



**HEALTH INSURANCE OPTIONS
EFFECTIVE JANUARY 1, 2012
MONTHLY PREMIUM RATES AFTER UNIVERSITY CONTRIBUTION**

	UIChoice	CHIP II
Single	\$ 0	\$ 0
Employee/Spouse	\$221	\$441
Employee/Children	\$182	\$ 0
Family	\$232	\$517
Double Spouse/Family	\$ 0	\$ 0
PLAN PROVISIONS	UIChoice	CHIP II
Providers	<p>Any Provider: The provider or facility category you use determines the plan benefit level. This is one plan with three different benefit levels:</p> <p><u>Benefit Level:</u> <u>Providers covered at this level</u></p> <p>Level 1 University of Iowa Hospitals and Clinics, Carver College of Medicine (CCOM) and UI Community Medical Services Clinics (CMSC)</p> <p>Level 2 Blue Choice Network Providers not included in Level 1</p> <p>Level 3 Any provider outside of Level 1 or 2</p> <p>Blue Cross/Blue Shield (BC/BS) providers can result in lower out-of-pocket costs. For non-BC/BS providers, insured pays charges over the maximum allowable fee.</p>	<p>Any provider Blue Cross/Blue Shield (BC/BS) providers can result in lower out-of-pocket costs For non-BC/BS providers, insured pays charges over the maximum allowable fee</p>
Deductible	None	\$1,200 single / \$3,600 other family status
Co-insurance	Level 1-10% Level 2-10% Level 3-40%	10%
Out-of-Pocket Maximum (OPM)	<p>Combined OPM for Level 1 & Level 2 Services-\$1,700 / \$3,400; OPM for Level 3 Services-\$2,000 / \$4,000; OPM for prescription drugs-\$1,100 / \$2,200</p>	\$4,200 single / \$8,400 other family status

ON BOTH PLANS:

- There is no pre-existing condition waiting period.
- Pre-approval of inpatient admissions is required.
- Domestic partner coverage is available for same and opposite-sex partners.
- Getting a second surgical opinion is voluntary.
- Maternity claims are handled the same as all other medical claims.
- Wig coverage as a result of cancer treatments is now covered under Durable Medical Equipment.
- Organ transplants require prior approval.
- The dependent child age limit is the end of the year they turn 26. Children over the age of 26 may continue to be covered if they are full-time students or disabled.
- An emergency can be considered to be a medical condition that a prudent layperson (with an average knowledge of health and medicine) could reasonably expect to result in serious jeopardy to a person's health in the absence of immediate medical attention.

OFFICE CARE	UIChoice	CHIP II
Office Visits	Level 1-\$5 co-pay Level 2-\$20 co-pay Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Routine Physicals	Level 1 & 2-\$0 co-pay Level 3-40% co-insurance	0% co-insurance
Imaging and Lab	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Well-Child Care	\$0	0% co-insurance
Immunizations	\$0 co-pay	\$0 co-pay
Routine Eye Exam Routine Hearing Exam	Level 1-\$5 co-pay Level 2-\$20 co-pay Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
HOSPITAL SERVICES	UIChoice	CHIP II
Emergency Room Care	Level 1 & Level 2-\$50 co-payment (waived if admitted) followed by 10% co-insurance Level 3-Same as Level 1 or 2 if coded as an emergency; if not coded as an emergency, \$50 co-payment followed by 40% co-insurance	After \$50 co-payment (waived if admitted) and \$1,200 deductible 10% co-insurance
Room and Board	Level 1-\$400 deductible Level 2-\$600 deductible Level 3-\$800 deductible semi-private room; followed by co-insurance	10% co-insurance after \$1,200 deductible; semi-private room
Inpatient and Outpatient Surgery, Physician Care, Supplies, Labs & Imaging	Level 1-10% co-insurance Level 2-20% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible

MISCELLANEOUS	UIChoice	CHIP II
Prescription Drugs	3-tiered co-insurance plan; <ul style="list-style-type: none"> • 1-Generic drugs have 0% co-insurance; provided at no cost to plan member; • 2-Name-brand Wellmark Formulary drugs have 30% co-insurance; • 3-Name-brand non-formulary drugs have 50% co-insurance 	10% co-insurance after \$1,200 deductible; 0% co-insurance for generic medications; Generic medication will be provided at no cost to plan members-you will be fully reimbursed after submission to Wellmark. Deductibles do not apply to generic drugs.
Chiropractor	Level 1-no provider Level 2-\$20 co-pay Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Hearing Aid	20% co-insurance; maximum benefit of \$2,000 every 5 years	20% co-insurance after \$1,200 deductible; maximum benefit of \$2,000 every 5 years
Outpatient Physical Therapy/Speech/Occupational and Respiratory Therapy	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Home Health Care/Ambulance/Hospice Care	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Durable Medical Equipment	20% co-insurance	20% co-insurance after \$1,200 deductible
Infertility Treatment Lifetime Maximum of \$25,000 (does not apply towards OPM)	Level 1-10% co-insurance Level 2-30% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Imaging & Lab to Third Party Providers	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible