

Information on this document applies to January 1, 2009 – December 31, 2009

Plan Provisions	UICHOICE: Three levels of coverage
Care Providers/Network	The provider or facility you choose will determine the plan benefit level: Level 1: University of Iowa Hospitals and Clinics, Carver College of Medicine, and UI Community Medicine Services Clinics Level 2: Blue Choice providers other than UI affiliated providers from Level 1 Level 3: Any provider outside level 1 and level 2 = Level 3. Blue Cross/Blue Shield providers could result in lower out-of-pocket costs. When using non-Blue Cross Providers, the individual pays for costs exceeding the maximum allowable charge.
Deductible: Single/Family	None
Out-of-Pocket Maximum (OPM): Single/Family	Level 1 + Level 2 Medical OPM: \$1,700/\$3,400 Level 3 Medical OPM: \$2,000/\$4,000 Prescription drug OPM: \$1,100/\$2,200
Co-Insurance	Level 1 - 10% - applies toward OPM Level 2 - 10% - applies toward OPM Level 3 - 40% - applies toward OPM
Co-Payment	See plan details – <u>does not</u> apply toward OPM
OUTPATIENT/AMBULATORY SERVICES	When the <u>place of service</u> occurs in an office setting or independent laboratory, Level 1 & 2 applies co-pay for exams only; co-insurance from billed charge is applied to all procedures and labs.
Office Visits (includes medical, mental health and substance abuse visits)	Level 1 - \$10 co-payment Level 2 - \$15 co-payment Level 3 - 40% co-insurance
Routine Physicals	Level 1 - \$0 co-payment Level 2 - \$0 co-payment Level 3 - 40% co-insurance
Well-Child Care	Level 1 - \$0 co-payment Level 2 - \$0 co-payment Level 3 - \$0 co-insurance
Immunizations (includes childhood, adult and travel immunizations)	Level 1 - \$0 co-insurance Level 2 - \$0 co-insurance Level 3 - \$0 co-insurance
X-ray and Lab	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance
Rehabilitation Therapies: Physical Therapy, Occupational Therapy, Speech Therapy	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance
Respiratory Therapy	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance
Home Health Care (requires prior authorization)	Level 1 – no providers available Level 2 - 10% co-insurance Level 3 - 40% co-insurance
Hospice Care and Palliative Care (requires prior authorization)	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance
Ambulance	Level 1 – no providers available Level 2 - 10% co-insurance Level 3 - 40% co-insurance
Allergy Treatments	Level 1 - \$10 co-payment Level 2 - \$15 co-payment Level 3 - 40% co-insurance

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Routine Eye Exam	Level 1 - \$10 co-payment Level 2 - \$15 co-payment Level 3 - 40% co-insurance
Eyeglasses	Not covered
Routine Hearing Exam	Level 1 - \$10 co-payment Level 2 - \$15 co-payment Level 3 - 40% co-insurance
Hearing Aid Max benefit of \$2,000 every 5 yrs.	Level 1 - 20% co-insurance Level 2 - 20% co-insurance Level 3 - 20% co-insurance
Chiropractor	Level 1 - no providers available Level 2 - \$15 co-payment Level 3 - 40% co-insurance
Podiatry	Level 1 - no providers available Level 2 - \$15 co-payment Level 3 - 40% co-insurance
Durable Medical Equipment	Level 1 - 20% co-insurance Level 2 - 20% co-insurance Level 3 - 20% co-insurance
Dental Accident Care Services must be within 6 months of injury	Level 1 – 10% co-insurance Level 2 – 10% co-insurance Level 3 - 40% co-insurance
Infertility Treatment Lifetime maximum of \$25,000 (does not apply to OPM)	Level 1 – 10% co-insurance Level 2 – 10% co-insurance Level 3 - 40% co-insurance
INPATIENT/HOSPITAL SERVICES	
Emergency Room Care	Level 1 - \$50 co-payment followed by 10% co-insurance Level 2 - \$50 co-payment followed by 10% co-insurance Level 3 - \$50 co-payment followed by 10% co-insurance; if coded as an emergency; \$50 co-payment followed by 40% co-insurance; if not coded as an emergency
Inpatient Hospital Room and Board for Medical and Mental Health care	Level 1 - \$400 deductible per admission followed by 10% co-insurance Level 2 - \$400 deductible per admission followed by 10% co-insurance Level 3 - \$400 deductible per admission followed by 40% co-insurance
Inpatient Physician Services	Level 1 – 10% co-insurance Level 2 – 10% co-insurance Level 3 - 40% co-insurance
Inpatient and Outpatient Surgery	Level 1 – 10% co-insurance Level 2 – 10% co-insurance Level 3 - 40% co-insurance
Inpatient Supplies, Drugs, Medicines, Etc	Level 1 – 10% co-insurance Level 2 – 10% co-insurance Level 3 - 40% co-insurance
Skilled Nursing Facility	Level 1 – no providers available Level 2 – 10% co-insurance Level 3 - 40% co-insurance
PRESCRIPTIONS	
Prescription Drugs and Contraceptives Note separate Prescription OPM	Tier 1 Generic formulary- 0% co-insurance Tier 2 Brand formulary - 30% co-insurance Tier 3 Non-formulary - 50% co-insurance
Injectable Drugs Applied to Medical OPM	Level 1 – 10% co-insurance Level 2 – 10% co-insurance Level 3 - 40% co-insurance