

ANNUAL EMPLOYEE BENEFIT ENROLLMENT

Effective Jan. 1, 2025, for employees
of Hawkeye Area Community Action
Program



Summary

- Eligibility
- Core Benefits
- Pre-Tax Benefits Options
- Voluntary Benefit Options
- Next Steps

Agenda

- Eligibility
- Open Enrollment Overview
- For annual enrollment for 2025, decisions are due no later than November 22, 2024.



Life



Disability



Medical



Dental



Vision



FSA and
HSA



EAP

On-Line Enrollment

Log into UKG and follow the steps .

Open Enrollment

November 11 – November 22, 2024

**ALL EMPLOYEES (FULL-TIME & PART-TIME) MUST COMPLETE
ENROLLMENT, EVEN IF WAIVING/DECLINING COVERAGE, OR
WANTING TO CARRY FORWARD CURRENT ELECTIONS**



Eligibility

Employees regularly scheduled to work 30 hours per week

Legal spouse

Dependent children vary by line of coverage:

LINE OF COVERAGE	RULE
Medical	To age 26 (unlimited if a full-time student)
Dental	To age 26
Vision	To age 26
Voluntary Dependent Life	To age 26
FSA Account	Tax dependents and adult children through the end of your tax year containing their 26th birthday (i.e. 12/31)

Employee Notification Responsibilities

Employees must notify HR within 30 days of any of the following family status changes:

- Marriage/Divorce
- Birth/Adoption
- Death
- Loss of eligibility (e.g. dependent child turns 26, unmarried full-time student graduates/gets married, etc.)

Failure to notify HR in a timely manner may void COBRA rights!

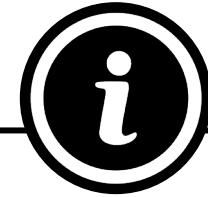
Group Life AD&D

Core Benefits (benefits provided at no cost to you)



Group Life and AD&D

- The Hartford
- Employee: working 30+ hours a week receive \$25,000 in coverage
- Includes AD&D coverage
- Reduces 55% of original benefit amount at age 70; 70% of original amount at age 75
- Portable



Annual Enrollment is the time to update your beneficiary information.

Disability

Core Benefits (benefits provided at no cost to you)



Short Term Disability

- The Hartford – Employees are eligible for STD **after one year of employment**
- Employees are responsible for initiating the claim
- There is a 7-day waiting period prior to receiving any STD payments
- 60% of pre-disability weekly earnings, up to \$1,800 weekly
- Benefit duration: 25 weeks maximum

EAP

Core Benefits (benefits provided at no cost to you)



Employee Assistance Program (EAP)

- Employee & Family Resources
- Confidential telephonic or in-person consulting services
- Available 24/7/365
- Unlimited phone-based support
- 3 In-person counseling sessions per issue, per year – multiple other services offered (e.g. telephonic life coaching, in-person, or telephonic legal consultation and childcare resources)
- Confidential and **NO COST** to you!
- (800) 327-4692 call anytime or visit www.efr.org





Summary of 2025 Health Plan Changes

HACAP is offering the same plan designs as 2024. Employee still must log in and elect coverage for the 2025 plan year.



Medical Plans

Pre-tax benefit option (benefits you share in the cost)
Wellmark

HMO → Blue HMO

In-network benefits only (except for true emergencies)

Iowa-based provider network

Guest Memberships available

PPO → Alliance Select

Provides both in- and out-of-network benefits National network (through BlueCard PPO)



