

JANUARY 2025 – DECEMBER 2025

2025 BENEFITS ENROLLMENT

YOUR BENEFITS, YOUR STORY

Benefits to fit your unique situation

5 WAYS TO SAVE

On healthcare expenses

3 TIPS

For an easy enrollment

MID IOWA
COOPERATIVE
GOOD LAND. GOOD PEOPLE. GOOD ADVICE.

TRUE NORTH
Insurance and Financial Strategies

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 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.*

Created by TrueNorth Companies, LC for Mid-Iowa Coop

WHAT'S CHANGING THIS ENROLLMENT

Medical Plans and Rates

THINGS TO KNOW

5 WAYS TO SAVE

1. THINK ABOUT HOW YOU WILL USE YOUR BENEFITS.

- Do you have a chronic condition?
- Do you have surgery planned for this year?
- Are you adding any new dependents to your plan?

Consider these questions when choosing a plan.

2. MANAGE MEDICATION COSTS.

Ask your doctor to prescribe you generic medications. They can be just as effective and typically cheaper!

3. TRY DOCTORS ON DEMAND OR URGENT CARE.

Telemedicine and urgent care can cost you much less than going to the ER and usually save you a lot of time.

4. STAY IN-NETWORK FOR CARE.

Think of it as an exclusive club. You may pay higher amounts if you go Out-of-Network.

5. PREVENTION IS KEY.

Prevention is key to catching disease or illness early on. Plus, preventive exams are often free or cost less than a normal doctor's visit.

3 TIPS FOR EASY ENROLLMENT

1. DON'T WAIT!

After this enrollment period, the only way you'll be able to change your plans before the following enrollment period is if you have a **qualifying life event**, such as getting married or having a baby.

2. TO ENROLL OR NOT TO ENROLL?

This year you are required to enroll in and/or waive your benefits.

- **Please note:** All those who are enrolled in the Health Savings Account (HSA) and/or Flexible Spending Accounts (FSAs) **MUST RE-ENROLL IN THESE PLANS EVERY YEAR** no matter what!

3. UP YOUR BENEFITS IQ

Have questions about your benefit options? Not sure what is right for you? Make sure to check out your benefits website at: <http://midiowabenefits.com/> and don't forget about the TrueAdvocate Team! They are available from 7:30 a.m. - 5 p.m. CST to answer your benefits questions. Just call 888-655-9980 OR email trueadvocate@truenorthcompanies.com.

The plan information outlined in this enrollment guide is intended to be a snapshot of the benefits and does not provide full plan details. For complete plan information and any policy restrictions, refer to your plan document. If any discrepancy exists between the summary displayed in this guide and the policy, the policy will govern.

BENEFITS BASICS

WELCOME TO YOUR 2025 BENEFITS!

Mid-Iowa Coop benefits add value beyond your paycheck. They can make health care more affordable, provide income during a disability, and help you achieve financial goals.

As an employee of Mid-Iowa Coop, you have a total compensation package - a combination of pay and benefit programs that is among the best in our industry. This guide describes the key features of our health, life and additional program offerings. They are designed to give you choices about the types and levels of protection that you want. As your needs change, you can continue to design a benefits program that best fits your life. Each year, you have the opportunity to review your choices and make new decisions.

This guide provides a brief summary of your Mid-Iowa Coop benefits. Please take the time to review your options and learn about the coverages that will best work for you and your family!

This information is a highlight of our benefit program. In the event of any discrepancy or omission, actual benefits will be determined by the applicable governing plan documents. Mid-Iowa Coop reserves the right to change or end any benefit at any time to the extent allowed by the law.

ELIGIBILITY

Your benefits are effective following the waiting period after new hire. Your dependents can also enroll for coverage, including:

- Your legal spouse.
- Your children up to age 26.

DEPENDENT ELIGIBILITY

As part of the responsibility and management of our benefit plan, we have to ensure that all covered dependents meet the eligibility requirements. We are asking all employees to certify that their dependents meet the definition of an eligible dependent prior to adding them to our plans.

Benefit Basics Definition of an eligible dependent:

- A lawful spouse of an employee, including a common law spouse if recognized by your state
- Children of an employee up to age 26
- Children age 26 or older who are mentally or physically handicapped
- A legally adopted child, a step-child, or a child placed in your care by court order, all under 26 years of age.

You will be required to verify your dependent's eligibility in Work Force Junction online enrollment system. Falsification of the eligibility verification form will result in coverage for the dependent being rescinded and may result in medical claims being denied.

QUALIFYING LIFE EVENTS

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Gain or loss of other coverage
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for health coverages
- New entitlement to Medicare or Medicaid

Go to [healthcare.gov](https://www.healthcare.gov) for a full list of qualifying life events.

You must **notify Human Resources within 30 days** of a qualifying life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes.



Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

GROUP NUMBER: 53394

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site below, click find a provider or facility.
2. Choose from the HMO or PPO Network.

Provider Search: www.wellmark.com/finder

IN-NETWORK BENEFITS	MID IOWA COOP PPO 206547-141	MID IOWA COOP HDHP PPO 206547-139	MID IOWA COOP HMO 206547-142
Deductible	\$4,000 Single \$8,000 Family	\$5,000 Single \$10,000 Family	\$3,000 Single \$6,000 Family
Coinsurance	You pay 30%, plan pays 70%	You pay 0%, plan pays 100%	You pay 30%, plan pays 70%
Out of Pocket Maximum	\$8,000 Single \$16,000 Family	\$5,000 Single \$10,000 Family	\$6,000 Single \$12,000 Family
Office Visit Copay	\$30 PCP \$30 Non-PCP \$30 Telemed \$30 Urgent Care	Deductible	\$35 PCP (\$20 Designation PCP) \$50 Non-PCP \$35 Telemed \$35 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%	Covered at 100%
Emergency Room Copay	\$400 copay	Deductible	\$350 copay
Inpatient Hospital/ Outpatient Surgery	You pay 30% after deductible, plan pays 70%	Deductible	You pay 30% after deductible, plan pays 70%
Prescription Drug			
Deductible	Included with Medical	Included with Medical	Included with Medical
Tiers 1-4	\$25 / \$50 / \$100	Deductible	\$25 / \$50 / \$100

Health Savings Account


VOYA

855-663-8692

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)

<p>To be eligible you must:</p> <p>*Note: If your eligible dependent is covered under Medicare, you can continue contributing to the HSA</p>	<ul style="list-style-type: none"> • 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 		
<p>Maximum contributions</p>	<p>Single: \$4,300 Family: \$8,550 Catch-up: \$1,000 (those 55+)</p>		
<p>Pre-tax contributions?</p>	<p>Yes</p>		
<p>Eligible Expenses Beyond your plan coverage</p>	<p>More common examples:</p> <ul style="list-style-type: none"> • Medical • Dental • Vision • Prescription 	<p>Less common examples:</p> <ul style="list-style-type: none"> • Special education • Seeing eye dog • Braille literature • Hair loss pieces 	<p>Download a full list from the IRS - Publication 502.</p> 
<p>Availability of funds</p>	<p>Funds must accumulate before using</p>		
<p>Use it or lose it?</p>	<p>No, unused funds roll over from year to year</p>		
<p>Can take it with you if you leave the company?</p>	<p>Yes</p>		

HSA CASE STUDY 1: JUSTIN		HSA CASE STUDY 2: THE BENNETS		HSA CASE STUDY 3: ANGELA	
Profile: Age 28, single, very active		Profile: Married, higher medical expenses		Profile: Age 62, divorced, good health	
Event: Nothing unexpected yet		Events: Daughter asthma; Son broken bones		Event: Car accident	
Annual deductible: \$3,000		Family deductible: \$6,000		Annual deductible: \$3,000	
YEAR 1 HSA CONTRIBUTION	\$1,000	YEAR 1 HSA CONTRIBUTION	\$2,000	YEAR 1 HSA CONTRIBUTION	\$2,000
Total Expenses:	-\$150	Total Expenses:	-\$900	Total Expenses:	-\$350
HSA ROLLOVER TO YEAR 2	\$850	HSA ROLLOVER TO YEAR 2	\$1,100	HSA ROLLOVER TO YEAR 2	\$1,650
HSA BALANCE: (\$850) + YEAR 2 CONTRIBUTION	\$1,850	HSA BALANCE: (\$1,100) + YEAR 2 CONTRIBUTION	\$3,100	HSA BALANCE: (\$1,650) + YEAR 2 CONTRIBUTION	\$3,650
Total Expenses:	-\$300	Total Expenses:	-\$500	Total Expenses:	-\$3,650
HSA ROLLOVER TO YEAR 3	\$1,550	HSA ROLLOVER TO YEAR 3	\$2,600	Health plan coverage after deductible (80% x \$10,050)	\$8,040
Total paid out-of-pocket	\$0	Total paid out-of-pocket	\$0	Total paid out-of-pocket	\$860
HSA ROLLOVER TO YEAR 4	\$1,550	HSA ROLLOVER TO YEAR 4	\$2,600	HSA ROLLOVER TO YEAR 4	\$0



Flexible Spending Accounts

MID AMERICA
712-258-6671

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)

Maximum contributions	Healthcare: \$3,300 Dependent Care: \$5,000		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	<ul style="list-style-type: none"> • Medical • Dental • Vision • Prescription • Dependent care 	<p>For Health Care download a full list from the IRS - Publication 502.</p> 	<p>For information on Child and Dependent Care Expenses download the IRS Publication 503</p> 
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		

