

THE UNIVERSITY OF IOWA HEALTH INSURANCE OPTIONS Effective January 1, 2008

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

	UIChoice	CHIP II
Single	\$381.00	\$422.00
Employee/Spouse	\$791.00	\$1,028.00
Employee/Children	\$668.00	\$553.00
Family	\$860.00	\$933.00

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.

Organ transplants require prior approval.

The dependent child age limit is 18 or unlimited for a full-time student.

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 Related to Office Visit	Level 1-\$10 co-pay Level 2-\$15 co-pay Level 3-40% co-insurance	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
Outpatient Mental Health	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	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 and deductibles do not apply
Outpatient Imaging and Lab	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible
Chiropractor	Level 1 & 2-\$15 co-payment Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible; treatment plan required after first visit
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
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
Home Health Care/Ambulance/Hospice Care	Level 1 & 2-10% co-insurance Level 3-40% co-insurance	10% co-insurance after \$1,200 deductible