WHPI HMOSM

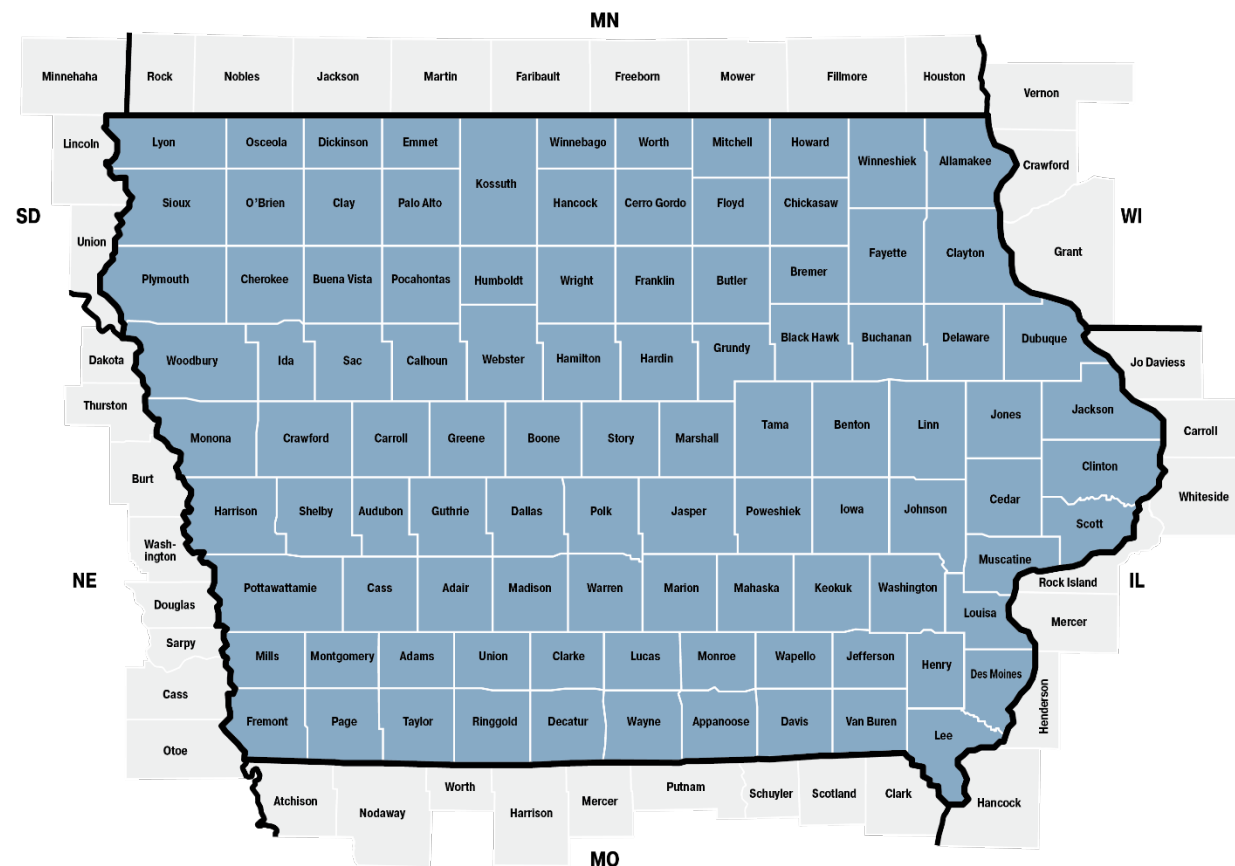
100% of Iowa hospitals

29,000+ Iowa doctors

All 99 Iowa counties + bordering counties

Largest in Iowa!

No out-of-network benefits except for emergency situations, prior approvals (if condition warrants) and guest membership



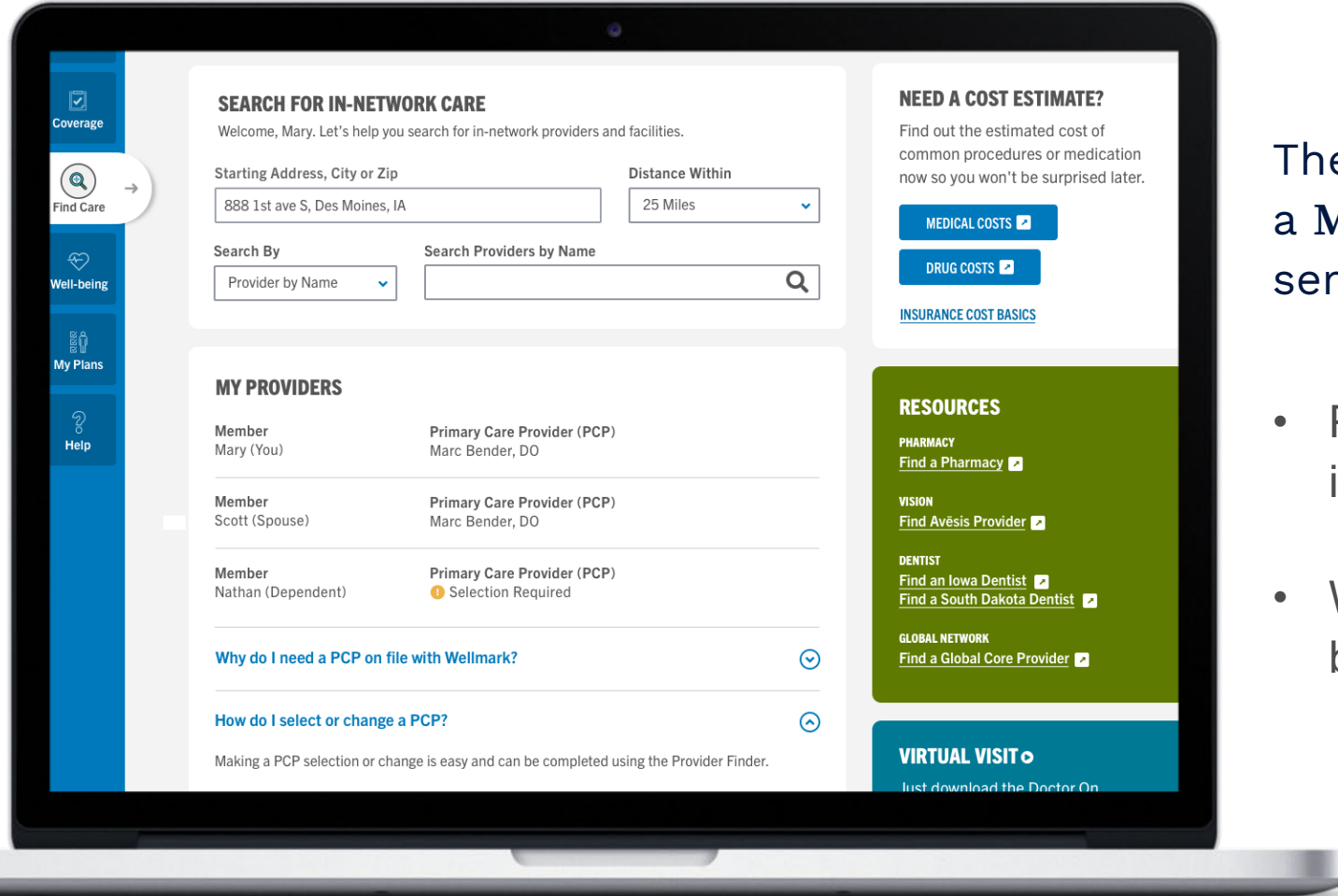
Sources: Wellmark Blue Cross & Blue Shield network numbers as of May 2020, Exhibit of Premiums, Enrollment & Utilization and the Supplemental Health Care Exhibit (NAIC), Medical Loss Ratio Reports (CCIIIO) and MFA ASO enrollment



Member resources

The myWellmark homepage includes a **Manage Providers** section for self-service PCP designation.

