## Wellmark Blue Cross and Blue Shield of Iowa

| Medical Plan Options | $1,500 Deductible Plan | | High Deductible Plan |
|---|---|---|---|
| | In Network | Out-of-Network* | |
| **Preventive 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 | | $3,500 |
| **Family Limit** | $3,000 | | $7,000 |
| **Annual Out-of-Pocket Maximum** | | | |
| **Individual Limit** | $4,500 | | $3,500 |
| **Family Limit** | $9,000 | | $7,000 |
| **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)** | $0 | | $0 |
| **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 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 20% coinsurance | Deductible and 40% coinsurance | Deductible and then covered at 100% |
| **Durable Medical Equipment** | Deductible and then 20% coinsurance | Deductible and 40% coinsurance | Deductible and then covered at 100% |
| **Hospice Services** | Deductible and then 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 Medical Plan will not have Out of Network coverage for most services and will be responsible for the full cost of care.

| Medical Plan Options | $1,500 Deductible 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) | $0 | | $0 |
| | | Outpatient Lab and Imaging | |
| Lab and Imaging (if not preventive care) | Deductible and then 20% coinsurance | Deductible and 40% coinsurance | Deductible and then covered at 100% |

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

## PHARMACY BENEFIT

Employees enrolled in a health insurance plan will receive pharmacy benefit coverage through Wellmark BCBS. You will receive one benefit card for both medical and pharmacy. You do not need to enroll in the pharmacy benefit if you enroll in medical benefits.

| Plan Options | $1,500 Deductible Plan | High Deductible Plan |
|---|---|---|
| | Prescription Drug | |
| Generic Drugs | $15<br>Not subject to the deductible | Deductible and then covered at 100% |
| Copayments | $40 for Tier 2<br>$60 for Tier 3<br>$100 for Specialty | Deductible and then covered at 100% |
| Deductibles | $100 for single<br>$200 for family | Deductible and then covered at 100% |



