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ABOUT THIS GUIDE

The Iowa Bankers employee benefits program is a key component of your total compensation. This guide will provide you with an overview of the benefit plan options that are available to you and your eligible dependents, the enrollment process, 2016 contributions and vendor contact information. We ask that you take the time to read the information carefully to ensure that you are well acquainted with your benefit options. More detailed information regarding the benefit programs can be found on the Water Cooler HR Resource site.

If at any time you have questions regarding your benefits, claim submissions, need an ID card or have questions on your eligibility, you may call or e-mail Iowa Bankers Insurance and Services for assistance.

<p style="text-align: center;">IBBP Customer Service</p> <p>Direct:</p> <p style="text-align: center;">Janet Habick 515-286-4241 Teresa McLaughlin: 515-286-4230 Trina Nickel: 515-286-4347 Trent King: 515-286-2913</p> <p>Toll Free: 800-258-1415 Fax: 515-286-4214 www.bankers-ins.com</p>

The Benefits at-a-Glance contained in this Benefits Guide contain a brief description to highlight your benefits and options. Other benefits and restrictions may apply. Please refer to your policy or plan booklet for full details. Certain exclusions and limitations may apply. In the event there is a conflict between this information and the official plan documents, including insurance contracts, certificates, or summary plan descriptions, the official plan documents will govern. Iowa Bankers reserves the right to amend, modify or terminate any plan at any time.

ELIGIBILITY FOR IOWA BANKERS BENEFITS

Employees

You are eligible for benefits if you are a permanent employee of Iowa Bankers who is scheduled to work no less than 30 hours each week. If you cease to work, or are no longer scheduled to work at least 30 hours each week, you cease to be a covered employee under the plans.

Dependents

If you elect coverage, your dependents are also eligible for coverage. Dependents are defined as:

- Your spouse to whom you are legally married, as defined by the laws of the state of the covered employee's residence. This will include common law spouses and same-sex marriage partners. Evidence of common law marriage status must be provided at the time the employee chooses to enroll his/her spouse for coverage if they are a common law spouse.
- Your dependent children until they reach the age of 26. Coverage will continue through the end of the month that they turn 26. They may continue coverage beyond age 26 if they are unmarried, full-time students in an accredited school. Dependent children include natural children, adopted children (as defined), and stepchildren. No person may be covered as both an employee and a dependent under this Plan. Likewise, no person may be a covered dependent of more than one covered employee under this Plan.

You are responsible to report changes in a dependent's status within 30 calendar days of the change. The Plan Administrator retains the right to retroactively terminate coverage of a dependent as of the date he or she no longer satisfies the Plan's eligibility requirements and receive reimbursement from you or a dependent for any benefits that the Plan pays.

ENROLLMENT

New Hire Enrollment

To enroll in Iowa Bankers Benefit Plan the employee must complete online enrollment within the 30-day period following the date he/she becomes eligible. If you fail to apply for coverage in a timely manner, you will not be eligible for coverage under the plan except during annual renewal.

New hire coverage for medical, dental, vision, employee FSA contributions & optional life insurance begins the first month following the date of hire. If an employee is hired on the first working day of the month, he or she can elect coverage to begin on the first day of employment or the first of the month following their hire date.

Coverage Tiers* (Medical, Dental and Vision)

Providing coverage that best suits you and your family is important. You may elect one coverage tier for medical and another coverage tier for dental or vision. Your coverage election options are as follows:

Medical	Dental	Vision
Employee Only Coverage	Employee Only Coverage	Employee Only Coverage
Employee Plus Spouse Coverage	Employee Plus Spouse Coverage	Employee Plus Spouse Coverage
Employee Plus Child (or Children)	Employee Plus Child (or Children)	Employee Plus Child (or Children)
Employee, Spouse and Children	Employee, Spouse and Children	Employee, Spouse and Children

MAKING CHANGES DURING THE YEAR

Employee may elect to make changes to their benefits coverage only when a qualified life change event occurs and will have 30 days from the date of the qualified life change event to change your benefit election. Please see Human Resources for additional information.