- Provider search includes **My Providers** information for covered members.
- When selecting providers, the change will be **effective same day**.





Medical Plan Summary

Wellmark Blue HMO \$950

www.wellmark.com	In-Network
Physician Office Visit	\$20 Copay Designated PCP/\$25 copay Non-Designated PCP
Calendar Year Deductible	\$950 Single \$1,900 Family
Coinsurance (Plan Pays / You Pay)	80% / 20%
Calendar Year Out-of-Pocket Maximum	\$1,700 Single \$3,400 Family
Annual Routine Physical	No cost sharing for recommended Preventive services
Emergency Room Visits	Deductible then Coinsurance
Hospital Services	Deductible then Coinsurance
Pediatric Vision Exam	\$25 Copayment (one routine vision exam per calendar year)
Prescription Drugs: BlueRx Value Plus	Tier 1: \$10 Copayment Tier 2: \$25 Copayment Tier 3: \$50 Copayment Specialty: \$50 Copayment





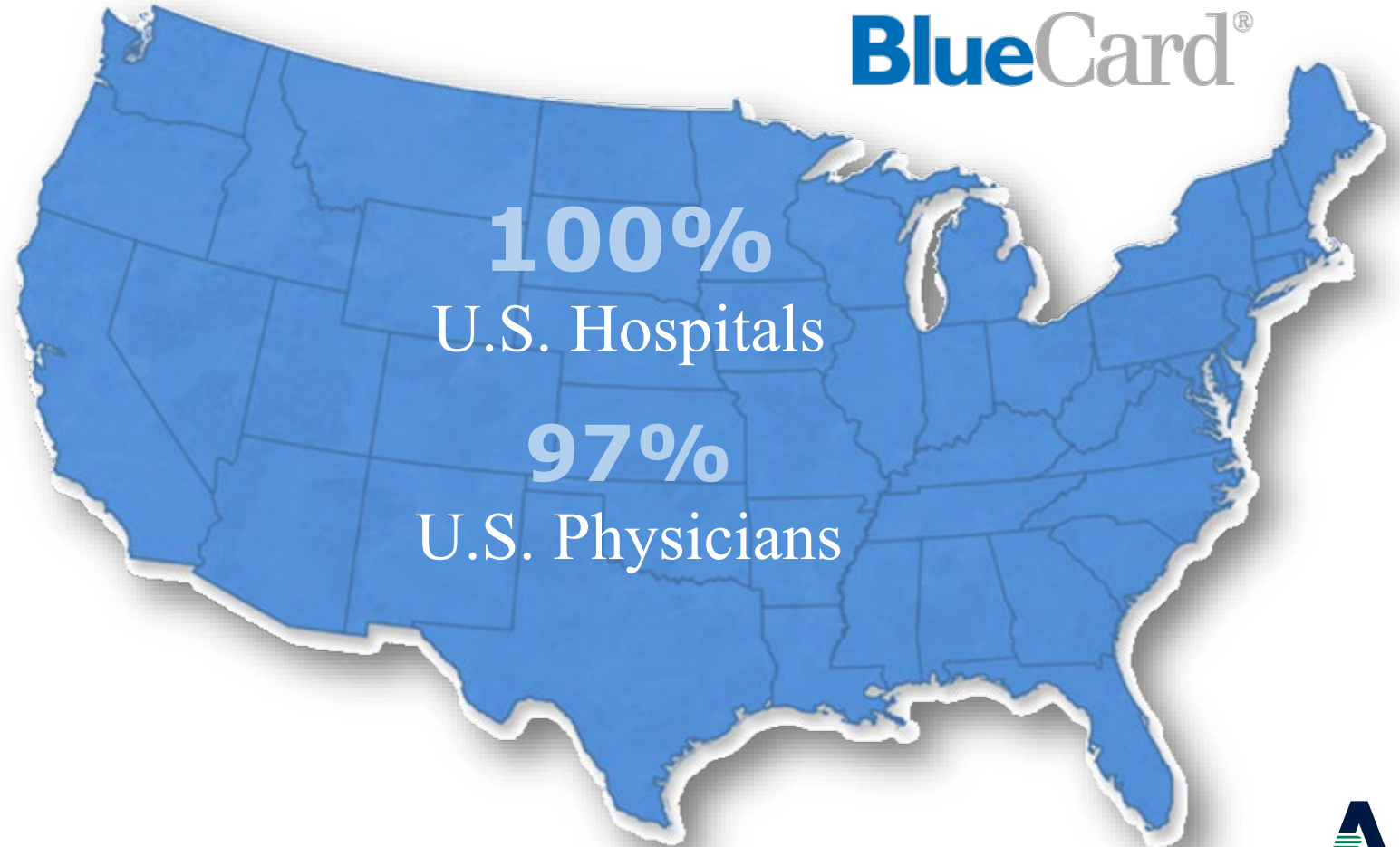
Medical Plan Summary

Wellmark Blue \$2,000 HMO

www.wellmark.com	In-Network
Physician Office Visit / Specialist Visit	\$20 Copay Designated PCP/\$25 Copay for Non-Designated PCP Specialist: \$50 Copay
Calendar Year Deductible	\$2,000 Single / \$4,000 Family
Coinsurance (Plan Pays / You Pay)	80% / 20%
Calendar Year Out-of-Pocket Maximum	\$4,000 Single / \$8,000 Family
Annual Routine Physical	No cost sharing for recommended preventive services
Emergency Room Visits	Deductible then Coinsurance
Hospital Services	Deductible then Coinsurance
Pediatric Vision Exam	\$50 Copayment (one routine vision exam per calendar year)
Prescription Drugs: BlueRx Value Plus	Tier 1: \$10 Copayment Tier 2: \$30 Copayment Tier 3: \$60 Copayment Specialty: \$50 Copayment



Wellmark BlueCard National Network Map





Medical Plan Summary

Alliance Select PPO \$2,000



www.wellmark.com	In-Network	Non-Network
