





Contact Sheet

CONTACT INFORMATION			
CARRIER/CONTACT	PHONE	WEBSITE/EMAIL	
Wellmark	800-524-9242	www.wellmark.com	
Doctor on Demand	800-997-6196	www.doctorsondemand.com	
Optum Bank			
TASC			
Delta Dental	800-544-0718	www.deltadentalia.com	
EyeMed	866-723-0596	www.eyemed.com	
Lincoln Financial	800-423-2765	www.lincoln4benefits.com	
Aflac	515-343-9920	mary_bishop@us.aflac.com	
ComPsych	888-628-4824	www.guidanceresources.com	
Legal Shield	800-942-4718	www.idshield.com	
TrueAdcovate	888-655-9980	trueadvocate@ truenorthcompanies.com	

Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract. The information in this booklet is proprietary. Please do not copy or distribute to others.

Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

GROUP NUMBER: 000057882

HOW TO FIND A NETWORK PROVIDER.

Visit the site below, click find a provider (bottom left).

Provider Search: www.wellmark.com

IN-NETWORK BENEFITS	BRONZE	SILVER	GOLD
	HDHP HMO	HDHP HMO	HDHP PPO
Deductible	\$7,050 Single	\$1,500 Single	\$7,050 Single
	\$14,100 Family*	\$3,000 Family**	\$14,100 Family*
Coinsurance	You Pay 0%,	You Pay 0%,	You Pay 0%,
	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
Out of Pocket	\$7,050 Single	\$7,050 Single	\$7,050 Single
Maximum	\$14,100 Family	\$8,700 Family	\$14,100 Family
Office Visit Copay	Deductible Applies	Deductible Applies	Deductible Applies
	\$59 Doctor on Demand	\$59 Doctor on Demand	\$59 Doctor on Demand
Preventive Office Copay	Covered at 100%	Covered at 100%	Covered at 100%
Emergency Room Copay	Deductible Applies	Deductible Applies	Deductible Applies
Prescription Drug			
Deductible/Tiers	Deductible Applies	Copays Follow Deductible Tier 1: \$20 Tier 2: \$35 Tier 3: \$70 Tier 4: \$70 Specialty: \$100/\$500	Deductible Applies

^{*} EMBEDDED | ** NONEMBEDDED

Virtual Doctor Visits – Doctor on Demand

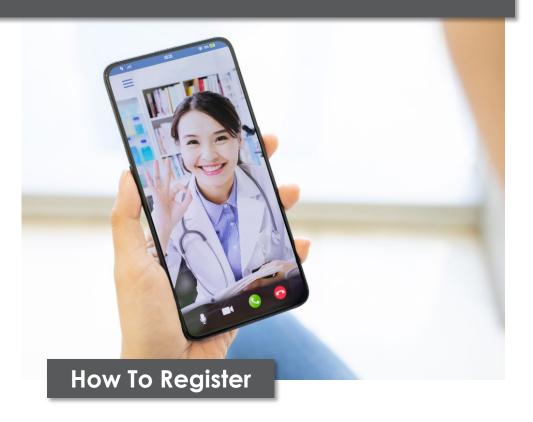
It's now easier than ever To meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

USE TELEMEDICINE WHEN:

- •You don't have time to wait a week to see a doctor
- •You don't want to infect (or be infected by) another person
- •You need a lower-cost option.

USE TELEMEDICINE FOR:

- •Urgent care issues like colds, coughs, and stomach aches
- •Mental health treatment, including online therapy, counseling, and medication management
- •Recurring conditions like migraines or urinary tract infections
- •Skin conditions
- •Prescription management



BE READY TO ACCESS

To get started, visit www.DoctorsOnDemand.com or phone 800-997-6196 to register and set up your account

DOWNLOAD THE DOCTORS ON DEMAND APP to your mobile device and access your new account.

