Benefit Eligibility By Employment Classification

Benefit	**Full Time** (80 Hr or 72 Hr)	**Regular Part-time** 20 hrs or more per week	**Weekend Package PLUS**	**Weekend Package**	**Part-Time** Less than 20 hours per week	**PRN**	**ACA* Qualified Medical Eligible**
Medical Insurance Wellmark Blue Cross Blue Shield	Y	Y	Y	Y	N	N	Y
Dental Insurance — Delta Dental	Y	Y	Y	Y	N	N	N
Vision Insurance — Avēsis	Y	Y	Y	Y	N	N	N
Flexible Spending Accounts Health Equity	Y	Y	Y	N	N	N	N
Basic Life AD&D — New York Life	Y	Y	Y	N	N	N	N
Supplemental Life AD&D New York Life	Y	Y	Y	N	N	N	N
Short Term Disability – Core New York Life	Y	Y	Y	N	N	N	N
Short Term Disability – Buy Up New York Life	Y	Y	Y	N	N	N	N
Long Term Disability New York Life	Y	Y	Y	N	N	N	N
IPERS Retirement Plan	Y	Y	Y	Y	Y	Yes *After earnings requirement met*	Yes *After earnings requirement met*
Optional 457(b) Retirement Plan Mission Square	Y	Y	Y	Y	Y	Y	Y
Employee Assistance Program Employee and Family Resources	Y	Y	Y	Y	Y	Y	Y
Tuition & Student Loan Assistance Plan	Y	Y	Y	Y	N	N	N
PTO (Paid Time Off Plan)	Y	Y	N	N	Y	N	N
Jury Duty Pay	Y	Y	N	N	Y	N	Y
Bereavement Paid Leave	Y	Y	N	N	Y	N	N

2026 SEMI-MONTHLY PAYROLL DEDUCTION RATES

MEDICAL INSURANCE – *Rates without well-being surcharge*

Coverage Level	Full-Time/ 72 Hr Full Time		Regular Part Time/ ACA Qualified Status		Weekend Package PLUS		Weekend Package	
	Employee Pays	MGMC Pays	**Employee Pays**	MGMC Pays	**Employee Pays**	MGMC Pays	**Employee Pays**	MGMC Pays
Employee Only	**$ 43.86**	$ 325.63	**$ 57.59**	$ 311.90	**$ 67.92**	$ 301.57	**$ 369.49**	NA
Employee + Spouse	**$ 91.90**	$ 645.73	**$ 126.67**	$ 610.96	**$ 149.46**	$ 588.17	**$ 737.63**	NA
Employee + Child(ren)	**$ 84.42**	$ 593.11	**$ 116.35**	$ 561.18	**$ 137.30**	$ 540.23	**$ 677.53**	NA
Family	**$182.91**	$ 940.34	**$ 251.95**	$ 871.30	**$ 297.31**	$ 825.94	**$1,123.25**	NA

DENTAL INSURANCE

Coverage Level	Full-Time/ 72 Hr Full Time	Regular Part Time & Weekend Package PLUS	Weekend Package
Employee Only	$ 6.00	$ 8.39	$ 14.44
Family	$ 20.98	$ 29.38	$ 42.65

VISION INSURANCE

Coverage Level	Full-Time/ 72 Hr Full Time	Regular Part Time/ ACA Qualified Status	Weekend Package PLUS	Weekend Package
Employee Only	$ 1.11	$ 1.23	$ 1.35	$ 4.46
Family	$ 2.61	$ 2.88	$ 3.16	$10.46

SHORT TERM DISABILITY BUY-UP INSURANCE

Buy Up	Rate
66.67% Income Replacement	$0.58 per $10 of Weekly Benefit

SUPPLEMENTAL LIFE INSURANCE

Age	Rate/$1000	Age	Rate/$1000
<25	.032	50 - 54	.24
25 - 29	.032	55 - 59	.376
30 - 34	.048	60 - 64	.568
35 - 39	.056	65 - 69	.976
40 - 44	.088	70 - 74	3.552
45 - 49	.16	75+	3.552

DEPENDENT LIFE INSURANCE

Coverage Level		Rate
Option 1	$20,000 Spouse $10,000 each Child	$4.64
Option 2	$10,000 Spouse $5,000 each Child	$2.32
Option 3	$5,000 Spouse $2,500 each Child	$1.16

IPERS CONTRIBUTION RATES

Membership Class	Member Contribution	MGMC Contribution	Total
Regular	6.29%	9.44%	15.73%
Protection Occupations	6.335%	9.185%	15.52%

Medical Insurance Benefit Summary
Point of Service

Mary Greeley Medical Center offers a unique three-tier benefit design that provides you varied cost share levels based upon the level of service you receive.