Physician Office Visit	\$20 Copayment	Deductible then Coinsurance
Specialist Visit	\$40 Copayment	Deductible then Coinsurance
Calendar Year Deductible	\$2,000 Single / \$6,000 Family	\$6,000 Single / \$18,000 Family
Coinsurance (Plan Pays / You Pay)	80% / 20%	50% / 50%
Calendar Year Out-of-Pocket Maximum	\$6,000 Single / \$12,700 Family	\$12,000 Single / \$25,400 Family
Annual Routine Physical	No cost sharing for recommended Preventive services	Deductible then Coinsurance
Emergency Room Visits	\$250 Copayment	\$250 Copayment
Hospital Services	Deductible then Coinsurance	Deductible then Coinsurance
Prescription Drugs	Tier 1: \$10 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment Specialty: 30% coinsurance up to \$250	Not Covered

This is a brief description only. Details are in your benefit certificate.



Medical Plan Summary

Alliance Select PPO \$2,500 HDHP (HSA Eligible)

www.wellmark.com	In-Network	Non-Network
Physician Office Visit	Deductible	Deductible
Calendar Year Deductible	\$2,500 Single / \$5,000 Family	\$3,500 Single / \$7,000 Family
Coinsurance (Plan Pays / You Pay)	100% / 0%	100% / 0%
Calendar Year Out-of-Pocket Maximum	\$2,500 Single / \$5,000 Family	\$3,500 Single / \$7,000 Family
Annual Routine Physical	No cost sharing for preventive services	Deductible
Emergency Room Visits	Deductible	Deductible
Hospital Services	Deductible	Deductible
Prescription Drugs	Deductible	Deductible





Virtual Health Care Visit

with Doctors on Demand

A full suite of services for primary care and urgent care needs

1,400 Board-certified physicians across all 50 states

Highest rated virtual visit service

Support Includes	
Colds and Flu	Allergies
Skin & eye issues	Sore throat
Pediatric issues	Bronchitis
Sinus Infections	Urinary Tract Infections
Diarrhea and Vomiting	Fever
Headache	

