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Special Edition: 2015 Enrollment & Change

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2015 ENROLLMENT AND CHANGE PERIOD

The annual enrollment and change period will be:

October 31, 2014 – December 1, 2014

This is the only time that you can make changes to your flexible spending accounts, health insurance, or life insurance, unless you have a qualified life event during the year. Please use this enrollment and change period as an opportunity to review your benefits.

2015 Benefit Highlights

The highlights for this enrollment and change period are:

Health Insurance

Executive Branch Non-Contract and Education Bargaining Unit (AFSCME) Employees

Increase in the Wellness Program Incentive

The healthy opportunities wellness incentive for executive branch non-contract and education bargaining unit (AFSCME) employees will increase from \$90 per month to \$111 per month in 2015.

To receive the wellness incentive, you must have completed:

- A biometric screening
- An online health assessment

If you were identified as a candidate for telephonic coaching from the 2014 Healthy Opportunities Wellness Program, you must have completed a total of ten coaching calls with a WebMD health coach before September 30, 2014, in addition to completing this year's biometric screening and online health assessment to receive the premium reduction in 2015.

All Employees

Health Insurance Rates

As a result of several variables including an increase in large claims, higher trending pharmacy costs and member migration to lower cost plans, the State of Iowa will experience a rate increase across all plans. The increases applied will ensure the plan premiums align with the claims cost (usage) incurred.

For non-contract employees, these increases combined with the increase in the wellness program incentive, will result in no increase in the monthly employee contribution for a single plan or an increase of \$3 for a family plan for Deductible 3 Plus and Iowa Select and in the Blue Access and Blue Advantage, the monthly employee contribution will be approximately the same for a single plan and \$27 monthly increase for a family plan.

For all other employees, this will result in monthly employee contribution increase of approximately \$18 a family plan in the Deductible 3 Plus, Iowa Select, and Program 3 Plus.

Blue Access & Blue Advantage Maximum Out-of-Pocket for Prescription Drugs

The Blue Access and Blue Advantage health insurance plans for executive branch non-contract and education bargaining unit (AFSCME) employees must comply with the Affordable Care Act (ACA). Beginning in 2015, an ACA-required change is that Blue Access and Blue Advantage will have an annual out-of-pocket maximum for prescription drugs of \$5,850 for single coverage and \$11,700 for family coverage. Currently, the Blue Access and Blue Advantage plans do not have an annual out-of-pocket maximum for prescription drugs.

Executive Branch Non-Contract, Education Bargaining Unit (AFSCME) and SPOC-Covered Employees

Enrollment in Health Insurance

Executive branch non-contract, education bargaining unit (AFSCME) and SPOC-covered employees **must** enroll in a health insurance plan or elect the health insurance opt-out for 2015.



Your 2014 health insurance plan will **not automatically roll over**. If you do **NOT** make a health insurance election, you will **NOT** be enrolled in a health insurance plan in 2015. Also, you will **NOT** receive the health insurance opt-out benefit.

Health Insurance Opt-out

Executive branch non-contract, education bargaining unit (AFSCME) and SPOC-covered employees may opt-out of a state-sponsored health insurance plan and receive \$125 monthly. To be eligible for the opt-out incentive, the employee cannot be covered by any state-sponsored (including the Board of Regents) health insurance plan through a family member. (See the Health Opt-Out section on page 7.)

Flexible Spending Accounts

All Employees

Beginning in 2015, you can carry over up to \$500 of unused health FSA contributions into 2016. (See the Flexible Spending Accounts section below.)

Dental Insurance

SPOC-covered Employees

SPOC-covered employees are required to have the same coverage level for health and dental insurance. SPOC-covered employees can enroll in health and dental coverage, change to family or single coverage for health and dental insurance, add eligible family members to their dental insurance, or remove eligible family members from their dental insurance.

All Other Employees

The 2015 enrollment and change period will **not be a dental open enrollment** period. You cannot enroll, add, or remove any dependents in dental insurance for 2015, unless you have a qualified life event.

Benefit Elections during the Enrollment and Change Period

If you are an executive branch non-contract, education bargaining unit (AFSCME) or SPOC-covered employees, you **must**:

- Elect whether or not to participate in the Healthy Opportunities Wellness Program to receive the monthly reduction in the employee portion of the health insurance premium

And

- Elect a health insurance plan, the opt-out provision, or decline coverage for 2015

Following are the benefit actions **all eligible employees** can take during the 2015 enrollment and change period.

