

THE UNIVERSITY OF IOWA

2011
Benefits
Information

January 2011

UNIVERSITY BENEFITS

You are eligible to receive a variety of University credits based upon your election decisions. The following University credit options are available if you are under this program:

1. General Credit: \$90.00 per month per employee.
2. Shared Savings Credits: Individuals who have health and/or dental insurance, but are not enrolled in a University or State of Iowa (state agencies, Board of Regents, UI Merit), health and/or dental insurance plan will receive an additional Shared Savings Credit as an incentive to remain with their current insurance provider. Individuals who elect not to enroll in the University's or a State of Iowa (state agencies, Board of Regents, UI Merit) health insurance plan will receive an additional \$200 per month in Shared Savings Credits. Individuals who elect not to enroll in the University's or a State of Iowa (state agencies, Board of Regents, UI Merit) dental insurance plan will be provided an additional \$25 per month in Shared Savings Credits.
Health Insurance is waived: \$200 per month
Dental Insurance is waived: \$25 per month
Life Insurance if \$50,000 option is selected: \$40 per month

LIST OF FAMILY STATUS CODES

Most Common Categories

- F04 - Single
- Employee and Spouse
or
Employee and Domestic Partner (only if partner is a Federal tax dependent)
(Requires Domestic Partner Affidavit)
- Employee and Children
- Employee and Spouse and Children
or
Employee and Domestic Partner and Children (only if partner is a Federal tax dependent)
(Requires Domestic Partner Affidavit)

Medical Support Categories

- F05 - Medical Support Order, Employee and Children
F06 - Medical Support Order, Family

Domestic Partner Categories (Requires Domestic Partner Affidavit)

- F07 - Domestic Partner and Employee (partner is not a Federal tax dependent)
F30 - Domestic Partner and Family (partner is not a Federal tax dependent)
F31 - Married, Domestic Partner and Family (partner is not a Federal tax dependent)
F32 - Married, Domestic Partner and Employee and Spouse (partner is not a Federal tax dependent)

Double Spouse Credit Categories (both employed at The University of Iowa as Faculty, Professional & Scientific or Merit Supervisory Exempt)

- F10 - Employee and Spouse or Family, this person has health and dental option
F12 - Employee and Spouse or Family, this person does not have health and dental options.

THE UNIVERSITY OF IOWA

HEALTH INSURANCE

COVERAGE

Coverage is provided through Wellmark Blue Cross and Blue Shield of Iowa. There are two plans available and each plan has multiple different contracts (coverage options) available.

Comparison of Plans

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UIChoice

UICHOICE

Health care under the UICHOICE PLAN may be obtained from any provider you wish. This plan includes three benefit levels; the provider you choose automatically determines the plan benefit level within UICHOICE.

Plan Benefit Level 1 = Providers from The University of Iowa Hospitals and Clinics, the Carver College of Medicine (CCOM), and UI Community Medical Services Clinics (CMSC).

Plan Benefit Level 2 = Providers from the Wellmark Blue Choice Network. Locally, Level 2 includes Mercy Hospital and most Iowa City community providers.

Plan Benefit Level 3 = Any provider that does not belong to Level 1 or 2.

YOU DO NOT HAVE TO PICK A PLAN LEVEL. THE PROVIDER YOU CHOOSE AUTOMATICALLY DETERMINES AT WHICH LEVEL THAT PARTICULAR CLAIM IS PROCESSED AND HOW MUCH YOU PAY.

You can use any provider. Plan Level 1 will result in the lowest out-of-pocket costs for you. While you can use any provider you want, there are advantages to using providers who have contracts with Blue Cross and Blue Shield.

Co-payments, Co-insurance, and Deductibles

Office visits with Level 1 providers have a \$5.00 co-payment. Level 2 providers have a \$20 co-payment. Level 3 providers have 40% co-insurance.

There is no physician charge or co-payment for a routine annual physical examination. Labs, tests, and x-rays do have a charge on all levels.

There is no co-payment or co-insurance for well-child care and/or immunizations on any of the levels.

Insureds will pay 20% for durable medical equipment.

When an individual is admitted to a hospital, the individual will pay a \$400 deductible for Level 1, \$600 for Level 2, and \$800 for Level 3. After the deductible is paid, the individual will pay 10% of the charges for Level 1 and 2 providers and 40% of the charges for Level 3 providers, subject to the out-of-pocket maximum limits.

Out-of-Pocket Maximum (OPM) Expenses for Individuals and Families

The UIChoice Plan provides an annual maximum limit for certain out-of-pocket expenses for both individuals and families. When the amount paid in co-insurance and deductibles equals the applicable OPM, the plan pays 100% of the covered charges for most additional medically-necessary expenses incurred during the remainder of the calendar year.

The OPM for the individual's expenses for Levels 1 and 2 combined is \$1,700. The OPM for all other contracts (family, employee and children, employee and spouse, etc.) is \$3,400 for Levels 1 and 2 combined.

The OPM for Level 3 services is separate from the Level 1 and 2 OPM. The OPM for Level 3 services is \$2,000 for individuals and \$4,000 for all other contracts.

The OPM for prescription drugs is \$1,100 for individuals (a single contract) and \$2,200 for all other contracts.

The amount paid by an individual for co-payments, for the treatment or care of infertility, or due to contract limitations are not included in the annual **out-of-pocket** amount.

When a plan member in a contract other than "Individual" meets their OPM, the additional plan member/s continue to pay co-insurance and deductibles until the overall OPM for their contract is met.

Coverage for Prescription Drugs

This plan has a tiered prescription benefit. This means for each prescription you will pay co-insurance, which will vary depending on the tier (or category) of the drug.

The co-insurance amounts are:

- Tier 1: 0% - Generic drugs are provided at no cost to the insured
- Tier 2: 30% - Wellmark name brand formulary drugs
- Tier 3: 50% - Wellmark non-formulary drugs

The OPM expense provision for prescription drugs is separate from the medical OPM. The insured is responsible for paying co-insurance on prescriptions (as described above) up to \$1,100 for individuals or \$2,200 for family in prescription drug cost. Once the OPM has been met, the plan pays 100% of covered expenses incurred during the rest of the calendar year for drugs.

CHIP II

Care under the CHIP II program can be through any provider you choose.