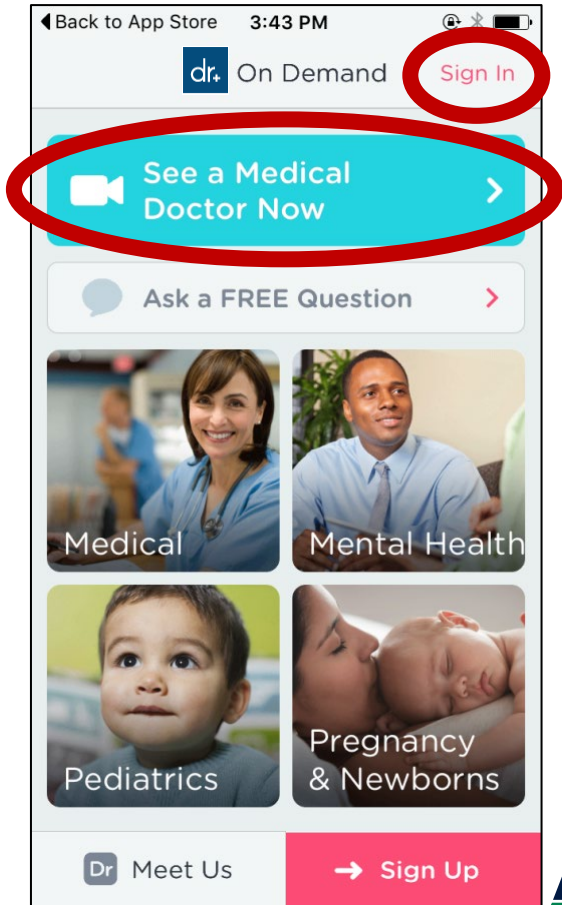
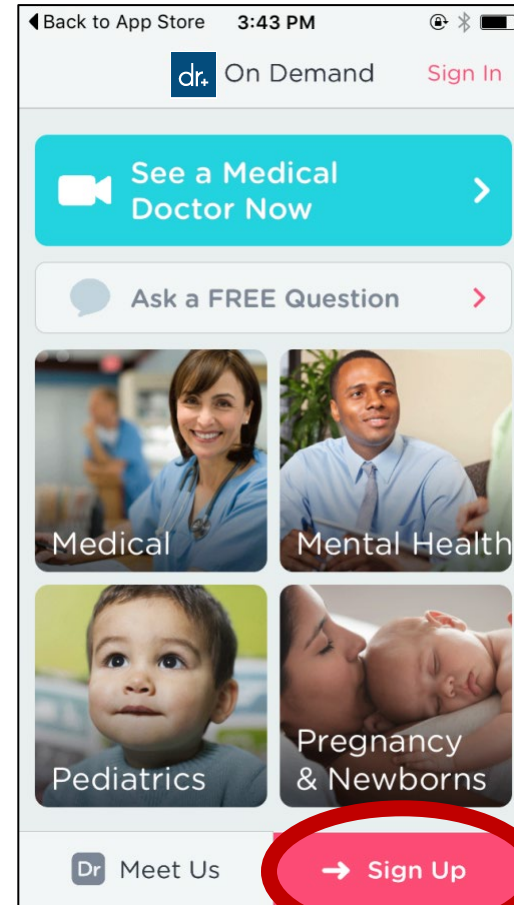
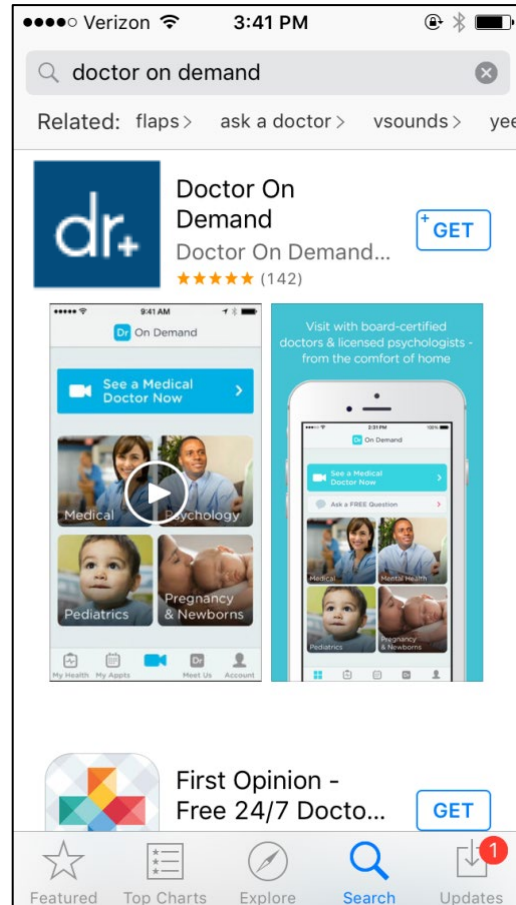




Virtual Health Care Visit

with Doctors on Demand

Using this service is easy with the Doctor on Demand app!





Medical Plan Premiums (Pre-tax)



Employee cost per pay period (26) **NO INCREASE IN PREMIUMS FOR 2025!!**

Effective January 1, 2025

	Wellmark Blue HMO \$950 Full-Time	Wellmark Blue HMO \$950 Part-Time
Employee	\$83.74	\$92.12
Employee & Spouse	\$170.13	\$187.14
Employee & Child(ren)	\$157.35	\$173.09
Family	\$414.88	\$456.37

	Wellmark Blue HMO \$2,000 Full-Time	Wellmark Blue HMO \$2,000 Part-Time
Employee	\$75.48	\$83.02
Employee & Spouse	\$153.19	\$168.51
Employee & Child(ren)	\$141.70	\$155.87
Family	\$373.48	\$410.82





Medical Plan Premiums (Pre-tax)



Employee cost per pay period (26)
Effective January 1, 2025

	Alliance Select PPO \$2,000 Full-Time	Alliance Select PPO \$2,000 Part-Time
Employee	\$85.85	\$94.44
Employee & Spouse	\$174.43	\$191.87
Employee & Child(ren)	\$161.34	\$177.47
Family	\$425.41	\$467.95

	Alliance Select PPO \$2,000 Full-Time	Alliance Select PPO \$2,000 Part-Time
Employee	\$110.96	\$122.05
Employee & Spouse	\$233.62	\$256.99
Employee & Child(ren)	\$192.94	\$212.23
Family	\$523.69	\$576.06





Who is Eligible for an HSA?

Any individual that:

- Is covered by an QHDHP
- Is NOT covered by other non-compatible health insurance, including ‘traditional’ Health FSA plans through a parent or spouse (okay if covered by a post-deductible or limited purpose dental/vision FSA)
- Is not enrolled in Medicaid, Medicare or Tricare
- Can’t be claimed as a dependent on someone else’s tax return
- Children cannot establish their own HSAs
- Spouses can establish their own HSAs, if eligible





HSA Contribution Rules

Contributions to an HSA are made by the employee:

Employee contributions are withheld pre-tax through payroll

Employee contributions using after-tax dollars can be deducted on income tax form

Individuals can make a one-time transfer from their IRA to a HSA, subject to the contribution limits applicable for the year of the transfer

Annual Maximum HSA Contribution Limits for 2025 Tax Year

May Need to Prorate if not HSA-Eligible for All 12 Months of the Year

Employee Only QHDHP

\$4,300

Employee + Dependent(s) / Family
QHDHP

\$8,550





HSA Contribution Rules

Hawkeye Area Community Action Program Funded

HACAP will contribute to QHDHP participant's HSA account

The contribution amount will be deposited monthly

HSA gift is forfeited if employee does not open HSA account (e.g., if employee is enrolled in Medicare, on a family member's FSA, etc.)