FLEXIBLE SPENDING ACCOUNTS (FSA)

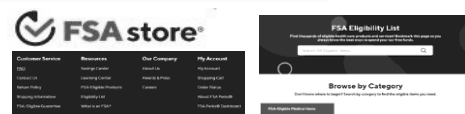
Healthcare FSA	Limited Healthcare FSA	Dependent Care FSA
<ul style="list-style-type: none"> • A savings account that lets you set aside pre-tax income to save for eligible medical expenses • Eligible for dental, vision and medical expenses • For those who are not enrolled in an HDHP 	<ul style="list-style-type: none"> • For those who are on the HDHP health plan and have an HSA • Eligible for dental and vision • Can contribute to both a limited FSA and HSA 	<ul style="list-style-type: none"> • A dependent is typically either underage 13 or incapable of self-care. • The Dependent Care FSA is NOT for your dependent's health care expenses. • You must claim your dependent on your federal income tax return.

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!

To learn more, please review the full benefit summary.

Getting Started



FSastore.com/FSA-Eligibility-List.aspx

Need Help? Call TrueAdvocate at 888-655-9980.

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



How To Register

1 BE READY TO ACCESS

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

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

3 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>

Dental Plan

AMERITAS | 800-487-5553

WWW.AMERITAS.COM

GROUP NUMBER: 40418

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 FIND A PROVIDER.
2. Choose DENTAL.

Provider Search:

www.ameritas.com

SERVICES	PPO DENTIST
Preventive Services	100% covered
Deductible	\$50 Single
Basic Services	You pay 20% coinsurance (after deductible), plan pays 80%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%
Annual Maximum	\$1,250 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 \$1,000

Vision Plan

AMERITAS | 800-487-5553

WWW.AMERITAS.COM

GROUP NUMBER: 40418

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.



SERVICES	IN-NETWORK MEMBER COST
Exam 1 every 12 months	\$10
Contacts 1 every 12 months	Please note: Contact lenses are in place of lenses and frame. <ul style="list-style-type: none">• Up to \$130 for elective contact lens exam• \$0 copay for medically necessary contact lens• \$60 for contact lens fit and exams
Frames 1 every 24 months	<ul style="list-style-type: none">• \$130 allowance
Lenses 1 every 12 months	Single Lined-\$0 Bifocal Lined-\$0 Trifocal-\$0 Lenticular-\$0

Mid-Iowa Coop Premium Rates Health Insurance Plans

MEDICAL PLANS			
Per Month	PPO	HDHP PPO W/ HSA *	HMO
EMPLOYEE ONLY	\$218.64	\$195.62 *	\$210.63
EMPLOYEE & SPOUSE	\$437.72	\$390.57 *	\$421.25
EMPLOYEE & CHILD(REN)	\$405.31	\$361.74 *	\$390.10
EMPLOYEE & FAMILY	\$651.14	\$580.50 *	\$626.48

DENTAL PLAN	
Per Month	PLAN
EMPLOYEE ONLY	\$40.52
EMPLOYEE & SPOUSE	\$81.40
EMPLOYEE & CHILD(REN)	\$110.32
EMPLOYEE & FAMILY	\$151.20

VISION PLAN	
Per Month	PLAN
EMPLOYEE ONLY	\$8.40
EMPLOYEE & SPOUSE	\$18.00
EMPLOYEE & CHILD(REN)	\$14.60
EMPLOYEE & FAMILY	\$24.20

* HSA CONTRIBUTIONS	
Only those enrolled in the HDHP Plan will Mid-Iowa Coop contribute	
YEARLY	
EMPLOYEE ONLY	\$1000.00
EMPLOYEE & SPOUSE	\$1250.00
EMPLOYEE & CHILD(REN)	\$1250.00
EMPLOYEE & FAMILY	\$2000.00

YOUR ENROLLMENT BLUEPRINT

Remember, your annual enrollment period is from **November 18th – December 1st**. Here are some last-minute reminders:



EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

Need assistance signing in or choosing your benefits?

Call 925-332-7325 (9:30AM – 6:30 PM CST)
or email
benefitshelp@truenorthcompanies.com



QR CODE



ENROLL IN YOUR BENEFITS

1. Visit our portal: <http://midiowabenefits.com/> and look through the options
2. Navigate to the annual benefits enrollment page
3. Under “First Time User?” type in username
4. Username is your work email
5. You will receive an email with a link to create and answer security questions and set your password

REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM MID-IOWA COOP REGARDING THE GROUP HEALTH PLAN

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
<http://midiowacoopbenefits.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



trueadvocate
@truenorthcompanies.com

MID IOWA
COOPERATIVE
GOOD LAND. GOOD PEOPLE. GOOD ADVICE.

TRUENORTH
Insurance and Financial Strategies

