

July 1, 2023 – June 30, 2024

# 2023 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

## WORKFORCE JUNCTION

All Employees must sign into Workforce Junction to finalize their decision





# Table of Contents

	CONTACT INFORMATION		
	CARRIER/CONTACT	PHONE	WEBSITE/EMAIL
<b>MEDICAL &amp; PRESCRIPTION DRUG</b>	Wellmark	800-591-3873	<a href="http://www.wellmark.com">www.wellmark.com</a>
	Employee Benefits System	800-373-1327	<a href="http://www.ebs-tpa.com">www.ebs-tpa.com</a>
<b>TELEMEDICINE</b>	Doctors on Demand	800-997-6196	<a href="http://www.doctorsondemand.com">www.doctorsondemand.com</a>
<b>FLEXIBLE SPENDING ACCOUNT</b>	Midwest Group Benefits, Inc.	800-344-3766	<a href="http://www.midwestbenefits.com">www.midwestbenefits.com</a>
<b>HEALTH SAVING ACCOUNT</b>	Bankers Trust – Clive	515-222-2000	<a href="http://www.bankerstrust.com">www.bankerstrust.com</a>
<b>DENTAL</b>	Delta Dental of Iowa	800-544-0718	<a href="http://www.deltadentalia.com">www.deltadentalia.com</a>
<b>VISION</b>	Ameritas	800-487-5553	<a href="http://www.ameritas.com">www.ameritas.com</a>
<b>DISABILITY, LIFE &amp; AD&amp;D</b>	Reliance Standard	888-857-4801	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
<b>TRUEADVOCATE TEAM</b>	TrueNorth	888-655-9980	<a href="mailto:trueadvocate@truenorthcompanies.com">trueadvocate@truenorthcompanies.com</a>
<b>WORKFORCE JUNCTION</b>	TrueNorth – Workforce Junction	925-332-7325	<a href="mailto:benefitshelp@truenorthcompanies.com">benefitshelp@truenorthcompanies.com</a>

**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 **City of Clive**

# Open Enrollment

## May 1, 2023 - May 12, 2023

### Meetings:

City Hall – May 1st at 1:30 pm

Public Safety – May 2nd at 2:30 pm

## 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?

#### 2. MANAGE MEDICATION COSTS.

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

#### 3. TRY TELEMEDICINE 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!

This is your one chance to choose your benefits until our next annual enrollment period. 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) **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? 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](mailto: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 2023 BENEFITS!

City of Clive 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 City of Clive, 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 City of Clive 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 found at <http://cityofclive.mybenefitportal.com>. City of Clive reserves the right to change or end any benefit at any time to the extent allowed by the law.

## ELIGIBILITY

As a full-time employee of City of Clive, you are eligible for benefits. The first of the month following your start date. 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 in the state of Iowa
- 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 Workforce 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.

New hires with dependents, will need to provide proof of their dependent status prior to enrolling them in City of Clive health plans.

## 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](http://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.

Please note life events must be submitted into Workforce Junction within the 30 days.



# Monthly Premium Rates Health Insurance Plans

TOTAL MONTHLY COST	\$750 Plan	\$3,000 HDHP/HSA Plan*
Employee	\$641.27	\$541.60
Employee + Spouse	\$1,447.48	\$1,282.14
Employee + Child(ren)	\$1,447.48	\$1,282.14
Family	\$1,691.48	\$1,324.70

\*If you choose the \$3,000 HDHP/HSA Plan, City of Clive will assist you with building your Health Savings Account balance. Each month, the City will deposit funds directly into your HSA: \$145.83 per month for Individual coverage and \$208.33 per month for family coverage.

## Wellness Discount

Employees had the opportunity to receive discounts on medical premiums for the 2023-2024 plan year.