Employer Contributions count toward taxpayer's annual HSA maximum

HACAP HSA Contribution	
Employee	\$900 per plan year
Employee + Spouse	\$2,500 per plan year
Employee + Child(ren)	\$2,500 per plan year
Family	\$2,500 per plan year





HSA Contribution Rules

IRS rules allow HSA accountholders who are at least Age 55 on the last day of the tax year (Dec. 31) an extra “catch-up” contribution each year.

Allows up to an **additional** \$1,000, but like other HSA contributions, the catch-up must be prorated if no longer HSA-eligible (e.g., for any months the account holder is actually enrolled in Medicare, including Part A).

A taxpayer can only make catch-up contributions into their **own** HSA, so a spouse must set up their own HSA account in order to deposit their own catch-up amount.





HSA Distributions

Distribution is tax-free if taken for “qualified medical expenses,” including dental and vision care.

Qualified medical expense must be incurred on or after the HSA was established.

Tax-free distributions can be taken for qualified medical expenses of:

- **Person covered by the high deductible health plan**
- **Spouse of the individual (even if not covered by the QHDHP)**
- **Any dependent of the individual (even if not covered by the QHDHP)**

If distribution is not used for qualified medical expenses:

- Amount of distribution is included in income *and*
- 20% additional tax except when taken after:
 - Individual dies or becomes disabled
 - Individual is age 65





HSA Distributions

“Qualified medical expenses” generally do not include health or other types of insurance premiums except in limited cases.

Note that Insurance premiums generally cannot be reimbursed from an HSA account, **except** for the following:

- Long-term Care (LTC) insurance;

- Health continuation coverage such as through COBRA or similar State Continuation (mini-COBRA) coverages;

- Health coverage while receiving federal or state unemployment; and

- If you are Age 65 or older, Non-Medigap Medicare and other health care coverage premiums.**



HSA Distributions

Should the HSA account holder keep receipts? YES!

May need to prove to IRS that distributions from HSA were for medical expenses and not otherwise reimbursed

May be required by insurance company to prove that HDHP deductible was met

Not all medical expenses paid out of the HSA have to be charged against the deductible (e.g. dental care, vision care) HSA distributions can be used to reimburse prior years' expenses as long as they were incurred on or after the date the HSA was established.

No time limit on when distribution must occur

Individual must keep records sufficient to prove that:

- **The expenses were incurred**
- **They were not paid for or reimbursed by another source or taken as an itemized deduction**





Dental Plan Summary

Delta Dental – Core Benefit

Deltadentalia.com	Delta Dental Premier
Deductible <i>Waived for Preventive Services</i>	\$25 Single / \$75 Family
Preventive & Diagnostic	100% / 0%
Basic	80% / 20%
Major	50% / 50%
Orthodontia	50% / 50% \$750 Lifetime Maximum
Maximum Annual Benefit	\$750 per person

*All non-network benefits exclude any charges above the maximum allowable amount as set by the Plan. Provider 'balance billing' is allowed.





Dental Plan Summary

“To Go” Carryover Feature

ToGo allows you to carryover any unused annual maximums from one year to the next. Plan ahead for more extensive/costly services in subsequent years.

	Year 1		Year 2	Year 3
Annual Maximum	\$750	Annual Maximum	\$750	\$750
Eligible Benefit Used	\$50	ToGo Benefit Carryover from Year 1	\$700	\$700
Unused Maximum	\$700	New Annual Maximum with Carryover	\$1450	\$1,450
ToGo Benefit Carryover (Available for use in Year 2)	\$700	Eligible Benefit Used	\$450	
		Unused Maximum ToGo Benefit Carryover (Available for use in Year 3)	\$750*	

1. Must be covered under the plan for the full benefit plan year, with coverage for major services and not subject to any benefit waiting periods for these services.
2. You must have submitted at least one claim during the benefit plan year that would apply to your annual maximum
3. The carryover amount may not exceed the amount of the regular annual maximum and the total combined annual maximum may not exceed twice the regular annual maximum. *The carryover cannot exceed the annual maximum.





Dental Plan Premiums (Pre-tax)

Employee cost per pay period (24 per year)
Effective January 1, 2025

Employee Cost Per Pay Period	
Employee	\$0
Family	\$0

* If you elect coverage – HACAP pays 100% of premium



Vision Plan Summary

VSP

www.vsp.com	In-Network
Exam	Covered in Full after \$10 Copay <i>Every 12 months</i>
Single Vision Lenses	\$25 Copay, then paid at 100% <i>Every 12 months</i>
Bifocal Lenses	\$25 Copay, then paid at 100% <i>Every 12 months</i>
Trifocal Lenses	\$25 Copay, then paid at 100% <i>Every 12 months</i>
Frames	\$25 Copay with \$130 Allowance <i>Every 24 months</i>
Contact Lenses	\$10 Copay, then paid at 100% <i>Every 12 months</i>





Vision Plan Premiums (Pre-tax)

Employee cost per pay period (26 per year) **NO INCREASE IN PREMIUM FOR 2025!**

Effective January 1, 2025

Employee Cost Per Pay Period	
Employee	\$4.44
Employee + Spouse	\$7.10
Employee + Child(ren)	\$7.26
Family	\$11.70



