

The information on this document applies to September 1, 2009 – December 31, 2010

Plan Provisions	UIGRADCare
Care Providers/Network	University of Iowa Hospitals & Clinics providers ONLY; life-threatening emergencies are covered in a hospital ER
Deductible Single/Family	None
Out-of-Pocket Maximum (OPM) Single/Family	Medical care: \$1,200/\$1,800 Prescription drugs: \$1,200/\$1,800
Coinsurance	10% - applies toward OPM
Co-Payment	See plan details – does not apply toward OPM
OUTPATIENT/AMBULATORY SERVICES	
Office Visits	\$10 co-payment
Outpatient Mental Health Visits	\$10 co-payment for Blue Advantage psychiatrists; 10% co-insurance for all other Blue Advantage network mental health providers; 50% co-insurance for all other Blue Cross/Blue Shield mental health providers
Outpatient Substance Abuse Visits	\$10 co-payment for Blue Advantage psychiatrists; 10% co-insurance for all other Blue Advantage network substance abuse providers; 50% co-insurance for all other Blue Cross/Blue Shield substance abuse providers
Routine Physicals	\$0 (10% co-insurance for lab and imaging)
Well-Child Care	\$0, including required immunizations < 7 years old
X-ray and Lab	10% co-insurance
Outpatient Surgery	10% co-insurance
Allergy Treatments	\$10 co-payment
Immunizations	\$10 co-payment; \$0 required child immunizations < 7 years old
Routine Eye Exam	\$10 co-payment (\$0 at UIHC)
Eyeglasses	Not covered
Routine Hearing Exam	\$10 co-payment
Hearing Aid	Not covered
Infertility Treatment	Not covered
Chiropractor	\$10 co-payment
Durable Medical Equipment	10% co-insurance
Dental Accident Care	10% co-insurance, treatment must be completed within 12 months of injury
INPATIENT/HOSPITAL SERVICES	
Emergency Room Care	10% co-insurance after \$50 co-payment
Inpatient Hospital Room and Board for Medical and Mental Health care	10% coinsurance after \$125 daily deductible; semi-private room
Inpatient Physician Services	10% co-insurance
Inpatient and Outpatient Surgery	10% co-insurance
Inpatient Supplies, Drugs, Medicines, Etc	10% co-insurance
PRESCRIPTIONS	
Prescription Drugs and Contraceptives	25% co-insurance \$1,200/\$1,800 out-of-pocket maximum
Injectable Drugs	10% co-insurance – applied toward medical OPM