



# MIIP Annual Enrollment FAQ

## GENERAL QUESTIONS

**1. I'm covered by one of the MIIP health plans, but I'm interested in a different one.**

**Can I switch during annual enrollment?**

Yes. Each year during annual enrollment, employees on a MIIP plan can change to another MIIP plan. The annual enrollment period is the only time of year you can switch. Even if you have a midyear event that impacts who is covered on your policy, you will not be allowed to move to a different MIIP plan.

**2. If I change to another plan at annual enrollment, what happens to the deductible I've already met this year? Will I have to start over?**

The deductible and out-of-pocket maximum you have met so far this calendar year on your current plan will carry over to your new plan. If you are moving to a plan with a higher deductible or out-of-pocket maximum, you will be responsible for the difference.

**3. I am not currently covered by one of the MIIP health plans. Can I sign up for any plan?**

**NEW IN 2022:** Yes. During annual enrollment, you may enroll in any plan offered by MIIP, even if you previously waived coverage.

**4. Do I need to designate a primary care provider (PCP)?**

No. You do not need to designate a PCP on any MIIP plan.

**5. Do pre-existing conditions affect my coverage or how much I pay for it?**

No. MIIP plans do not have any coverage limitations or exclusions for pre-existing conditions.

**6. Will I have prescription drug coverage?**

Yes. All MIIP health plans include prescription drug coverage. Please review your plan comparison guide for details.

**7. How do I find doctors and hospitals covered by my plan?**

You can look up in-network providers online at [Wellmark.com/finder](https://www.wellmark.com/finder).

**8. Are routine annual preventive exams covered by MIIP plans?**

Yes. All MIIP health plans cover one routine preventive physical each calendar year, as well as annual well-child exams, immunizations, screenings and more. Under the Affordable Care Act (ACA), all in-network preventive care is 100% covered per the recommendations of the United States Preventive Services Task Force (USPSTF).

**9. Do MIIP plans offer mental health and chemical dependency coverage?**

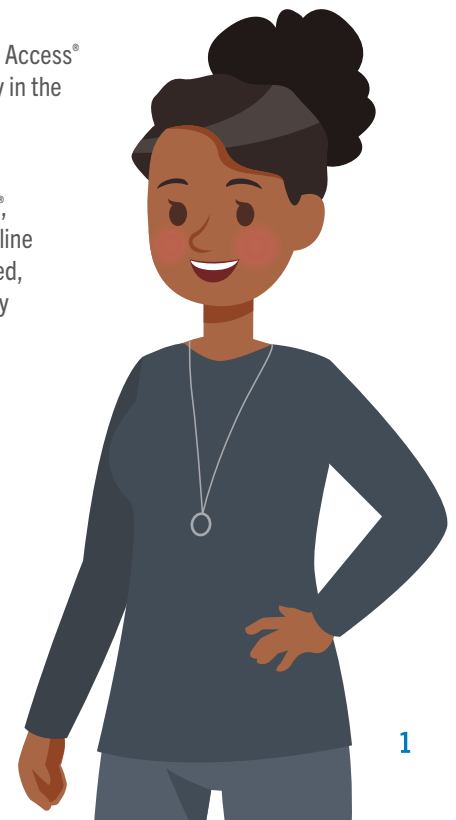
Yes. With an HMO plan, you can visit any mental health/chemical dependency provider in the Blue Access® network. With a PPO plan, you may visit any provider you choose, though you'll pay less if you stay in the BlueCard® PPO network.

**10. I'm planning a family. How can my benefits help?**

Along with great coverage, MIIP's insurance administrator, Wellmark® Blue Cross® and Blue Shield®, provides the Pregnancy Support Program, with free access to one-on-one support and trusted online resources including WebMD® Pregnancy Assistant, Count the Kicks® and Text4baby™. To get started, call the customer service number on the back of your Wellmark ID and ask to speak to a pregnancy support advocate.

**11. Does Wellmark provide support for any other kinds of health conditions?**

Yes. For MIIP members with asthma, Wellmark offers voluntary chronic condition support. This program provides educational materials and personalized contact with a dedicated nurse to support your doctor's care plan. You can enroll in the program by calling BeWell 24/7<sup>SM</sup> at 844-84-BEWELL.



## HMO VS. PPO QUESTIONS

### 1. How are HMO and PPO plans different?

The major difference between HMO plans and PPO plans is where you can get care. On an HMO plan, care is generally only covered in the state of Iowa and in some surrounding counties. On a PPO plan, you can get covered care in Iowa and across the country through the BlueCard PPO network. See your plan comparison chart for details.

### 2. How do I get care if I am traveling?

It depends on your plan. If you are covered by an HMO plan and you need to see a doctor while you are out of state, you have two options:

- For non-emergencies, you can get no-cost care with a video visit from Doctor On Demand®.
- For accidental injuries and other medical emergencies, out-of-state care is covered by your plan.

If you are covered by a PPO plan, care is covered nationwide through the BlueCard PPO network.

### 3. What happens if I go to a doctor or hospital that is not in my network?

On an HMO plan, out-of-network care is only covered if:

- You have an emergency.
- or-
- You receive an approved referral from Wellmark.

In all other circumstances, if you are covered by an HMO plan and you go to an out-of-network provider, you will not be covered, and you will pay the full cost for care.

On a PPO plan, out-of-network care is covered. However, you will pay less by using in-network providers.

### 4. Can I get care at the Mayo Clinic?

On an HMO plan, services from the Mayo Clinic are not covered. On a PPO plan, you can get covered care from Mayo.

### 5. What if I or someone I cover need to be out of state for a long period of time?

If you are on an HMO plan, dependent children attending college, long-term travelers and families living apart may be covered through guest membership. Guest membership provides benefits for eligible people living out of state for at least 90 days. Those requesting guest membership must sign up before leaving the state. Contact Wellmark customer service at the number on the back of your ID card for more information.

If you are on a PPO plan, care is covered nationwide through the BlueCard PPO network.

## HMO HDHP REMINDERS

Last year, your school added a new coverage option: a high-deductible health plan that uses the HMO network. As a reminder, here are some features of the HMO HDHP:

- **Low premiums; high deductibles:** You'll see less money taken out of your paycheck. But, you'll pay the full cost for care until you meet your deductible, except with preventive care, which is 100% covered.
- **Unique OPM:** On this plan, the deductible is the same as your out-of-pocket maximum. That means, once you reach your deductible, your plan pays 100% of your covered costs.
- **Qualifies you to open an HSA:** A health savings account (HSA) has triple-tax advantages to help you pay your deductible and save long term. The account rolls over each year and is yours to keep, even if you change jobs or retire.

High-deductible health plans are not for everyone. But if you are willing to plan ahead, track your spending and pay more up front for care, the HMO HDHP may be a good choice that helps you save long term.

## ADDITIONAL INFORMATION

### 1. Where can I get answers to more of my questions?

You've got several resources you can turn to. For questions about enrollment and plan options, reach out to your CFO/business manager. To track your health care spending, research the cost of care, and access other helpful benefit tools, register or log in to myWellmark®, your secure member portal, at [myWellmark.com](http://myWellmark.com). Finally, you can call Wellmark customer service with your questions at 1-800-277-8380.



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