



THE UNIVERSITY OF IOWA

House Staff  
Benefits  
Information

July 2009



# THE UNIVERSITY OF IOWA

## HOUSE STAFF HEALTH INSURANCE

### COVERAGE

Coverage is provided through Wellmark Blue Cross and Blue Shield of Iowa. The plan has four different contracts (coverage options) available.

#### CONTRACTS (Coverage Options)

- A. Employee Only
- B. Employee and Spouse
- C. Employee and Children
- D. Employee and Family

### HOUSE STAFF

Health care under the House Staff 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 the House Staff Plan.

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

**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.**

It is important to note that plan Level 1 will result in either no or the lowest out-of-pocket costs for you. There are also advantages to using providers who have contracts with Blue Cross and Blue Shield.

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

The House Staff Plan provides an annual maximum limit for the 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 Level 1 is \$0. Levels 2 and 3 is \$2,000. The individual is responsible for paying \$2,000 out of pocket before the plan pays 100% of charges if the provider is from plan levels 2 and 3. The OPM for all other contracts (family, employee and children, employee and spouse, etc.) is \$0 for Level 1 and \$4,000 for Levels 2 and 3.

The OPM for prescription drugs obtained outside of UIHC is \$1,100 for individuals (a single contract) and \$2,200 for all other contracts for plan levels 2 and 3.

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**

This plan has a tiered prescription benefit. This means for each prescription you pay will vary depending on the tier (or category) of the drug and where you obtain your prescription.

The co-insurance amounts are:

- Tier 1: 0%/25% All generic drugs and other medications listed on the House Staff Prescription Benefit Guide obtained at UIHC pharmacies have a 0% co-insurance. This includes selected over the counter medications (OTCs). Generic drugs obtained outside of UIHC pharmacies will be 25%.
- Tier 2: 20%/30% Wellmark name brand formulary drugs (outside of the drugs listed on the House Staff Prescription Benefit Guide), but available at UIHC have a 20% co-insurance. Wellmark name brand formulary drugs obtained outside of UIHC have a 30% co-insurance.
- Tier 3: 40%/50% Drugs outside of Wellmark formulary obtained at UIHC have a co-insurance of 40%. Drugs outside of Wellmark formulary obtained outside of UIHC have a co-insurance of 50%.

The OPM expense provision for prescription drugs is separate from the medical OPM. The insured is responsible for paying co-pays/co-insurance on prescriptions (as described above) up to \$1,100 for individuals or \$2,200 for family in prescription drug cost if the medication is categorized in Tier 2 or 3. Once the OPM has been met, the plan pays 100% of covered expenses incurred during the rest of the calendar year for drugs.

# THE UNIVERSITY OF IOWA

## HOUSE STAFF HEALTH INSURANCE OPTION

### EFFECTIVE JULY 1, 2009

PLAN PROVISIONS	HOUSE STAFF
Providers	<p>The provider or facility you use determines the plan benefit level and what, if anything, you might have to pay. This is one plan with three different benefit levels. You get all three levels:</p> <p><u>Benefit</u>                      <u>Providers covered at this level:</u></p> <p><u>Level:</u></p> <p>Level 1                      University of Iowa Hospitals and Clinics, Carver College of Medicine (CCOM), UI Community Medical Services Clinics (CMSC) UI QuickCare</p> <p>Level 2                      Iowa Blue Cross/Blue Shield 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>
Deductible	None
Co-Insurance for Medical Services	<p>Level 1-0%</p> <p>Level 2-20%</p> <p>Level 3-40%</p>
Out-of-Pocket Maximum (OPM)	<p>OPM for Level 1-\$0</p> <p>OPM for Level 2 &amp; 3 Services-\$2,000 for single/\$4,000 for family</p> <p>OPM for prescription drugs Level 1-\$0</p> <p>OPM for prescription drugs Level 2 &amp; 3-\$1,100 for single/\$2,200 for family</p>

There is no pre-existing condition waiting period.

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

Getting a second surgical opinion is voluntary.

Maternity and Mental Health claims are handled the same as all other medical claims.

The dependent child age limit is 25 if residing in the State of Iowa. Children over the age of 18 may continue to be covered if they are full-time or disabled students even if they do not reside in Iowa.

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.

