

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.

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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
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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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