While you can use any provider you want, there are advantages to using providers who have contracts with Blue Cross and Blue Shield.

Insureds pay a deductible and co-insurance on this plan.

Deductible

This plan is subject to a Benefit Period Deductible (calendar year). This is the fixed amount you pay in a benefit period before benefits become available. This Benefit Period Deductible applies to all services except for preventive care.

The Benefit Period Deductible is \$1,200 per person or \$3,600 (maximum) per family.

The family deductible is reached from deductible amounts accumulated on behalf of any combination of members.

Co-insurance

This is the amount, using a fixed percentage, you pay each time you receive covered services.

After you meet the \$1,200 deductible, 10% co-insurance applies.

For durable medical equipment, 20% co-insurance applies after the \$1,200 deductible.

Out-of-Pocket Maximum (OPM) Expenses for Individuals

The CHIP II Plan provides an annual maximum limit for the OPM expense for both individuals and families.

The annual OPM is \$4,200 per person and \$8,400 for any other contract (total accumulated amounts paid on any combination of family members).

Once the OPM is reached, the plan pays 100% of covered expenses incurred during the calendar year.

The amount paid by an individual for co-payments, for the treatment or care of infertility, or due to contract limitations are not included in computing the annual **out-of-pocket** amount.

When a plan member in a contract other than "Individual" meets their OPM, the additional plan member/s continue to pay co-insurance and deductibles until the overall OPM for their contract is met.

Coverage for Prescription Drugs

You have coverage for most prescription drugs and medicines.

There is 10% co-insurance after the \$1,200 deductible.

Generic medication will be provided at **no cost to the insured**; you will be fully reimbursed for generic medication (0% co-insurance) and the plan deductible will not apply.

Fraud

For reporting potential health care fraud and abuse, see the University Benefits Office website under Health Information.

THE UNIVERSITY OF IOWA

HEALTH INSURANCE OPTIONS

Effective January 1, 2011

MONTHLY PREMIUM RATES AFTER UNIVERSITY CONTRIBUTION

	UIChoice	CHIP II
Single	\$ 0	\$ 0
Employee/Spouse	\$192	\$555
Employee/Children	\$159	\$ 0
Family	\$223	\$444
Double Spouse/Family	\$ 0	\$ 0

PLAN PROVISIONS	UIChoice	CHIP II
Providers	<p>Any Provider: The provider or facility category you use determines the plan benefit level. This is one plan with three different benefit levels:</p> <p><u>Benefit Level:</u> <u>Providers covered at this level</u></p> <p>Level 1 University of Iowa Hospitals and Clinics, Carver College of Medicine (CCOM) and UI Community Medical Services Clinics (CMSC)</p> <p>Level 2 Blue Choice Network Providers not included in Level 1</p> <p>Level 3 Any provider outside of Level 1 or 2</p> <p>Blue Cross/Blue Shield (BC/BS) providers can result in lower out-of-pocket costs. For non-BC/BS providers, insured pays charges over the maximum allowable fee.</p>	<p>Any provider</p> <p>Blue Cross/Blue Shield (BC/BS) providers can result in lower out-of-pocket costs</p> <p>For non-BC/BS providers, insured pays charges over the maximum allowable fee</p>
Deductible	None	\$1,200 single / \$3,600 other family status
Co-insurance	Level 1-10% Level 2-10% Level 3-40%	10%
Out-of-Pocket Maximum (OPM)	Combined OPM for Level 1 & Level 2 Services-\$1,700 / \$3,400; OPM for Level 3 Services-\$2,000 / \$4,000; OPM for prescription drugs-\$1,100 / \$2,200	\$4,200 single / \$8,400 other family status

ON BOTH PLANS:

There is no pre-existing condition waiting period.

Pre-approval of inpatient admissions is required.

Domestic partner coverage is available for same and opposite-sex partners.

Getting a second surgical opinion is voluntary.

Maternity claims are handled the same as all other medical claims.

Organ transplants require prior approval.

The dependent child age limit is the end of the year they turn 26. Children over the age of 26 may continue to be covered if they are full-time students or disabled.

An emergency can be considered to be a medical condition that a prudent layperson (with an average knowledge of health and medicine) could reasonably expect to result in serious jeopardy to a person's health in the absence of immediate medical attention.

OFFICE CARE	UIChoice	CHIP II
Office Visits	Level 1-\$5 co-pay Level 2-\$20 co-pay Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Routine Physicals	Level 1 & 2 & 3-\$0 co-pay	0% co-insurance
Imaging and Lab	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Well-Child Care	\$0	0% co-insurance
Immunizations	\$0 co-pay	\$0 co-pay
Routine Eye Exam Routine Hearing Exam	Level 1-\$5 co-pay Level 2-\$20 co-pay Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible

HOSPITAL SERVICES	UIChoice	CHIP II
Emergency Room Care	Level 1 & Level 2-\$50 co-payment (waived if admitted) followed by 10% co-insurance Level 3-Same as Level 1 or 2 if coded as an emergency; if not coded as an emergency, \$50 co-payment followed by 40% co-insurance	After \$50 co-payment (waived if admitted) and \$1,200 deductible 10% co-insurance
Room and Board	Level 1-\$400 deductible per admission; semi-private room; followed by co-insurance Level 2-\$600 deductible Level 3-\$800 deductible	10% co-insurance after \$1,200 deductible; semi-private room
Inpatient and Outpatient Surgery, Physician Care, Supplies, Labs & Imaging	Level 1-10% co-insurance Level 2-20% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible

MISCELLANEOUS	UIChoice	CHIP II
Prescription Drugs	3-tiered co-insurance plan; <ul style="list-style-type: none"> 1-Generic drugs have 0% co-insurance; provided at no cost to plan member; 2-Name-brand Wellmark Formulary drugs have 30% co-insurance; 3-Name-brand non-formulary drugs have 50% co-insurance 	10% co-insurance after \$1,200 deductible; 0% co-insurance for generic medications; Generic medication will be provided at no cost to plan members-you will be fully reimbursed after submission to Wellmark. Deductibles do not apply to generic drugs.
Chiropractor	Level 1-no provider Level 2-\$20 co-pay Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Hearing Aid	20% co-insurance; maximum benefit of \$2,000 every 5 years	20% co-insurance after \$1,200 deductible; maximum benefit of \$2,000 every 5 years
Outpatient Physical Therapy/Speech/Occupational and Respiratory Therapy	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Home Health Care/Ambulance/Hospice Care	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Durable Medical Equipment	20% co-insurance	20% co-insurance after \$1,200 deductible
Infertility Treatment Lifetime Maximum of \$25,000 (does not apply towards OPM)	Level 1-10% co-insurance Level 2-30% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Imaging & Lab to Third Party Providers	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible

THE UNIVERSITY OF IOWA

DENTAL INSURANCE OPTIONS Effective January 1, 2011

MONTHLY PREMIUM RATES

	Dental I	Dental II
Single	\$0	\$0
Employee/Spouse	\$11	\$19
Employee/Children	\$15	\$20
Family	\$18	\$25
Double Spouse/Family	\$0	\$0

Coverage is provided through Delta Dental of Iowa. Two plans are available: Dental I and Dental II.