<b>OFFICE CARE</b>	
Office Visits	Level 1-\$0 co-pay Level 2-\$20 co-pay Level 3-40% co-insurance
Routine Physicals	Level 1-\$0 co-pay Level 2-\$20 co-pay Level 3-40% co-insurance
Imaging and Lab	Level 1-\$0 co-pay Level 2-20% co-insurance of allowed charge Level 3-40% co-insurance of allowed charge
Well-Child Care	Level 1-\$0 co-pay Level 2-\$20 co-pay Level 3-\$40% co-insurance
Immunizations	Level 1-\$0 co-pay Level 2-20% co-insurance of allowed charge Level 3-40% co-insurance of allowed charge
Routine Eye Exam Routine Hearing Exam	Level 1-\$0 co-pay Level 2-\$20 co-pay Level 3-40% co-insurance
<b>HOSPITAL SERVICES</b>	
Emergency Room Care	Level 1-\$0 Level 2-\$50 co-payment (waived if admitted) followed by 20% co-insurance Level 3-Same as Level 2 if coded as an emergency; if not coded as an emergency, \$50 co-payment followed by 40% co-insurance
Room and Board	Level 1-0% Level 2-\$400 deductible per admission; semi-private room; followed by 20% co-insurance Level 3-\$400 deductible per admission; semi-private room; followed by 40% co-insurance
Inpatient and Outpatient Surgery, Physician Care, Supplies, Labs & Imaging	Level 1-0% Level 2-20% co-insurance Level 3-40% co-insurance
<b>MISCELLANEOUS</b>	
Prescription Drugs	<ul style="list-style-type: none"> <li>• Tier 1: 0% / 25% All generic drugs and other medications listed on the House Staff Prescription Benefit Guide obtained at UIHC pharmacies have a 0% co-insurance. This includes selected over the counter medications (OTCs). Generic drugs obtained outside of UIHC pharmacies will be 25%.</li> <li>• Tier 2: 20% / 30% Wellmark name brand formulary drugs (outside of the drugs listed on the House Staff Prescription Benefit Guide), but available at UIHC have a 20% co-insurance. Wellmark name brand formulary drugs obtained outside of UIHC have a 30% co-insurance.</li> <li>• Tier 3: 40% / 50% Drugs outside of Wellmark formulary obtained at UIHC have a co-insurance of 40%. Drugs outside of Wellmark formulary obtained outside of UIHC have a co-insurance of 50%.</li> </ul>
Chiropractor/Podiatrist	Level 1-no provider Level 2-\$20 co-payment Level 3-40% co-insurance
Hearing Aid	20% co-insurance; maximum benefit of \$2,000 every 5 years
Outpatient Physical Therapy/Speech/ Occupational and Respiratory Therapy	Level 1-0% Level 2-20% co-insurance Level 3-40% co-insurance
Home Health Care Hospice Care	Level 1-no provider Level 2-20% co-insurance Level 3-40% co-insurance
Ambulance	0%
Durable Medical Equipment	0% co-insurance
Infertility Treatment Lifetime Maximum of \$25,000 (does not apply towards OPM)	Level 1-0% Level 2-20% co-insurance Level 3-40% co-insurance
Imaging & Lab to Third Party Providers	Level 1-0% Level 2-20% co-insurance Level 3-40% co-insurance

# THE UNIVERSITY OF IOWA

## HOUSE STAFF DENTAL INSURANCE

### EFFECTIVE JULY 1, 2009

Coverage is provided through Delta Dental of Iowa.

#### DENTAL BENEFITS (Preventive Maintenance Care)

Annual Deductible (Per Member)	None
Co-insurance	0%
Maximum Annual Benefit (Per Member)	None

**Dental benefits include:**

- ↻ Unlimited routine examinations and teeth cleaning

#### DENTAL BENEFITS (Restorative Care, Dental Prosthesis, and Surgical Care)

Annual Deductible (Per Member)	None
Co-insurance	50%
Maximum Annual Benefit (Per Member)	None

**Dental benefits include:**

- ↻ Regular cavity fillings
- ↻ Emergency treatment for relief of pain
- ↻ Non-surgical treatment for gum diseases
- ↻ Bridges, partial and complete dentures
- ↻ Oral surgery @ UIHC-0%
- ↻ Crowns
- ↻ Root canal

#### DENTAL BENEFITS (Orthodontic Care)

Annual Deductible (Per Member)	\$50
Co-insurance	80%
Maximum Annual Benefit (Per Member)	\$1,500

**Dental benefits include:**

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

---

Note: Any care received from the College of Dentistry Student Clinics has no cost associated with the treatment. Care received outside of the Student Clinics or from any other provider have the above costs associated with the treatment.

# TAXABLE HEALTH AND DENTAL INSURANCE

Children may be covered until the age of 18 without tax implications. Coverage for children who are full-time students or disabled can continue as long as they continue in that status again without tax implications. There is no residence requirement for students or disabled children. Coverage past age 18 to the age of 25 is available providing the child lives in the State of Iowa.