NON-UNION MONTHLY COST	\$750 Plan		\$3,000 HDHP/HSA Plan*	
	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee	\$51.30	\$57.71	\$43.33	\$48.74
Employee + Spouse	\$202.65	\$231.60	\$179.50	\$205.14
Employee + Child(ren)	\$202.65	\$231.60	\$179.50	\$205.14
Family	\$236.81	\$270.64	\$185.46	\$211.95

## UNION MONTHLY COST

- 3% Discount (Family Coverage)** – Employee Exceeds Physical Fitness Expectations
- 2% Discount (Individual Coverage)** – Employee Exceeds Physical Fitness Expectations
- 1% Discount** – Employee Meets Physical Fitness Expectations
- No Discount** – Employee Does Not Meet Physical Fitness Expectations

\$750 PLAN	3% Discount	2% Discount	1% Discount	No Discount
	Exceeds Family	Exceeds Individual	Meets	Does Not Meet
Employee	N/A	\$51.30	\$57.71	\$64.13
Employee + Spouse	\$246.07	N/A	\$275.02	\$289.50
Employee + Child(ren)	\$246.07	N/A	\$275.02	\$289.50
Family	\$287.55	N/A	\$321.38	\$338.30

\$3,000 HDHP/HSA PLAN*	3% Discount	2% Discount	1% Discount	No Discount
	Exceeds Family	Exceeds Individual	Meets	Does Not Meet
Employee	N/A	\$43.33	\$48.74	\$54.16
Employee + Spouse	\$217.96	N/A	\$243.61	\$256.43
Employee + Child(ren)	\$217.96	N/A	\$243.61	\$256.43
Family	\$225.20	N/A	\$251.69	\$264.94

# Which Medical Plan Is Best For You?

WELLMARK | 800-591-3873

WWW.WELLMARK.COM

GROUP NUMBER: 36783

IN-NETWORK BENEFITS	\$750 PLAN	\$3,000 PLAN HDHP
<b>Deductible</b>	Wellmark Plan: \$5,000 Individual \$10,000 Family  <b>You pay:</b> <b>\$750 Individual</b> <b>\$1,500 Family</b>	Wellmark Plan: \$6,350 Individual \$12,700 Family  <b>You pay:</b> <b>If you only cover yourself:</b> <b>\$3,000 Individual</b>  <b>If you cover yourself and any other member of your family:</b> <b>\$3,000 per individual in family</b> <b>\$6,000 Family</b>
<b>Coinsurance</b>	You pay 20%, plan pays 80%	You pay 0%, plan pays 100%
<b>Out of Pocket Maximum</b>	Wellmark Plan: \$7,350 Individual \$14,700 Family  <b>You pay:</b> <b>\$1,500 Individual</b> <b>\$3,000 Family</b>	Wellmark Plan: \$6,350 Individual \$12,700 Family  <b>You pay:</b> <b>\$3,000 Individual</b> <b>\$6,000 Family</b>
<b>Office Visit Copay</b>	\$15 copay and \$0 Doctors on Demand	Deductible and \$59 Doctors on Demand
<b>Preventive Office Copay</b>	Covered at 100%	Covered at 100%
<b>Prescription Drug</b>		
<b>Tiers</b>	\$10/\$25/\$40/\$85	Deductible