Health Insurance

- Enroll in a health insurance plan, if not currently enrolled
- Change health insurance plan
- Change the contract holder in a double spouse family contract
- Add or remove eligible family members from health insurance
- Cancel health insurance coverage

Flexible Spending Accounts

- Enroll in the Health Flexible Spending Account and elect up to a maximum of \$2,500 in 2015
- Enroll in the Dependent Care Flexible Spending Account and elect up to \$5,000 if married and filing a joint tax return, or \$2,500 if married and filing a separate tax return for 2015

Supplemental Life Insurance

- Apply to increase the amount of supplemental life insurance to the maximum per contract status. Evidence of insurability must be provided to and approved by The Hartford before the increased coverage can go into effect. Increases will be effective the first of the month after DAS receives approval from The Hartford.

Premium Conversion

- Change whether the premiums for health, dental and supplemental life insurance are taken pre-tax (before Federal, State, and FICA tax) or post-tax (after Federal, State, and FICA tax).

Benefit elections made during the enrollment and change period are effective January 1, 2015. Increases to supplemental life coverage will be effective the first of the month after DAS receives The Hartford's approval.)

IowaBenefits

Benefit elections are made online in IowaBenefits (<https://secure2.benefitfocus.com/>). You will make the following benefit elections and changes in IowaBenefits:

- Health insurance
- Dental insurance
- Life Insurance
- Flexible Spending Accounts
- Life insurance beneficiary designations

HEALTH INSURANCE

Health Insurance Plans Available to State Employees

There are three types of state-sponsored health plans available for you to elect.

Health Plan Type

Managed Care Organization (MCO) Blue Access Blue Advantage	Comprehensive health care services provided by a network of health care providers.
Preferred Provider Organization (PPO) Alliance Select Iowa Select	Comprehensive health care services provided by any health care provider but lower coinsurance if you use network providers.
Indemnity Deductible 3 Plus Program 3 Plus	Comprehensive health care services provided by any health care provider.

Depending upon your bargaining status and branch of government, you can choose one of the following health plans for 2015.

The health insurance plans for executive branch non-contract, education bargaining unit (AFSCME) and SPOC-covered employees must comply with the Affordable Care Act (ACA).

						Health Plans compliant with ACA				
	Blue Access	Blue Advantage	Iowa Select	Program 3 Plus	Deductible 3 Plus	Alliance Select	Blue Access	Blue Advantage	Iowa Select	Deductible 3 Plus
AFSCME-Covered and Judicial Branch	X	X	X	X						
Executive Branch Non-Contract and Education Bargaining Unit (AFSCME)							X	X	X	X
UE/IUP-Covered and Legislative Branch	X	X	X		X					
SPOC-Covered						X				

Blue Access and Blue Advantage

Blue Access and Blue Advantage are managed care plans. As such, health care services are provided by a state-wide network of participating health care providers. Providers who participate in these plans are called Wellmark Health Plan Network providers.

Benefits for covered services are available only when received from Wellmark Health Plan Network providers.

It is your responsibility to ensure that the providers you receive services from are part of the Wellmark Health Plan managed care network. Services received from non-participating providers will not be paid by Wellmark. Visit the Wellmark website to find participating providers in your area.

Services received from out-of-network providers may be covered in the case of accidental injuries or emergencies.

2015 Monthly Health Insurance Premiums



Increase in the Managed Care Organization (MCO) Premiums

As a result of several variables including an increase in large claims, higher trending pharmacy costs and member migration to lower cost plans, the State of Iowa will experience a rate increase across all plans. The increases applied will ensure the plan premiums align with the claims cost (usage) incurred.

For non-contract employees, these increases this will result in monthly employee contribution increases of approximately \$10 for a single plan or \$24 for a family plan in the Indemnity and PPO Plans (Preferred Provider Organization) and in the MCO plans (Managed Care Organization), the monthly employee contribution increase will be approximately \$21 for a single plan and \$49 for a family plan.

For all other employees, this will result in monthly employee contribution increase of approximately \$18 a family plan in the Indemnity and PPO Plans.

