

ISAC Group
Benefits Guide

Plan Year: July 2024

BENTON COUNTY



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INTRODUCTION

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

This enrollment guide 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 AssuredPartners. Additional benefits may be available to you outside of this program; please see your employer for details.

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 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:

	Spouse	Child(ren)
Medical	Legal Spouse	Up to age 26, unless a FT student
Dental	Legal Spouse	Up to age 26, unless a FT student
Vision	Legal Spouse	Up to age 26, unless a FT student
Life	Legal Spouse	Up to age 26
Accident	Legal Spouse	Up to age 26
Critical Illness	Legal Spouse	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.

EMPLOYEE NAVIGATOR

Employee Navigator is the online employee benefits tool that you will use to view benefit-related information and enroll.

You will access this system through the Group Benefit Partners benefits management website <https://gbpenroll.employeenavigator.com>.

Throughout the year, you will have access to view your benefit elections, change life insurance beneficiaries, update information, link to carrier websites, and review your benefit plan details.

Also available on Employee Navigator are your compliance and plan documents:

- Summary of Benefits and Coverage (all plans)
- COBRA Notices
- HIPPA Privacy Practice
- CHIPP Notices
- Medicare Part D Notice of Creditable Coverage
- WHCRA Notices
- Notice of Special Enrollment Rights
- Marketplace Notice



employee
NAVIGATOR

EMPLOYEE NAVIGATOR

1. Visit the website at <https://gbpenroll.employeenavigator.com>.

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

2. You will see the login section in the center of the page.

- During your first visit, you will need to Register as a new user
- This will require your Name, Last 4 Digits of SSN, Birthdate, and your Company Identifier (see below)
- Create your unique user name and password

3. Once you are logged into the site, feel free to browse the various features within the site. We would like to encourage you visit the “Resources” section. Here you will find a copy of your benefits handbook, more detailed information regarding the plans you are eligible for, and multiple forms that you can download and print.

Login Information


Company Identifier: **BentonCounty**

User Name: _____

Password: _____

EMPLOYEE NAVIGATOR

4. You can begin the enrollment process by clicking the “Start Enrollment” button in the main welcome section.




Start Enrollment

5. You will start by confirming your basic demographic information. Please update any necessary changes, and click the **Save & Continue** button.
6. The next step will be adding all dependents (spouse and children) that you will be covering on any of the benefit plans. You will do this by clicking the **add dependent +** link at the top of the screen, once for each dependent. Proceed by clicking the **Save & Continue** button.
7. You are now ready to begin enrolling or waiving your benefits through the guided enrollment process. On each screen you will select who you are enrolling at the top, and which benefits you want below, or waive by clicking the **Don't want the benefit?** button. If you are enrolling, you will move from plan to plan by clicking the **Save & Continue** button. You will name your life insurance beneficiary during this process, and finish by clicking **Agree**.



Sign to complete enrollment



Click to Sign

8. Click the “Logout” button by clicking your name in the top right corner.

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 understand your coverage and how to best utilize it for yourself and your family.

Eligible employees have a Medical Plan with the Wellmark Blue Cross Blue Shield Blue Choice Network.

BLUE POS

- All members enrolled in the Blue Choice network must designate their Primary Care Physician (PCP).
- 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.
- Plan utilizes **Wellmark's Blue RX Value Plus** Drug List. This can be accessed at www.wellmark.com/prescriptions.

MEDICAL INSURANCE

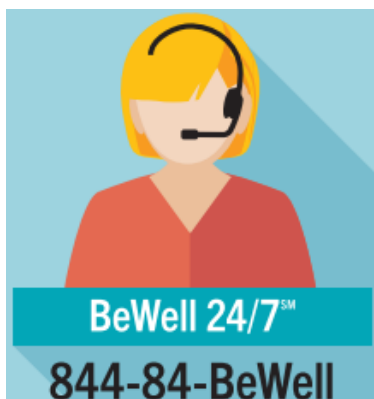


DOCTOR ON DEMAND

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 and resources to make everything about your health insurance easier. **Members can also download or print temporary ID cards.**



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

Log in or register at 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	\$0 (w/Doctor on Demand)	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
Pharmacy Benefits			
Plan Year Deductible (Individual/Family)		\$50 / \$100	\$50 / \$100
Plan Year Out-of-Pocket Max (Individual/Family)		\$1,250 / \$2,500	\$1,250 / \$2,500
Prescription Copays Tier: 1/2/3 Specialty: Generic / Pref / Non		\$10 / \$20 / \$45 \$45 / \$75 / \$150	\$10 / \$20 / \$45 Not Covered

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 PAY THE PROVIDER.

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 \$3,200 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.

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) =			
Payroll Contribution			

Important FSA Rules by the IRS:

- 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.

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 are automatically enrolled in a Group Term Life policy with a benefit of \$25,000 which provides a benefit in the event of death.

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

	Benefit Maximum	Increments	Guarantee Issue
Employee	\$300,000 or 5x Annual Salary	\$10,000	\$80,000
Spouse	\$100,000 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.*

***Life Insurance Benefits are subject to age reductions; please refer to your Benefit Certificate for full coverage details.*

ACCIDENT

Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like. Choose this supplemental health insurance product to lessen the financial impact of a covered accident.