PART A DENTAL BENEFITS (Preventive Maintenance Care)

	<u>Dental I</u>	<u>Dental II</u>
Annual Deductible (Per Member)	None	None
Co-insurance	0%	0%
Maximum Annual Benefit (Per Member)	None	None

Part A dental benefits include:

- ☞ Routine examination and teeth cleaning

PART B DENTAL BENEFITS (Restorative Care, Dental Prosthesis, and Surgical Care)

	<u>Dental I</u>	<u>Dental II</u>
Annual Deductible (Per Member)	None	None
Co-insurance	50%	20%
Maximum Annual Benefit (Per Member)	\$750	\$1,500*

Part B dental benefits include:

- | | |
|---|----------------|
| ☞ Regular cavity fillings | ☞ Oral surgery |
| ☞ Emergency treatment for relief of pain | ☞ Crowns |
| ☞ Non-surgical treatment for gum diseases | ☞ Root canal |
| ☞ Bridges, partial and complete dentures | |

PART C DENTAL BENEFITS (Orthodontic Care)

	<u>Dental I</u>	<u>Dental II</u>
Annual Deductible (Per Member)	\$50	\$50
Co-insurance	80%	70%
Maximum Annual Benefit (Per Member)	\$500	\$1,500*

Part C dental benefits include:

- ☞ Treatment necessary for the proper alignment of teeth
- ☞ Orthodontic benefits paid quarterly

*\$1,500 all covered services per member combined with Part B and C.

TAXABLE HEALTH AND DENTAL INSURANCE

Coverage for children who are full-time students or disabled can continue as long as they continue in that status.

The State of Iowa has not changed its tax rules, therefore, dependents beyond the age of 18 who do not qualify as the employee's tax dependent will have this taxable amount added to their Iowa taxable salary.

The Internal Revenue Service (IRS) has determined that if an employer allows employees to insure dependent children past the age of 26 who do not qualify as the employee's tax dependents, there is a value that must be added to the employee's taxable salary when reporting income earned on the annual W-2. This income, which will be added to the tax base, is calculated using the following table:

AGE 26 AND ABOVE TAXABLE MONTHLY INCOME

PLAN	Total number of people covered by insurance plan							
	2	3	4	5	6	7	8	9
CHIP 2 COVERAGE								
EMPLOYEE/CHILD	\$306.50	\$204.33	\$153.25	\$122.60	\$102.17	\$87.57	\$76.62	\$68.11
FAMILY		\$445.67	\$334.25	\$267.40	\$222.83	\$191.00	\$167.13	\$148.56
UICHOICE COVERAGE								
EMPLOYEE/CHILD	\$399.00	\$266.00	\$199.50	\$159.60	\$133.00	\$114.00	\$99.75	\$88.67
FAMILY		\$372.00	\$279.00	\$223.20	\$186.00	\$159.43	\$139.50	\$124.00
DENTAL 1								
EMPLOYEE/CHILD	\$37.50	\$25.00	\$18.75	\$15.00	\$12.50	\$10.71	\$9.38	\$8.33
FAMILY		\$31.00	\$23.25	\$18.60	\$15.50	\$13.28	\$11.62	\$10.33
DENTAL 2								
EMPLOYEE/CHILD	\$50.00	\$33.33	\$25.00	\$20.00	\$16.67	\$14.29	\$12.50	\$11.11
FAMILY		\$43.00	\$32.25	\$25.80	\$21.50	\$18.43	\$16.12	\$14.33

If the child is over 26 and disabled, or a tax dependent, there is no additional income that is applied to the employee's taxable salary. Also, please note that if you participate in the Health Care Spending Account program, you will not be able to submit any claims for a dependent over the age of 26 unless they are your tax dependent.

GROUP LIFE INSURANCE

MANDATORY PARTICIPATION

Participation in the University's group term life insurance program is a condition of employment for regular University faculty and staff members who hold a 50% time or greater appointment. Coverage is required. This program does not require a statement of health or physical exam.

SCHEDULE OF LIFE INSURANCE

Your annual benefits salary determines the amount of life insurance. If this salary is not an even thousand, it is rounded to the next highest thousand and then multiplied by the coverage desired. The benefit program allows you to select from the following amounts: \$50,000, 2 times, 2-1/2 times, and 3 times salary. The University funds 2 times salary up to the maximum coverage.

MAXIMUM COVERAGE LIMITS

The maximum amount of obtainable life insurance is \$400,000.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

OPTIONAL PARTICIPATION

Supplemental life insurance can be purchased in conjunction with any group life option. This program is age rated. The rates change as a person reaches 40, 50, and 60. Until a person reaches the age of 60, the rate for this program is less than the group life product. Carefully evaluate the Group Life and Supplemental Life plans to insure you are getting the most coverage for your money. This program does not require a statement of health or physical exam.

SCHEDULE OF LIFE INSURANCE

The optional Supplemental Life Insurance plan allows you to acquire additional life insurance from 1/2 to 3-1/2 times your salary. The amount of coverage is based upon your annual benefits salary. If this salary is not an even thousand, it will be rounded to the next highest thousand and then multiplied by the coverage chosen. Coverage is available in the following amounts: 1/2 times salary, 1 times salary, 1-1/2 times salary, 2 times salary, 2-1/2 times salary, 3 times salary, or 3-1/2 times salary.