Full-Time Employees (Ask your human resources associate or personnel assistant for part-time and double spouse premiums.)

Single Coverage	Total Monthly Premium	State Share	%	Employee Share	%
Blue Advantage	\$561.67	\$561.67	100%	\$0.00	0%
Blue Access	\$582.66	\$582.66	100%	\$0.00	0%
Iowa Select	\$821.31	\$821.31	100%	\$0.00	0%
Program 3 Plus	\$823.84	\$823.84	100%	\$0.00	0%
Family Coverage	Total Monthly Premium	State Share	%	Employee Share	%
Blue Advantage	\$1,315.24	\$1,315.24	100%	\$0.00	0%
Blue Access	\$1,364.27	\$1,364.27	100%	\$0.00	0%
Iowa Select	\$1,922.68	\$1,634.36	85%	\$288.32	15%
Program 3 Plus	\$1,928.68	\$1,634.36	85%	\$294.32	15%

UE/IUP-Covered and Legislative Branch

Single Coverage	Total Monthly Premium	State Share	%	Employee Share	%
Blue Advantage	\$561.67	\$561.67	100%	\$0.00	0%
Blue Access	\$582.66	\$582.66	100%	\$0.00	0%
Iowa Select	\$821.31	\$821.31	100%	\$0.00	0%
Deductible 3 Plus	\$828.09	\$828.09	100%	\$0.00	0%
Family Coverage	Total Monthly Premium	State Share	%	Employee Share	%
Blue Advantage	\$1,315.24	\$1,315.24	100%	\$0.00	0%
Blue Access	\$1,364.27	\$1,364.27	100%	\$0.00	0%
Iowa Select	\$1,922.68	\$1,634.36	85%	\$288.32	15%
Deductible 3 Plus	\$1,938.68	\$1,634.36	84%	\$304.32	16%

Executive Branch Non-Contract and Education Bargaining Unit (AFSCME)

The total premiums for these plans are slightly higher because of the additional wellness services required by the Affordable Care Act.

Single Coverage	Total Monthly Premium	WITHOUT the wellness reduction				WITH the \$111 wellness reduction			
		State Share	%	Employee Share	%	State Share	%	Employee Share	%
Blue Advantage	\$570.57	\$456.47	80%	\$114.10	20%	\$567.47	99%	\$3.10	1%
Blue Access	\$592.15	\$473.73	80%	\$118.42	20%	\$584.73	99%	\$7.42	1%
Iowa Select	\$833.30	\$666.64	80%	\$166.66	20%	\$777.64	93%	\$55.66	7%
Deductible 3 Plus	\$840.65	\$672.53	80%	\$168.12	20%	\$783.53	93%	\$57.12	7%
Family Coverage	Total Monthly Premium	State Share	%	Employee Share	%	State Share	%	Employee Share	%
Blue Advantage	\$1,336.08	\$1,068.86	80%	\$267.22	20%	\$1,179.86	88%	\$156.22	12%
Blue Access	\$1,386.47	\$1,109.19	80%	\$277.28	20%	\$1,220.19	88%	\$166.28	12%
Iowa Select	\$1,950.82	\$1,560.66	80%	\$390.16	20%	\$1,671.66	86%	\$279.16	14%
Deductible 3 Plus	\$1,968.06	\$1,574.46	80%	\$393.60	20%	\$1,685.46	86%	\$282.60	14%

SPOC-Covered

Alliance Select	Total Monthly Premium	WITHOUT the wellness reduction				WITH the \$62 wellness reduction			
		State Share	%	Employee Share	%	State Share	%	Employee Share	%
Employee only	\$386.70	\$306.96	80%	\$79.74	20%	\$368.96	95%	\$17.74	5%
Employee and Spouse	\$791.96	\$628.62	80%	\$163.34	20%	\$690.62	87%	\$101.34	13%
Employee and Child(ren)	\$732.02	\$581.06	80%	\$150.96	20%	\$643.06	88%	\$88.96	12%
Employee, Spouse, and Child(ren)	\$1,186.78	\$942.00	80%	\$244.78	20%	\$1,004.00	85%	\$182.78	15%

Double Spouse Family Insurance Contract

If you and your spouse are both employees of the State of Iowa, you have the option of enrolling in the double spouse family insurance contract. The double spouse family insurance contract is one family health insurance plan with the total premium being split between each spouse rather than paid by just one. With the double spouse family insurance contract, one employee is considered the contract holder and the other spouse is a dependent under the contract holder's health insurance plan.