- Level 1 – Care received by a provider within the Mary Greeley Medical Center Network
- Level 2 – Care received by a Point of Service network provider
- Level 3 – Care received from Out-of-Network providers

The following providers are included in the Mary Greeley Medical Center network:

Mary Greeley Medical Center
McFarland Clinic
MGMC Physical Therapy
Ames Surgery Center
Wolfe Clinic
Bliss Cancer Center
Doran Clinic for Women
Fresenius
Home Health Home Care
Ames Foot Care PC
Home Health Home Medical Equipment
Skin Solution Dermatology PLC
Home Health Hospice
Diabetes Education
Ames Counseling and Psychological Services
Iowa Dermatology Consultants

Your Point of Service plan allows you to receive care from a Primary Care Provider you select during benefit enrollment. However your out-of-pocket expenses will be the lowest when you choose a Primary Care Provider who participates within the Mary Greeley Medical Center domestic network or in the Point of Service Network. To find an in-network Primary Care Provider, visit www.wellmark.com or call the customer service number on your ID card.

Key Health Care Terms

Deductible: Dollar amount you must pay for covered services each calendar year before the plan pays benefits for services. The deductible doesn't apply to every service, so make sure to review the benefit summary. One member satisfies the individual deductible, then a second member, or a combination of the remaining family members, satisfies the family deductible.

Coinsurance: Percentage of payment shared between the member and the plan for certain services after the deductible has been met.

Out-of-Pocket Maximum: Maximum dollar amount that you pay for covedred services each calendar year for deductibles, coinsurance and copays. Once the out-of-pocket maximum is satisfied, most services are covered in-full for the remainder of the calendar year. MGMC and Point of Service Out-of-pocket maximums are combined.

Copay: Flat dollar amount that the member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.

Plan Provisions *When you receive these services, you pay:*	**MGMC Network**	**Blue Point of Service Network**	**Out-of-Network**
Wellness and Preventive Care	100% Covered	100% Covered	100% Covered
Annual Medical Deductible			
Individual Limit	$850	$1,500	$3,000
Family Limit	$1,700	$3,000	$5,000
Annual Out-of-Pocket Limit *(includes deductibles and copays)*			
Individual Limit	$1,500	$2,500	$5,000
Family Limit	$3,000	$5,000	$10,000
Office Visits			
Primary Care Provider (PCP)	$20 copay	$30 copay	50% after deductible is met
Non-Primary Care Provider (Specialist)	$30 copay	$40 copay	
Chiropractic Care	NA	$30 copay	
Virtual Care Services			
Telehealth Services	$20 copay PCP $30 copay Non-PCP	$30 copay PCP $40 copay Non-PCP	50% after deductible is met
Doctor on Demand	NA	$20 copay	NA
Urgent Care	$30 copay	$30 copay	50% after deductible is met
Emergency Room Services	$200 copay	$200 copay	$200 copay
Mental Health and Substance Abuse			
Office Visits	$20 copay	$20 copay	50% after deductible is met
Outpatient Office Visits	$20 copay	30% after deductible is met	
Inpatient	20% after deductible is met	30% after deductible is met	
Imaging & Lab X-ray, CT/PET scan, MRI, EKG, Echo services	**MGMC Billed**: $30 copay **Office Visit**: $40 copay	**Office Visit**: $40 copay **Outpatient Procedure:** 30% after deductible is met	50% after deductible is met
Labs: Preventive	100% Covered	100% Covered	
Labs: Diagnostic	**MGMC Billed**: $10 copay **Office Visit**: $40 copay	**Office Visit**: $40 copay **Outpatient Procedure:** 30% after deductible is met	
Therapy Services Physical / Occupational / Speech Therapies	**MGMC Billed:** $10 copay **Office Visit**: $30 copay	**Office Visit**: $40 copay **Outpatient Procedure:** 30% after deductible is met	50% after deductible is met
Diabetes & Nutrition Education	**MGMC Billed:** $10 copay **Office Visit**: $30 copay	**Office Visit**: $40 copay **Outpatient Procedure:** 30% after deductible is met	50% after deductible is met
Special Health Needs Home Health Care / Durable Medical Equipment / Hospice / Orthodics	20% after deductible is met	30% after deductible is met	50% after deductible is met
Prescription Drug Coverage Contraceptives (Injected and Implanted)	100% Covered	100% Covered	50% after deductible is met
Retail Clinic and Mail Order (including oral contraceptives)	30% coinsurance for all prescription drugs Out-of-pocket maximum: $2,500 individual / $5,000 family		

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the coverage manual you will receive after you enroll and the enrollment regulations in force when the manual becomes effective. Certain exclusions and limitations apply.