



YOUR 2020 EMPLOYEE BENEFITS

Northwestern College offers a comprehensive program of employee benefits. These benefits are designed to promote physical, emotional and financial wellbeing for you and your family.

CONTENTS / CONTACTS

BENEFIT	PAGE #	CONTACT INFORMATION
MEDICAL BENEFITS	2	Wellmark BlueCross and BlueShield of Iowa (800) 524-9242 www.wellmark.com
HEALTH SAVINGS ACCOUNTS	4	WageWorks (877) 924-3967 www.wageworks.com
FLEXIBLE SPENDING ACCOUNTS	4	WageWorks (877) 924-3967 www.wageworks.com
VISION BENEFITS	5	Avesis (800) 828-9341 www.avesis.com
DENTAL BENEFITS	5	www.deltadentalia.com
DISABILITY BENEFITS	6	
LIFE INSURANCE BENEFITS	6	
EMPLOYEE ASSISTANCE PROGRAM	6	Employee & Family Resources (800) 327-4692 www.efr.org/login
ADDITIONAL BENEFITS	7	
QUESTIONS		Northwestern College Deb Sandbulte, Director of Human Resources (712) 707-7224 debfs@nwciova.edu Nancy Hughes, Payroll and Benefits Coordinator (712) 707-7419 nhughes@nwciova.edu

ELIGIBILITY

Your benefits are effective on the first day of the month on or after your date of employment except:

- Employee Assistance Program - Date of employment

You have the opportunity to enroll in the following benefits each January 1:

- Health Savings Accounts
- Flexible Spending Accounts
- High Deductible Health Plan
- Dental
- Vision

MEDICAL BENEFITS

WELLMARK BLUECROSS AND BLUESHIELD OF IOWA

PLAN 1	\$2,000 / \$4,000 DEDUCTIBLE PLAN	
2020 MEDICAL CONTRIBUTIONS (MONTHLY)	EMPLOYEE - \$101.00 EMPLOYEE / SPOUSE - \$500.00	EMPLOYEE / CHILD(REN) - \$450.00 FAMILY - \$590.00
PLAN BENEFITS	PPO PROVIDERS	OTHER PROVIDERS ¹
Deductible Per Year	\$2,000 single / \$4,000 family	\$4,000 single / \$8,000 family
Aggregate Deductible	All family members contribute to the family deductible until it is met	
Coinsurance (you pay)	20%	40%
Out-of-Pocket Maximum	\$4,000 single / \$6,850 family	\$8,000 single / \$16,000 family
Includes deductible, coinsurance	<i>Family limits apply before expenses are payable for any family member</i>	
Physician Office Services	20% after deductible	40% after deductible
Telehealth	20% after deductible	20% after deductible
Chiropractic Services	20% after deductible	40% after deductible
Mental Health / Substance Abuse	20% after deductible	40% after deductible
Prescription Drugs	20% after deductible	20% after PPO deductible
Emergency Room	20% after deductible	20% after PPO deductible
Cancer Screening	100%	100%
Mammogram, pap smear, prostate screening		
Preventive Care ^{2,3}	100%	100%
Vision exam	100%	100%
Includes eyewear exam		

PLAN 2	\$4,000 / \$8,000 DEDUCTIBLE PLAN	
2020 MEDICAL CONTRIBUTIONS (MONTHLY)	EMPLOYEE - \$75.00 EMPLOYEE / SPOUSE - \$410.00	EMPLOYEE / CHILD(REN) - \$360.00 FAMILY - \$470.00
PLAN BENEFITS	PPO PROVIDERS	OTHER PROVIDERS ¹
Deductible Per Year	\$4,000 single / \$8,000 family	\$8,000 single / \$16,000 family
Embedded Deductible	Every family member meets their individual deductible (\$4,000) up to the family deductible amount	
Coinsurance (you pay)	20%	40%
Out-of-Pocket Maximum	\$6,000 single / \$12,000 family	\$9,000 single / \$18,000 family
Includes deductible, coinsurance	<i>Individual limits apply before expenses are payable for any family member</i>	
Physician Office Services	20% after deductible	40% after deductible
Telehealth	20% after deductible	20% after deductible
Chiropractic Services	20% after deductible	40% after deductible
Mental Health / Substance Abuse	20% after deductible	40% after deductible
Prescription Drugs	20% after deductible	20% after PPO deductible
Emergency Room	20% after deductible	20% after PPO deductible
Cancer Screening	100%	100%
Mammogram, pap smear, prostate screening		
Preventive Care ^{2,3}	100%	100%
Vision exam	100%	100%
Includes eyewear exam		

- ¹ **Other providers:** If your provider is not a PPO provider, covered charges will be limited to the PPO network maximum allowable amount. The provider may bill you for charges over this amount.
- ² **Preventive care:** Applies to routine screenings only. Includes colonoscopy, cologuard, certain contraceptives, immunizations, mammogram, pap smear, prostate screening, vision/eyewear exam. **Preventive services may have limitations based on frequency, age and gender.**
- ³ **Cologuard:** Covered once every 3 years when done instead of a colonoscopy. If a cologuard test comes back with positive results and a colonoscopy is then performed, the colonoscopy will not be considered preventive and will be subject to deductible and coinsurance.

To find information on the following, please visit www.wellmark.com or call the number on your ID card

- PPO Network: **Alliance Select**
- National PPO Network: **BlueCard**
- Prescription drugs: **Generics, Preferred brands, Specialty drugs**
- Drugs requiring prior authorization or step therapy

CLAIM FILING

You have 180 days to file a claim.

NOTIFICATION REQUIREMENTS

Hospitalization and other services require notification or your benefits will be reduced by \$1,000 or denied. For a complete list of services requiring notification, contact Wellmark BlueCross and BlueShield of Iowa: **(800) 558-4409** or **www.wellmark.com**

TELEHEALTH VISITS

The option for Telehealth visits is available to both plans. This program is called **Doctors on Demand**, and lets you connect face-to-face with a doctor from wherever you are, anytime, with a virtual visit on your smartphone. Visit myWellmark to activate your account and download the app so it's ready when you need it, and talk with a physician in minutes. The cost is a fraction of the cost of a regular office visit, as well as saving the time you would need to go to a doctor's appointment. Some of the medical issues you can be treated for with this program are: cold and flu, allergies, skin and eye issues, sore throat, pediatric issues, bronchitis and sinus and urinary tract infections.

WELLMARK MYIDCARE PROGRAM

To enroll in MyIDCare, register or sign into myWellmark at www.wellmark.com to get started.

- MyIDCare covers members, spouses and their dependents up to age 26 enrolled in a Wellmark plan.
- You need to be enrolled in a Wellmark plan to sign up and each member of the family will need to sign up separately.
- MyIDCare has an easy to use website and provides detailed analysis.
- MyIDCare continually monitors your personal information and provides safety alerts.
- In the event of a breach MyIDCare provides identity consultation, restoration services and up to \$1 million to restore a member's identity.

HEALTH SAVINGS ACCOUNTS (HSAs)

WAGeworks

HSA ADVANTAGES

- Tax savings on qualifying health expenses
- Carryover of unused account balance to future years
- Contribution changes may be made at any time
- Contributions are allowed after you have medical expenses (you must make the contribution on or before April 15th of the following year)

HSA ADMINISTRATION FEE

- Northwestern College pays the \$2.50 monthly administration fee.
- BNY Mellon, the HSA administrator bank, charges an account maintenance fee for any accounts with less than \$5,000 in them. This fee will be approximately \$2.00 per month and will be taken out of your HSA account.

TOTAL CONTRIBUTION LIMITS (INCLUDING EMPLOYER CONTRIBUTIONS)

- Up to **\$3,550** per individual and **\$7,100** per family in 2020
- An additional **\$1,000** if you are age 55 or older

ELIGIBILITY

- High Deductible Health Plan (HDHP) that meets Federal guidelines for deductibles and out-of-pocket limits
- No other health coverage (including spouse Medical Flexible Spending Account (FSA) and Medicare)
- You may not be a dependent on another tax return

NORTHWESTERN COLLEGE CONTRIBUTIONS FOR 2020

	Plan 1	Plan 2
Employee	\$250	\$500
Employee/Spouse	\$375	\$750
Employee/Child(ren)	\$375	\$750
Family	\$500	\$1,000

Northwestern College will contribute equal amounts per month for each coverage level and plan beginning in January for employees enrolled on January 1, 2020. New employees will receive prorated monthly contributions when eligible and enrolled.

Refer to the Health Savings Account Questions and Answers for more information

FLEXIBLE SPENDING ACCOUNTS

WAGeworks

The Northwestern College flexible benefit plan saves you money by allowing you to pay certain expenses with pre-tax dollars.

MEDICAL SPENDING ACCOUNT

You may set aside up to **\$2,750** on a pre-tax basis to pay qualifying health care expenses. Examples include your deductibles, copays, coinsurance and other out-of-pocket costs.

You may roll over up to \$500 of unused funds at the end of the plan year.

Important: If you contribute to a Health Savings Account (HSA), you may only elect a limited purpose medical Flexible Spending Account (FSA) for dental and vision expenses. Once you meet the annual medical deductible, you may convert your limited purpose FSA to a general purpose healthcare FSA for all of your eligible medical expenses.

DEPENDENT CARE SPENDING ACCOUNT

You may set aside up to **\$5,000** on a pre-tax basis for qualifying dependent care expenses. This includes care for your dependents under the age of 13 while you and your spouse are working and/or attending school full-time.