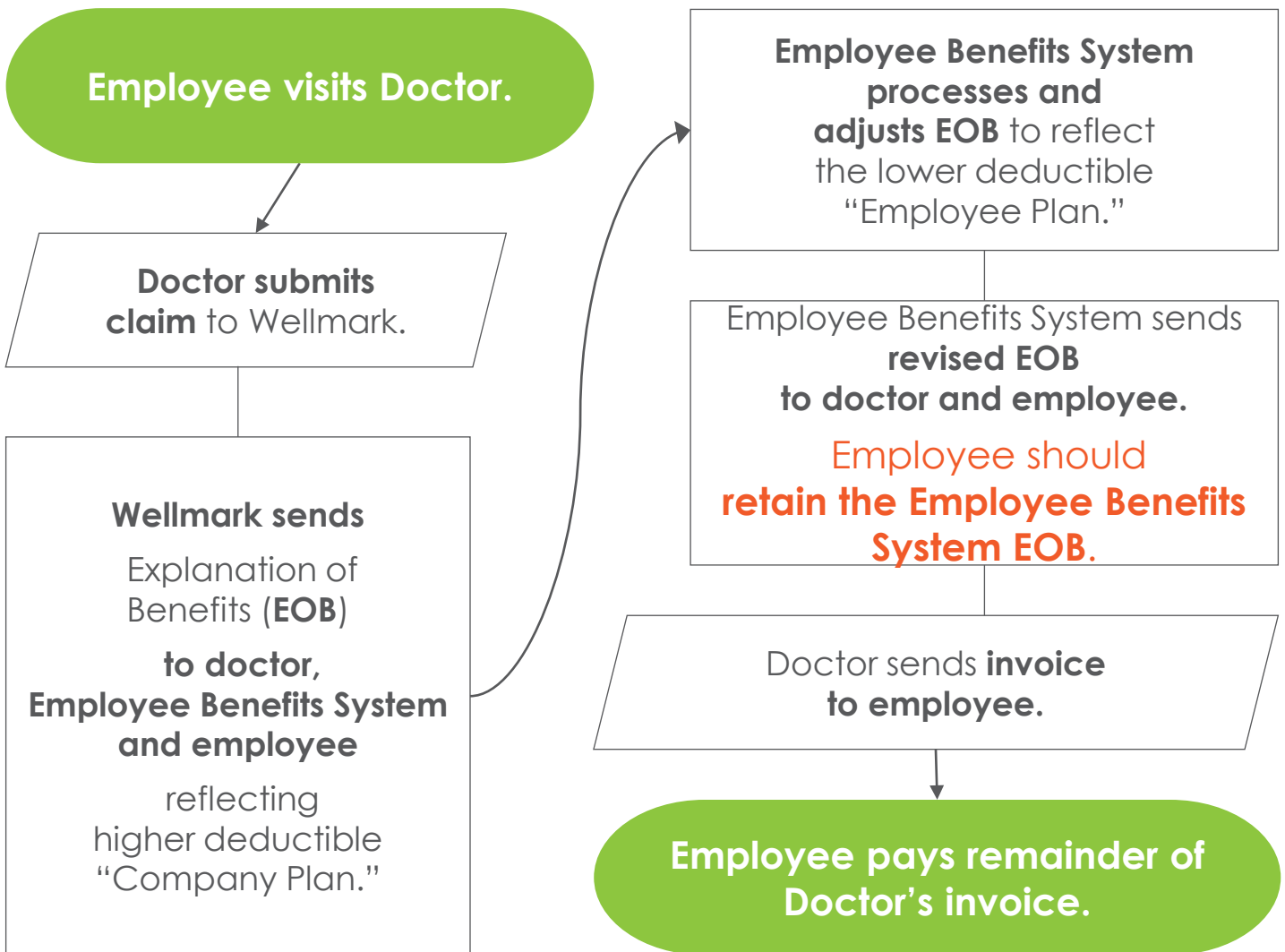
Please note that this is just a summary of in-network benefits. For full plan details, and to enroll or waive for 2023-2024, please see your plan summary or certificate of coverage and sign into the enrollment system on the Employee Benefits Portal: <http://cityofclive.mybenefitportal.com/> and enrollment portal: <https://www.benefitsjunction.com/>

# Partial Self-Funding

## WHAT DOES THAT MEAN?

It means that City of Clive pays for a higher deductible plan from Wellmark (“Company Plan”) but offers you a lower deductible plan (“Employee Plan”). This plan is lower in cost to you than other plans available through Wellmark.

To utilize a partially self-funded plan, we have contracted with a Third-Party Administrator named Employee Benefits System (EBS).





# 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](http://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>

# Health Savings Account

**Banker Trust**  
800-362-1688

## 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, but can have a "Limited" 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?

Yes

City of Clive Employer contributions?

