

Benefit Eligibility By Employment Classification

Benefit	Full Time (80 Hr or 72 Hr)	Regular Part-time 20 hrs or more per week	Weekend Package PLUS	Weekend Package	Part-Time Less than 20 hours per week	PRN	ACA* Qualified Medical Eligible
Medical Insurance Wellmark Blue Cross Blue Shield	Y	Y	Y	Y	N	N	Y
Dental Insurance — Delta Dental	Y	Y	Y	Y	N	N	N
Vision Insurance — Avësis	Y	Y	Y	Y	N	N	N
Flexible Spending Accounts Advantage Administrators	Y	Y	Y	N	N	N	N
Basic Life AD&D — The Hartford	Y	Y	Y	N	N	N	N
Supplemental Life AD&D The Hartford	Y	Y	Y	N	N	N	N
Short Term Disability – Core The Hartford	Y	Y	Y	N	N	N	N
Short Term Disability – Buy Up The Hartford	Y	Y	Y	N	N	N	N
Long Term Disability The Hartford	Y	Y	Y	N	N	N	N
IPERS Retirement Plan	Y	Y	Y	Y	Y	Yes After earnings requirement met	Yes After earnings requirement met
Optional 457(b) Retirement Plan Mission Square	Y	Y	Y	Y	Y	Y	Y
Employee Assistance Program Employee and Family Resources	Y	Y	Y	Y	Y	Y	Y
Tuition & Student Loan Assistance Plan	Y	Y	Y	Y	N	N	N
PTO (Paid Time Off Plan)	Y	Y	N	N	Y	N	N
Jury Duty Pay	Y	Y	N	N	Y	Y	Y
Bereavement Paid Leave	Y	Y	N	N	Y	N	N
Wellness Programs (Fitness Center Subsidy)	Y	Y	Y	Y	Y	Y	Y
Discount Purchasing Programs – Cellular Service and PremierConnect	Y	Y	Y	Y	Y	Y	Y
Employee Discount Tickets (Adventureland)	Y	Y	Y	Y	Y	Y	Y

2024 SEMI-MONTHLY PAYROLL DEDUCTION RATES

MEDICAL INSURANCE – Rates without well-being surcharge

Coverage Level	Full-Time/ 72 Hr Full Time		Regular Part Time/ ACA Qualified Status		Weekend Package PLUS		Weekend Package	
	Employee Pays	MGMC Pays	Employee Pays	MGMC Pays	Employee Pays	MGMC Pays	Employee Pays	MGMC Pays
Employee Only	\$ 43.00	\$ 319.24	\$ 56.46	\$ 305.79	\$ 66.59	\$ 295.66	\$ 362.25	NA
Employee + Spouse	\$ 90.10	\$ 633.08	\$ 124.19	\$ 598.99	\$ 146.53	\$ 576.64	\$ 723.17	NA
Employee + Child(ren)	\$ 82.76	\$ 581.48	\$ 114.07	\$ 550.18	\$ 134.61	\$ 529.63	\$ 664.24	NA
Family	\$179.32	\$ 921.92	\$ 247.01	\$ 854.22	\$ 291.48	\$ 809.76	\$1,101.23	NA

DENTAL INSURANCE

Coverage Level	Full-Time/ 72 Hr Full Time	Regular Part Time & Weekend Package PLUS	Weekend Package
Employee Only	\$ 6.00	\$ 8.39	\$ 14.44
Family	\$ 20.98	\$ 29.38	\$ 42.65

VISION INSURANCE

Coverage Level	Full-Time/ 72 Hr Full Time	Regular Part Time/ ACA Qualified Status	Weekend Package PLUS	Weekend Package
Employee Only	\$ 1.11	\$ 1.23	\$ 1.35	\$ 4.46
Family	\$ 2.61	\$ 2.88	\$ 3.16	\$10.46

SHORT TERM DISABILITY BUY-UP INSURANCE

Buy Up	Rate
66.67% Income Replacement	\$0.58 per \$10 of Weekly Benefit

SUPPLEMENTAL LIFE INSURANCE

Age	Rate/\$1000	Age	Rate/\$1000
<25	.032	50 - 54	.24
25 - 29	.032	55 - 59	.376
30 - 34	.048	60 - 64	.568
35 - 39	.056	65 - 69	.976
40 - 44	.088	70 - 74	3.552
45 - 49	.16	75+	3.552

DEPENDENT LIFE INSURANCE

Coverage Level	Rate
Option 1 \$20,000 Spouse \$10,000 each Child	\$4.64
Option 2 \$10,000 Spouse \$5,000 each Child	\$2.32
Option 3 \$5,000 Spouse \$2,500 each Child	\$1.16

IPERS CONTRIBUTION RATES

Membership Class	Member Contribution	MGMC Contribution	Total
Regular	6.29%	9.44%	15.73%
Protection Occupations	6.21%	9.31%	15.52%

Medical Insurance Benefit Summary

Point of Service

Mary Greeley Medical Center offers a unique three-tier benefit design that provides you varied cost share levels based upon the level of service you receive.

