

UIChoice & CHIP II Health Insurance Options, Effective January 1, 2008 – December 31, 2008

Plan Provisions	UICHOICE: Three levels of coverage	CHIP II: Comprehensive 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.	Any provider Blue Cross/Blue Shield traditional 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	\$1,200/individual; \$3,600 maximum/family
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	\$4,200 single/\$8,400
Co-Insurance	Level 1 - 10% - applies toward OPM Level 2 - 10% - applies toward OPM Level 3 - 40% - applies toward OPM	10% - applies toward OPM
Co-Payment	See plan details – <u>does not</u> apply toward OPM	none
OUTPATIENT/AMBULATORY SERVICES		
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	10% co-insurance after \$1,200 deductible
Routine Physicals	Level 1 - \$0 co-payment Level 2 - \$0 co-payment Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Well-Child Care	Level 1 - \$0 co-payment Level 2 - \$0 co-payment Level 3 - \$0 co-insurance	10% co-insurance No deductible required until child reaches age 7
Immunizations/Vaccinations (includes childhood, adult and travel)	Level 1 - \$0 co-insurance Level 2 - \$0 co-insurance Level 3 - \$0 co-insurance	0% co-insurance
Radiology and Laboratory	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Rehabilitation Therapies: Physical Therapy, Occupational Therapy (requires medical treatment plan for more than 24 visits per year per therapy type) Speech Therapy (requires prior authorization)	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Respiratory Therapy	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Home Health Care (requires prior authorization)	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Hospice Care (requires prior authorization)	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Ambulance	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Allergy Treatments	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible

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Routine Eye Exam Does not include contact lens exam/fitting	Level 1 - \$10 co-payment Level 2 - \$15 co-payment Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Eyeglasses	Not covered	10% co-insurance after \$1,200 deductible
Routine Hearing Exam	Level 1 - \$10 co-payment Level 2 - \$15 co-payment Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Hearing Aid	Level 1 - 20% co-insurance Level 2 - 20% co-insurance Level 3 - 20% co-insurance Maximum benefit of \$2,000 every 5 yrs.	20% co-insurance after \$1,200 deductible Maximum benefit of \$2,000 every 5 yrs.
Chiropractor	Level 1 - no providers available Level 2 - \$15 co-payment Level 3 - 40% co-insurance Requires PCP referral for > 12 visit/yr and medical treatment plan for > 24 visits/yr	10% co-insurance after \$1,200 deductible Requires a medical treatment plan after the initial visit
Podiatry	Level 1 - no providers available Level 2 - \$15 co-payment Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Durable Medical Equipment (prior authorization needed for purchases over \$1500)	Level 1 - 20% co-insurance Level 2 - 20% co-insurance Level 3 - 20% co-insurance	20% co-insurance after \$1,200 deductible
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	10% co-insurance after \$1,200 deductible
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	10% co-insurance after \$1,200 deductible
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	10% co-insurance <u>after</u> \$1,200 deductible and \$50 co-payment
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	10% co-insurance after \$1,200 deductible
Inpatient Physician Services	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Inpatient and Outpatient Surgery	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Inpatient Supplies, Drugs, Medicines, etc	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Skilled Nursing Facility	Level 1 - 10% co-insurance Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
Chemical Dependency Residential Care	Level 1 - no provider available Level 2 - 10% co-insurance Level 3 - 40% co-insurance	10% co-insurance after \$1,200 deductible
PRESCRIPTIONS		
Prescription Drugs and Contraceptives Note: Separate Prescription OPM \$1,100 single/\$2,200 family	Tier 1 Generic formulary- 0% co-insurance Tier 2 Brand formulary - 30% co-insurance Tier 3 Non-formulary - 50% co-insurance	10% co-insurance after \$1,200 deductible You will be fully reimbursed for generic medications after the claim is submitted to Wellmark; deductibles do not apply to generic

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