WHEN YOU NEED CARE

- find a well-lit, private spot with good signal on your device
 - Have your Wellmark member ID card ready
 - Create an account or sign in



Watch the video to learn more. https://flimp.live/telemedicine2021

Health Savings Account

AN HSA CAN HELP YOU

lower your taxes, cover some expenses your plan doesn't, and even help save for retirement.

HEALTH SAVINGS ACCOUNT (HSA)

To be eligible you must:

*Note: If your eligible dependent is covered under Medicare, you can continue contributing to the HSA

- Be covered under a High Deductible Health Plan (HDHP)
 - Not be claimed as a dependent on someone else's tax return
 - Not maintain a Healthcare FSA
 - Not be enrolled in Medicare*
 - Not have received VA benefits within the past three months
 - Not have a spouse with an FSA plan through their employer

Maximum contributions

Single: \$3,850 Family: \$7,750

Catch-up: \$1,000 (those 55+)

Pre-tax contributions?

Eligible Expenses

Beyond your plan coverage

Yes

More common examples:

- Medical
- Dental
- Vision
- Prescription

Less common examples:

- Special education
- Seeing eye dog
- Braille literature
- Hair loss pieces

Download a full list from the IRS - Publication 502.



Availability of funds

Funds must accumulate before using

Use it or lose it?

No, unused funds roll over from year to year

Can take it with you

if you leave the company?

Yes

HSA Options:

Optum Bank (most used)
Your Own Bank (rarely used)

* You must choose an option during open enrollment

Optum Bank

- Elect Optum Bank during OE
- You must set up an Optum Bank account in order – HR will send you instruction
- lowa Ortho will deduct funds from your paycheck and deposit the money into your Optum Bank account with payroll

Your Own Bank

- You will setup an HSA account at your own bank
- Bring the notarized papers to HR showing the account info and that it will be used as an HAS
- HR sets up direct deposit in payroll to go to that account

Flexible Spending Accounts

TASC UNIVERSAL HEALTHCARE
GROUP NUMBER: 4000-0795-1212

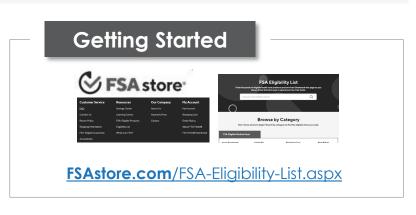
AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)			
Eligibility rules	If you are enrolled in a High Deductible Health Plan (HDHP) you can only enroll in a Limited Flexible Spending Account		
Maximum contributions	Healthcare: \$3,050 Dependent Care: \$5,000		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	MedicalDentalVisionPrescriptionDependent care	For Health Care and Limited FSAs download a full list from the IRS - Publication 502.	For information on Child and Dependent Care Expenses download the IRS Publication 503
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Care: Funds must accumulate before using		
Use it or lose it?	Yes		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

FSAstore.com provides lists of eligible purchases using your account, as well as help to understand, manage and USE this great benefit!



Dental Plan

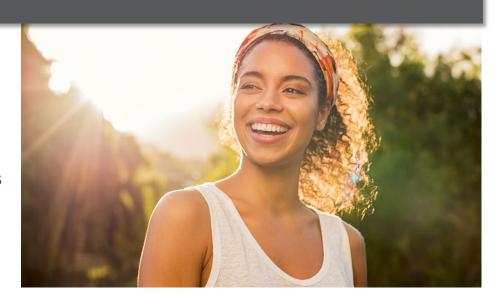
DELTA DENTAL | 800-544-0718 WWW.DELTADENTALIA.COM GROUP NUMBER: 33150

MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate dental plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

HOW TO FIND A NETWORK PROVIDER.

- 1. Visit the site provided, click the on the link you need.
- 2. Choose from the network.