SPOUSE/DOMESTIC PARTNER/DEPENDENT LIFE INSURANCE

COVERAGE

Term life insurance coverage is available for your spouse/domestic partner and dependents (children must be at least 14 days old to 18, 18 to 24 years old if a full-time student, unless the dependent is disabled; if dependent is disabled and classified as a dependent for tax purposes, there is no maximum age for coverage). You may choose one of the following plans:

1. Spouse/partner only in the amount of \$10,000
2. Spouse/partner only in the amount of \$20,000
3. Dependent only in the amount of \$5,000 per child
4. Dependent only in the amount of \$10,000 per child
5. Spouse/partner and Dependent in the amount of \$10,000 for the spouse and \$5,000 per child
6. Spouse/partner and Dependent in the amount of \$20,000 for the spouse and \$10,000 per child



Please note that this premium may only be paid after-tax as a deduction from your net pay. University credits may not be used for this benefit.

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment insurance provides coverage at all times for most accidents that occur on or off the job, at home or away, or anywhere in the world (when traveling by train, airplane or other conveyances). However, there are some exclusions listed in the master policy. Coverage includes loss of life and limbs. Benefits include worldwide travel assistance and a waiver of premium provision. In case of your death, benefits also include dependent children education assistance and a day care allowance.

COVERAGE

Coverage is available in \$100,000 increments up to a maximum of \$1,000,000 for:

- Plan I: Employee only
- Plan II: Employee and spouse or domestic partner:
Your spouse or domestic partner is covered at 60% of your benefit.
- Plan III: Employee and children:
Each eligible child's coverage is 20% of your benefit up to a maximum of \$100,000.
- Plan IV: Employee and family:
Your spouse or domestic partner's coverage is 60% of your benefit and each eligible child's coverage is 20% of your benefit up to a maximum of \$100,000.

Children must be no older than age 18 unless a full-time student or disabled. If your child is disabled and classified as a dependent for tax purposes, there is no maximum age for coverage.

Please note, if your spouse or partner is also employed by The University, the insurance company does not allow duplicate coverage for dependents. Also, you cannot be covered both as an Employee and as a covered spouse.

LIFE INSURANCE INFORMATION

TAXABLE LIFE INSURANCE

The Internal Revenue Service (IRS) has determined that if an employer allows employees access to life insurance in excess of \$50,000, the amount in excess of \$50,000 has a value to the employee. This value must be added to the individual's taxable salary when reporting income earned on the annual W-2. This income is based upon the following IRS table:

<u>Age</u>	<u>Rate per \$1,000 of Excess Life Insurance Per Year</u>
Under 25 -----	\$.60
25 - 29 -----	\$.72
30 - 34 -----	\$.96
35 - 39 -----	\$1.08
40 - 44 -----	\$1.20
45 - 49 -----	\$1.80
50 - 54 -----	\$2.76
55 - 59 -----	\$5.16
60 - 64 -----	\$7.92
65 - 69 -----	\$15.24
70 and older -----	\$24.72

Example:

Salary: \$50,000
3 times life insurance selected:
\$150,000
Age: 46

Calculation:

$150,000 - 50,000 = 100,000$
 $100,000 \div 1,000 = 100$
 $100 \times 1.80 = \$180.00$

\$180.00 is added to W-2 as taxable income.

In determining the amount of life insurance in excess of \$50,000, the employer must total all life insurance programs in which the employee participates. For The University of Iowa, this would include the basic group program and the supplemental life insurance program. If you have any questions concerning this calculation and the possible effect on your taxable income, please contact the University Benefits Office.

BENEFICIARY

Staff members may name their beneficiary/beneficiaries and may change these at any time. The proper form is available on the University Benefits Office website at <http://www.uiowa.edu/hr/benefits/index.html> under Forms at the University Benefits Office or on the Employee Self Service site. Any change of beneficiary will not become effective until acknowledged and recorded by the University.

For estate planning purposes the designation of beneficiaries can be assigned to another party. Contact the University Benefits Office if you are interested in this process.

The primary beneficiary for the Spouse/Dependent Life Insurance will always be the employee. The contingent beneficiary will always be the insured's estate.

LONG-TERM DISABILITY

COVERAGE

Your disability insurance benefits are based on salary. Coverage is mandatory and is paid for by the University. Maximum benefit is \$350,000 per year. The plan provides 60% of your base salary.

HEALTH CARE SPENDING ACCOUNT

PARTICIPATION

A Health/Dental Care Spending Account allows you to arrange for a portion of your earnings, not to exceed \$6,000.00, to be deposited into a special account that is then used to reimburse you for health/dental care expenses incurred during the calendar year. IRS regulations provide that earnings allocated to a spending account are not subject to Federal income taxes, State income taxes, or FICA taxes. If you elect to participate in this plan, you are reimbursed for these expenses with income that is not subject to these taxes.

Services must be incurred during the current year of participation. Funds that are not claimed for eligible health/dental expenses by the following April revert to the University and may not be claimed by the individual. When an individual terminates, all services and expenses must be incurred prior to the termination date and be claimed by April of the next year. Any funds not spent by this date will be forfeited. This program is not available for use of expenses for a Domestic Partner who is not a qualified tax dependent.

EXPENSES THAT CAN BE PAID BY A HEALTH/DENTAL CARE SPENDING ACCOUNT

This account may be used to pay for any expenses connected with health/dental care for you, your spouse, or any eligible dependent as defined by the IRS. The eligible expenses reimbursed must be for services or items that you will not be reimbursed for from any health/dental insurance program, whether with The University of Iowa and/or any other employer or individual policy. Eligible expenses are:

1. Deductibles and co-payments
2. Over-the-counter drugs used to treat a medical condition but only with a physician prescription (e.g. aspirin, antacids, cold medicines)
3. Dental expenses, including preventive, diagnostic, restorative, orthodontic, and therapeutic care
4. Vision expenses, including examinations, eyeglasses, contact lenses, and seeing-eye dogs
5. Hearing expenses, including examinations and hearing aids
6. Artificial limbs
7. Physical examinations
8. Psychoanalysis and psychologist fees
9. Psychiatric fees and psychiatric care, including the cost of supporting a mentally ill dependent at a specially equipped medical center
10. Chiropractic expenses
11. Acupuncture
12. Smoking cessation program as prescribed by a physician
13. Alcoholism or Drug Treatment, including meals and lodging if needed
14. Prescription medicine and prescription drugs including birth control pills
15. Licensed Massage Therapy from an LMT, MD, RN, or DC (with a doctor's letter of necessity)

Your account **cannot** be used for certain expenses, such as:

1. Fitness club memberships, unless your physician classifies you as obese by having a BMI of 30 or over
2. Cosmetic surgery
3. Insurance premiums
4. Dietary supplements or multivitamins
5. Contact lens insurance
6. Long-term care expenses
7. Prescription drugs purchased outside the U.S.