Executive Branch AFSCME-covered and UE/IUP-covered, Judicial Branch, and Legislative Branch Employee

If the health insurance contract holder is an executive branch AFSCME- or UE/IUP-covered employee, judicial branch employee, or legislative branch employee, the state's contribution to double-spouse family coverage is the total premium. The contributing spouse, if he/she is a non-contract or SPOC covered employee, is **not** eligible to participate in the Healthy Opportunities Wellness Program.

Executive Branch Non-Contract, Education Bargaining Unit (AFSCME), or SPOC-Covered Employee

If an executive branch non-contract, education bargaining unit (AFSCME) or SPOC-covered employee is the contract holder of the health insurance, each spouse will pay 20% of the double spouse premium. If the contract holder participates in the Healthy Opportunities Wellness Program, the contract holder's monthly employee share will be reduced by \$90 per month for an executive branch non-contract or education bargaining unit (AFSCME) employee or \$62 per month for a SPOC-covered employee. The contributing spouse of an executive branch non-contract, education bargaining unit (AFSCME) or SPOC-covered employee cannot participate in the Healthy Opportunities Wellness Program.

Additional information about the double spouse family contract can be found at the DAS Benefits> Double Spouse Family Coverage Credit website (http://benefits.iowa.gov/double_spouse.html) **Contact your human resources associate or personnel assistant before making any changes to your double spouse family contract.**

Health Insurance Opt-Out

You may opt-out of a state-sponsored health insurance plan and receive \$125 monthly.

To be eligible to opt-out of health insurance and receive the \$125 payment, you must be:

- Executive branch non-contract employee or
- Education bargaining unit (AFSCME) employee or
- SPOC-covered employee

And

- Full-time (work 30 or more hours per week) benefit-eligible employee

And

- Not be covered by any state-sponsored (active, retiree, and Board of Regents) health insurance plan through a family member, including a domestic partner.

The \$125 opt-out payment is:

- Paid on the first pay warrant of the month
- Taxed as part of your income at your W-4 requested withholding status
- Included in the calculation of the IPERS benefit

You must **elect the opt-out option in IowaBenefits** (<https://secure2.benefitfocus.com/>) during the 2015 enrollment and change period. If you do not elect the opt-out option in IowaBenefits, you will **not default** to the opt-out option.

Additional information about the health insurance opt-out can be found at the DAS Benefits> Health Insurance - General Information website (<http://benefits.iowa.gov/health.html>).

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars to reimburse you for eligible health or dependent care expenses.

When you enroll in a Flexible Spending Account, you decide how much to contribute to each account for calendar year 2015. The money is then deducted from your paycheck pre-tax (before Federal and State income taxes and FICA taxes are deducted) in equal amounts over the course of the year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to ASIFlex (the administrator of the program) to request tax-free withdrawals from your Flexible Spending Account to reimburse yourself for these expenses.

You may elect to have your reimbursement placed directly into your checking or savings account by adding direct deposit information into IowaBenefits when you enroll.



If you are currently enrolled and are enrolling for 2015, please check your existing deposit information in IowaBenefits for accuracy.

Health FSA

With the Health FSA, certain health care expenses for you and your eligible family members can be reimbursed. Medical expenses eligible for reimbursement include most medically necessary health care expenses (except insurance premiums and long-term care expenses) that are not paid through medical or dental insurance plans.

Improvement of the Use-or-Lose Rule



Beginning with your 2015 health FSA election, up to \$500 of unused health FSA amounts remaining at the end of 2015 can be carried over to reimburse medical expenses incurred during the following plan year. That's right! No more use it or lose it!

This new carryover will replace the grace period for health FSA beginning in 2015. (More information about the Grace Period is below.)

The carryover will not reduce your 2016 election. The carryover of up to \$500 is in addition to the State's plan limit of \$2,500. You can carry over up to \$500 of unused funds for a total of \$3,000 to be used for calendar year 2016 expenses.