Provider Search:

https://www.deltadentalia.com/find-a-provider/

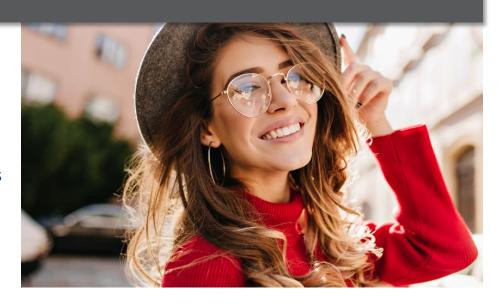
SERVICES	IN-NETWORK	PPO IN-NETWORK
Preventive Services	100% covered	100% covered
Deductible	\$25 Single / \$75 Family	\$15 Single / \$45 Family
Basic Services	You pay 20% coinsurance (after deductible), plan pays 80%	You pay 10% coinsurance (after deductible), plan pays 90%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%	You pay 50% coinsurance (after deductible), plan pays 50%
Annual Maximum	\$1,500 per person per year	\$1,500 per person per year
Orthodontic For dependent children up to age 19	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of \$1,500	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of \$1,500

Vision Plan

EYEMED | 866-723-0596 WWW.EYEMED.COM GROUP NUMBER: 33150

MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate vision plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.



Provider Search:
www.eyemed.com
Or the EyeMed Members App

SERVICES	IN-NETWORK MEMBER COST	
Exam 1 every 12 months	\$10 copay	
Contacts 1 every 12 months	Please note: Contact lenses are in place of lenses and frame.100% to \$100	
Frames 1 every 24 months	\$0 copay: 20% off balance over \$100 allowance	
Lenses 1 every 12 months	Single Lined-\$25 copay Bifocal Lined-\$25 copay Trifocal-\$25 copay Lenticular-\$25 copay	

Iowa Ortho Premium Rates Health Insurance Plans

MEDICAL PLANS			
Per Pay Period Premiums	BRONZE HDHP HMO	SILVER HDHP HMO	GOLD HDHP PPO
EMPLOYEE ONLY	\$0.00	\$68.33	\$216.87
EMPLOYEE & SPOUSE	\$332.01	\$484.37	\$483.44
EMPLOYEE & CHILD(REN)	\$249.02	\$315.73	\$444.02
EMPLOYEE & FAMILY	\$542.46	\$593.16	\$717.42

DENTAL PLAN		
Per Pay Period Premiums	PLAN 1 NAME	
EMPLOYEE ONLY	\$21.27	
EMPLOYEE & SPOUSE	\$42.54	
EMPLOYEE & CHILD(REN)	\$31.20	
EMPLOYEE & FAMILY	\$71.62	

VISION PLAN		
Per Pay Period Premiums	PLAN 1 NAME	
EMPLOYEE ONLY	\$3.51	
EMPLOYEE & SPOUSE	\$6.66	
EMPLOYEE & CHILD(REN)	\$7.00	
EMPLOYEE & FAMILY	\$10.30	

Life and AD&D Insurance

Lincoln Financial | 800-423-2765 WWW.LINCOLN4BENEFITS.COM GROUP NUMBER: 000010249782



EMPLOYER-PAID LIFE AND AD&D

Life insurance pays a benefit (called a death benefit, which is usually a lump sum) to a beneficiary (whomever you choose to receive the benefit) after your death. If you have a life insurance policy on a family member (such as your spouse or your child(ren)), you would receive the money if that family member died. This money can help replace your income. 100% of the cost of this benefit is covered by Iowa Ortho.



LIFE AND AD&D BENEFIT

Life and Accidental Death & Dismemberment

Iowa Ortho pays for a basic life/AD&D policy for each employee

Income Replacement



If you are unable to work, disability insurance can help replace your income so you can pay your bills and protect your savings.

EMPLOYER-PAID SHORT-TERM DISABILITY

Short-term benefits pay a weekly benefit when you are unable to work for a certain amount of time.

EMPLOYEE-PAID LONG-TERM DISABILITY

Long-term benefits usually take over when Short-term benefits end. This is often a monthly benefit, either a percentage of your salary or a flat amount.

Coverage amount SHORT-TERM 60% of weekly income up to \$500 max per week

Additional Protection

Aflac

Independent Agent: Mary Bishop 515-343-9920

mary_bishop@us.aflac.com

9325 Bishop Dr. Suite 120 West Des Moines, IA 50266

Please note: if you want to enroll or learn more about Alfac, you will reach out to them directly



ACCIDENT

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.