Yes, City of Clive makes annual contributions toward your HSA:  
Individual: \$1,750; Family: \$2,500

Eligible Expenses Beyond your plan coverage

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

Important Reminder from City of Clive

If chosen to elect in an HSA you must set up an account with Bankers Trust and provide that account number to City of Clive Finance Division

# Health Savings Account

Banker Trust

800-362-1688

HSA CASE STUDY 1: JUSTIN		HSA CASE STUDY 2: THE BENNETS		HSA CASE STUDY 3: ANGELA	
<b>Profile:</b> Age 28, single, very active <b>Event:</b> Nothing unexpected yet		<b>Profile:</b> Married, higher medical expenses <b>Events:</b> Daughter asthma; Son broken bones		<b>Profile:</b> Age 62, divorced, good health <b>Event:</b> Car accident	
Annual deductible: \$1,500		Family deductible: \$5,000		Annual deductible: \$2,500	
<b>YEAR 1 HSA CONTRIBUTION</b>	<b>\$1,000</b>	<b>YEAR 1 HSA CONTRIBUTION</b>	<b>\$2,000</b>	<b>YEAR 1 HSA CONTRIBUTION</b>	<b>\$2,000</b>
Total Expenses:	-\$150	Total Expenses:	-\$900	Total Expenses:	-\$350
<b>HSA ROLLOVER TO YEAR 2</b>	<b>\$850</b>	<b>HSA ROLLOVER TO YEAR 2</b>	<b>\$1,100</b>	<b>HSA ROLLOVER TO YEAR 2</b>	<b>\$1,650</b>
<b>HSA BALANCE: (\$850) + YEAR 2 CONTRIBUTION</b>	<b>\$1,850</b>	<b>HSA BALANCE: (\$1,100) + YEAR 2 CONTRIBUTION</b>	<b>\$3,100</b>	<b>HSA BALANCE: (\$1,650) + YEAR 2 CONTRIBUTION</b>	<b>\$3,650</b>
Total Expenses:	-\$300	Total Expenses:	-\$500	Total Expenses:	-\$3,650
<b>HSA ROLLOVER TO YEAR 3</b>	<b>\$1,550</b>	<b>HSA ROLLOVER TO YEAR 3</b>	<b>\$2,600</b>	Health plan coverage after deductible (80% x \$10,050)	<b>\$8,040</b>
Total paid out-of-pocket	\$0	Total paid out-of-pocket	\$0	Total paid out-of-pocket	<b>\$860</b>
<b>HSA ROLLOVER TO YEAR 3</b>	<b>\$1,550</b>	<b>HSA ROLLOVER TO YEAR 3</b>	<b>\$2,600</b>	<b>HSA ROLLOVER TO YEAR 3</b>	<b>\$0</b>

# Dental Plan

DELTA DENTAL

WWW.DELTADENTALIA.COM

GROUP NUMBER: 33445



## 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.

IN-NETWORK SERVICES	AMOUNT YOU PAY
<b>Deductible</b> (Waived for Preventive Care Services, applies toward all other services)	PPO Provider - \$15 individual / \$45 family Premier/Out of Network - \$25 individual / \$75 family
<b>Annual Maximum</b> (Preventive Care does not apply toward Annual Maximum)	\$1,250 per person
<b>Preventive Care Services</b> <b>Routine and Restorative Services</b> <b>Major Restorative Services</b> <b>Orthodontics</b>	100% covered 90% covered after deductible 50% covered after deductible 50% covered after deductible
<b>Orthodontia Lifetime Maximum</b>	\$1,000
<b>Child Orthodontia Limit</b>	To age 19
<b>Deductible</b> (Waived for Preventive Care Services, applies toward all other services)	PPO Provider - \$15 individual / \$45 family Premier/Out of Network - \$25 individual / \$75 family

	Total Monthly Cost	Employee Monthly Cost
Employee	\$28.10	\$0.00
Family	\$87.58	\$59.48

