
Inpatient Hospital Care		Ded + Coins	Ded + Coins
Outpatient Hospital Care		Ded + Coins	Ded + Coins
<b>Pharmacy Benefits</b>			
Plan Year Deductible (Individual/Family)		\$50 / \$100	\$50 / \$100
Plan Year Out-of-Pocket Max (Individual/Family)		\$1,000 / \$2,000	\$1,000 / \$2,000
Prescription Copays (Tier: 1/2/3/Specialty)		T1: \$10 / T2: \$20 / T3: \$45 / Spec: \$45	T1: \$10 / T2: \$20 / T3: \$45 / Spec: Not Covered

\* Must use Designated PCP (Primary Care Physician) for Preventive Care.



# PARTIAL SELF-FUND

Your employer has implemented a Partial Self-Fund arrangement (PSF) that operates alongside your health insurance plan with Wellmark BCBS.

Your employer purchases a core plan from Wellmark BCBS. This plan has a \$5,000 single / \$10,000 family Deductible and a \$6,350 single / \$12,700 family Out-of-Pocket Maximum. The PSF then reduces the Deductible and Out-of-Pocket Maximum to the plan you are enrolled in.

How your claims are processed:

1. Your medical provider will file your claim with Wellmark using the information from your Wellmark ID card.
2. All claims are submitted to Wellmark for settlement under your health plan. Wellmark will make a payment, if applicable, to your provider for services and send you an Explanation of Benefits (EOB). Wellmark will also send your claim information to the PSF Third Party Administrator.
3. The administrator will process all claims against the PSF plan the member is enrolled in. They will make payment, if applicable, to the provider or member.
4. The member is responsible for their Partial Self-Fund plan Copays, Deductible, Coinsurance, and Out-of-Pocket Maximums.

Your PSF plan is currently set up to REIMBURSE THE MEMBER.

Plan reimburses:

-Medical Deductible

-Medical Coinsurance

See "Contacts" page for TPA contact information.

# FLEX SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are a smart and convenient way to stretch benefit dollars and receive tax savings. Contributions are made on a pre-tax basis.

**Health Care Spending Account:** Contribute up to \$2,750 annually to be used for medical, dental and vision expenses. For a full list of FSA eligible expenses, contact your FSA Administrator.

**Dependent Care Spending Account:** Contribute up to \$5,000 annually to cover costs for child care for children up to age 13. Dependent Care FSAs can pair with any medical plan.

FSAs require a little planning. Identify potential annual health care expenses to determine what dollar amount should be set aside per paycheck in a FSA.

EXPENSE	FOR YOU	DEPENDENTS	TOTALS
Medical deductibles and co-pays			
Dental deductibles and coins.			
Vision and/or Hearing Expenses			
Other eligible health expenses			
Totals			
(# of pay periods left in the yr) =			

Important FSA Rules by the IRS:

- The IRS has a “use it or lose it” rule. Funds in excess of the \$500 carryover provision will be forfeited at the end of the plan year.
- Unlike HSAs, FSA contributions cannot be changed during the year unless there is a Qualifying Life Event.
- Always keep receipts! The FSA administrator may request receipts in order to substantiate an expense.

# DENTAL INSURANCE

Your employer offers a dental insurance plan sponsored by ISAC Group Benefits Program. The plan covers a scheduled portion of your dental expenses based on the procedures being performed. Coverage is available regardless of which dentist you visit, however, out of pocket costs will be less when visiting a Delta Dental PPO or Premier provider. To locate a list of network providers, visit Delta’s website at [www.deltadentalia.com](http://www.deltadentalia.com).

Your dental benefits include:

- 2 oral evaluations and dental cleanings in a benefit period
- 1 bitewing x-ray every 12 months and 1 full-mouth x-ray every 5 years

Covered Benefits	PPO	Premier
Annual Benefit Maximum	\$1,500	
Deductible (single / family)	\$15 / \$45	\$25 / \$75
Preventive Coinsurance *	0%	
Basic Coinsurance	10%	20%
Major Coinsurance	20%	
Orthodontia Lifetime Maximum	\$1,500	
Orthodontia Coinsurance	50%	

\* Deductible does not apply to preventive services for PPO and Premier providers.