Flexible Spending Arrangement

iSolved Benefit Systems
January 1, 2025

Section 125 Premium Plan

Health, Dental, and Vision

Pre-tax (FIT, SIT, FICA)

Irrevocable elections

Family status changes

Unreimbursed Medical Expenses

- Health, Dental, and Vision Expenses
- Pre-Tax (FIT, SIT, FICA)
- Deductibles, Copays, Coinsurance and prescribed medications
- \$3,200 Annual Maximum (as of this recording the IRS has not released the 2025 limit)
- Daily Reimbursement
- Annual Election
- Family Status Change





Limited Use FSA Plans

Medical Spending Account Expenses

“Limited Use” Spending – For QHDHP only

Dental, Vision Expenses only

Pre-tax (FIT, SIT, FICA)

Dental & Vision

Deductibles, Copays, Coinsurance, Vision Supplies

Debit Card is Available

\$3,200 Annual Maximum¹(2024 max)

Annual Election

Family Status Change





Flexible Spending Arrangement (FSA)

Health FSA Grace Period

Participants are allowed an additional 2½ months in which claims can be incurred and reimbursed with any unused FSA remaining at the end of the plan year.

Current Plan Year



Jan. 1, 2025 through Mar. 16, 2025 is the timeframe (including the Grace Period) through which expenses must be incurred. **Unused amounts are lost!**

120 Day Closing Period:
From Dec. 31, 2025, you have 120 days to submit your claims. If claims are not submitted by Apr. 30, 2026 they will not be paid.



Dependent Care Assistance Program (DCAP)

iSolved Benefit systems



Dependent Care Expenses

Eligible care expenses for qualifying child (under the age of 13) as well as for spouse, child age 13+, or any other qualifying persons physically or mentally incapable of self care (restrictions apply)

Pre-tax (withholdings not subject to FIT, SIT, FICA)

Provider of services must report pay as income; restrictions on providers who are family members

\$5,000 maximum per tax household per year (Joint and Head of Household; \$2,500 if married and filing separately), based on tax filing status

Annual Election

Change in Coverage or Cost

Because DCAPs cannot be taken at the same time as the federal Dependent Care Tax Credit, you may want to consult with your personal tax advisor to determine which option is the better deal in your specific situation (depending on your household income and other factors).





FSA/Limited Use FSA/DCAP Comparison

iSolved Benefit Systems

General Purpose (Health) FSA	“Limited Use” FSA (use with HDHP)	Dependent Care Assistance Program
Health, Dental, Vision & Other Expenses	Dental, Vision Expenses	Childcare Expenses – Provider must report pay as income
Pre-tax (FIT, SIT, FICA)	Pre-tax (FIT, SIT, FICA)	Pre-tax (FIT, SIT, FICA)
Deductibles, Copays, Coinsurance, Rx	Dental & Vision – Deductibles, Copays, Coinsurance, Vision Supplies	Children Age < 13
\$3,200 (2024) Annual Max	\$3,200 (2024) Annual Max	\$5000 Annual Max (Joint & HH)
Annual Election	Annual Election	Annual Election
Family Status Change	Family Status Change	Family Status Change



FSA Tax Savings Example

	With FSA	Without FSA
Gross Salary	\$35,000	\$35,000
Health and Dependent Care Expenses Paid Through FSAs	\$4,000	\$0.00
Taxable Salary	\$31,000	\$35,000
Taxes (30%)	\$9,300	\$10,500
Health and Dependent Care Expenses NOT Paid Through FSAs	\$0.00	\$4,000
Take-Home Pay	\$21,700	\$20,500
Total Savings:		\$1,200





Health Savings Account vs. Flexible Spending Arrangement

- HSA bank accounts have no “use it or lose it” rules like Flexible Spending Arrangements (FSAs) have
- All amounts in the HSA are fully vested
- Unspent balances in accounts remain in the account until spent
- Encourages account holders to spend their funds more wisely on their medical care
- Encourages account holders to shop around for the best value for their health care dollars
- HSA bank accounts can grow through investment earnings, just like an IRA
- Same investment options and investment limitations as IRAs
- Same restrictions on self-dealing as with IRAs





Health Savings Account vs. Flexible Spending Arrangement

Health Savings Account	Flexible Spending Arrangement
Bank Account owned by Employee	Benefit program administered by flex vendor
Unused funds stay put, year after year	“Use it or lose it”
Your account follows you wherever you go (and then to your assigned beneficiary)	Benefit ends when you become no longer eligible (e.g., you quit or retire) or at the end of the Grace Period, if earlier
Can only be opened if enrolled in Qualified High Deductible Health Plan and meet other IRS criteria (not on Medicaid, Medicare, Tricare, a traditional FSA/HRA, etc.)	Available with standard HMO or PPO plan Because first-dollar Health FSA coverage revokes HSA Eligibility, do not elect FSA if a family member wants to open or deposit money into an HSA!

Limited purpose Flexible Spending Arrangement (i.e., dental and vision only)
is available for those taking the HDHP who wish to also have an HSA





Voluntary Benefit Options



Disability



Life
Insurance



Critical
Illness



Accident



Disability



Voluntary Long-Term Disability

- The Hartford
- Receive 60% of your monthly salary to a maximum of \$5,000
- Benefits begin on the 181st day
- Benefit duration: To age 65, standard ADEA





Voluntary Term Life Plan

The Hartford



Note:
No Open Enrollment

Employee Coverage

Increments of \$10,000 not to exceed \$500,000 maximum
Employee Guarantee Issue (under 65): \$200,000 (New Hires)
Accidental Death Benefit – Maximum 1 times life amount

Spousal Coverage:

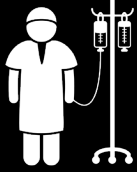
Increments of \$5,000 not to exceed \$100,000
Guarantee Issue: Under age 65: \$50,000 (New Hires)

Child coverage:

Live birth to 26
Increments of \$2,000 up to \$10,000
All child amounts are guaranteed issue up to age 26 if full-time student



See benefit certificates for further details.