# Vision Plan

AMERITAS | 800-487-5553  
 WWW.AMERTAS.COM  
 GROUP NUMBER: 010-51107



## 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.

IN-NETWORK SERVICES	AMOUNT YOU PAY
<b>Deductible</b>	\$10 exam copay \$10 copay for eye glass lenses OR frames
<b>Contact Lens Exam</b> Fit & Follow Up Exams	Up to \$60
<b>Frames</b>	\$150 frame allowance
<b>Standard Lenses</b> Single Vision Bifocal Trifocal Lenticular Progressive	Covered in full Covered in full Covered in full Covered in full \$55 - \$175 to upgrade to progressive lenses

	Total Monthly Cost	Employee Monthly Cost
<b>Employee</b>	\$9.28	\$0.00
<b>Family</b>	\$23.24	\$13.96

# Life and AD&D Insurance

RELIANCE STANDARD | 888-857-4801

WWW.RELIANCESTANDARD.COM

GROUP NUMBER: 154252



## 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 City of Clive.**



## EMPLOYEE-PAID LIFE AND AD&D

**You have the option to purchase a greater amount of Life and AD&D coverage.** Decide whether this extra benefit is worth the cost of coverage for you and your family. To figure this out, ask a few questions:

How would your family's finances be affected if you died?

How much of your paycheck is used for monthly living expenses?



## LIFE AND AD&D BENEFIT

### Life and Accidental Death & Dismemberment

1 times Base Annual Salary plus \$10,000 to a benefit maximum of \$200,000

## EMPLOYEE-PAID LIFE AND AD&D BENEFITS

### Employee

Increments of \$10,000 up to \$300,000 or 5 times earnings.

**Guaranteed Issue** up to \$150,000.

### Spouse

Increments of \$5,000 up to \$150,000 or 100% of employee.

**Guaranteed Issue** up to \$30,000.

### Children

Increments of \$10,000 for children 6 months and older.

\$1,000 benefit for children 14 days to 6 months.

**New Hire Guaranteed Issue** is the amount you can elect before you are required to complete a health questionnaire, otherwise known as **Evidence of Insurability (EOI)**. If you are not a new hire and wish to increase or enroll for the first time you will need to complete a health questionnaire for approval.

# Income Replacement



RELIANCE STANDARD | 888-857-4801

WWW.RELIANCESTANDARD.COM

GROUP NUMBER: 126279

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 LONG-TERM DISABILITY

City of Clive provides all full-time employees (except police) with Long Term Disability income protection benefits.

Police receive Long Term Disability benefits through Municipal Fire & Police Retirement System.

In the event you are injured or become ill, disability income protection benefits can be provided as a source of income.

BENEFITS*	LONG-TERM																				
<b>Benefits Begin</b>	After 90 consecutive days of absences due to a covered accident or illness																				
<b>Percentage of Income Replaced</b>	60%																				
<b>Maximum Benefit</b>	Monthly benefit maximum of \$10,000																				
<b>Benefits Payable Until</b>	Social Security Normal Retirement Age or based on the Duration of Benefits Below: <table border="1" data-bbox="573 1444 1117 1770"> <thead> <tr> <th><u>Age at Disablement</u></th> <th><u>Duration of Benefits</u></th> </tr> </thead> <tbody> <tr> <td>61 or less</td> <td>to age 65</td> </tr> <tr> <td>62</td> <td>3 ½ years</td> </tr> <tr> <td>63</td> <td>3 years</td> </tr> <tr> <td>64</td> <td>2 ½ years</td> </tr> <tr> <td>65</td> <td>2 years</td> </tr> <tr> <td>66</td> <td>1 ¾ years</td> </tr> <tr> <td>67</td> <td>1 ½ years</td> </tr> <tr> <td>68</td> <td>1 ¼ years</td> </tr> <tr> <td>69 or more</td> <td>1 year</td> </tr> </tbody> </table>	<u>Age at Disablement</u>	<u>Duration of Benefits</u>	61 or less	to age 65	62	3 ½ years	63	3 years	64	2 ½ years	65	2 years	66	1 ¾ years	67	1 ½ years	68	1 ¼ years	69 or more	1 year
<u>Age at Disablement</u>	<u>Duration of Benefits</u>																				
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65	2 years																				
66	1 ¾ years																				
67	1 ½ years																				
68	1 ¼ years																				
69 or more	1 year																				
<b>Percentage of Income Replaced</b>	60%																				
<b>Maximum Benefit</b>	Monthly benefit maximum of \$10,000																				
<b>Definition of Disability</b>	3 Year Own Occupation																				