All claims for Flexible Spending Accounts must be received by March 31 of the following year or they will be denied.

VISION BENEFITS

AVESIS

2020 VISION CONTRIBUTIONS (MONTHLY)

EMPLOYEE - \$6.11

EMPLOYEE / CHILD(REN) - \$12.59

EMPLOYEE / SPOUSE - \$12.32

FAMILY - \$17.28

PLAN BENEFITS

NETWORK PROVIDERS

OTHER PROVIDERS

Exams

See medical benefits on page 2

Copayment

Frames & lenses

\$15

\$15

Lenses

Single vision/bifocal/trifocal
Each 12 months

100%

Up to \$35 / \$50 / \$60

Frames

Each 24 months

Up to \$100-\$150

Up to \$47

Contacts (instead of lenses and frames)

Each 12 months
Fitting fee

Up to \$130
Included in allowance

Up to \$100
Included in allowance

Laser surgery

One-time allowance of \$150

One-time allowance of \$150

PARTICIPATING PROVIDERS

To find information on providers, please visit www.avesis.com.

DENTAL BENEFITS

DELTA DENTAL

BENEFIT SUMMARY

Included in your packet. To find information on providers, please visit www.deltadentalia.com.

DISABILITY BENEFITS

	SHORT TERM DISABILITY Northwestern College	LONG TERM DISABILITY Cigna Life Insurance Company
Waiting Period	90 days of disability	180 days of disability
Benefit	60% of earnings up to \$7,500/month	60% of earnings up to \$7,500/month
Maximum Period	Up to 180 th day of disability	Up to Social Security Normal Retirement Age

LIFE INSURANCE BENEFITS CIGNA LIFE INSURANCE COMPANY

	BASIC LIFE Paid for by Northwestern College	VOLUNTARY LIFE RATES (MONTHLY)
For You Benefits reduce at age 70	\$50,000; Includes Accidental Death & Dismemberment	Age For You and Your Spouse (Per \$1,000)
For Your Spouse	\$2,000	<30 \$0.06
For Your Eligible Children From birth to 26 th birthday	\$2,000	30-34 \$0.08
	VOLUNTARY LIFE Available via payroll deduction	35-39 \$0.09
For You Benefits reduce at age 70	\$10,000 to \$500,000 in multiples of \$10,000 up to 500% of annual earnings <i>Amounts over \$100,000 require medical questions and coverage may be denied.</i>	40-44 \$0.13
For Your Spouse	\$5,000 to \$100,000 in multiples of \$5,000 up to 50% of employee amount <i>Amounts over \$50,000 require medical questions and coverage may be denied.</i>	45-49 \$0.21
For Your Eligible Children From birth to 26 th birthday	\$1,000 to \$10,000 in multiples of \$1,000	50-54 \$0.35
		55-59 \$0.58
		60-64 \$0.72
		65-69 \$1.27
		70+ \$2.06
		For Your Children* (Per \$1,000) \$0.20
		*One premium covers all of your eligible children

EMPLOYEE ASSISTANCE PROGRAM EMPLOYEE & FAMILY RESOURCES, INC.

Assistance for you and members of your household

- Alcohol / drug problems
- Anxiety / depression
- Financial problems
- Legal issues
- Marriage / family problems
- Personal relationship issues
- Stress management

Up to 6 free counseling sessions per issue

ADDITIONAL BENEFITS

TRAVEL ASSISTANCE BENEFITS

Assistance when you travel for business or personally including pre-trip information, emergency personal services and emergency medical assistance.

Contact **Europ Assistance USA, Inc.**

(888) 226-4567 United States

(202) 331-7635 Call collect outside the United States

Fax: (202) 331-1528

Policy #: SOK603927

ID: Cigna Secure Travel

Group Member Number: 57

Email: Cigna@europassistance-usa.com

WILL PREPARATION

Online tools to plan for your family's future and financial well-being.

(800) 901-7534

Website: CignaWillCenter.com

Email: Service@ARAGdirect.com

IDENTITY THEFT PROTECTION

Valuable services if your personal financial information is stolen. If your personal financial information is stolen, please contact:

Europ Assistance USA, Inc.

(888) 226-4567

ID: Cigna Identity Theft Program

Group Member Number: 57

HEALTHY REWARDS

Cigna provides discounts on a wide variety of health and wellness programs and services to support you in making smart choices.

Cigna's Healthy Rewards

(800) 258-3312

Website: Cigna.com/rewards Password: savings

This summary of material modification ("SMM") describes changes to the Northwestern College Benefits Plan ("Plan") and supplements the Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is indicated above. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department. Please note that out-of-network charges could be subject to provider balance billing.