

Compare your coverage options

MIIP HEALTH CARE PLANS

PLANS EFFECTIVE 7/1/22–6/30/23

PLAN COSTS	HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>	PPO PREMIER <i>Nationwide coverage</i>
ANNUAL DEDUCTIBLE	Single \$5,000 // Family \$10,000 <i>Medical and pharmacy deductibles are combined into one amount.</i>	Single \$2,000 // Family \$4,000	Single \$1,250 // Family \$2,500	Single \$750 // Family \$1,500
OUT-OF-POCKET MAXIMUM (OPM): MEDICAL	Single \$5,000 // Family \$10,000 <i>Medical and pharmacy OPMs are combined into one amount.</i>	Single \$4,000 // Family \$8,000 <i>Medical and pharmacy OPMs are two separate amounts. See page 6 for pharmacy OPM.</i>	Single \$3,500 // Family \$7,000 <i>Medical and pharmacy OPMs are two separate amounts. See page 6 for pharmacy OPM.</i>	Single \$2,500 // Family \$5,000 <i>Medical and pharmacy OPMs are two separate amounts. See page 6 for pharmacy OPM.</i>
QUALIFIES YOU TO OPEN A HEALTH SAVINGS ACCOUNT (HSA)	Yes	No	No	No

➤ **“DO I HAVE TO MEET MY FULL DEDUCTIBLE BEFORE MY PLAN PAYS?”**

On the HMO HDHP

You'll pay nothing for in-network preventive care. For all other types of care, you'll owe the full cost until you reach your deductible, which is also your OPM.

On the HMO Essential and PPO plans

If you stay in-network, **you won't have to meet your deductible for many common health care services.** You'll pay nothing for preventive care and for Doctor On Demand® visits, and you'll only owe a copay for ...

- Office visits
- Telehealth appointments
- Chiropractic care

However, you will have to meet your deductible before your plan pays benefits for ...

- Emergency room care
- Inpatient or outpatient hospital care
- Skilled nursing care
- Home health care or medical equipment

See the charts on the following pages or visit Wellmark.com for details.



UNDERSTANDING THE HMO HDHP

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

Low premium; high deductible

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. (See below.) You can use your account to pay for care now, to save for more expensive procedures later, or even to supplement your retirement.

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.

WHAT'S AN HSA?

To compensate for the higher deductible, MIIP members who elect the HMO HDHP may be eligible to open and contribute to this unique savings account.



With an HSA, you can set aside money to pay for qualified medical, prescription, dental and vision care expenses.



HSAs are triple tax-advantaged: Your contributions are made pre-tax, you'll enjoy tax-free interest and investment earnings, and you won't be taxed when you use the funds for qualified purchases.



Your HSA rolls over each year. It's yours to keep, even if you change jobs or retire.

GLOSSARY



IN NETWORK/ OUT OF NETWORK

In-network health care providers have contracted with our insurance company to accept discounted rates. Out-of-network providers have not agreed to the discounted rates. You will pay much less at in-network doctors, hospitals and pharmacies.



PREMIUM

The amount taken from each paycheck to pay for your health insurance coverage.



DEDUCTIBLE

The amount you pay for some covered services before your plan begins to pay benefits.



COINSURANCE

A percentage of the cost you pay each time you receive certain kinds of care.



COPAY

A flat dollar amount you pay each time you receive certain kinds of care. With MIIP coverage, services subject to copays are not subject to the deductible.



OUT-OF-POCKET MAXIMUM (OPM)

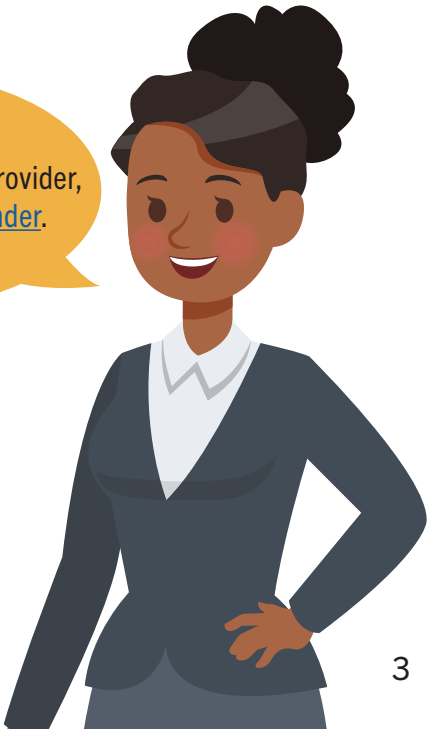
The most you will pay for services in a calendar year.