This list is not all-inclusive. If you have a specific question about whether or not an expense is eligible for reimbursement, please check the "Covered Expenses" area under Spending Accounts on the University Benefits Office website.

DEPENDENT CARE SPENDING ACCOUNT

PARTICIPATION

A Dependent Care Spending Account allows you to arrange for a portion of your earnings, not to exceed \$5,000.00 per family, to be deposited into a special account that is then used to reimburse you for dependent care expenses incurred during the year for the custodial care of children or other eligible dependents. IRS regulations provide that earnings allocated to a Spending Account are not subject to Federal income taxes, State income taxes, or FICA taxes. If you elect to participate in this plan, you are reimbursed for these expenses with income that is not subject to these taxes. Your deposit is limited by your tax filing status. If you file your Federal taxes as married filing separately, you may deposit up to a maximum of \$208.33 monthly or \$2,500.00 annually. All other tax filing statuses may deposit up to a maximum of \$416.66 monthly or \$5,000.00 annually. The combined maximum that a couple may contribute to this account is also \$5,000.00 annually.

Services must be incurred during the current year of participation. Funds that are not claimed for eligible dependent care expenses by the following April revert to the University and may not be claimed by the individual. When an individual terminates, all services and expenses must be incurred by the end of the calendar year in which termination occurs and must be claimed by the following April. Any funds not spent by this date will be forfeited.

EXPENSES THAT CAN BE PAID BY A DEPENDENT CARE SPENDING ACCOUNT

This account may be used to pay for certain expenses connected with the custodial care of children under the age of 13 years who are claimed as an exemption on the employee's Federal income tax return. It may also be used for reimbursing costs for the care of other eligible dependents such as a disabled spouse or dependent parents.

In order to participate, both the eligible employee and spouse must work or be a full-time student. The expenses must be for the following types of dependent care provided during working hours:

- Nursery schools
- Licensed day care centers and before and/or after school programs
- Private baby-sitters
- Institutions that provide custodial care for dependent adults

The account cannot be used to make payments to an eligible employee's spouse, to an eligible employee's child who is under the age of 19 years, or to any person the eligible employee claims as a dependent on an income tax return. Any expenses associated with kindergarten, lessons, or overnight camps may not be used.

SPENDING ACCOUNTS

ANNUAL ELECTION

You may decide each year during the annual enrollment period whether or not you wish to participate in these plans. If you do not sign up during the annual enrollment, you will not be able to participate during the following year, unless you have a qualifying event (see page 20).

IRREVOCABLE ELECTION

Once you elect to participate and designate the amount to be deposited into your spending accounts, you may not stop deposits or change the amount deposited into your account unless you have a qualifying event. A change in your account must be made within 30 days of the event, otherwise you must wait until the next annual enrollment period.

ADVANTAGES

Health Care

- You do not pay FICA, Federal, and State income taxes on flexible spending account contributions.
- Medical expenses are tax deductible only if they are over 7.5% of your adjusted gross income. A medical spending account allows you to use tax-free money for medical expenses below 7.5% of your Adjusted Gross Income (AGI).
- If you have annual medical expenses of just \$600.00, you save whatever the Federal and State taxes are for your income level, and you may also save approximately \$46.00 on FICA taxes.

Dependent Care

- You do not pay FICA, Federal, and State income taxes on flexible spending account contributions.
- The tax deductibility of dependent care expenses goes down as income goes up. By participating in the flexible spending account, you have the advantage of avoiding the taxes regardless of income.
- While dependent care expenses are tax deductible up to certain levels, participating in the spending account may also let you avoid the 7.65% FICA tax.
- If you are contributing the maximum monthly amount to the spending account, you may save approximately \$382.00 on FICA taxes.

DISADVANTAGES

There may be some disadvantages to using these accounts:

1. Deposits to such an account may reduce your Social Security wage base, and consequently, your Social Security tax contributions may be slightly reduced.
2. Once you decide to participate in this plan for any given year and designate the amount to be deposited in such an account, you cannot change this decision. The University must continue to deposit the specified amount into your account. Furthermore, any amount which is not expended for eligible expenses incurred during the calendar year by December 31st of that year and claimed by April 30th of the next year revert to the University.

DISBURSEMENTS

You may request reimbursements daily, weekly, monthly, semi-annually, or annually, whichever is the most convenient for you. Instructions for submitting claims can be found under "Spending Accounts" on the University Benefits Office website. Expenses submitted must be incurred after your first payroll deduction under this program. The actual day when the payment is made could vary depending on holidays. Your spending account reimbursements will be direct deposited to the same institution and account where your monthly paycheck is deposited. If you would like payment made to a different checking or savings account, you must fill out an Authorization For Payroll, Benefits, and Travel Direct Deposit which can be found on the Employee Self Service website. Reimbursement forms are available on the University Benefits Office website. ***You may file for reimbursement at any time during the year, but no later than the last business day of the following April.***

In order to comply with IRS regulations, dependent care expenses cannot be reimbursed until after the service has been provided.

TERMINATION OF EMPLOYMENT

Health Care

- When terminating employment, services must be incurred prior to the last day of the month of your participation in the plan to be reimbursable. You have until April of the following year to submit any claims for services incurred prior to your termination date. All funds remaining after April of the following year are forfeited to the University.

Dependent Care

- When terminating employment, services must be incurred prior to the end of the calendar year to be reimbursable. You have until April of the following year to submit any claims for services incurred in the prior year. All funds remaining after April of the following year are forfeited to the University.

Your salary reduction for your spending account(s) will continue on the last check that includes salary.

THE UNIVERSITY OF IOWA

DOMESTIC PARTNER BENEFITS

Domestic Partners Eligible Benefits

Medical, dental, dependent life, and voluntary AD&D insurance are available for domestic partners of eligible employees.

