

2018 State of Iowa Health Insurance Plans

Iowa Choice option

National Choice option

Wellmark network to use when searching for providers	Blue Access network	Alliance Select network
Benefits Available from Non-Participating Providers	None, unless prescribed and referred by a participating physician <u>and</u> approved by Wellmark, or in an emergency medical situation.	Normal plan benefits for network/non-network providers
Deductible <i>Family deductible is reached from amounts accumulated on behalf of any family member or combination of family members.</i>	\$250 single \$500 family	\$250 single network/non-network \$500 family network/non-network
Medical Out-of-Pocket Maximum <i>Family out-of-pocket is reached from amounts accumulated on behalf of any family member or combination of family members.</i>	\$1,000 Single \$2,000 Family All deductibles, coinsurance, and copayments go toward out-of-pocket limit. (Separate out-of-pocket maximum for prescription drugs.)	\$1,000 Single \$2,000 Family All deductibles, coinsurance, and copayments go toward out-of-pocket limit. (Separate out-of-pocket maximum for prescription drugs.)
Lifetime Benefits Maximum	Hospice Respite 15 Days Inpatient/15 Days Outpatient Infertility - \$25,000	Hospice Respite 15 Days Inpatient/15 Days Outpatient Infertility - \$25,000
New Employee Preexisting Condition Waiting Period	No preexisting conditions waiting period.	No preexisting conditions waiting period.
Preventive Services		
Affordable Care Act (ACA) preventive services	Covered at 100% per ACA guidelines.	Covered at 100% per ACA guidelines. Preventive care from participating providers with Wellmark is not subject to the deductible or coinsurance.
Professional Office Services		
Office Visit - Primary Care Practitioner (PCP) A PCP is one of the following: - advanced registered nurse practitioner (ARNP) - family practitioner - general practitioner - internal medicine practitioner - obstetrician/gynecologist - pediatrician - physician assistant (PA)	\$15 copay Office visit copay applies to any office services	\$15 copay Office visit copay applies to any office services
Office Visit - Specialist All other practitioners except those listed above are considered specialist	\$30 copay Office visit copay applies to any office services	\$30 copay Office visit copay applies to any office services
Office Visit - Other Providers (not PCP or Specialist) - chiropractor - occupational therapist - physical therapist - speech pathologists	\$15 copay Office visit copay applies to any office services	\$15 copay Office visit copay applies to any office services
Routine Eye Exam <i>One routine vision exam per calendar year.</i>	\$30 copay	\$30 copay
Routine Hearing Exam <i>One routine hearing exam per calendar year.</i>	\$30 copay	\$30 copay

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Maternity (globally billed at time of delivery)	10% after deductible	10% after deductible
Surgery, Radiology & Pathology (office)	\$15 copay (PCP) \$30 copay (Specialist)	\$15 copay (PCP) \$30 copay (Specialist)
Telemed (Doctor on Demand)	\$10 copay	\$10 copay
Hospital Services		
Inpatient Hospital Services		
Preapproval of Inpatient Admissions	Required	Required
Inpatient Hospital Services Room & Board Inpatient Physician Services Inpatient Supplies Inpatient Surgery	10% after deductible	Network 10% after deductible Non-network 20% after deductible
Outpatient Hospital Services		
Ambulatory Surgical Center	10% after deductible	Network 10% after deductible Non-network 20% after deductible
Outpatient Diagnostic Lab, Radiology	10% deductible waived	Network 10% deductible waived Non-network 20% after deductible
Infertility Services	Artificial insemination, IVF, GIFT, ZIFT, and other transfer procedures, including cryopreservation of an embryo are covered up to a lifetime maximum of \$25,000.	Artificial insemination, IVF, GIFT, ZIFT, and other transfer procedures, including cryopreservation of an embryo are covered up to a lifetime maximum of \$25,000.
Emergency Care		
Ambulance	10% after deductible	Network 10% after deductible Non-network 20% after deductible
Urgent Care Center	\$15 copay	\$15 copay
Hospital Emergency Room	\$100 copayment; waived if admitted	\$100 copayment; waived if admitted
Behavioral Health Services		
Inpatient mental health and substance abuse treatment	10% after deductible	Network 10% after deductible Non-network 20% after deductible
Office visit	\$15 copay	\$15 copay
Outpatient mental health and substance abuse treatment	10% after deductible	Network 10% after deductible Non-network 20% after deductible
Outpatient Therapy Services		
Chemotherapy Physical Therapy Occupational Therapy Respiratory Therapy Speech Therapy	10% after deductible	Network 10% after deductible Non-network 20% after deductible

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Prescription Drug Coverage (Blue Rx Complete Formulary)		
Pharmacy Out-of-Pocket Maximum	Single \$5,850 Family \$11,700	Single \$5,850 Family \$11,700
Retail		
Quantity	30-day supply for maintenance and non-maintenance drugs. 90-day supply for maintenance drugs.	30-day supply for maintenance and non-maintenance drugs. 90-day supply for maintenance drugs.
Tier 1 Generic	30-day supply: \$10 copay 90-day supply: \$30 copay	30-day supply: \$10 copay 90-day supply: \$30 copay
Tier 2 Preferred Brand	30-day supply: \$25 copay 90-day supply: \$75 copay	30-day supply: \$25 copay 90-day supply: \$75 copay
Tier 3 Non-Preferred Brand	30-day supply: \$50 copay 90-day supply: \$150 copay	30-day supply: \$50 copay 90-day supply: \$150 copay
Tier 4 Preferred Specialty/Non-Preferred Specialty	\$100/\$200	\$100/\$200
Mail Order		
Quantity	90-day supply for maintenance drugs only	90-day supply for maintenance drugs only
Tier 1 Generic	\$20 copay	\$20 copay
Tier 2 Preferred Brand	\$50 copay	\$50 copay
Tier 3 Non-Preferred Brand	\$100 copay	\$100 copay
Prescription Drug Coverage - General Information		
Prescription Oral Contraceptives and Contraceptive Devices	Covered	Covered
Prescription Drugs/Items for Smoking Cessation	Covered	Covered
	Purchase a brand name drug that has an FDA-approved "A"- rated generic equivalent, the State will only pay for the equivalent generic drug. The employee is responsible for the copayment and any remaining cost difference up to the maximum allowed fee for the brand name drug.	