# REQUIRED ANNUAL NOTICES

## IMPORTANT NOTICES FROM CITY OF CLIVE 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**  
[cityofclive.mybenefitportal.com](http://cityofclive.mybenefitportal.com)



# Wellmark Fact Sheet

WELLMARK | 800-591-3873

WWW.WELLMARK.COM

GROUP NUMBER: 36783

## Network Providers

The term “network” or “plan” provider is used to describe providers (practitioners, facilities, or suppliers of health care products) who are part of the **Wellmark Health Plan of Iowa Network**.

## Finding Wellmark Health Plan of Iowa Providers

Visit the Find a Doctor or Hospital tool on **Wellmark.com** to find primary care providers (PCPs), specialists, hospitals, laboratories, and other health care providers who contract with Wellmark Health Plan of Iowa.

## Out-of-Network Services/Providers

**BlueCard Program** benefits are available to you for emergency care services and out-of-network services when received outside of the state from a BlueCard participating provider at a participating practitioner’s office or urgent care center.

## With BlueCard, you’ll be treated like a member of the local Blue Plan:

- You'll have the advantage of the local Blue Plan's negotiated pricing.
- Participating providers have agreed not to collect from you any difference between their billed charge and the negotiated charge.
- Participating providers and many non-participating providers will honor your ID card and file your claims for you.
- All participating doctors and hospitals are paid directly.
- There are BlueCard Worldwide® network hospitals in several countries around the world. These network hospitals will file claims for you. International outpatient and professional services are also available through BlueCard. These claims must be filed by the member.

## Guest Membership

Wellmark Health Plan of Iowa has an added benefit for you and your dependents while away from home for at least 90 consecutive days. Guest Membership includes access to Blue Cross and Blue Shield participating hospitals, physicians, and other health care providers from which you can receive covered services. Guest Membership is only available to members traveling or residing outside Iowa, but still within the United States.

## Guest Membership is a valuable benefit for:

- Dependents attending school out of state, full-time, in an accredited institution of higher learning
- Members traveling for at least 90 consecutive days
- Family members who reside in another state, but are covered under the same health plan
- Retired employees residing out of state

To locate a participating physician outside of Iowa while on Guest Membership, please call 800-810-BLUE (2583) or visit the National Doctor & Hospital Finder at [bcbs.com](http://bcbs.com). You'll need to select providers that are listed within the BlueCard Traditional network on this website.

# YOUR ENROLLMENT BLUEPRINT

Remember, your annual enrollment period is from May 1, 2023 – May 12, 2023. Here are some last-minute reminders:

## STEP 01



### VISIT YOUR BENEFITS PORTAL

Website:  
[cityofclive.mybenefitportal.com](http://cityofclive.mybenefitportal.com)



### EVALUATE YOUR OPTIONS

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

## STEP 02



### ENROLL IN YOUR BENEFITS

- Sign into Workforce Junction through your benefits portal
- Under “First Time User?” type in your Username
- Your Username is your full City of Clive work email address
- You will receive an email with a link to create and answer security questions and set your password.

## NEED HELP DECIDING?

### TECHNICAL QUESTIONS

Contact: Workforce Junction  
Phone: 925-332-7325  
[benefitshelp@truenorthcompanies.com](mailto:benefitshelp@truenorthcompanies.com)

### PLAN QUESTIONS

Contact: TrueAdvocate  
Phone: 888-655-9980  
[trueadvocate@truenorthcompanies.com](mailto:trueadvocate@truenorthcompanies.com)

## STEP 03



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