Voluntary Critical Illness

The Hartford


AssuredPartners

- Elect lump-sum benefit coverage in \$10,000 increments up to \$30,000
- Spouses and Children Coverage Amounts – 50% of Employee Amount
- Benefits for life threatening cancer, heart attack, stroke, kidney (renal) failure, major organ transplant
- Partial benefit for coronary artery bypass or cancer in situ
- WELLNESS BENEFIT – \$50 per participant per year
- Portable



See benefit certificates for further details.



Voluntary Accident

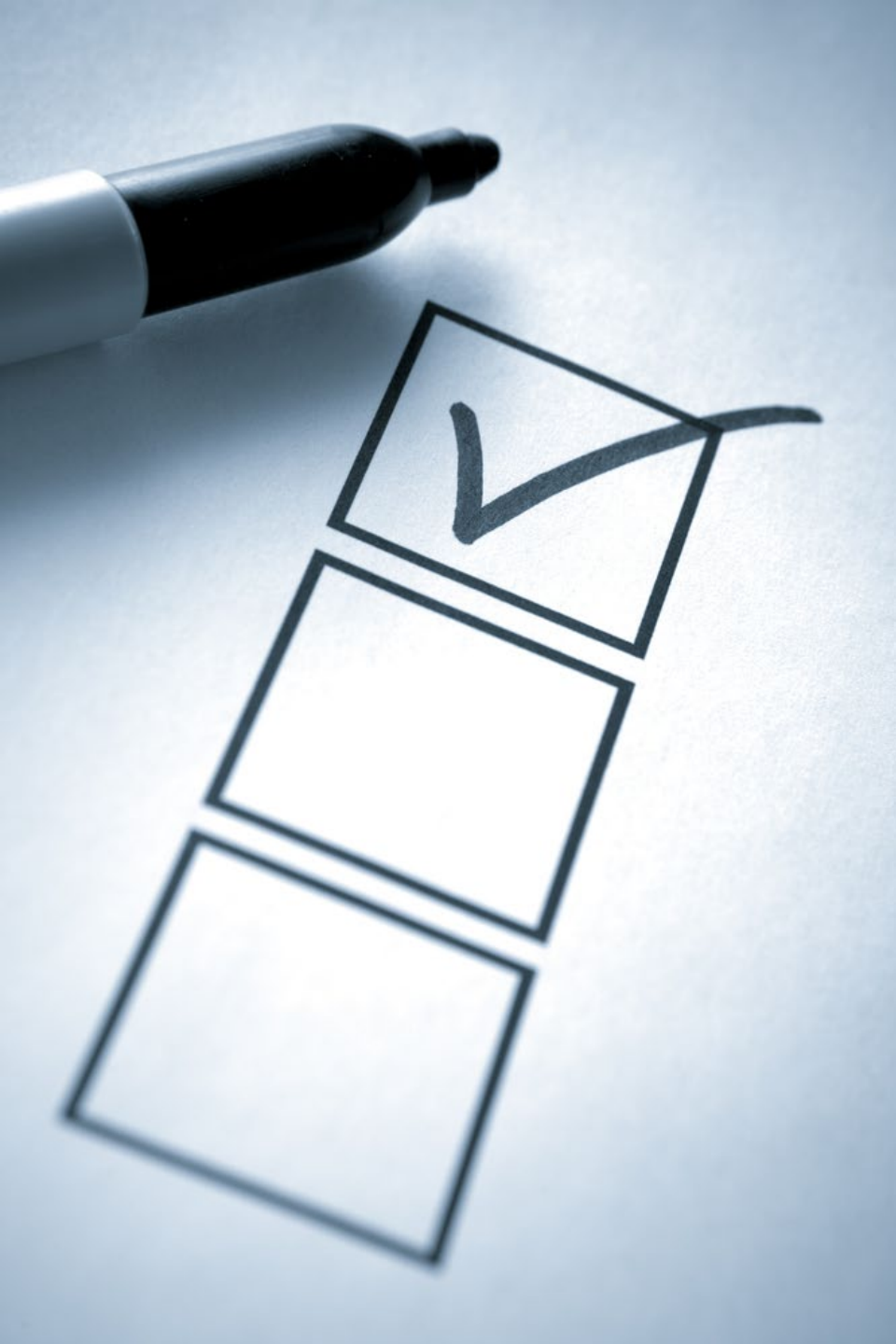
The Hartford



- Benefits payable for covered accidental injuries
- High and Low Option Available
- Available for employee & family
- 24-hour coverage
- Includes emergency care benefits
- Surgical benefits
- Transitional benefits – including medical appliances or physical therapy
- Accident Prevention Benefit - \$50 annually for each covered person



See benefit certificates for further details.



Complete Online Benefit Enrollment through UKG



Open Enrollment Dates: Nov. 11 through Nov. 22



THANK YOU!

If you have any questions, please feel free to contact us at:

Angie Frankl

Account Manager

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