Tax Consequences of Domestic Partner Coverage

Under federal tax law, if your domestic partner does not qualify as your tax dependent, as defined below, then the portion of the premiums The University of Iowa pays for the coverage of your domestic partner will be included in your gross income, subject to federal income tax withholding and employment taxes, and will be reported on your Form W-2. You will also be unable to claim expenses for the domestic partner under the Health Spending Account plan.

Tax Consequences Where Domestic Partner is Tax Dependent

If your domestic partner qualifies as your tax dependent, then no portion of the premiums paid by The University of Iowa will be included in your income or be subject to federal withholding or employment taxes.

1. Who is a tax Dependent? Your same-sex or opposite-sex domestic partner (other than a spouse) can qualify as your tax dependent under Internal Revenue Code Section 152(a), only if:
 - for the entire calendar year in question, he or she lives with you as a member of the household you maintain and occupy, and
 - during the calendar year in question you provide more than half of his or her total support.

Note that it is not necessary for you to be able to claim an exemption for your domestic partner on your Form 1040. If your tax year is other than the calendar year, use that year instead.

We will also consider your domestic partner to be a tax dependent if he or she meets the above two requirements for the first portion of the year, then you marry, and he or she remains your legal spouse the remainder of the year.

2. Determining Support. To determine whether you provide more than half of your domestic partner's total support, you must compare the amount of support you provide with the amount of support your domestic partner receives from all sources, including social security, welfare payments, the support you provide and the support your domestic partner supplies for himself or herself. Support includes food, shelter, clothing, medical and dental care, education, and the like. If you believe you might provide more than half of your partner's support, you should use the support worksheet in IRS Publication 501 (Exemptions, Standard Deduction, and Filing Information).
3. Filing a Declaration of Dependent Domestic Partner (other than a spouse). Please contact your tax advisor before filing an affidavit that your domestic partner is a dependent, as defined by the Internal Revenue Code.

If your domestic partner qualifies as your tax dependent, you can avoid having the premiums paid by The University of Iowa treated as taxable income. To avoid taxation, you must complete and return the attached Declaration of Domestic Partnership form. Because the determination of whether a person is a dependent for tax purposes turns on facts solely within your knowledge, The University of Iowa cannot make this determination for you. If The University of Iowa does not receive a properly completed declaration form from you, we will assume that your domestic partner does not qualify as your tax dependent.

THE UNIVERSITY OF IOWA

DECLARATION OF DOMESTIC PARTNERSHIP SAME AND OPPOSITE SEX COUPLES CONFIDENTIAL

I. DECLARATION

We, _____ and _____
(Employee – Print Name) (Domestic Partner – Print Name)

certify and declare that we are domestic partners in accordance with the following criteria and are eligible for Medical, Dental, and voluntary AD&D insurance benefits under The University of Iowa benefits program.

II. DOMESTIC PARTNER CRITERIA

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are at least eighteen (18) years of age, not related by blood closer than would bar marriage in the State of Iowa, and mentally competent to consent to this declaration.
3. We recognize that domestic partner benefits are not provided under all insurance plans and understand that we must meet the eligibility requirements of the particular benefits plan(s) we are requesting.
4. We reside together in the same residence.
5. We share a committed and mutually dependent relationship with each other that is similar to that of a married couple, but we have either chosen not to marry or cannot legally marry.
6. Our relationship meets at least two of the following four conditions (please check those that apply, A-D):
 - _____ A. We have common or joint ownership of a residence (home, condominium, or mobile home) or a lease for a residence identifying both partners as tenants.
 - _____ B. We have at least two of the following (please check which two apply):
 - _____ 1) Joint ownership of a motor vehicle
 - _____ 2) Joint checking account
 - _____ 3) Joint credit account
 - _____ 4) Durable power of attorney for health care or financial management
 - _____ C. The Domestic Partner has been designated as the primary beneficiary for at least one of the following (please check which one applies):
 - _____ 1) Employee's life insurance
 - _____ 2) Employee's will
 - _____ 3) Employee's retirement contract
 - _____ D. A "relationship contract" has been executed which obligates each of the parties to provide support for the other party and provides, in the event of the termination of the relationship, for a substantially equal division of any property acquired during the relationship.

III. CERTIFICATION OF DOMESTIC PARTNER AS A DEPENDENT

Please consult a tax advisor before you certify that your domestic partner seeking coverage is a dependent as defined by the Internal Revenue Code. If your answer is YES, you are not taxed on the University contribution for the dependent coverage premiums paid by The University of Iowa and you are able to make contributions for the domestic partner's coverage on a pre-tax basis.

Please check the appropriate boxes:

- Yes, my domestic partner qualifies as my dependent for Federal income tax purposes.

I understand that on the basis of the above statements, The University of Iowa will consider the above person my dependent for all federal income and employment tax purposes.

I agree to reimburse The University of Iowa for any and all liability including, without limitation, taxes, penalties or losses (including reasonable attorneys' fees) that The University of Iowa may incur arising out of its reliance on this affidavit if it is untrue in any respect or if I fail to provide the notice required by paragraph IV.

- No, my domestic partner does not qualify as my dependent for Federal income tax purposes.
 Yes, I am married to my domestic partner

IV. CHANGE IN DOMESTIC PARTNERSHIP

1. We agree to notify The University of Iowa as required by this Section IV if there is any change in our status as domestic partners as attested in this Declaration which would make the domestic partner and/or any of his/her dependent children ineligible for The University of Iowa benefits program (for example, due to the death of a partner, a change in joint residence, termination of the relationship, etc.).
2. We will notify The University of Iowa within thirty-one (31) days of such change in our status as domestic partners and/or dependent. Coverage under The University of Iowa benefits program will be terminated as of the end of the month of the date of change in our status as domestic partners and/or dependent.

V. ACKNOWLEDGEMENTS

1. We understand that any person/employer/insurer/claims administrator who suffers any loss due to any false statement contained in this Declaration may bring civil action against either or both of us to recover their losses, including reasonable attorney's fees.
2. We have provided the information in this Declaration for use by the University Benefits Office of The University of Iowa for the sole purpose of determining our eligibility for domestic partner benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, pursuant to a court order, or if there is a compelling business need to have access to the information.
3. We understand that this Declaration may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided, and that before signing this Declaration, we should seek competent legal and accounting advice concerning such matters.