# VISION INSURANCE

Your employer offers a vision insurance plan sponsored by ISAC Group Benefits Program. Vision benefits are highlighted below. For a list of network providers in your area, call or visit the company's website (details provided on back cover).

The vision benefits are structured to reimburse a scheduled amount for covered vision care expenses, with reimbursement being greater if you visit an in-network provider. The general details of your plan are provided in the chart below.

Delta Vision	
Network: Insight	
Covered Benefits	In Network
Eye Exam (Every 12 Months)	\$10 Copay
Lenses (Every 12 Months)	\$10 Copay
Frames (Every 24 Months)	\$130 Allowance
Contacts (Every 12 Months)	\$130 Allowance
Out-of-Network	Benefits Available—See Summary

*Progressive and Lens enhancements could carry an additional charge.*

*Please see complete benefit summary for details.*

# LIFE INSURANCE

All eligible employees and dependents are automatically enrolled in Group Term Life and AD&D which provides economic security in the event of a death or dismemberment.

Employee: \$25,000

Spouse: \$2,000

Child(ren): 14 days to 6 mos: \$200 / 6 mos and older: \$2,000

In addition, employees can purchase additional Life Insurance for themselves and their dependents through payroll deductions.\*

	Benefit Maximum	Increments	Guarantee
Employ-	\$150,000 or 5x Annual Salary	\$10,000	\$80,000
Spouse	\$75,000 or 50% of Employee's Benefit	\$5,000	\$25,000
Children	Option 1: 14 days to 6 mos: \$500 / over 6 mos: \$5,000 Option 2: 14 days to 6 mos: \$1,000 / over 6 months: \$10,000	N/A	\$10,000

\* If you wish to enroll in the Voluntary Life coverage, you will need to complete an Enrollment Form within 30 days of your eligibility date, or any future enrollment will be subject to medical underwriting.

# ACCIDENT

Accident coverage is a way for employees to help pay for out-of-pocket expenses that often arise after an unexpected injury. Through pre-tax payroll deductions, employees can elect these plans to help pay out-of-pocket expenses. Employees may choose to enroll in either the Core or Enhanced Plan. Both plans have four levels: Employee Only; Employee & Spouse; Employee & Children; or Employee & Family.

## Accident Insurance Summary

\*Overview only: Additional benefits shown on full summary

Accident Benefits:		Core Plan	Enhanced Plan
Emergency Care	Initial Treatment Exam (within 72 hours)	Physician: \$100 ER: \$225	Physician: \$150 ER: \$300
	Ambulance	Ground: \$200; Air: \$1,000	Ground: \$300; Air: \$1,500
	X-Ray	\$100	\$100
	Major Diagnostic Exam	\$100	\$150
Support	Office Follow-up (x1)	\$100	\$150
	Physical Therapy (x6)	\$75	\$100
	Chiropractic (x6)	\$50	\$75
Injury	Dislocation	Up to \$4,800	Up to \$6,400
	Fracture	Up to \$6,250	Up to \$7,500
	Concussion	\$150	\$200
Surgical	Exploratory	\$200	\$300
	Tendon, Ligament, Rotator Cuff	Up to \$1,200	Up to \$1,800
AD&D	<b>Accidental Death Benefits:</b>		
	Employee AD&D	\$50,000	\$100,000
	Spouse AD&D	\$25,000	\$25,000
	Child AD&D	\$12,500	\$20,000
<b>Wellness Benefit</b>			
Employee Wellness		\$75	\$100
Spouse/Child Wellness		\$75 (up to 3x)	\$100 (up to 3x)

# CRITICAL ILLNESS

Critical Illness coverage provides a fixed, lump-sum benefit upon diagnosis of a critical illness. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

	<b>Benefit Maximum</b>	<b>Increments</b>	<b>Guarantee Issue</b>
<b>Employee</b>	\$30,000	\$10,000	\$30,000
<b>Spouse</b>	\$30,000	\$10,000	\$30,000
<b>Children</b>	\$7,500	25% of employee amount	All amounts

## Critical Illness Insurance

Alzheimer's Disease	100%
Benign Brain Tumor	100%
Carcinoma in Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's Disease	100%
Skin Cancer	3%
Stroke	100%

# WELLNESS PROGRAM

ISAC's 2021 Wellness Program runs through October 31, 2021. You have the opportunity to earn up to \$200 in wellness incentives. These incentives will be disbursed through your paycheck at the end of the calendar year and through payment by Reliance Standard.