- Level 1 – Care received by a provider within the Mary Greeley Medical Center Network
- Level 2 – Care received by a Point of Service network provider
- Level 3 – Care received from Out-of-Network providers

The following providers are included in the Mary Greeley Medical Center network:

Mary Greeley Medical Center
McFarland Clinic
MGMC Physical Therapy
Wolfe Clinic
Bliss Cancer Center
DaVita
Doran Clinic for Women
Home Health Home Care
Ames Foot Care PC
Home Health Home Medical Equipment
Skin Solution Dermatology PLC
Home Health Hospice
Central Iowa Psychological Services
Diabetes Education
Ames Counseling and Psychological Services
Iowa Dermatology Consultants



Your Point of Service plan allows you to receive care from a Primary Care Provider you select during benefit enrollment. However your out-of-pocket expenses will be the lowest when you choose a Primary Care Provider who participates within the Mary Greeley Medical Center domestic network or in the Point of Service Network. To find an in-network Primary Care Provider, visit www.wellmark.com or call the customer service number on your ID card.

Covered Benefits <i>When you receive these services, you pay:</i>	MGMC Network	Point of Service Network	Out-of-Network
Deductible Amount you pay in a calendar year before certain benefits are available. MGMC and Blue Choice Network deductibles are combined. Out-of-Network deductible is separate."	\$850 Single \$1,700 Family	\$1,500 Single \$3,000 Family	\$3,000 Single \$5,000 Family
Coinsurance Percentage of medical expenses you pay after the deductible is met, until you reach your out-of-pocket maximum.	20%	30%	50%
Out-of-Pocket Maximum (OPM) Maximum amount you pay for covered services each calendar year for deductibles, copays, and coinsurance. MGMC and Blue Choice Network OPM are combined. Out-of-Network OPM is separate. Once the OPM is satisfied, most services are covered in-full through the end of the calendar year.	\$1,500 Single \$3,000 Family	\$2,500 Single \$5,000 Family	\$5,000 Single \$10,000 Family
Office Services: Primary Care Provider* (beyond preventive care services) Primary care providers include: physician and general practitioners, physician assistants and advanced registered nurse practitioners practicing in family medicine, internal medicine, obstetrics & gynecology and pediatrics.	\$20 copay	\$30 copay	Deductible then 50% coinsurance
Office Services: Non-Primary Care Provider* Non-primary care providers include: specialists, behavioral health care practitioners, etc.	\$30 copay	\$40 copay	Deductible then 50% coinsurance
Telehealth Services Real-time, interactive audio-visual technology, web-based mobile device or similar electronic-based communication network.	\$20 copay Doctor on Demand \$20 copay PCP \$30 copay Non-PCP \$20 Mental Health & Chemical Dependency services	\$20 copay Doctor on Demand \$30 copay PCP \$40 Non-PCP \$20 Mental Health & Chemical Dependency services	Deductible then 50% coinsurance

Covered Benefits <i>When you receive these services, you pay:</i>	MGMC Network	Point of Service Network	Out-of-Network
Urgent Care	\$30 copay	\$30 copay	Deductible then 50% coinsurance
Preventive Care Services when services performed by your PCP * See list at www.Healthcare.gov	Covered at 100%	Covered at 100%	Deductible then 50% coinsurance
Diagnostic Test and Lab Services	\$10 copay for services billed by MGMC Deductible then 20% coinsurance all other providers	Deductible then 30% coinsurance	Deductible then 50% coinsurance
Outpatient Imaging X-rays, CT/PET scans, MRIs, Imaging contrast, EKG, Echocardiogram <i>(includes facility & practioner services combined)</i>	\$30 copay for services received at MGMC Deductible then 20% coinsurance all other providers	Deductible then 30% coinsurance	Deductible then 50% coinsurance
Outpatient Speech, Occupational and Physical Therapy (excluding Chiropractic) MHCD and preventive services waive this copay	\$10 copay for services billed by MGMC Deductible then 20% coinsurance all other providers	Deductible then 30% coinsurance	Deductible then 50% coinsurance
Outpatient Diabetes & Nutrition Education	\$10 copay for services billed by MGMC Deductible then 20% coinsurance all other providers	Deductible then 30% coinsurance	Deductible then 50% coinsurance
Mental Health/Chemical Dependency Office services Inpatient/Outpatient Facility	\$20 copay Deductible then 20% coinsurance	\$20 copay Deductible then 20% coinsurance	Deductible then 50% coinsurance

Covered Benefits <i>When you receive these services, you pay:</i>	MGMC Network	Point of Service Network	Out-of-Network
Chiropractic Care Office Services <ul style="list-style-type: none"> Office Exams Other office services such as manipulations, modalities, & X-rays 	No Chiropractic Services Available in this Network.	\$30 copay	Deductible then 50% coinsurance
Contraceptives Injected and implanted contraceptives and contraceptive devices. (Oral contraceptives are covered under Blue RxSM Complete prescription drug program.)	Covered at 100%	Covered at 100%	Deductible then 50% coinsurance
Prescription Drugs <ul style="list-style-type: none"> Out-of-Pocket Maximum See below for more details 	30% coinsurance for all prescription drugs		
		\$2,500 Single \$5,000 Family	
Emergency Room <ul style="list-style-type: none"> Physician and Facility services waived if admitted 	\$200 copay	\$200 copay	\$200 copay
Inpatient Services <ul style="list-style-type: none"> Physician and Facility 	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
Outpatient Services <ul style="list-style-type: none"> Physician and Facility 	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance
Special Health Needs <ul style="list-style-type: none"> Home Health Care Home/Durable Medical Equipment Hospice Orthotics 	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 50% coinsurance

Care Outside Iowa - BlueCard program

Provides coverage nationwide by using providers of the Blue Cross and/or Blue Shield plan in the area where you receive services. You must use an in-network provider to receive the highest benefit level.