We declare, under penalty of perjury, under the laws of the State of Iowa that the assertions in this Declaration are true to the best of our knowledge. We understand that this form is not an application for insurance coverage and that the purpose for this form is to establish eligibility of the person named herein for the coverage provided under The University of Iowa benefits program.

Employee Signature

Employee #, University ID#, or SS#

Date of Birth

Date

Domestic Partner Signature

Domestic Partner's SSN

Date of Birth

Date

Employee and Domestic Partner's Address

Street Address

City, State

Zip

**Submit Declaration to: The University of Iowa Benefits Office,
120 University Services Building, Suite 40, Iowa City, IA 52242**

INSTRUCTIONS FOR COMPLETING YOUR PERSONAL ENROLLMENT

These instructions will assist you in completing your Personal Enrollment for The University of Iowa Flexible Benefits Program. These instructions are written for employees who are filling out a paper form. If you are using the on-line enrollment option, instructions are provided on the site. If, during the process of completing the enrollment form, you have questions or need assistance, please contact the University Benefits Office at 120 University Services Building by e-mail at benefits@uiowa.edu, or by phone at (319) 335-2676, or toll-free at (877) 830-4001.

HEALTH AND DENTAL COVERAGE

For more information see pages 1-7.

Health Coverage. Description and comparison of plans (see pages 4-5). Enrollment is optional. If you do not want coverage, select option number “90.” If you want medical coverage, you must select from the medical programs shown. Once the type of coverage is selected, enter that number on the line labeled “Option Code”.

Dental Coverage. Description and comparison of plans (see page 6). Enrollment in the dental plan is optional. For no coverage, select option number “90.” If you want dental coverage, you must select from the dental programs shown. Once coverage is selected, enter that number on the line labeled “Option Code.”

GROUP LIFE INSURANCE

For more information see page 8.

This plan allows you to select from four levels of life insurance coverage. This coverage is for you only. The University provides you with two times your salary in coverage. If you select additional coverage, there will be an additional charge. These choices provide coverage of a flat \$50,000, 2 times salary, 2-1/2 times salary, or 3 times salary. **Enrollment in the group life plan is mandatory.** You must choose either \$50,000 in coverage or two times your salary.

If you select 50,000 in coverage and your salary is at least \$25,000 annually, you will not see a charge on your electronic enrollment and you will be eligible for a Shared Savings Credit.

If you select two times your salary in coverage, you will see a charge and an equal credit for the University contribution on your electronic enrollment.

You still have the option of purchasing 2-1/2 or 3 times your salary in Group Life Insurance if you so desire. If you choose this option, you will see the full cost of the 2-1/2 or 3 times your salary in Group Life coverage on your electronic enrollment and you will see the University contribution for 2 times your salary in coverage. Your cost will be the difference between the two.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

For more information see page 8.

This program allows you to obtain additional life insurance, for yourself only, in excess of the amount provided by the group life coverage. This program is optional. If you do not want to participate in this program, enter the number “90” on the “Option Code” line. For additional life insurance, select from seven choices of coverage. These choices range from 1/2 to 3-1/2 times your salary. Next to each selection is the amount of coverage that is provided by each choice. The next column to the right shows the monthly costs associated with each coverage choice. Once your selection is made, enter the corresponding number on the “Option Code” line.

SPOUSE/DOMESTIC PARTNER/DEPENDENT LIFE INSURANCE

For more information see page 9.

This program allows you to obtain life insurance for your spouse and/or your children. If you do not want to participate in this program, enter the number “90” on the “Option Code” line. If you would like to participate, you have the choice of six programs. Each selection gives your spouse and/or dependents the life insurance as noted. The next column to the right gives the monthly cost of your selection. Once you have made your selection, enter the appropriate number on the “Option Code” line. No beneficiary designation is required as the employee will always be the beneficiary in case of the death of a spouse and/or dependent.

This premium may only be paid after-tax; your University credit contributions may not be used for this benefit.



ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

For more information see page 9.

This program offers you a variety of life insurance coverage levels and family options. If you do not want to participate in this program, enter “90” on the “Option Code” line. If you would like to participate, you may select a coverage level between \$100,000 and \$1,000,000. Coverage is available in \$100,000 increments. The column to the right gives the monthly cost (per \$100,000 of coverage) depending upon whether you wish to insure only yourself or your family. Once you have made your selection, enter that number on the “Option Code” line.

LONG TERM DISABILITY INSURANCE

For more information see page 10.

Participation in a long-term disability program is mandatory.

HEALTH CARE SPENDING ACCOUNT

For more information see page 11.

The Health Care Spending Account allows you to pay various medical expenses by placing funds into this special account on a before-tax basis. You may contribute up to \$500.00 per month to this program. **Any University credits not used for your benefit selections will automatically be placed in this account for your use.** If you wish to place any personal money in a Health Care Spending Account, indicate on the “Monthly Pledge” line the total amount of money to be contributed to this account—your personal contribution plus any leftover credits. If you wish, you can elect to place unused credits in your Dependent Care spending account.

DEPENDENT CARE SPENDING ACCOUNT

For more information see page 12.

The Dependent Care Spending Account permits you to pay various daycare and babysitting expenses by placing funds into this special account on a before-tax basis. If you file taxes as “married filing separately,” you may contribute up to \$208.33 per month. Under any other tax filing status, a maximum of \$416.66 per month may be contributed. The maximum that a couple may contribute to this account is \$416.66 per month. If you would like to participate in a Dependent Care Spending Account, indicate on the “Monthly Pledge” line the total amount of money to be contributed to the account. This includes your personal contribution plus any leftover credits.

ADDITIONAL INFORMATION

DEPENDENTS

Complete this section if you wish to have coverage for an eligible spouse, domestic partner, and/or children. If you select medical, dental, list the individuals who will be covered by these insurances. If you currently have dependents covered under your insurances, they will be listed for you. To cancel coverage for any individuals, please draw a line through their names(s). To add any dependent(s) to your existing coverage, list their name, relationship, birth date, sex, and Social Security Number. Children may be covered until the end of the year they turn 26. Coverage past age 26 is available providing the child is a full-time student or disabled and can continue as long as they continue in that status. There is no residence requirement for students or disabled children.

