

THE UNIVERSITY OF IOWA

HEALTH INSURANCE OPTIONS

Effective January 1, 2009

MONTHLY PREMIUM RATES BEFORE UNIVERSITY CONTRIBUTIONS (e.g., flex credits)

	UIChoice	CHIP II
Single	\$408.00	\$456.00
Employee/Spouse	\$841.00	\$1,326.00
Employee/Children	\$705.00	\$553.00
Family	\$971.00	\$1,217.00

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> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Benefit Level:</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Providers covered at this level</u></th> </tr> </thead> <tbody> <tr> <td>Level 1</td> <td>University of Iowa Hospitals and Clinics, Carver College of Medicine (CCOM) and UI Community Medical Services Clinics (CMSC)</td> </tr> <tr> <td>Level 2</td> <td>Blue Choice Network Providers not included in Level 1</td> </tr> <tr> <td>Level 3</td> <td>Any provider outside of Level 1 or 2</td> </tr> </tbody> </table> <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>	<u>Benefit Level:</u>	<u>Providers covered at this level</u>	Level 1	University of Iowa Hospitals and Clinics, Carver College of Medicine (CCOM) and UI Community Medical Services Clinics (CMSC)	Level 2	Blue Choice Network Providers not included in Level 1	Level 3	Any provider outside of Level 1 or 2	<p>Any provider</p> <p>Blue Cross/Blue Shield (BC/BS) providers can result in lower out-of-pocket costs</p> <p>For non-BC/BS providers, insured pays charges over the maximum allowable fee</p>
<u>Benefit Level:</u>	<u>Providers covered at this level</u>									
Level 1	University of Iowa Hospitals and Clinics, Carver College of Medicine (CCOM) and UI Community Medical Services Clinics (CMSC)									
Level 2	Blue Choice Network Providers not included in Level 1									
Level 3	Any provider outside of Level 1 or 2									
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)	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	\$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.

Organ transplants require prior approval.

The dependent child age limit is 25 if residing in the State of Iowa. Children over the age of 18 may continue to be covered if they are full-time or disabled students even if they do not reside in Iowa.

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-\$10 co-pay Level 2-\$15 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	10% co-insurance after \$1,200 deductible
Imaging and Lab	Level 1 & 2-10% co-insurance of billed charge Level 3-40% co-insurance of billed charge	10% co-insurance after \$1,200 deductible
Well-Child Care	\$0	10% co-insurance
Immunizations	\$0 co-pay	\$0 co-pay
Routine Eye Exam Routine Hearing Exam	Level 1-\$10 co-pay Level 2-\$15 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	\$400 deductible per admission; semi-private room; followed by co-insurance Level 1 & 2-10% Level 3-40%	10% co-insurance after \$1,200 deductible; semi-private room
Inpatient and Outpatient Surgery, Physician Care, Supplies, Labs & Imaging	Level 1 & 2-10% 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 \$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 & 2-\$15 co-payment 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 & 2-10% 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