A great provision of this change is that you do not have to enroll in the next year in order to use the \$500 carryover! You do have to be employed in 2016, but do not have to enroll in the health flex plan to use your carryover dollars.

If you have never participated in a health care FSA, the 2015 enrollment and change period is the time! This is a great opportunity to sign up for at least \$500. You can avoid losing any unused funds with the \$500 carryover provision as long as you submit at least \$500 worth of eligible claims in 2015 and 2016. Also, you can have valuable tax savings by paying for regular, routine expenses with pretax money.

Health FSA Eligible Dependents

You may submit eligible health care expenses that are incurred by you, your spouse, or your qualifying child or relative, as defined below.

You and your dependents are not required to be enrolled in the state's health or dental insurance for eligible expenses to be reimbursed.

Maximum Annual FSA Elections

The maximum annual Health FSA contribution is \$2,500 per plan year.

Dependent Care FSA

The Dependent Care FSA reimburses you for qualified dependent care expenses necessary for you to work, or if you are married, for you and your spouse to work. Expenses paid for the care of dependent children under age 13 or adult disabled dependents are eligible for reimbursement up to the annual maximum limit.

Maximum Annual FSA Elections

The maximum annual Dependent Care FSA contribution is \$5,000 per household (\$2,500 if you are married and file a separate tax return).

Grace Period

The grace period allows a participant to incur eligible expenses in the year after the plan year ends, through March 15 of the second year. For instance, if a participant enrolls for 2015 for \$5,000 and only incurs claims in 2015 for \$4,000, the participant can incur claims for \$1,000 from January 1, 2016 – March 15, 2016.

Enrolling in Flexible Spending Accounts

To participate in either or both of the flexible spending accounts, you must enroll each year in IowaBenefits.

DENTAL INSURANCE

2015 is **not** an open dental enrollment period.

You cannot enroll, add any dependents or cancel your coverage during this enrollment and change period. You will have to wait until the next open dental enrollment period.

The only exception is if you have a qualified life event that would allow you to add or remove dependents on your dental plan during 2015.

2015 Monthly Dental Insurance Premiums

Single Coverage	Total Monthly Premium	State Share	%	Employee Share	%
AFSCME-Covered, Executive Branch Non-Contract Judicial Branch, and Legislative Branch	\$29.13	\$29.13	100%	\$0.00	0%
SPOC-Covered	\$31.45	\$31.45	100%	\$0.00	0%
UE/IUP-Covered	\$29.13	\$29.13	100%	\$0.00	0%
Family Coverage	Total Monthly Premium	State Share	%	Employee Share	%
AFSCME-Covered, Executive Branch Non-Contract Judicial Branch, and Legislative Branch	\$78.29	\$39.15	50%	\$39.14	50%
SPOC-Covered	\$79.09	\$61.09	77%	\$18.00	23%
UE/IUP- Covered	\$78.29	\$29.13	37%	\$49.16	63%

LIFE INSURANCE

The State of Iowa's life insurance plan provides your family financial protection in the case of your death. Each year, you can make changes to your supplemental life insurance coverage during the enrollment and change period.

Basic Life Insurance

The State pays 100% of the premium for basic life and accidental death and dismemberment (AD&D) insurance. The amount of coverage is:

Eligible Employees	Basic Life Insurance *
All employees except SPOC-covered	\$20,000
SPOC-covered employees	\$50,000

* Age reductions apply beginning at age 65

Supplemental Life Insurance

In addition to the basic life insurance coverage, you have an opportunity to elect supplemental term life insurance at group rates. The maximum amount of supplemental life insurance that you may purchase depends upon your bargaining status.

Eligible Employees	Minimum Amount of Supplemental Life Insurance Available*	Maximum Amount of Supplemental Life Insurance Available*
Executive Branch AFSCME-covered	\$5,000	\$100,000
Executive Branch Non-Contract	\$5,000	\$100,000
Executive Branch SPOC-covered	\$25,000	\$250,000
Executive Branch UE/IUP-covered	\$5,000	\$40,000
Judicial Branch	\$5,000	\$100,000
Legislative Branch	\$5,000	\$100,000

* Age reductions apply beginning at age 65

Changing Supplemental Life Insurance

During the enrollment and change period, you can request to increase, decrease, or cancel your supplemental life insurance coverage. You can purchase additional life insurance from the minimum amount to the maximum amount of coverage based on your bargaining status. Any increases to supplemental life coverage must be approved by The Hartford. Decreases or cancellations do not require approval and are effective January 1, 2015.