LIFE INSURANCE BENEFICIARIES

Fill in your beneficiaries for the life insurance plan in which you are participating. Please list their names, percent (%) or flat dollar amount of the benefit the person is to receive, their relationship, and if they are a contingent beneficiary (Y if yes). If no percent (%) or flat dollar amount is listed, it is assumed that all primary beneficiaries will participate equally in any settlement. In case of your death, the primary beneficiary receives your life insurance proceeds. **Only in the case of death of both you and primary beneficiary will a contingent beneficiary receive the funds.** You may designate any individual, charity, church, organization, estate, trust, or will of your choice as your beneficiary. If no beneficiary is designated, the proceeds will be payable to your estate. If you wish to cancel a beneficiary, please draw a line through the name(s).

PREMIUM AND PAYMENT INFORMATION

All monthly costs are based on 12 premium payments per year. If you receive 10 paychecks per year, double deductions and credits will appear on your June 1 and September 1 checks.

All monthly premiums are paid using pre-tax dollars except for Spouse/Dependent Life Insurance, which is paid only on an after-tax basis. University credit contributions may not be used for any after-tax benefits.



If any of the “Option Code” lines are blank, no coverage will be assigned to you for that program.

The definition of “spouse,” shall mean the person who is legally married to the employee under applicable state law, a common law person, or a person who meets The University of Iowa definition of Domestic Partner, which requires an “Affidavit of Domestic Partnership” to be filed with the University Benefits Office.

CHANGING BENEFITS

You may make a change to your benefits during the year only if there is a change in status. A change in status can only be the result of a qualifying event such as:

- Birth/Adoption
- Death in the immediate family
- Marriage
- Divorce/legal separation
- Change of employment, work schedule or work site for self/spouse/domestic partner
- Change of residence
- Approved Leave of Absence
- Dependent no longer eligible/becomes eligible

If you wish to make a change due to one of the above listed events, a Benefit Change Request form must be submitted to the University Benefits Office, or you may create an event on the Employee Self Service site under Benefits within 30 days of the event. The paper Benefit Change Request form may be found on the University Benefits Office website. The change will take effect the first of the month following the event, except in the case of birth or adoption in which the effective date is the beginning of the month of the event.

UI Health Plans Office Overview

Promoting the highest quality of life in the most cost-effective way is the primary goal for UI Health Plans. The UI Health Plans team provides assistance with:

- Addressing health plan benefit questions
- Facilitating clinical access and care coordination
- Providing case management for chronic or complex health conditions
- Guiding members to most appropriate network providers
- Facilitating access to disease management services where available
- Advocating for special health care needs and support for benefit coverage
- Resolving health care claim concerns

The comprehensive health insurance plans designed to meet the needs of eligible UI faculty, professional and scientific, and supervisory merit-exempt staff includes:

- UIChoice
- CHIP II

The UI Health Plans Office provides a distinctive triad of support services: 1) Enrollees with complex medical conditions benefit from care coordination and case management services, while those with less complex needs benefit from clinical access support; 2) University of Iowa Health Care providers and non-UI providers involved in the care of enrollees utilize the unique support of the UI Health Plans specialists regarding benefit coverage and ensuring proper payment; and 3) Wellmark Blue Cross/Blue Shield of Iowa staff collaborate with the UI Health Plans Office to ensure benefits are carried out in accordance with the health plan contracts.

Whether you have questions during enrollment time or when you need to use your health insurance benefits, a dedicated UI Health Plan staff is available to help you make sound decisions and ensure your plan meets your health care needs.

Your Health Plan Team:

Carla Clark, Health Plans Specialist
Julie Sexton, Health Plans Specialist
Krista Smeins, RN BSN, Case Manager
Dianne Wasson, RN MSN, Case Manager
Daniel Fick, MD, Medical Director
Christine Miller, MBA, Administrator
Richard Saunders, AVP of Human Resources

carla-clark@uiowa.edu
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christine-a-miller@uiowa.edu
richard-saunders@uiowa.edu

Contact us: 319-356-8442
or 800-356-8442

For more information, please visit our web site:
www.uihealthcare.com/healthplans

Additional Important Resources


The Benefits Education Center

HR Home | Employee Self Service | UI Search A-Z

Human Resources - University Benefits THE UNIVERSITY OF IOWA

Home About This Site Contact Us

Benefits Education Center



Convenient Benefit Presentations for New, Current, and Prospective Staff of The University of Iowa

➡ [Modules Introduction](#) All Staff. (Watch and/or listen to this module first. Please turn off your pop-up blockers)

Benefits Education Center Modules by Employee Classification:

- [Faculty, Professional & Scientific, and Merit Supervisory Exempt Staff](#)
- [Merit Staff](#)

[About this Site](#)
[Contact Us](#)

All the information from orientation with additional information on getting the most from your benefits package. Presented in convenient online modules:

<http://www.uiowa.edu/hr/benefits/educate/index.html>

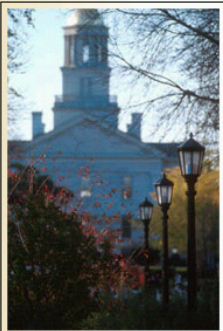
The Staff Resource Guide

HR Home | About HR | Contact HR | HR Policies/Guidelines A-Z | Employee Self-Service | UI Search A-Z

HUMAN RESOURCES THE UNIVERSITY OF IOWA

University of Iowa Staff Resource Guide

The University of Iowa makes a substantial investment in traditional benefits such as health and dental insurance, vacation, and retirement plans. Along with these traditional benefits, another advantage of working for the University is access to a wealth of resources, opportunities, and services for your personal and professional enrichment. Most are offered free of charge or at a substantially reduced cost for UI staff.



University Human Resources provides this web site as a guide to the many benefits and opportunities available to you as a member of our vibrant and diverse UI community.

We encourage you to bookmark this site or add it to your 'Favorites' for instant access to information and links for specific services.

Explore our site and enjoy the advantages of employment at [The University of Iowa](#).

Human Resources
The University of Iowa

- Benefits and Payroll
- Personal and Professional Development
- Services and Amenities
- Facilities
- Transportation
- Discounts
- Programs and Activities

Questions?
Please contact the department or program directly, or send an email to benefits@uiowa.edu if you would like additional information.

Learn about the **many** resources available to you as a valuable employee of The University of Iowa:

www.staffresources.uiowa.edu.