Incentive Amount	Task
\$75	Completion of a physical/preventive exam with a doctor who can fill out a fax form (Reimbursed through Accident Insurance).
\$25	Completion of the Online Assessment
Up to \$100	Completion of an activity under <b>four</b> different wellness pillars: <ul style="list-style-type: none"><li>• Purpose</li><li>• Nutrition</li><li>• Physical</li><li>• Mindfulness</li><li>• Social</li><li>• Balance</li><li>• Financial</li><li>• Community</li></ul>

Members have access to the Online Wellbeing Program at [ISAC.livehealthyignite.com](https://ISAC.livehealthyignite.com).

## Log in and Enhance Your Health:

- Complete program activities and earn your incentive.
- Participate in personal wellbeing challenges.
- Browse a database of recipes and workout videos.
- Fill out a meal planner and search for local grocery store discounts.
- Track health-related activity: step count, activity minutes, nutrition, hydration, sleep and weight. You can enter this information manually, with the Navigate Wellbeing app or by syncing your favorite devices and apps, which will update on the portal each day.



# EAP

An Employee Assistance Plan (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems and everything in between. **Your EAP benefits are free to you and 100% confidential.**

- Managing stress
- Relationship concerns
- Personal growth & development
- Coping with anxiety or depression
- Personal family or legal issues
- Caring for elderly family members
- Credit concerns and reports
- Identity theft resolution

Service Provided	Per Person
Phone-Based Support	Unlimited
In-Person Counseling	6 sessions per circumstance, per year
Telephonic Life Coaching	6 sessions per year
Telephonic Financial Consultation	1 session per issue
In-Person or Telephonic Legal Consultation	1 session per issue
Eldercare Resources	As needed
Childcare Resources	As needed
Identity Theft Resolution Services	As needed

Access your EAP benefits 24/7 by calling (800) 327-4692 or visiting [www.efr.org](http://www.efr.org).

# CONTRIBUTIONS

ALL EMPLOYEE CONTRIBUTIONS ARE LISTED AS PER PAY PERIOD COSTS

MEDICAL			
	PSF to Plan 8		PSF to Plan 8
EMPLOYEE (Non-Union)	\$33.46	EMPLOYEE (Sheriff Union)	\$31.65
FAMILY (Non-Union)	\$148.85	Family (Sheriff Union)	\$139.92

DENTAL	
EMPLOYEE ONLY	\$9.34
FAMILY	\$21.80

VISION	
EMPLOYEE ONLY	\$1.37
FAMILY	\$3.50

ACCIDENT				
	CORE (Med enrolled)	ENHANCED (Med enrolled)	CORE (Med waived)	ENHANCED (Med waived)
EMPLOYEE	\$0	\$2.70	\$4.89	\$7.59
EMPLOYEE + SPOUSE	\$3.71	\$7.93	\$8.60	\$12.82
EMPLOYEE + CHILD(REN)	\$7.77	\$12.99	\$12.66	\$17.88
FAMILY	\$12.18	\$19.80	\$17.07	\$24.69

Group Term Life is paid for 100% by your employer.

For Voluntary Life and Critical Illness rates, please see application materials.

# NOTES

# CONTACTS

## **GROUP BENEFIT PARTNERS - BENEFITS CONSULTANT**

(515) 493-0802  
<https://gbp-ins.com/>

## **WELLMARK BCBS - MEDICAL**

(800) 524-9242  
[www.wellmark.com](http://www.wellmark.com)

## **SECURE BENEFITS - PSF**

(712) 336-0203  
<http://www.sbsc.info/>

## **TASC - FSA**

(800) 422-4661  
<https://uba.tasconline.com/login>

## **DELTA DENTAL - DENTAL AND VISION**

(877) 983-3582  
[www.dentaldentalia.com](http://www.dentaldentalia.com)

## **MADISON NATIONAL LIFE - LIFE / VOLUNTARY LIFE**

(888) 214-6777  
<https://www.madisonlife.com/>

## **RELIANCE STANDARD - ACCIDENT / CRITICAL ILLNESS**

(800) 351-7500  
[www.reliancestandard.com](http://www.reliancestandard.com)



**Group Benefit Partners**  
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