Life Insurance Beneficiaries

The enrollment and change period is the perfect time to review, add, or change your life insurance beneficiaries, even though life insurance beneficiaries can be added or changed in IowaBenefits at any time during the year.

If you still have not added your life insurance beneficiaries in IowaBenefits, don't delay. Having an up-to-date beneficiary designation will help ensure that your life insurance benefits are directed to whom you intend.

BENEFIT ELIGIBILITY

If you work 20 hours a week or more, you are eligible to participate in and make changes to health insurance, dental insurance, flexible spending accounts, and the premium conversion plan. If you work 30 hours a week, in addition to health insurance, dental insurance, flexible spending accounts, and the premium conversion plan, you can also make changes to your supplemental life insurance during the 2015 enrollment and change period.

Family Members Eligible for Coverage

Dependents eligible for health and dental insurance coverage are:

- Your spouse defined as a husband or wife as the result of a marriage that is legally recognized in Iowa. This does not include a spouse from whom you are legally separated or divorced.
- Your domestic partner (same sex or opposite sex)
- Your dependent children

Coverage of Dependent Children

An eligible dependent child may be covered under your health and dental insurance through the end of the year in which they turn age 26. The following are all eligible dependents.

- A child, under the age of 27, can:
 - Be a student or a non-student
 - Live in Iowa or outside of Iowa
 - Be unmarried or married (A dependent's spouse is not eligible for coverage.)
- An unmarried, full-time student in an accredited institution of postsecondary education regardless of age.
- An unmarried child who is totally and permanently disabled, physically or mentally, regardless of age. The disability must have existed before the dependent child turned age 27 or while a full-time student.

Verification of Full-Time Students over Age 26

You will need to provide documentation that your unmarried full-time student over the age of 26 is a full-time student in 2015.

If you have an unmarried full-time student over the age of 26 covered on your health and dental plans, your human resources associate or personnel assistant will provide you with a Certification of Full-Time Student Status (http://benefits.iowa.gov/forms/certification_ft_student_552-0729.pdf). In addition to verifying that your dependent is unmarried, you must provide a copy of your dependent's most recent semester/quarter transcript or class schedule to confirm their full-time student status. The form and documentation must be returned prior to the end of the enrollment and change period.

It is important that you respond to this verification request. Failure to return the verification form will mean that coverage for your dependent will be removed from your plan on December 31, 2014. You will not be able to add coverage for this dependent until the 2015 enrollment and change period, unless there is a qualified life event affecting the coverage for this dependent.

When adding a full-time student over age 26, the above documentation must be received before coverage can be effective.

If you have questions about the verification process, contact Marsha Webb at 515.281.8989 or e-mail marsha.webb@iowa.gov.

Tax Treatment of Dependents Enrolled in Health and Dental Coverage

The Internal Revenue Service (IRS) has criteria to determine if a dependent qualifies as a "tax dependent." If a dependent is qualified under the IRS criteria, health and dental coverage provided by an employer is not subject to taxation. Additionally, such coverage can be provided on a pretax basis and claims can be reimbursed through a health care flexible spending account. The IRS rules for determining whether the dependent in question qualifies as a tax dependent are complicated. You should consult with your tax advisor to determine if the dependent qualifies as a tax dependent.

If your dependent does not qualify as a tax dependent, the added value of providing them health and dental coverage is taxable to you. You are not taxed on the total health and dental family premiums but you will pay federal, state, and FICA taxes on the amount (the added value) that provides coverage for the dependent.

For more information, review the DAS Benefits>Tax Treatment of Dependents Enrolled in Health & Dental Coverage website (http://benefits.iowa.gov/tax_treatment_dependent.html).

2015 ENROLLMENT AND CHANGE PRESENTATIONS

There are six 2015 Enrollment and Change webcasts scheduled in October and November. You can see the dates and times of the presentations and register for a presentation at the DAS Benefits Education>Upcoming Presentations website (<http://das.hre.iowa.gov/benecalendar3.html>).