The Internal Revenue Service (IRS) has determined that if an employer allows employees to insure dependent children past the age of 18, 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 your tax base is calculated using the following table:

## AGE 18 TO 25 TAXABLE MONTHLY INCOME

**PLAN** **Total number of people covered by insurance plan**

HOUSE STAFF COVERAGE	2	3	4	5	6	7	8	9
EMPLOYEE/CHILD	\$352.50	\$235.00	\$176.25	\$141.00	\$117.50	\$100.71	\$88.13	\$78.33
FAMILY		\$323.67	\$242.75	\$194.20	\$161.83	\$138.71	\$121.38	\$107.89

HOUSE STAFF DENTAL	2	3	4	5	6	7	8	9
EMPLOYEE/CHILD	\$37.50	\$25.00	\$18.75	\$15.00	\$12.50	\$10.71	\$9.38	\$8.33
FAMILY		\$27.67	\$20.75	\$16.60	\$13.83	\$11.86	\$10.38	\$9.22

If the child is over 18 and is a full-time student, 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 18 unless they are your tax dependent or a full-time student.

# GROUP LIFE INSURANCE

## MANDATORY PARTICIPATION

Participation in the House Staff group term life insurance program is a condition of employment. Coverage is required and there is no cost to you for this coverage.

## 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 gives you the following amount: 2 times salary.

---

## HOUSE STAFF SUPPLEMENTAL LIFE INSURANCE

## OPTIONAL PARTICIPATION

Supplemental life insurance is voluntary and for the house staff member only. This program is age rated. The rates change as a person reaches 40, 50, and 60.

## 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.

This program does not require a statement of health or physical exam.

# 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.

## ACCIDENTAL DEATH AND DISMEMBERMENT

This 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. This coverage is optional.

## 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.

# 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, the supplemental life insurance program, and spouse and dependent life. 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 HR E-forms or at the University Benefits Office. 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. You will be covered at 60% of your salary. Coverage is mandatory and there is no cost to you for this coverage.

# 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 end of the month that your termination occurs 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 or a person 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 (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 of 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 December whether or not you wish to participate in these plans. If you do not sign up during December, you will not be able to participate during the following year, unless you have a qualifying event.

## IRREVOCABLE ELECTION

Once you elect to participate and designate the amount to be deposited into your spending accounts, you may not stop deposits nor 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 31 of that year and claimed by April 30 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. If you would like payment made directly to your 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. By taking advantage of direct deposit, you will receive reimbursement more quickly. 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 April 30th of the following year.***

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

## TERMINATION OF EMPLOYMENT

### 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.

### Health Care

- ➡ When terminating employment, services must be incurred prior to the last day of the month of your termination day 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.

# 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, Dependent Life, 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 one:

- 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.

#### 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 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. 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 email at [benefits@uiowa.edu](mailto: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 3-6.

**Health Coverage:** Description of plan (see pages 1-4). Enrollment is optional. If you do not want coverage, select option number "90." If you want medical coverage, you must select the contract coverage option shown. Once the type of coverage is selected, enter that number on the line labeled "Option Code".

**Dental Coverage:** Description of plan (see page 5). 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 7.

This plan allows life insurance coverage for yourself only at 2 times your annual salary. **Enrollment in the group life plan is mandatory.** Next to the selection is the amount of coverage that is provided. Once your selection is made, enter the corresponding number on the "Option Code" line.

## HOUSE STAFF SUPPLEMENTAL LIFE INSURANCE

For more information see page 7.

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 one-half to three and one-half 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 8.

This program allows you to obtain life insurance for your spouse/domestic partner 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/domestic partner 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.***

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE****For more information see page 8.**

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 9.**

***Participation in a long-term disability program is mandatory.*** Once you have made your selection, enter the appropriate selection number on the “Option Code” line.

**HEALTH CARE SPENDING ACCOUNT****For more information see page 10.**

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. If you wish to place any personal money in a Health Care Spending Account, indicate on the “Monthly Pledge” line the total monthly amount of money to be contributed to this account--your personal contribution.

**DEPENDENT CARE SPENDING ACCOUNT****For more information see page 11.**

The Dependent Care Spending Account permits you to pay various daycare and baby-sitting 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 is your personal contribution.

## 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 dependents to your existing coverage, list their name, relationship, birth date, sex, and social security number. Children may be covered until the age of 18. Coverage past age 18 to the age of 25 is available providing the child lives in the State of Iowa. Coverage for children who are full-time students or disabled 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, 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 names(s).

## PREMIUM AND PAYMENT INFORMATION

All monthly costs are based on 12 premium payments per year.

All monthly premiums are paid using pre-tax dollars except for Spouse/Domestic Partner/Dependent Life Insurance, which is paid only on an after-tax basis.



**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 qualifying event. A qualifying event can only be the result of any of the following events:

- 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

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 University Self Service site under Benefits within 30 days of the event, or 60 days for birth or adoption. 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 effective date is the beginning of the month of the event.