CRITICAL ILLNESS

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke, heart attack or cancer) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare.



HOSPITAL INDEMNITY

Similar to Accident and Critical Illness Plans, Hospital Indemnity provides a lump-sum benefit to use for expenses related to a hospital stay. Expenses covered include: hospital admission, hospital confinement, lodging, transportation and more.



CANCER

This coverage can provide a cash benefit once you are diagnosed. Depending on the covered disease, you can access transportation benefits, hospice and nursing services, and more. Carefully read the policy before you purchase something to be sure the things that are covered meet your expectations.

Employee Assistance Programs

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, convenient and confidential experienced clinicians and professional staff 24 hours a day.

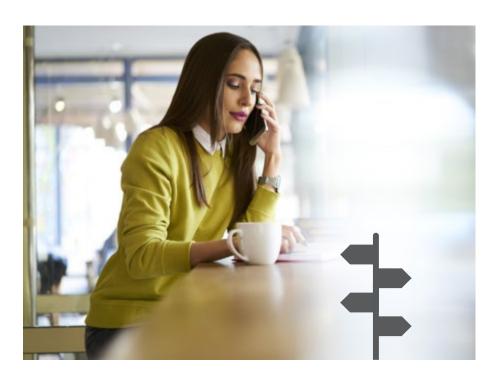
The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

Available to you and your dependents 24/7

Up to four sessions per person, per issue, per year

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more



CALL: ComPsych 888-628-4824

LOG IN ONLINE www.guidanceresources.

User: LFGsupport
Password: LFGsupport1

Income Protection

LEGAL SHIELD | 800-942-4718 WWW.IDSHIELD.COM

BECOME A MEMBER DOWNLOAD LEGALSHIELD & IDSHIELD MOBILE APP









IDENTITY THEFT

Identity theft protection can offer ongoing analysis of your personal credit score and alert you immediately of potentially fraudulent credit card charges. And, some services monitor your online footprint as well and can help keep your information and reputation protected.



LEGAL ASSISTANCE

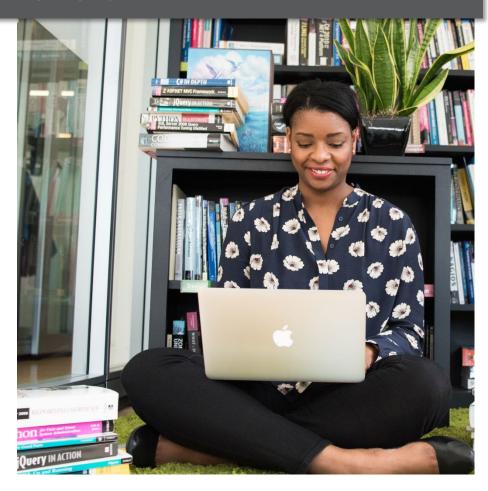
Protect yourself and your family by taking advantage of the legal assistance coverage. This plan covers: telephone consultations, will prep, document reviews and more.

	INDIVIDUAL Per month	FAMILY Per Month
Legal Shield	\$20.95	\$20.95
ID Shield	\$8.45	\$15.95
Total	\$29.40	\$33.90

REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM IOWA ORTHO REGARDING THE GROUP HEALTH INSURANCE

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.





DOWNLOAD YOUR COPY AT MYIOWAORTHOBENEFITS.COM



DO YOU HAVE QUESTIONS ABOUT YOUR BENEFIT PROGRAMS AND AREN'T SURE WHO TO CONTACT?

The TrueNorth TRUEAdvocate Team is here to help!

Monday - Friday | 7:30 a.m. to 5:00 p.m. CT For Spanish, please select option 4

Our team can assist with:

- Benefit coverage questions
- · Ordering an ID card
- Claim questions and research
- Filing a claim
- Finding a provider
- Choosing a plan that works for you



(888) 655-9980





