Wellmark Blue Cross and Blue Shield of Iowa

Medical Plan Options	PPO Plan		High Deductible Plan
	In Network	Out of Network*	
Preventative Care (Annual Wellness Visit)	100% covered by the plan	100% covered by the plan	100% covered by the plan
Annual Medical Deductible			
Individual Limit	$1,500		$3,400
Family Limit	$3,000		$6,800
Annual Out-of-Pocket Maximum			
Individual Limit	$4,500		$3,400
Family Limit	$9,000		$6,800
Office Visits			
Primary Care Provider (PCP) Office Visit	$25 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Specialist Office Visit	$40 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Urgent Care	$25 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Virtual Care (Doctor on Demand)	$10 copay per visit		$10 copay per visit
Hospital Care			
Emergency Room Services	$200 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Inpatient/Outpatient Care	Deductible and then 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Rehabilitation Services			
Home Health Care	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Physical Therapy	$40 Non-PCP. Facility: Deductible and then 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Skilled Nursing Care	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Durable Medical Equipment	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Hospice Services	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Infertility Treatments			
Treatment	Members share the cost of services based on plan coverage up to a $15,000 lifetime maximum		Deductible and then covered at 100% up to $15,000 lifetime maximum

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* Iowa residents covered under the PPO Plan will not have Out of Network coverage for most services and will be responsible for the full cost of care.

Medical Plan Options	PPO Plan		High Deductible Plan
	In Network	Out of Network*	
Mental Health & Substance Abuse			
Outpatient Office Visits	$25 copay for PCP/$40 copay for non-PCP	Deductible and 40% coinsurance	Deductible and then covered at 100%
Inpatient	Deductible and then 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Virtual Care (Doctor on Demand)	$10 copay per visit		$10 copay per visit
Outpatient Lab and Imaging			
Lab and Imaging (if not preventative care)	Deductible and then 20% co-insurance	Deductible and 40% coinsurance	Deductible and then covered at 100%

For additional information, visit **www.wellmark.com**.

PHARMACY BENEFIT

Employees enrolled in a health insurance plan will receive pharmacy benefit coverage through Optum Rx. **If you are new to the health plan, you will receive a separate pharmacy benefit card from Optum Rx.** You do not need to enroll in the pharmacy benefit if you enroll in medical benefits.

Plan Options	PPO Plan		High Deductible Plan
	In Network	Out of Network	
Prescription Drug			
Generic Drugs	$15 Not subject to the deductible		Deductible and then covered at 100%
Copayments	$40 for Tier 2 $60 for Tier 3 $100 for Specialty		Deductible and then covered at 100%
Deductibles	$100 for single $200 for family		Deductible and then covered at 100%

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