Accident Insurance Summary

Accident Benefits:		Core Plan	Enhanced Plan
Emergency Care	Initial Treatment Exam	Physician: \$100 UC / ER: \$225	Physician: \$150 UC / ER: \$300
	Ambulance	Ground: \$300; Air: \$1,250	Ground: \$400; Air: \$2,000
	X-Ray	\$100	\$100
	Major Diagnostic Exam	\$200	\$300
Support	Office Follow-up (up to 6x)	\$100	\$150
	Physical Therapy (up to 6x)	\$75	\$100
	Chiropractic (up to 6x)	\$50	\$75
Injury	Dislocation	Up to \$6,400	Up to \$8,000
	Fracture	Up to \$6,400	Up to \$10,000
	Concussion	\$175	\$275
Surgical	Ruptured Disc	\$1,000	\$1,500
	Tendon, Ligament, Rotator Cuff	Up to \$1,200	Up to \$1,800
AD&D	Accidental Death Benefits:		
	Employee AD&D	Up to \$50,000	Up to \$100,000
	Spouse AD&D	Up to \$20,000	Up to \$40,000
	Child AD&D	Up to \$10,000	Up to \$20,000
Wellness Benefit			
Employee Wellness		\$100	\$100
Spouse/Child Wellness		\$100 (no max.)	\$100 (no max.)

This is a brief overview of the benefits provided. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance.

CRITICAL ILLNESS

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance doesn't replace medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.

The ISAC Group Benefits program pays for an employee-only benefit of **\$5,000** for all employees enrolled in the Group Medical Plan.

Employees are able to enroll in a Voluntary Critical Illness program in addition to the Employer Paid benefit. The following coverages are available:

- Employees: \$10,000, \$20,000 or \$30,000
- Spouse: \$10,000, \$20,000 or \$30,000 (*Spouse coverage is not to exceed 100% of the employee's benefit.*)
- Child(ren): 50% of the employee's benefit

Critical Illness Insurance

Heart Attack	100%
Coronary Angioplasty	10%
Open Heart Surgery for Valve Replacement or Repair	25%
Cancer	100%
Benign Brain Tumor	100%
Skin Cancer (10x per lifetime)	10%
Bone Marrow Transplant	25%
Stroke	100%
Major Organ Transplant	100%
Advanced Dementia, including Alzheimer's Disease	100%
Parkinson's Disease	100%
Type 1 Diabetes	100%
Occupational Hepatitis B or C	100%

This is a brief overview of the benefits provided. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance.

WELLNESS PROGRAM

ISAC's Wellness Program runs through October 31. You have the opportunity to earn up to \$368 in wellness incentives. These incentives will be disbursed through your paycheck at the end of the calendar year and through payment by VOYA.

Incentive Amount	Task
\$100	Physical/preventive exam w/ doctor-completed fax form
\$25	Complete the Online Assessment
Up to \$243	Step Challenge: Earn \$1.00/day each day you walk at least 10,000 steps

Members have access to the Online Wellbeing Program at 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

Your Employee Assistance Program (EAP) is a confidential mental health and work-life benefit available to you 24-7 via phone, email, chat, and digital tools.

Mental Health

Carebridge offers free consults and short-term care (3 sessions per issue, per year) through an extensive network of licensed counselors, and assistance with referrals for long-term care. They can help with:

- Stress
- Anxiety
- Depression
- Grief
- Child / teen development
- Family transitions
- Relationship conflicts
- Work concerns
- Alcohol and substance use
- Trauma
- Domestic abuse
- Burnout

Emotional Wellbeing & Behavioral Change

Carebridge can also help you proactively support your emotional wellbeing and mental health through services that encourage positive change. We provide innovative digital tools, life coaching, live trainings, and virtual support groups for you to learn, practice, and thrive.

Work-Life Services

Unlimited live telephonic consults are available with our work-life specialists who will assist you in resolving concerns by offering resources and referrals related to: • Childcare & Parenting • Eldercare & Caregiving • Financial Stress • Legal Concerns • Education Planning • Convenience Services

Digital Tools & Resources

Not sure you want to reach out to talk to anyone about your concerns? Carebridge offers a wide variety of digital tools to support your mental health and work-life needs on your own, including: • Self-assessment tools • Live mindfulness practice • Podcasts, articles, and education • On-demand videos and webinars • Virtual support groups

CONTRIBUTIONS

ALL EMPLOYEE CONTRIBUTIONS ARE LISTED AS PER PAY PERIOD COSTS

MEDICAL	
	PSF to Plan 8
EMPLOYEE	\$45.90
FAMILY	\$179.79

DENTAL	
EMPLOYEE ONLY	\$9.90
FAMILY	\$23.13

VISION	
EMPLOYEE ONLY	\$1.43
FAMILY	\$3.64

ACCIDENT				
	CORE (Med enrolled)	CORE (Med)	ENHANCED (Med enrolled)	ENHANCED (Med waived)
EMPLOYEE	\$0	\$3.28	\$2.79	\$6.06
EMPLOYEE + SPOUSE	\$1.64	\$4.92	\$8.70	\$11.97
EMPLOYEE + CHILD(REN)	\$4.06	\$7.34	\$9.58	\$12.86
FAMILY	\$5.70	\$8.98	\$15.49	\$18.77

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

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

NOTES

NOTES

CONTACTS

BENTON COUNTY HUMAN RESOURCES

(319) 318-0807

WELLMARK BCBS - MEDICAL

(800) 524-9242

www.wellmark.com

AUXIANT - PSF

(800) 475-2232

www.auxiant.com

PRIME BENEFITS - FSA

Kim See—ksee@primebenefitsystems.com

DELTA DENTAL - DENTAL AND VISION

(800) 544-0718

www.dentaldentalia.com

MADISON NATIONAL LIFE - LIFE / VOLUNTARY LIFE

(800) 356-9601

<https://www.madisonlife.com/>

CAREBRIDGE - EMPLOYEE ASSISTANCE PROGRAM

(800) 437-0911

www.myliferesource.com

clientservice@carebridge.com

VOYA - ACCIDENT / CRITICAL ILLNESS

(877) 236-7564

<https://presents.voya.com/EBRC/ISAC>



AssuredPartners