



Begins: May 1st, 2020

Ends: May 31st, 2020

HUMAN RESOURCES

On-site visits cancelled

We are still available by phone. Give us a call!

If you wish to stop in our office, please call to schedule an appointment.

HR OFFICE

319.833.3009

MARIANNE KURTENBACH

319.833.3147

Benefits listed below can be signed up for at any time. You do not need to wait for open enrollment.

DEFERRED COMP

Nationwide Retirement Solutions

www.nrsforu.com

Retirement option to help bridge financial gap between IPERS and Social Security

- Click [here](#) to enroll or call Matt Ring
- Click [here](#) for details or contact:

MATT RING

- PH#: 515.218.0303
- Email: RINGM3@Nationwide.com

VOLUNTARY LIFE INSURANCE

Madison National Life

Apply for additional life insurance with low monthly rates!

- Click [here](#) for details.
- Questions? Call HR 319.833.3009

LEGAL SERVICES

LegalShield

www.legalshield.com/info/blackhawkcounty

Provides legal services, identity theft protection / restoration, and more!

- Click [here](#) to enroll or call Alan Jessen
- Click [here](#) for more details or contact:

ALAN JESSEN

- PH#: 319.415.1759
- Email: amjessen@cfu.net

*Plan Year Effective
July 1, 2020 - June 30, 2021*

OPEN ENROLLMENT MATERIALS

Available in Human Resources, on eSuite, click the links on this flyer, or online at: <https://ia-blackhawkcounty.civicplus.com/657/Benefit-Forms-and-Information>

Submit completed Open Enrollment forms to Human Resources by May 31, 2020!

HEALTH-DENTAL-VISION INSURANCES

Full Time Employees (Part Time - contact HR)

This is your opportunity to make changes to any of these insurances without a qualifying event (i.e. Loss of coverage, marriage, divorce, birth or death).

If a qualifying event occurs, contact HR! There are time limits on when changes are allowed.

Submit the [H-D-V ENROLLMENT FORM](#) to HR

If you don't want any changes, you don't need to submit a form. Your current designations will remain the same.

HEALTH INSURANCE www.preferredone.com

- No changes to [PLAN DESIGNS](#)
- Monthly premiums

	\$500 PLAN		\$750 PLAN	
	SINGLE	FAMILY	SINGLE	FAMILY
Unit 5-Sheriff:	\$100	\$220	\$61	\$150
All others				
(includes SHRF-NB):	\$95	\$210	\$56	\$140

DENTAL INSURANCE www.deltadentalia.com

- No changes to [PLAN DESIGNS](#)
- Monthly premiums based on the type of plan you chose for health insurance

(Example: You elected a Family Medical plan. If you elect the FAMILY BASIC PLAN, your dental premium is \$0)

	BASIC PLAN		BUY-UP PLAN	
	SINGLE	FAMILY	SINGLE	FAMILY
SINGLE MEDICAL:	\$0	\$43.86	\$13.38	\$90.58
FAMILY MEDICAL:	\$0	\$0	\$13.38	\$46.72
DECLINED MEDICAL:	\$21.66	\$65.52	\$35.04	\$112.24

- Click Plan name above for the SPD

VISION INSURANCE www.avesis.com

- No change to [PLAN DESIGN](#)
- Monthly Premium: Single \$8.36 Family \$19.23

FLEXIBLE SPENDING

Pre-tax reimbursements for out-of-pocket health care and dependent care eligible expenses.

- **You Must Enroll Each Year!**
- **Eligibility:** Must work at least 30 hours per week to participate.
- **Reimbursements:**
 - Use the [Benefit Debit Card](#)
 - ❖ Issued at NO COST
 - ❖ Cannot be used for Dependent Care Expenses
 - Submit a [paper claim](#)
 - Submit a [claim online](#)
 - Use the [mobile app](#)
- **Max Annual Contributions:**
 - HealthCare FSA: \$2,750
 - Dependent Care FSA: \$5,000

(For more information about FSA, see the [SPD](#) and [My Company Plan](#))

ANNUAL NOTICES

- [4-in-1 Health Plan Notice](#)
- [MDPAEA Exemption Notice](#)
- [CHIP Notice-Iowa](#)
- [Marketplace Coverage Options](#)
- [Medicare Part D Credible Coverage Disclosure](#)
- [Privacy Notice for Health Care Plans-HIPPA](#)

NOTE: It is your responsibility to ensure your forms are completed correctly and submitted timely. Verify your payroll deductions on your July paychecks and call HR if there are any errors!