WHERE YOU CAN GET CARE	HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>	PPO PREMIER <i>Nationwide coverage</i>
NETWORK	Blue Access® network		Alliance Select SM network	
PROVIDER CHOICE	<p>You are not required to designate a primary care physician.</p> <p>You may see any provider in the Blue Access network. No referrals are required.</p> <p>If you go out of network, your care will not be covered, and you will pay the full cost.</p>		<p>You are not required to designate a primary care physician.</p> <p>You may see any provider you choose. No referrals are required.</p> <p>You will pay less out of pocket if you go to an in-network Alliance Select provider.</p>	
WHERE IS CARE COVERED?	<p>IN IOWA: Care is covered at in-network providers across Iowa and in some surrounding counties.</p> <p>OUTSIDE OF IOWA: Emergency care is covered out of state. For non-emergencies, only care from Doctor On Demand is covered.</p> <p>LONG-TERM TRAVEL: Dependent children attending college, long-term travelers, and families living apart may be covered through guest memberships. Call the customer service number on the back of your Wellmark ID for information about guest memberships.</p>		<p>WORLDWIDE: Care is covered at in-network and out-of-network providers in Iowa, as well as across the U.S. and around the world.</p> <p>CARE WHILE TRAVELING: If you need care when traveling and you receive services from a physician or hospital designated as a BlueCard PPO® provider, you'll be covered by benefits based on the local Blue plan's negotiated rates.</p>	



Did you know? If you have a planned procedure coming up, you can use myWellmark® to shop for affordable care. Register or log in at [myWellmark.com](https://mywellmark.com) to look up costs at quality providers near you.

To locate an in-network provider, go to [Wellmark.com/finder](https://wellmark.com/finder).



COST SHARE DETAILS

	HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>		PPO PREMIER <i>Nationwide coverage</i>	
			IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
PREVENTIVE CARE Routine and diagnostic care including: annual physical, annual ob/gyn exam, pap smear, well-child care up to age 7, immunizations, mammogram, breast imaging ultrasound, sigmoidoscopy, colonoscopy and psa tests.	No cost to you	No cost to you	No cost to you	Deductible then 30% coinsurance	No cost to you	Deductible then 20% coinsurance
OFFICE CARE	You pay the full negotiated cost for care until you have met your deductible/OPM.	\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
DOCTOR ON DEMAND For prescriptions, member cost share applies.		No cost to you	No cost to you		No cost to you	
TELEHEALTH For prescriptions, member cost share applies.		\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
INDEPENDENT LAB & X-RAY		\$35 copay	20% coinsurance	Deductible then 30% coinsurance	10% coinsurance	Deductible then 20% coinsurance
CHIROPRACTIC CARE		\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
EMERGENCY ROOM In an emergency situation, if you cannot reasonably reach an in-network provider, covered services will be reimbursed as though they were received from an in-network provider.		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
INPATIENT OR OUTPATIENT HOSPITAL CARE		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance

COST SHARE DETAILS (CONT.)

	HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>		PPO PREMIER <i>Nationwide coverage</i>	
			IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
MATERNITY	You pay the full negotiated cost for care until you have met your deductible/OPM.	Deductible then 25% coinsurance Routine prenatal and postnatal office visits for the mother's care are 100% covered.	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
ALLERGY SERVICES, IN-OFFICE <i>Includes shots, testing and serum.</i>		\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
INFERTILITY <i>Covers transfer procedures only, to a \$15,000 lifetime maximum.</i>		Office visit: \$35 copay Outpatient/inpatient care: Deductible then 25% coinsurance	Office visit: \$25 copay Outpatient/inpatient care: Deductible then 20% coinsurance	Deductible then 30% coinsurance	Office visit: \$20 copay Outpatient/inpatient care: Deductible then 10% coinsurance	Deductible then 20% coinsurance
MENTAL HEALTH & CHEMICAL DEPENDENCY CARE		Doctor On Demand visits: No cost to you Office/telehealth visits: \$35 copay Outpatient/inpatient care: Deductible then 25% coinsurance	Doctor On Demand visits: No cost to you Office/telehealth visits: \$25 copay Outpatient/inpatient care: Deductible then 20% coinsurance	Telehealth visits, office visits, outpatient and inpatient care: Deductible then 30% coinsurance	Doctor On Demand visits: No cost to you Office/telehealth visits: \$20 copay Outpatient/inpatient care: Deductible then 10% coinsurance	Telehealth visits, office visits, outpatient and inpatient care: Deductible then 20% coinsurance
SKILLED NURSING		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
VISION <i>One annual routine vision exam at an in-network eye doctor.</i>		\$35 copay	Not a covered benefit			
OTHER COVERED SERVICES <i>Home health visit*; home infusion therapy*; private duty nursing*; home/durable medical equipment, oxygen and equipment. *Precertification required</i>		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance

PRESCRIPTION DRUG COVERAGE

		HMO HDHP <i>Iowa only</i>	HMO ESSENTIAL <i>Iowa only</i>	PPO CHOICE <i>Nationwide</i>	PPO PREMIER <i>Nationwide</i>
BLUE RX COMPLETE SM					
DRUG COSTS Your drug's tier determines how much you'll pay at the pharmacy. The lower the tier, the more affordable your prescription.	TIER 1: Most affordable drugs Includes most generics and select name-brand drugs.	You pay the full negotiated cost until you have met your deductible/OPM.	\$10		
	TIER 2: Preferred drugs Drugs that are proven to be effective and favorably priced compared to other drugs that treat the same condition.		\$40		
	TIER 3: Non-preferred drugs Drugs that have not been found to be any more effective than available generics or preferred brands.		\$70		
	TIER 4: Limited-value drugs Combination products, lifestyle drugs or drugs with more cost-effective options available on lower tiers.		\$100		
SPECIALTY DRUGS Specialty drugs are high-cost medications for complex conditions that require special handling. You may only fill prescriptions for specialty drugs at CVS Specialty [®] Pharmacies. Learn more and locate a pharmacy at CVSspecialty.com .	PREFERRED BIOSIMILAR/ GENERIC SPECIALTY DRUGS	You pay the full negotiated cost until you have met your deductible/OPM.	\$25		
	PREFERRED SPECIALTY DRUGS		\$50		
	NON-PREFERRED SPECIALTY DRUGS		\$200		
OUT-OF-POCKET MAXIMUM (OPM): PHARMACY		See page 1 for OPM <i>Medical and pharmacy OPMs are combined into one amount.</i>	Single: \$2,600 Family: \$5,200 <i>Medical and pharmacy OPMs are two separate amounts. See page 1 for medical OPM.</i>		
QUANTITY LIMITS	RETAIL: TIER 1	Up to a 90-day supply (deductible)	Up to a 90-day supply (3 copays)		
	RETAIL: TIERS 2, 3 and 4	Up to a 30-day supply (deductible)	Up to a 30-day supply (1 copay)		
	MAIL ORDER: ALL MEDICATIONS	Up to a 90-day supply (deductible)	Up to a 90-day supply (2 copays)		
PRODUCT SELECTION PENALTY RULE		If a name-brand drug is dispensed when a generic is available, you will pay a penalty: your cost share, plus the difference between the generic drug and the name-brand drug.			

Use the CVS Caremark[®] member portal and app to access savings and manage your pharmacy benefits. Register and link to the free mobile app at [Caremark.com/mobile](https://www.cvs.com/caremark/mobile).



ABOUT THIS GUIDE The benefits information presented in this book describes only the highlights of the plans and does not constitute official plan documents. Additional terms and conditions apply. If there are any discrepancies between the information contained herein and the official plan documents, the plan documents will govern.

YOUR HEALTH AND RX BENEFITS ADMINISTRATOR



Customer Service: 1-800-277-8380 | [Wellmark.com](https://www.wellmark.com)

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 certificate itself and enrollment regulations in force when the certificate becomes effective. Certain exclusions and limitations apply.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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