Qualified life change events include:

- Birth of a child (60 days)
- Adoption of a child or placement of a child for adoption by an approved agency (60 days)
- Marriage (including common law marriage if the state the employee resides in recognizes common law marriages)
- Exhaustion of COBRA coverage under another employer-sponsored group health plan (Termination of COBRA benefits other than for voluntary termination prior to expiration of COBRA eligibility or due to non-payment of premium)
- Loss of eligibility for the following coverage:
 - Other employer sponsored health/dental coverage for employee, spouse, or dependent
 - Medicaid (Title XIX)
 - Children's Health Insurance program (CHIP also known as *Hawk-I* in Iowa)
- Employer ceases contribution to other creditable coverage for employee, spouse, or dependent
- Becoming eligible for Medicaid or CHIP premium assistance
- Transfer resulting in plan member's loss of network

Any change in benefits must be consistent with the qualifying event. For example, if you get married, you may add your new spouse to your coverage. Or if your spouse's employment terminates and your spouse loses coverage through their employer, you may add your spouse to your coverage. To determine the effective date for your event, see HR.

Any changes must be submitted to Human Resources in writing within 30 calendar days of the event. Failure to notify Human Resources of benefit eligibility changes within 30 calendar days may result in disciplinary action up to and including termination and/or loss of benefit coverage. You, your spouse or your dependents may also be responsible for any charges incurred in the plan.

MEDICAL COVERAGE

The Iowa Bankers Benefit Plan offers you and your family important protection against the financial hardship that an illness or injury can bring. You and Iowa Bankers share in the cost of this coverage.

Medical Plan Options

Iowa Bankers has a total of two medical plan options.

All plans feature a Preferred Provider Organization (PPO). The PPO is designed to provide you with the highest level of benefit payment and limit your out-of-pocket costs when you use physicians, hospitals and other health care specialists that are part of the PPO network. If you need help locating an Alliance Select network provider, please visit the Wellmark website at www.wellmark.com.

Traditional PPO – Medical Benefits at-a-Glance		
Benefit	Benefit Plan	
Insurance Carrier	Iowa Bankers Insurance and Services	
Third Party Administrator	Wellmark, Inc.	
Provider Network	Alliance Select	
Wellmark Deductible	\$1,500 Single / \$3,000 Family	
Self-Funded Plan Deductible	\$500 Single/\$1,500 Family	
Total Employee Plan Deductible	Single: \$500 + 10% coinsurance on claims expenses up to Wellmark Deductible	Family: \$1,500 + 10% coinsurance of claims expenses up to Wellmark Deductible
Self-Funded Out-of-Pocket Maximum	\$1,500 Single / \$3,000 Family	
Wellmark Out-of-Pocket Maximum	\$3,000 single/ \$6,000 Family	
Lifetime Maximum	Unlimited	
	In-Network	Non-Network
Coinsurance	10%	20%
Preventive Services	Plan pays 100%	Deductible + 20%
Office Services <ul style="list-style-type: none"> • Physician's Office Visit • Diagnostic X-ray, EKG, EEG, Stress Tests, MRI, MRA, CT Scans • Lab Benefits • Routine Eye Exam 	10%	Deductible + 20%

Chiropractic Care	10%	Deductible + 20%
Mental /Nervous/Drug Abuse/Alcoholism <ul style="list-style-type: none"> • Office • Inpatient and Outpatient 	Office Visit : 10% Deductible + 10%	Deductible + 20%
Emergency Room	Deductible + 10%	Deductible + 20%
Hospital <ul style="list-style-type: none"> • Inpatient and outpatient 	Deductible + 10%	Deductible + 20%
Prescription Drug Benefits <ul style="list-style-type: none"> • Generic • Smoking Cessation Rx * • Brand • Non-Preferred Brand • Specialty 	Retail \$10 Copay Plan pays 100% \$25 Copay \$40 Copay \$85 Copay	Mail Order (limited to 90-day supply) \$20 Copay Plan pays 100% \$50 Copay \$80 Copay Available but no discount

High Deductible Health Plan – Medical Benefits at-a-Glance		
Benefit	Benefit Plan	
Insurance Carrier	Iowa Bankers Insurance and Services	
Third Party Administrator	Wellmark, Inc.	
Provider Network	Alliance Select	
Deductible	\$2,000 Single / \$4,000 Family	
Out-of-Pocket Maximum	\$2,000 Single / \$4,000 Family	
Lifetime Maximum	Unlimited	
	In-Network	Out of Network
Coinsurance	Deductible applies Provider savings	Allowed amount applies toward deductible
Preventive Services	Plan pays 100%	Allowed amount applies toward deductible
Office Services <ul style="list-style-type: none"> • Physician's Office Visit • Diagnostic X-ray, EKG, EEG, Stress Tests, MRI, MRA, CT Scans • Lab Benefits • Routine Eye Exam 	Deductible applies Provider savings	Allowed amount applies toward deductible
Chiropractic Care	Deductible applies Provider savings	Allowed amount applies toward deductible
Mental /Nervous/Drug	Deductible applies	